

PRIMA NEWS

Better Health by Community Participation

PRIMA
Kesehatan



JICA

Cooperation Program between JICA and South Sulawesi Provincial Government in 2007-2010 with target districts are Barru, Wajo and Bulukumba

A Big Step by Bulukumba District



"Health Office Government, please make a proposal amounting to 100 million rupiah per sub-district for the similar implementation in non-target sub-districts."

Surprise! District Government of Bulukumba has already expressed their intent of securing a budget amounting to 100 million rupiah per sub-district, for 6 sub-districts other than PRIMA Kesehatan target in Bulukumba District starting next year. Bulukumba District will use the fund for PRIMA Kesehatan expansion with their own initiatives. At least it was one of results from the meeting among JICA experts, Government of Bulukumba District, KIT, and FC on Friday, August 1, 2008, located in Pola Strategic Room, Bulukumba Head Office.

The fast and positive response was shown by District Government of Bulukumba. This meeting was represented by Mr. H. Padasi, M.Si, Vice Head of Bulukumba District, Mr. A. Rosali Liong, M.Si, 2nd Assistant Secretary of Bulukumba District Government, Mr. Arkam Buhari, SE., MM, 2nd Commission member of Bulukumba District Assembly, and Mr. A. Abd. Rahman, Head of Division III of BAPPEDA Bulukumba. It was really beyond expectation by JICA experts. From PRIMA Kesehatan Program, Mr. Shigeki Kawahara (Team Leader of PRIMA Kesehatan) and Prof. Yasuhide Nakamura attended.

This meeting was planned to be attended by Mr. Andi Sukri A. Sappewali, Head of Bulukumba District, but because he had another event in Jakarta so he couldn't be present. The meeting and discussion led by Vice Head of Bulukumba District started with a preview by Mr. Kawahara, which introduced the concept of the PRIMA Kesehatan Program with PRIMA Kesehatan socialization video clip presentation, and then continued with the presentation about PRIMA Kesehatan implementation Year I and the activity plans Year II by Mr. H. Muh. Alwi, M.Kes, KIT member from Bulukumba. In the discussion session, generally responses were very positive and even came out with ideas on how District Government of Bulukumba can support the sustainability of this program.

Vice Head of Bulukumba District thought about the problems, and we have already seen clearly that there were some eagerness from District Government of Bulukumba. We just wait for Bulukumba to show their efforts. Go for it, Bulukumba!

Comments & Ideas

Mr. Arkam Buhari, SE., MM., 2nd Commission member of Bulukumba District Assembly, explained that he now comprehended that PRIMA Kesehatan is a good program for the community and it is reasonable to be supported in discussions among the District Assembly. He also suggested to the program organizers to keep on aspects of System, Skill, Attitude and Socialization in program implementation. System means the program as an integrated institution and there is no overlap with other programs or institutions. Skill means the people who are responsible as implementers should be based on their ability, not based on a political point of view. Attitude means the implementers to have mentality and morality to care for the community so they will not burden the community instead. Socialization means this program should be well socialized not only in target community/target villages, but also in all societies and institutions in the district.

Mr. A. Rosali Liong, M.Si., 2nd Assistant Secretary of Bulukumba District Government, explained that direct and full involvement by the communities in this program is the real community empowerment pattern. He also suggested that Health Office should adopt this program as a pilot program in Bulukumba Health Office. Therefore, he also motivated Bulukumba Health Office team (in the meeting, led by Dr. H. Abd. Gaffar, Head of Administrative Division, Bulukumba Health Office) to make a proposal to District Government for the next year with the budget amounting to 100 million rupiah per sub-district other than PRIMA Kesehatan targets, in order to implement the program with the similar approach and mechanism

Mr. A. Abd. Rahman, Head of Division III of BAPPEDA Bulukumba, also suggested other important points like the importance to involve relevant institutions and pilot parties (e.g. PMD) with harmony and synergy, and to support the sustainability of the program. He also had a notion that the involvement experience by relevant institutions, that already cooperated with PRIMA Kesehatan so far, ought to be the basis in preparing the future program development.

Mr. H. Padasi, M.Si. Vice Head of Bulukumba District, concluded comments and ideas, and he explained that it is necessary to continue the concrete actions from the ideas passed in this meeting. He instructed the BAPPEDA of Bulukumba, that is defined as a "kitchen of development", to take a real step to hold a meeting in the health sector, in order to realize the future program which is to be forwarded to Bulukumba District Government. He also reminded us that the biggest problem that always lies in following up a plan and a job is capability and eagerness.

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primary
health
care
improvement

Planning Process in the Village Level

Bulukumba and Wajo Districts

(June 24-27, 2008)

After the planning workshop held in sub-district level, the planning process was then continued in the village level. Within this activity, all problems were gathered based on the problems that previously got from all sub-villages to formulate activity plans. The activity was held in the form of discussions among PHCI members, Head of Village, KIT member and field consultants. The following are some discussions and process observed by PRIMA Kesehatan team and reported by Mr. Ricky Djodjoko as Field Operation Advisor of PRIMA Kesehatan.

1. Planning Discussion in Bialo Village, Gantarang Sub-district, Bulukumba District (June 24, 2008)

The discussion was held on June 24, 2008 in Bialo Village Office from 10 a.m. to 1:45 p.m. Participants attended were Field Consultant, Head of Village, and 19 PHCI Team members consisted of 10 females and 9 males. The discussion began with a review about information on health problems got from PHCI Team members through discussions in sub-village level. The major problem, that is connected with other issues, was confirmed by PHCI Team members who visited the related sub-villages to discuss. Generally, they discussed the real problems behind the ideas from the community and the causes for each issue. For example: they found that many birth processes were not assisted by the health worker or midwife. Although Martenal Mortality Rate (MMR) and Infant Morlality Rate (IMR) did not show a significant rate, some PHCI Team members (including the chairperson of PHCI Team, who is also as a leader of Desa Siaga Team) noted that 59.9% rate of the birth without the health worker or midwife's assistant will potentially face the serious problem. In the discussion, they found that this matter was caused by some of communities more preferred to the traditional birth attendant due to the budgetary reason. The other reason was that the traditional birth attendant gave post-birth care service like massage service. On the contrary, the traditional birth attendant would not give their service including the massage service to the

mothers who had contacted midwife beforehand. And then they had conclusion that relationship between traditional birth attendant and professional midwife had to be improved, so that traditional birth attendant would not consider the professional midwife as a competitor, but as a partner. Based on the issues and aims that would be achieved, they decided to conduct an event where traditional birth attendants and midwives sit together to achieve an agreement to be partners and to respect each other's professions. The agreement of partnership was expected through this event.

Other issues are:

- Low rate of mothers' visit to Posyandu and many cases of the low weight of infants and under-five children.
- Low quality of environmental cleanliness, with many puddles of wastewater from households and a lot of garbage found in some places in the village.

Those issues were also discussed in the same way, to identify the cause and then to plan an action as an effort to solve the problem and achieve the impact.

The activities planned regarding those issues are:

- Baby and under-five children contest
- Weaning food feeding in Posyandu
- Socialization and elucidation about healthy and clean environment
- Building the wastewater drainage model in some places
- The procurement of trash cans in some places and to initiate a cooperation with Health Office.

All participants actively involved in giving their opinions about the problems or in proposing ideas, solutions, and the activity planning.

2. Planning Discussion in Barombong Village, Gantarang Sub-district, Bulukumba District (June 24, 2008)

The discussion was held on June 24, 2008 in Barombong Village Office from 2 p.m to 4:30

p.m. The participants were Field Consultant, Head of Village and 16 PHCI Team members, consists of 9 female members and 7 male members. Similar to the discussion that held in Bialo village, discussion of Barombong village started with expressing ideas by PHCI Team members based on their discussions in sub-village level. From discussion and problem analysis, they found the following major problems:

- House and yard are not clean and not heathy, because there were some families who keep animal in their house (usually below their house), and a lot of people did not use the family toilet.
- The service in Posyandu was not going well because of the shortage of equipment/furniture, and 9 out of 15 health volunteers in the village did not receive training yet.
- In the dry season, the people in 2 sub-villages have difficulty in getting clean water, because considerable numbers of wells become dry.

As a PHCI Team, they have the following action plans:

- Counseling on PHBS (Healthy Life Habits)
- Building family toilets
- Training of Posyandu health volunteers
- Improving and completing Posyandu with suitable furniture
- Improving drilled wells to be used by the community

The discussion process in this village was conducted well with active participation from the participants.

3. Socialization Meeting in Bola Malimpong Ward, Anabanua Town, Maniangpajo Sub-district, Wajo District (June 25, 2008)

The socialization meeting was held on June 25, 2008 in the house of Head of Bola Malimpong Ward, fromn 8 p.m. to 10 p.m. The participants were Field Consultant, Head of Ward, 16 PHCI Team members and around 25 members from the community. This meeting was held to socialize the planning program by PHCI Team of Anabauna town, and also to encourage community commitment to support delvelopment activities either in cash, material or labor. PHCI Team of Anabanua town will plan to build 1 Posyandu, renovate 1 Posyandu and build 60 units of family toilet. For 60 units of family toilet, the community agreed that PHCI Team will only supply the closet and each family will complete the building. The family who will get

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Photo descriptions:

- (1)(2) The participants of planning discussion in Bialo Village, Sub-district of Gantarang, Bulukumba
- (3) Field Consultan of PRIMA Kesehatan monitoring discussion activity with PHCI team
- (4)(5)(6) The participants of planning discussion in Barombong Village, Sub-district of Gantarang, District of Bulukumba discussed about health problem in evirons



Planning Process in the Village Level

Bulukumba and Wajo Districts

(June 24-27, 2008)

- (7) The participants of Socialization Meeting in Bola Malimpong Village, In Urban of Anabanua, Sub-district of Maniangpajo, Wajo District (June 25, 2008)
- (8)(9)(10) The participants of Activity Planning Socialization Meeting in Arrajang , Sub-district of Gilireng, Wajo District (June 26, 2008)
- (11)(12) The participants of Proposal Making in Sogi Village, Sub-District of Maniangpajo, Wajo District.

Photo descriptions



Sequel from page 2

the closet should sign the statement on their request and readiness to finish the building. For development and rehabilitation plan of Posyandu, PHCI Team explained to the community about the limited cost they have, and they asked community's input as a solution. At that moment, there was no statement from the members of the community about how much cash or materials they will contribute, but some community leaders informed that PHCI Team just needs to calculate the amount of the available budget, allocate the expenditure which PHCI Team can pay, and then the shortage will be covered by the community. They believed that the community will be able to cooperate to cover up the shortage.

4. Activity Planning Socialization Meeting in Arrajang Village, Gilireng Sub-district, Wajo District (June 26, 2008)

The discussion was held on June 26, 2008 in Arrajang Village Office, from 10 a.m to 12 p.m.

The participants were Field Consultant, Head of Village, PHCI Team members and 20 members from the community who consisted of 6 females and 14 males.

Basically the following 3 activities were proposed by PHCI Team:

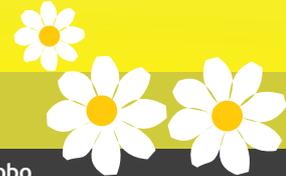
- Counseling on the importance of using a family toilet to avoid/prevent diarrhea, and the building of family toilets through cooperation with the family.
- Rehabilitation of the clean water source in one sub-village within the village.
- Campaign of sanitation through "Healthy House" competition.

Village community agreed with these activities suggested by PHCI Team, and PHCI Team was only questioned about the problem that became the background of the above activities. PHCI Team stated that the causes of diarrhea are that the water they used so far is not clean, the environment is dirty, and some villagers did not use the family toilet.

5. Process of Proposal Making in Sogi Village, Maniangpajo Sub-District, Wajo District (June 26, 2008)

This activity was held on June 26 2008 in Sogi Village Office, from 2 p.m to 3 p.m. The participants were Field consultant, PHCI Team members consisted of 4 males and 9 females. PHCI Team of Sogi village prepared their proposal with the following activities:

- Collective family toilet building (6 units in each of 5 locations)
- Rehabilitate the clean water facility in two sub-villages in order to widen the access to clean water facility in the community.
- Elucidation about clean and healthy environment.



by : **Ricky Djodjobo**
Field Operational Advisory of PRIMA Kesehatan

The Activity Proposal Presentation by Bulukumba PHCI Teams

On July 7, 2008 in the meeting hall of Bulukumba District Health Office, Bulukumba KIT took an initiative to hold a meeting with all PHCI Team members to give a chance for them to present the activity proposals that they prepared. In the meeting, the participants were Head of Bulukumba District Health Office, KIT members, Field Consultants and Ms. Emi Ogata, JICA Expert of PRIMA Kesehatan. This activity was purely Bulukumba KIT's initiative, not an agenda from PRIMA Kesehatan. It was also a good event for PHCI Teams to know what activities already planned by other PHCI Teams. Dr. Hj. Rusni Sufran, M.Kes, Head of Bulukumba District Health Office, opened the meeting. She also hoped that synergy and collaboration between PHBS (Healthy Life Habits) activities in PRIMA Kesehatan program and the building of houses in "Desa Mandiri" program can be achieved. It was a national program implemented in Gantarang Sub-district.

Because of the limited time, only Sub-district PHCI Teams and some PHCI Teams had a chance to present their proposals. Most of the proposed activities were the same as the first round activities.

The proposed activities by Sub-district PHCI Teams were more focused on training activities (e.g. training of PHCI Teams, Posyandu health volunteers, PHBS volunteers, etc.). PHCI Teams of Ujung Loe Sub-district suggested the activities such as a workshop to grow relationship between midwives and traditional birth attendants. PHCI Teams of Bontobahari Sub-district explained about their activities planning like School Health Program Contest for primary schools, with the fund and support from Education Office. The activities from village PHCI Teams had variations, such as Healthy Village contest, development and rehabilitation of public wells and toilets, wastewater drainage

development, and water source rehabilitation. Village PHCI Teams emphasized that the self-supporting fund in these activities will amount to about 1 to 3 million rupiah.

KIT members also emphasized that the proposed activities should not be used only for one sub-village, but also for all sub-villages. KIT also asked PHCI Teams to finish their activity proposals, according to the comments and inputs in this meeting and collect the proposal the day after.

by : **Emi Ogata**
PRIMA Kesehatan-JICA Expert



The participants of Activity Proposal Presentation by Bulukumba PHCI Team. This meeting held in meeting hall of Bulukumba of Health office and this meeting opened by Head of Health Office of Bulukumba District, dr. Hj. Rusni Sufran, M.Kes.

PRIMA Comment

Jindasari Said

Chairperson of PHCI Team of Bonto Masila Village Bulukumba District



>>> We found no difficulty in formulating the proposal, because we already applied the knowledge we got in the planning training. The activities we put in the proposal are the result of the ideas coming from 3 sub-villages located in our village. The ideas are mostly on solving the environmental health problems, such as elucidation of environmental sanitation and personal hygiene in schools, elucidation for infectious diseases, construction of public toilets, procurement of water tanks. These ideas came due to the environmental health problems, which are the main problems faced by the community. We conclude that the environmental diseases are still dominant in Bonto Masila Village.

Due to the proposed PHCI activities, we can expect that there will be a behavior and mind-set change for the community to maintain the healthy environment, so that we can reduce the environmental diseases existing in the community, such as diarrhea, malaria and typhoid.

Muh. Sunar

Chairperson of PHCI Team, Jalanjang Town Bulukumba District



>>> The presence of PHCI Team is very appropriate for us, as its target is community needs on the primary health sector. Proposal made is suitable with the main problems faced by the community, not an imagination or vague activities created by PHCI Team. The main problems that become the community needs are: environmental sanitation, where there are still many people defecating in the public area, wastewater puddles, and the community need for Posyandu. Thus, the activities proposed are as follows: elucidation of environmental sanitation, pilot wastewater drainage system (SPAL), construction of public toilets, elucidation of mothers with babies, construction of Posyandu, competition on Healthy Under-five Babies and competition of Posyandu health volunteers.

PHCI Team expects that success of this program will be useful for the community, so that they can feel the advantage of this program in terms of the community's behavior change in the primary health. As we can see, the community pays less attention in health currently.

Ambo Sakka Yunus, A.Ma

Chairperson of PHCI Team in Mariorennu Town Bulukumba District



<<< The presence of PRIMA Kesehatan is a new alternative approach in line with the primary health care improvement efforts for Healthy Indonesia 2010. This program is to activate the human resource of the community to be able to live with clean and healthy behaviors individually or socially.

Regarding the complex health problems in Mariorennu, the activities were designed based on the main priorities and adjusted to the funding allocation by PRIMA Kesehatan as an initial step of our program. The proposed activities are:

1. Elucidation on Dengue Fever (DBD) and Environmental Sanitation
This activity aims to give the community better understanding, comprehension and awareness on the importance of the healthy life.
2. Building Health Facilities
Within this activity, we will build a permanent public toilet in order to change the community's behavior, as they usually defecate in the river or ditch. Among 500 families in Mariorennu, only 101 of them have family toilets.
3. Health Promotion (PROMKES)

Health Promotion is a follow-up of the health elucidation. It includes the making of promotion board, brochures, stickers, and calendars that give health information. This activity is an introductory media and health information for the community. Among whole programs proposed, it is expected that community can comprehend and aware how important healthy life behavior is. Although this program is an initial step, we expect there will be sustainability from PRIMA Kesehatan - JICA, may God granted.

Wahidin, S.Pd

Chairperson of PHCI Team of Bonto Sunggu Village Bulukumba District



<<< As one of the new PHCI Teams in the new target Sub-District of PRIMA Kesehatan, the proposed activities issued by PHCI Team of Bonto Sunggu Village, Gantarang Sub-District, Bulukumba District are as follows:

- Elucidation on the importance of living healthy and clean. The aim is to give community an understanding to keep their environmental sanitation.
- Elucidation on dengue fever (DBD) and diarrhea held in each sub-village. This activity aims to explain the community on how to prevent these diseases.
- Elucidation on the importance of water purification facility presented by the Health Officer and the activity of making a simple water purification facility. This aims to encourage and motivate the community to consume clean and health water through water purification process.

- Elucidation on the importance of nutrition for babies. The activity also conducts weaning food feeding (PMT). This activity is held in order to motivate mothers to take care their children well by giving healthy and balanced nutrition based on their growth.
- Rehabilitation of the facility of Posyandu in Jatinro Jangang Sub-Village. This aims to improve the quality of Posyandu service in order to improve the health condition, especially for babies in a weighing phase.
- The procurement of pilot wastewater drainage system (SPAL) in Bonto Sunggu Sub-Village. This procurement aims to stimulate the community to make their own wastewater drainage system (SPAL). Through this kind of stimulation, it is expected that the free-from-environmental-diseases, clean and healthy environment can be created.

The above-mentioned activities were proposed through the identification of problems among the community in the sub-village level. We planned the activities to solve these problems. After the sub-village level, these proposals were forwarded to the village level and then the desired priorities were put in the proposal. These activities are expected to have the optimal community participation, as they are taken from the needs and ideas of Bonto Sunggu villagers themselves which were felt at the grassroots.

Fahrudin, SE <<<

Chairperson of PHCI Team in Lompo Tengah Village Barru District



I am very thankful to the supervisor assigned to Lompo Tengah Village, because they assisted us in proposal making. For 2008, PHCI Team in Lompo Tengah Village suggested 3 activities, which are: Posyandu service quality improvement, family toilet procurement, and public toilet rehabilitation.

When they conducted the meeting with the community in each sub-villages, there were so many activities proposed by the community besides the above 3 activities, which are: the building of wastewater drainage system (SPAL), garbage recycling, the building of Posyandu, etc. Because of the limited budget, PHCI Team members in the meeting agreed that only 3 activities would be proposed to PRIMA Kesehatan, since these activities were more needed by the community in Lompo Tengah Village.

My expectation for these activities is that we can not only achieve the stated targets in the proposal, but also go beyond them. I hope the community becomes more active in implementing the activities proposed.



On behalf of PRIMA Kesehatan team, we want to express our condolence for

Syamsuddin Nur, SKM

KIT member of Wajo District : On August 7, 2008.

May God gives strength and patience for the family left

Diarrhea



Diarrhea is a disease where a sufferer experiences liquid defecation more than 3 times a day and commonly continues for 2 days. The sufferer will lose his/her body liquid, so it will cause dehydration in the body (lack of liquid). The dehydration makes body cannot function well and it can endanger the sufferer, especially children and under-five babies.

Causes of diarrhea

Diarrhea is caused by:

1. Virus infection
2. Infection from a variety of bacteria that caused by food or water contamination
3. Food allergy, etc.

Diarrhea can be infected by:

- Consuming contaminated water
- Defecate in the public areas
- Food contamination through insects (fly, cockroach, etc.) or dirty hands.

Cleanliness, such as cleanliness of cooking utensils and washing hands after piss or defecation, is one factor to prevent diarrhea. It is relatively easy to prevent diarrhea by clean and healthy behavior. Diarrhea is spread through contaminated food, water and hands. Thus, diarrhea is actually easier to prevent and cure. If diarrhea cases are found, they are usually caused by bad sanitation. So the easiest solution to prevent diarrhea is having good sanitation.

source : gleanings

<<< PRIMA Health Info

Best Regards from PRIMA News

PRIMA News editorial accepts article input, news and commentary from relevant parties and media to share information and knowledge on the program progress. Thanks a lot.

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