



# PRIMA NEWS

Better Health by Community Participation



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

## >>> PRIMA Kesehatan

Approach in the effort increasing of Elementary Health into Healthy Indonesia 2010. This movement intended for the mobilization of resource exist in community so that can be clean and healthy behavior, either as individual or social.



Will these cheers be gone?  
From the start, let's live clean and healthy



## TOT for Posyandu by PHCI Team Gantarang Sub-district, Bulukumba District

On July 26 2008, PHCI Team of Gantarang sub-district conducted the activity of Training of Trainers for Posyandu in a hall of BAPPEDA Office in Bulukumba District. It started at 9 a.m and was opened officially by Mr. Umar Nain, S.Sos, Head of Village Community Empowerment (PMD). The participants were wives of Heads of Village and 20 members of Working Group IV in Posyandu in Gantarang sub-district. The number of the participants who attend the training was supposed to be 40, but only 31 came. This activity aimed to improve Posyandu trainers' knowledge and also to make them more attentive towards Posyandu activities including its health volunteers.

Problem occurred so far in Posyandu was that Posyandu health volunteers seemed to be the indicators of Posyandu activities. If the indicators of Posyandu activities do not achieve the target, the performance and skills of health volunteers are blamed as the cause of the low target achievement. Those responsibilities are supposed to be under Posyandu trainers and staff of Working Group IV. Health volunteers are only in charge of weighing babies and reporting Posyandu activities to Posyandu trainers. Therefore, this activity is expected to develop more responsible Posyandu trainers and Posyandu activities become improved.

The facilitator of this training was Mr. M. Rivai, SKM, a staff of Health Office and Head of Village Community Empowerment (PMD) of Bulukumba District. The material given was Training Concept and Institution Program Development in Posyandu.

The enthusiasm was shown by the participants during the discussion session. There were questions and suggestions in the discussion session, such as an idea of capacity improvement of Posyandu trainers through a study trip to Java island, as a role model in a successful and active Posyandu. With the study trip, it is expected that they can directly learn tricks by Posyandu trainers such as an interesting design of baby weighing that make babies are not afraid to be weighed, and how to create a good model of Posyandu. At the end of discussion, there were some notes that the Village Community Empowerment (PMD) proposed budget alteration to District Government in order to have a program of a study trip to Java by Posyandu trainers. Since Posyandu is not for only weighing babies, it is important to revitalize Posyandu's main program and the creativity of Posyandu trainers and health volunteers which makes the people more interested in visiting Posyandu. To apply those ideas, funding is necessary, and it is suggested that the funding source of Working Group IV in Posyandu may come from ADD (Village Fund Allocation). The training was over at 14:30 and officially closed by Mr. Muhammad Said, BA, Head of PHCI Team of Gantarang sub-district.

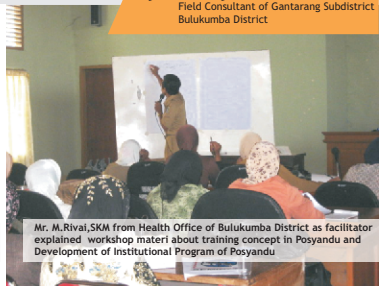
By : Gutriyana  
Field Consultant of Gantarang Subdistrict  
Bulukumba District



From left to right : Mr. M. Rivai, SKM from Dinkes Kab. Bulukumba, Mr. Umar Nain, S.Sos as Head of Village Community Empowerment Bulukumba District, Mr. M. Said, BA, Head of PHCI team of Gantarang Subdistrict and H. Baharudin as External Auditor and Head of Puskesmas of Gantarang



The participants of TOT for Posyandu , within them are mothers of village and mothers from Pokjanal IV unit in Posyandu from 20 villages around Gantarang Subdistrict.



Mr. M. Rivai, SKM from Health Office of Bulukumba District as facilitator explained workshop materi about training concept in Posyandu and Development of Institutional Program of Posyandu

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primary health care improvement



Some Notes from: 

# Financial Management Workshops

No.	Subdistrict	District	Date
1	Gantarang (I)	Bulukumba	August 2-3, 2008
	Gantarang (II)		August 7-8, 2008
2	Ujung Loe	Bulukumba	August 4-5, 2008
3	Bonto Bahari	Bulukumba	August 4-5, 2008
4	Bonto Tiro	Bulukumba	August 5-6, 2008
5	Tanasitolo (I)	Wajo	August 4-5, 2008
	Tanasitolo (II)		August 6-7, 2008
6	Belawa	Wajo	August 4-5, 2008
7	Gilireng	Wajo	August 6-7, 2008
8	Maniangpajo	Wajo	August 8-9, 2008
9	Barru	Barru	August 13-14, 2008
10	Tanete Rilau	Barru	August 13-14, 2008
11	Tanete Riaja	Barru	August 15-16, 2008

Started from August 2 until August 16, 11 target sub-districts of PRIMA Kesehatan conducted their Financial Management and Reporting System Workshops. Since some sub-districts conducted their workshop simultaneously, not all sub-district could be visited/observed by JICA PRIMA Kesehatan Team. Only some sub-district could be visited, so the priority was given to the new sub-district from 2nd cycle. The following are sub-districts visited, and the notes during the monitoring:

**Gantarang (I) Sub-district, Bulukumba District  
August 2, 2008  
9:00 a.m - 14:00 p.m  
BAPPEDA Bulukumba Meeting room**

The Financial Management and Reporting System Workshop of Gantarang sub-district was scheduled on August 2-3, 2008. The first day of the training was attended by 3 KIT members who opened the workshop and facilitated the training sessions. The KIT members that attended the training were Mr. Muh. Alwi (who opened the workshop and facilitated the first session of "discussion on good financial management and importance of transparency"), Dr. Gaffar (who facilitated the session of "cash book keeping"), and Mr. Rifai (who facilitated the session of "explanation on financial report"). Besides the KIT members, 3 FCs of Bulukumba also attended and helped KIT members in facilitating the workshop.

From the observation on this workshop, it can be said that, compared to the first cycle of implementation, basically KIT members have shown improvement on understanding about the procedures on preparing a financial report for this program. They can fairly facilitate the sessions in the workshop, and can explain some principles of financial management and procedures in preparing the report. However, maybe because of lack of experience, on some details they needed to be back up by FCs or PRIMA office staff to clarify certain points, such as how to deal with the cases of different prices among the proposals, or how to deal if the materials are contributed instead of the cash as written in the proposal, etc.

The attendance rate was quite good in the first day of the workshop, when 29 out of 30 expected attendants were present. The responses by the participants were, in general, good and the motivation to learn that was shown during the exercise session were quite high among many participants.

Materials for lessons and exercises were given on the first day. The room used for this training was quite large, but availability of the sound system could help the facilitators. A sufficient number of desks for working was another favorable aspect related to the venue of this workshop.

**Bonto Tiro Sub-district, Bulukumba District  
August 6, 2008  
8:30 a.m - 1:30 p.m  
Community Sport Hall of Bonto Tiro Sub-district**

The Financial Management and Reporting System Workshop of Bonto Tiro sub-district was scheduled on August 5-6, 2008. None of KIT members attended the second day of the workshop. Even all the

participants were from the newly joined PHCI Teams. Most of them looked motivated, and seriously tried to learn and solved the given exercise. The attendance rate of participant was not full but still quite good. 36 out of 39 participants attended the 2nd day of workshop. It was quite good as every PHCI Team has its representatives.

**Gilireng Sub-district, Wajo District  
August 7, 2008  
9:00 a.m- 1:00 p.m  
Meeting Hall in Gilireng Subdistrict**

The Financial Management and Reporting System Workshop of Gilireng sub-district was conducted on August 6-7, 2008. Similar to Bonto Tiro, Bulukumba, no one from KIT members of Wajo attended the second day of the workshop. All the sessions on the second day of this training were facilitated by FCs. All expected participants (30) attended the second day of the workshop. Unfortunately, many participants of this training seemed to have difficulties in concentrating on the exercise. This condition might be caused by the fact that participants felt some pressure to complete the exercise quicker, since they had to attend another event in their sub-district on inauguration of chiefs of villages by Head of the District.

**Maniangpajo Sub-District, Wajo District  
August 8-9, 2008  
9:00 a.m - 2:00 p.m  
Gedung Olahraga in Maniangpajo Sub-district**

Attendance rate was good, 27 out of 29 expected participants attended the first day, and all expected participants (29) attended the second day. Motivation of the participants was considerably high both in the first and second days. All of them seemed to have willingness to learn, and seriously followed each session. As the result, most of them can complete the given exercise. Availability of sufficient desks and chairs helped the participants to work comfortably with the exercise. The room was quite big.

**Barru & Tanete Rilau Sub-districts, Barru District  
August 13-14, 2008  
9:00 a.m. - 2:00 p.m.  
Bola Soba'e Building in Barru**

Barru and Tanete Rilau Sub-districts conducted their Financial Management and Reporting System Workshop at the same time and in the same building. For some sessions, such as opening and the first session (discussion on good financial management and importance of transparency), the session for explanation about financial report, and the last session (Activity Report), they conducted jointly in a big class. But for other sessions, they were divided into two smaller classes based on sub-district. KIT of Barru proposed this arrangement, considering the availability of KIT members to become facilitators. On the first day, 4 KIT members attended and facilitated the workshop, but on the second day, only 1 KIT member attended and facilitated some sessions in the workshop.

The attendance rate of the participants was actually full both for the first and second days. There were 33 participants from Barru sub-district and 33 participants from Tanete Riaja sub-district, which meant that the total number of the participants is the same as the expected number. However not all of them were fully attended the whole day of the training. Some of them left early, and some of them arrived lately, since some of the villages in Barru and Tanete Rilau had an election event for their chief of village at that time.

KIT member could facilitate the workshop well enough. When there were difficulties, FC or

PRIMA Team in Makassar added the information accordingly.

Some participants were very active, while some others were not. Maybe it was because of some of them had already had experience (trained or worked with the financial report) in the previous cycle. The room of the workshop with good facilities also supported the activity to run well.

**Tanete Riaja Sub-district, Barru District  
August 15-16, 2008  
9:00 a.m.- 2:00 p.m.  
Tanete Riaja Sub-district Office**

The first day of workshop in Tanete Riaja sub-district was opened and attended by 4 members of KIT of Barru. On the second day, 2 KIT members attended and facilitated the workshop. Good improvement had been shown by one of the KIT members (Mr. Andi Pananrang) who facilitated the cash book keeping and financial report session. It seemed that the experience of facilitating those topics in the previous workshop had given him better skill as well as confidence. Attendance rates of the participants for the first and the second days were very good. All expected participants (24) fully attended the workshop. Motivation of the participants looked quite high. It was shown in their response during the discussion and while doing the exercise. Everyone was trying hard to solve the exercise.

by: **Ricky Djodjoko**  
Field Operational Advisor  
PRIMA Kesehatan - JICA







# Visit of JICA HQ Team to Barru District

by: Ricky Djodjobo Field Operational Advisory  
PRIMA Kesehatan - JICA

On August 21, 2008 (Wed), a team from JICA Headquarters visited Barru District, one of PRIMA Kesehatan target districts. The team consisted of Mr. Takahiro Sasaki (Deputy Managing Director of 1st Asia and Pacific Region Department) and Mr. Shinichi Tanaka (JICA staff in charge of Indonesia), accompanied by Mr. Kiichi Tomiya (Deputy Resident Representative of JICA Indonesia), Mr. Toshimichi Aoki (Head of JICA-MFO) and Ms. Ida Gosal (Staff, JICA-MFO).

The visit started from the morning, around 7:40 a.m., by visiting one of implementation locations of PRIMA Kesehatan in Pancana Village, Tanete Rilau Sub-district. The location was the making of a clean water-tank. In that location, JICA Team had a discussion some members of PHCI Team of Pancana Village, Head of Puskesmas Pekkae, Head of Health Office of Barru District, Field Consultant and staff from PRIMA Kesehatan Office in Makassar. Besides

receiving information on planning process done by PHCI Team, Mr. Sasaki seemed to be very interested in the issue about the plan to take over PRIMA Kesehatan program by the local government. He expressed a good impression on local government's efforts in supporting this program and also the steps that are going to be applied in taking over the program. He said that that to take over this program, the transfer of knowledge and experience have to be done in order to sustain this program. He also said that sustainability is a key word that becomes the main attention by JICA in this kind of the program. He was also impressed with the information on the various ideas that occurred in Musrebang (Deliberation of Development Planning) in villages of PRIMA Kesehatan targets, which proposed not only physical construction but also health promotion activities.

After visiting Pancana Village, JICA

Team headed to Puskesmas Lisu in Tanete Riaja Sub-district. In Puskesmas Lisu, where a JOCV (Junior Expert from Japan) nurse is working, they had time to discuss with Head of Puskesmas and Puskesmas staff, then continued their journey to Lumpue sub-village of Kading Village. In Lumpue sub-village (which is also one of PRIMA Kesehatan targets), JICA Team observed service implementation in Posyandu.

Lastly, after visiting Kading Village, JICA Team went to the downtown in Barru District, for a courtesy call to Mr. H.A. Muhammad Rum, Head of Barru District. JICA Team was welcomed by Head of Barru District in his official residence. JICA Team had conversation and sharing information with Head of Barru District. JICA Team also asked for support by Head of Barru District to operational sustainability of the programs initiated by JICA in Barru District.

## The Application of Transparency in PRIMA Kesehatan Program

by: Arlin Adam Field Consultant of Barru Subdistrict, Barru District

A Simple and clear definition of transparency was formulated in PRIMA Kesehatan program: transparency is to give the information openly to all communities about the aid program received. At least, this definition was concluded based on the community experience in three trial districts of the program: Barru District, Bulukumba District, and Wajo District. To promote transparency concept, PRIMA Kesehatan program was socialized to all target communities, by involving the key persons in the villages and pasting up the proposal that agreed in easy accessed spots for the public such as the village office, mosque, market, and PHCI Team secretariat office. The village communities' capability in applying transparency principle in PRIMA Kesehatan program was obtained through joint learning process, such as applying knowledge and skills gained in training, assistance by the field consultant, and learning through guidance by the program organizer. The transparency

capacity experience shows gradual improvement along with the benefit felt by the community when they start to apply the transparency principle.

Empirically, PHCI Team members in each village who applied transparency principle to all village communities felt the impact such as more community contributions both in cash and manpower. The more support from the community represented the substantial benefits that they got from PRIMA Kesehatan program which emphasizes community empowerment process.

Thereby, it is very clear that transparency is an entry point to community participation if we look it from its system and manifestation. Relation between the concept of transparency and social participation is very significant. Participation which emerges without applying transparency only becomes as an illusionary participation in which its rate and quality can only prevail while the aid is still existed, but when the aid stops, the

participation no longer continues. Such a condition endangers the continuation of the program, particularly PRIMA Kesehatan program which expects community's behavior change to help themselves to stay healthy. If health problems keep depending on others or the government, we can figure out what big resources are needed, and the resource of the government is never enough. Therefore, health has to become also the responsibility of community.

Considering the above matter, PRIMA Kesehatan had a preeminent management trick in facilitating the readiness of the government to implement this program by organizing KIT (Kabupaten Implementation Team) in District Health Office and KIT becomes the organizer in assisting community to apply the pattern of healthy life behavior independently.

Direct observation of PHCI Team's activities by KIT has stimulated PHCI Teams to involve a big number of PHCI Team members as well as community members in their activities. Responsibility of KIT in taking over this program represents the biggest expectation for PHCI Team to continue its existence and maintain high performance in every activity. These strategic roles of KIT enable PRIMA Kesehatan program to have an opportunity to enter into the take-off condition.

The achievement epicenter perhaps lies in the community which organized PHCI Team. Because PHCI Team represents the authorized team for the community. Information access by the community through transparency principle will progressively determine the level of efficacy attainment. Therefore, PHCI Teams have to continuously open information to the wide community in order to avoid their disappointment on PHCI Team as the authorized one.



Transparency is one of backing pillar of social democratization process and politics. This term often comprehended as openness institute in giving information access for member about program management. By simplistic, transparency term comprehended by community as openness process limited to just program fund management. According to definition released by Bappenas, transparency is principle that guaranteeing to access or freedom for every people to get the information about program management, namely information about policy, process of and its execution and also achieved pickings.

# PRIMA Comment



**Amiruddin Zaid, S.Pd**  
Chairperson of PHCI Team of Tamalanrea, Bonto Tiro,  
Bulukumba District  
<<<

The Financial Workshop that was conducted by PRIMA Kesehatan brought the considerable benefit to PHCI Team, because if PHCI Team only learns from the module, it is possible that interpretation/understanding of PHCI Team in making a financial report will be different so that uniformity in the report cannot be reached. Implementation of the Financial Workshop can be said that it was successful from the evaluation conducted after all sessions were completed. The methods used in the workshop were based on the real situation and condition, such as discussion method, question and answer session, and practice by using the existing report. Thus, if there will be a next workshop, the above methods shall be applied so that participants can understand well and they do not forget because they find the answer by themselves. Only workshop venue is expected to be more comfortable and proper, or it may be conducted in the province level, if the fund is available.



**H. Abdul Rahman, Ketua PHCI**  
Chairperson of PHCI Team of Gilireng Subdistrict  
Wajo District  
<<<

We, as community members, are very thankful for the existence of activities conducted by PHCI Team in Gilireng sub-district, such as training of trainers for School Health Unit (UKS), training on Little Doctor, and also other activities which are not yet conducted. We hoped that through these activities, disease cases in Gilireng sub-district can be decreased and overcome.

After following the training on Little Doctor, it is expected that children in elementary schools can keep their health and environment and assist their friends in keeping their health, as they have been given the basic sanitary knowledge through the training. Similar to the students, all teachers are expected to improve health in schools, so that health of all students and clean school environment can be maintained. Before this activity by PHCI Team of Gilireng sub-district, we did not yet know about how to keep good health, but after that, we now know the importance of environmental and individual health and we will also train other people who did not join this training.

Both training on Little Doctor and training on School Health Unit (UKS) showed good cooperation between education and health institutions in order to keep good health. This matter also means that keeping a good health is a responsibility of all parties, not a responsibility of the health institution only.



**Dra. Hj. St. Rosmala**  
Chairperson of PHCI Team of Bonto Tiro Subdistrict  
Bulukumba District  
<<<

The financial workshop that was conducted, benefits us as PHCI team because it gives us knowledge specially for chief, treasurer and auditor. We were taught how to manage fund given by PRIMA Kesehatan.

In workshop exercise session. there was no emphasizing stressed to the participants. So that, some participants that sometimes can not follow/understand only follow 1 - 2 other participants tasks near them who know more.

The time was very finite so that we feel that we still need guidance of what fund management is.

This workshop was magnificent, because we were taught to be responsible of the fund accepted, as small as how much fund released have to be recorded into petty cash. For example, there was administration fee asked from bank fund, has to be noted at bank book.

For the venue, we propose TIK to conduct the coordination with subdistrict PHCI team. Although we are equal with PHCI team in village but the people in sub district know more about their facilities.

Participants and resource person feel uncomfortable in following training because the condition of training venue was not so proper. We hope the training implementation hereinafter will be better than this training."



**M. Bakri L.**  
Chairperson of PHCI Team of Sogi Village, Maniangpajo  
Wajo District  
<<<

We, the community in Sogi Village, are very happy and grateful with the block grant from PRIMA Kesehatan to improve the degree of public health. I, as Chairperson of

PHCI Team, seriously followed the Financial Workshop which was conducted in 2 days. So we can manage the existing fund and can make a good report with correctness.

In the beginning, I thought the material for this Financial Workshop was very difficult to follow, but if we pay more attention, we can solve it. We have implemented 15 latrines buildings out of 60 that we planned, also made 2 towers and all our transaction evidences are kept and noted as taught in the workshop.

## Typhus typhus abdominalis

## <<< PRIMA Health Info



Fever of Typhoid or typhus abdominalis is an acute infectious disease of small intestine which is caused by germ - Salmonella Typhosa. This disease is included in infectious diseases, with its infection route shortened as 3F in English words, that are Feces, Fly and Food.

What are the symptoms?

Its symptoms are varied, from the light symptom, to the unidentified, typical disease indication with complication, up to the death. But generally the symptoms of this disease are:

1. Fever, usually more than 1 week and can reach 39-40°C
2. Pain in bone which leads to whirling/dizzy
3. Weakness, fatigue and sore muscles.
4. Stomach trouble such as queasy, vomit, unwell feeling in stomach and decreased passion. It can also make diarrhea or constipation.
5. On the second week, tongue will look dirty, swollen and spleen.
6. Sometimes the awareness trouble happens.



The medication of typhoid Fever, divides into 3 sections, which are:

Section 1 : Treatment, diet and medicines. Treatment actually can be done at home, as long as people can notice the complication which possibly arise, and when people should aware of having intensive treatment. If the condition is worse, it has to have a hospital treatment for the isolation, observation and medication. Usually, patient must have total rest, minimum 3 days free from fever. Section 2 : Diet. In this section, people do not have to eat the filtered gruel. Because everybody can not eat the gruel, as it might not raise appetite. We may give rice, as long as it is low harsh-fiber. Another is avoid high seasoned side dishes. Section 3: Medicines. We can consume Kloramfenikol, Thiamphenikol, Kotrimoksazol, Ampicillin and Amoxicillin, Sefalosporin, Fluorokuinolon. These types of medicines are Antibiotic, and have to based on doctor prescription.

Resources : Quoted from several sources

### Best Regards from PRIMA News

PRIMA News editorial article input, news and commentary from some parties as media to share information and knowledge to improve this program. Editorial staff have authority to change add or lessen the articles accepted. Thanks a lot.

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