Communication Media of PRIMA Kesehatan
Volume 2, 11th Edition
February 2009

prima news

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

Better Health with Community Participation

Provincial Seminar : Achievement of PRIMA Kesehatan Year 2

One of the most important outputs related to the PHCI is the implementation of clean and healthy behavior in community. If community already applies the clean and healthy behavior, the health condition of the community will be better of. This behavior change issue was informed as one of the parameter of the achievement result gained by PRIMA Kesehatan program in 3 districts ; Bulukumba, Wajo and Barru that already passed the 2'nd year.

On February 10 2009, in Bapelkes Makassar, South Sulawesi, provincial achievement seminar of PRIMA Kesehatan year 2 (two) conducted. This seminar aims to preview the results have been achieved in this PRIMA Kesehatan program year 2(two). This seminar was attended by the representatives from provincial health office, KIT member from Bulukumba, Wajo and Barru, provincial BAPPEDA, JICA-MFO, PRIMA Kesehatan team of Makassar, PRIMA Pendidikan Makassar, and PHCI representatives from each target district of PRIMA Kesehatan. The seminar invited about 271 representatives of PHCI team, where every team is represented by 2 (two) members of PHCI. This seminar was also attended by non target district such as Sidrap, Pangkep, Enrekang, and Selayar.

This seminar was officially opened by Dr.H.Muchlis Manguluang, M.Kes, the head of administrative sub division, province health office. In his opening remarks, he urged the participants to play active role in the seminar, explained on how community involve in development process, an instead of being an object, community becomes the subject of development. By applying that mentioned, the result of development will be sustained. He said : "The core of this program is community involvement".

After the opening, the head of JICA-MFO, Mr. Toshimichi Aoki delivered an opening remark. He said that the learning process and preparation toward the program independency of program are indeed important. In this learning process, there are 2 major points require consideration. First, is in taking over phases on the role and function from PRIMA to district team. The second is the effort of making the 3 (three) existing target district experience to be integrated as a role model. He also said that the commitment of the target district and support from the province government become an important in this process also a reward to the PHCI team for the best effort and cooperation to make this happen.

Next, the preview about PRIMA Kesehatan–JICA by Mr. Shigeki Kawahara team leader of PRIMA Kesehatan – JICA. He said by repeating one thing that this program is owned by the community. He wanted to learn from the participants to share experience.

After that, each of target districts presented the achievement report and the future plan. The first report was from Wajo delivered by Drg. Nur Asri Idrus. Within the report, for the activity year 2008 planned in proposal was already completed 100%. The future plan is expected to have assistance team of PHCI in PRIMA

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Primary Health Care Improvement

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Kesehatan Mandiri in adopting program of PRIMA Kesehatan in other sub district.

The second presentation was delivered by Barru district delivered Muh. Syukri, SKM. In activity of PHCI in Barru already accomplished 100%. Several achievement presented were shown are for example: community participation l health development is widely opened, there is decrease number of health problem around target sites of PRIMA Kesehatan, the wider information of the existence of PRIMA Kesehatan. For the future plan, is to manage independent sub district of PRIMA Kesehatan in one of the target sub district, which is Barru sub district; the preparation of the socialization of PRIMA Kesehatan in 1(one) additional sub district (Soppeng Riaja sub district).

The next presentation was delivered by Syamsul Bahri, SE, the village head of Pao-Pao. It was about the sustainability perspective of PRIMA Kesehatan. He elaborated the financial support given by village government through ADD funding, such as in form of family toilet building and incentive given to Posyandu cadres in Pao-Pao village. "The activities programmed by Pao-Pao village for health sector is a anticipation move or follow up of PRIMA Kesehatan program to keep this program sustains" he said.

Next presentation was brought by Mr.H. Muh. Alwi SKM, M.Kes from Bulukumba. There were 100% of 232 activities realization conducted were accomplished. He noted that there were some achievements gained, such as the improvement of community participatory motivation in health sector. Regarding the future plan, he explained about the new sub district target expansion, collaboration with Desa Siaga to be program object.

The representative of the provincial health officer, Mr. Hasbullah,SKM,M.Kes presented the collaboration format of PRIMA Kesehatan and Desa Siaga; Community Empowerment Concept; within PHCI and FKD (Village Health Forum), and Poskesdes as the forum for problem solving. Related to PRIMA Kesehatan, is to involve the community as the main actors, government play the role as facilitate the community needs.

The Question and Answer session conducted when every presentation was finished. The participants looked enthusiastic in this session. Several questions and ideas were delivered such as : health problem, how the role of both community and government applied to keep the program sustain. The interesting question occurred from Tanete Riaja participant regarding the health condition in Japan. Then, Mr. Shigeki Kawahara explained that the condition in Indonesia is the same as Japan 40 years ago. Regarding the mosquito and how to prevent it is simply by avoiding a puddle. Mr. Kawahara asked the participants : " Who is going to get rid the puddle at home? Is it Puskesmas? No, it must be the community themselves". He noted that JICA PRIMA Kesehatan model does not exist in Japan, this model only exists on 3 districts ; Wajo, Bulukumba, and Barru, in South Sulawesi.

Seminar Propinsi : Pencapaian PRIMA Kesehatan Tahun Ke-2

This seminar was closed officially by dr. H. Muchlis Manguluang,M.Kes, Head of administrative in South Sulawesi province. On his closing remark, he said that community participation is the important point, PRIMA Kesehatan is a stimulant for the community. "Each district is expected to facilitate PRIMA Kesehatan to gain good result in terms of implementation" He said.

oleh : Noval Rahman | staf PRIMA Kesehatan

Achievement Seminar in District

5'th of February 2009
Bola Sobae, Barru

Participants:
119 PHCI members
4 KIT Members
5 PRIMA Kesehatan members
2 JOCV members
Regional Secretary of Barru (In opening session)

"PRIMA Kesehatan – JICA is able to change community mind set regarding health and it is necessary for Barru government to take over this model. The results achieved will fulfill the community expectation"

Drs. H. A. Syamsul Rizal, M.Si,
Regional Secretary of Barru

7'th of February 2009
ARMA Hall, Sengkang

Participants:
186 PHCI members
4 PRIMA Kesehatan members
9 KIT Members
Vice head of Provincial Assembly (DPRD)

"The important part conducted in every PHCI activity is not merely on the result physically, the important point is on the reason why they are motivated to do it"

dr. H. Abdul Azis M, M.Kes,
Head of District Health Office, Wajo

8'th of February 2009
Arini 2 Hotel, Bulukumba

Participants:
212 PHCI members
15 Bulukumba Health officer, including KIT members
2 BAPPEDA
2 Staff of Public Relation from District office
10 government officer from other sector
4 Provincial PRIMA Kesehatan team
1 JICA expert for provincial BAPPEDA (CD Project)
Vice head of Bulukumba district (In the opening session)

"The results of PRIMA-Kesehatan program are obviously seen and it is expected to have good achievement and there will be another good impact seen in future"

Drs. H. Padasi, M.Si
Vice Head of Bulukumba District

Budget Mechanism for PRIMA Kesehatan Mandiri

by : Ricky Djodjobo - Field Operational Advisory of PRIMA Kesehatan-JICA

On February 11 2009, located in Baruga Madising Provincial Health office of South Sulawesi, seminar of budgetary mechanism for PRIMA Kesehatan Mandiri was conducted. The participants attended this meeting are : KIT members of Wajo, Bulukumba and Barru, representative of provincial BAPPEDA, representative of provincial health office, JICA advisor for CD Project, PRIMA Kesehatan expert team, and resource person guest (coordinator of FIK ORNOP South Sulawesi). This seminar aimed to find and share ideas about mechanism that is suitable for districts in taking over budgetary aspect of PRIMA Kesehatan model and the regulation and government financial policy based on the each of district condition.

The seminar was started with the pre-discussion to clarify the characteristic of PRIMA Kesehatan model. Here, the participants elaborated strong points had by PRIMA Kesehatan which are : (1) PRIMA Kesehatan model is a complete package from (a) simple and distinct implementation work frame, (b) Small amount of funding, (c) Intensive training, monitoring, and evaluation, (2) Funding. Even though the funding is small, it is available before they prepare for the planning and proposals, it ensures community to be able to do something. (3) The activity cycle is shorter compared to other "participatory programs". Community can directly conduct the activities and to apply what the community has learnt. (4) PRIMA Kesehatan does not have political intention. It is implemented without any political will. (5) The sense of ownership in community is very strong. They are proud of what they achieve through this program.

Next activity was the presentations displayed about the alternative of budgetary system. Each district presented their ideas of alternative system in order to replace JICA budget when JICA support is no longer existed.

Barru district proposed 4 alternative ideas, while Wajo proposed 2 alternative ideas, and Bulukumba has 3 alternatives. However, basically those alternatives have some similarities but slightly varied. As a result, the discussion generally is focused on the looking at the 3 main categories of alternative :

1. Using ADD fund, with a mechanism where the funding source is for PHCI activities.
2. Using Social Aid fund to regional secretary, with a mechanism where the funding source is for PHCI activities.
3. Proposed PHCI as the part of government program (Health office or Puskesmas) within its annual budget planning.

Three aspects used to adjust with above alternatives are as follows : 1. Approved based on the available regulation 2. Possible/proper to be implemented concerned with the process of proposing plans and funding disbursement 3. Simplicity of the operational (approval, and reporting process).

-ADD fund

Using ADD fund and its mechanism for PHCI activities is categorized as the alternative that can be applied based on the prevailed regulation, because the existing regulation even support village government to execute 70% of ADD funding for community development and empowerment.

In terms of feasibility and simplicity, ADD is much more suitable because the approval and agreement in using the fund is the village itself. There were some experiences showed that the timing of fund disbursement is somehow late. The reason is because village side did not submit the required documents on time. Thus, in future, it is expected to improve the village officer and other matters related to administrative stuff of village level.

The thing which needs to consider in having ADD fund as the alternative for PHCI activities is decision authority, considering that the authority is out of the health office authority which means that the policy depends on the village, especially the head of village. The suggestion given was to build a commitment from district government in form of an agreement or recommendation or regulation to support village to share the ADD fund allocated to PHCI activities. The other constraint is that in kelurahan, there is no such funding like village has (ADD), means kelurahan needs to find out another source.

-Social Aid Fund

In terms of timing feasibility and simplicity, social aid fund is very suitable with the block grant characteristics available in PRIMA Kesehatan. Social aid funding can be disbursed within a week after the proposal received by the attached institution and approved by the regional secretary and the funding can be executed in form of block grant.

Unfortunately, in regulation aspect, the social aid can not be disbursed repeatedly to the same target group. It is only possibly disbursed once.

-Be a part of office program (Health office or Puskesmas)

Even if the authority to manage the funding through this alternative is totally under health office, but because of the prevailed regulation, this faces many limitations. The fund can not be directly disbursed to community in implementing activities, can not be allocated in form of block grant, and in utilizing the fund, can not be combined with other funding source (e.g swadaya) to support one activity. Thus, if this alternative is chosen, means it will required many modification to the recent model applied in PRIMA Kesehatan, that even can work against the original characteristic of the program.

By using these information and alternatives in this discussion, the participants agreed to take one step forward in developing a good funding mechanism for PRIMA Kesehatan Mandiri. Participants agreed that ADD is the most suitable, if some of it can be disbursed under district government authority. It was also confirmed that the three districts have different condition that is possible to apply three different ways.

PRIMA Comment

Arifuddin
Chairman of PHCI Team
Tamatto Village, Ujung loe sub district, Bulukumba

Within 2 (two) years of PHCI existence, community feels a change in habit such as community becomes more attentive to clean/healthy environment, and mothers regularly take their children to Posyandu because the better facilities it has. Thus, community expect for the sustainability of this program to keep the community condition healthy.

Andi Syamsiar
Treasurer,
Tanah Lemo
Bonto Bahari sub district,
Bulukumba

I feel grateful to be involved within PHCI, I become able to make a team financial report. At first, I did not know how to make a financial report, but now I do have it, even though it is quite difficult. I said that it is quite difficult because I am not good at computer. Maybe next time, all treasurer can be given a computer training especially on the way of making format of the existing report (especially excel). PHCI also teaches me on how to deal with book keeping and reporting.

Ahmad Suhada
Chairperson of
PHCI team
Galung village,
Barru district, Barru

PRIMA Kesehatan program in Galung already finishes its second cycle and will start for the third cycle. The last first cycle we found no significant change seen but the improvement of knowledge had by our team member.

In the second cycle, we felt the strong motivation to improve health status in our village. The activities we chose are : PHBS elucidation, Posyandu rehabilitation, and Posyandu cadre training, and Posyandu service improvement.

The activities we conducted quite support the awareness improvement and community participation. Recently community initiatively build 10 unit of family toilet by using their own money.

The trained Posyandu cadres find themselves improvement in skill and knowledge as well as their motivation to develop village actively. The Posyandu cadres now become a village cadres that supports village program comprehensively. Every cadre is responsible for 20 to 30 families, and to support the operational activities of cadres, there is Rp.10.000 disbursed for each of them per month in a year.

Photo Gallery PHCI Gantarang Bulukumba

Immunization

We heard many times about "Immunization". What does it actually mean? In a Indonesian language dictionary, it means "kekebalan" (immune toward disease). If in health term, immunization means vaccine given to avoid certain disease. The way to give vaccine can be through injection or directly dripped into babies' mouth (under five years old).

Vaccine is categorized as medicine that can prevent disease. Vaccine helps the body to produce anti body. This antibody prevents to protect body from disease. Besides keeping children to stay healthy, it also helps to exterminate serious disease occurred in childhood.

There are 2 kinds of immunization, passive and active immunization. Active immunization is to give germ or paralyzed or dead germ toxic due to stimulate the body to form its own anti body, for example Polio immunization or measles. While passive immunization means injections of several anti bodies due to increase the content of it, for example ATS injection (Anti tetanus serum) to a person who are injured in accident. The other example is for the infants who receive kinds of anti body through placenta blood during the pregnancy, such as measles. "Protect yourself and your family from harmful disease", "Preventive is better than curative".

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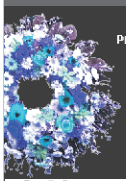
Resources: Quoted from several sources



PRIMA Kesehatan condoling for passed away one of PHCI member of Bulukumba District :

A. Mappisangka Lawa
Treasurer of PHCI Team
Ujung Loe Sub-district

On February 23, 2009

Hopefully the family give firmness from god

Best Regards from PRIMA News

prima news editorial accept article input, news and commentary from some parties as media to share information and knowledge to improve this program. the editor retains the right to conduct necessary editing to adjust with the design and layout.thank you.

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