



On February 16-20, 2009, The Mid-Term Evaluation Study Team of JICA (Japan International Cooperation Agency) headed by Mr. Tomiya Kiichi (Senior Representative, JICA Indonesia Office) visited South Sulawesi Province for the purpose of evaluating the achievement and the most basic from PRIMA Kesehatan program together with the Indonesian authorities concerned. During its evaluation study, the Team exchanged view visit project sites and had a series of discussion with the Indonesian authorities, especially with Provincial Health Office and District Health Office in the target districts and other units related with PRIMA Kesehatan-JICA program.

Members of The Mid-Term Evaluation Study Team are dr. Linda Siti Rohaeti, *Head of Supervision and Evaluation Section, General Director of Public Health, MoH RI*; dr. Kazuhiro Kakimoto, *JICA Policy Adviser to MoH*; Mr. Jotaro Tateyama, *Representative, JICA Indonesia Office*, and had a share Mr. Takaaki Ito, university student of Japan. Whereas from PRIMA Kesehatan-JICA team are Mr. Shigeki Kawahara, Mr. Shuhei Oguchi, Ms. Saeko Hatta, Mr. Ricky Djodjobo and Ms. Fatmawaty Nur. Representative from Provincial Health Office of South Sulawesi is Mr. Hasbullah, SKM, M.Kes.

On February 17, 2009, Evaluation Team had opportunity to visit PHCI of Bira Village, Lonrong Village, Bulukumba District; then on Februari 18, 2009, Evaluation Team

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visited PHCI of Tuwung Village, Garessi Village, Barru District; and then on February 19, 2009, Evaluation Team visited to PHCI of Mario Village, Ongkoe Village, in Wajo District.

The Evaluation Team used with the following procedure and methodology as collect data from documentation, questioner review and interviews with key stakeholders based on the five evaluation criteria accordance with the JICA Project Evaluation Guideline "relevance", "effectiveness", "efficiency", "impact", and "sustainability"; to analyze and confirm the program status (inputs, activities, achievements, implementation process and impact) based on the collected data; to hold discussions to evaluate the prospect of achieving the program purpose, etc.

In this Mid-term Evaluation Study, the five evaluation criteria were applied to a limited and possible extent for data collection and analysis. A thorough analysis based on the said five criteria will be conducted by The Final Evaluation Team and the conclusion shall be drawn based on the results of such analysis. In general, the Program is conducted based on

PDM (Project Design Matrix) and PO (Plan of Operation). The summary of evaluation results to this program based on the five evaluation criteria are as follows:

1. Relevance : This program is in accordance with Indonesian Policy as well as Japanese assistance policy. Therefore, The relevance rate is considered quite high;
2. Effectiveness : The community-oriented health promotion model has been gradually developed in the target districts. However, there remain challenges for District Health Office to improve their human resource for implemented the model independently as well as to respond to local needs articulated by PHCI activities.
3. Efficiency: Achievement level have variation from one output to another. On the one hand, village PHCI teams run PHCI activities well. On the other hand, there is room for more active participation from the Provincial Health Office;

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Mid-Term Evaluation Team of JICA together with
KIT of Bulukumba and Field Consultant of PRIMA Kesehatan
Bulukumba



Mid-Term Evaluation Team of JICA together with
PHCI of Garessi Village
Barru



Mid-Term Evaluation Team of JICA together with
PHCI Mario Village
Wajo

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4. Impact : There are various unsuspected positive impact such as active community participation in the form of matching fund and the strengthening community solidarity; 5. Sustainability : The district governments are working hard - to articulate and cope with remaining challenges to make the PHCI activities sustainable , in terms of institution, human resources, and budget.

Thereupon February 20, 2009, implemented JCC (Joint Coordinating Committee) Meeting and sign Minutes of Meeting by Provincial Health Office of South Sulawesi Province, Development Planning Board of South Sulawesi Province and JICA, as

well as explained the results from evaluation have been done. From this evaluation, The Mid-term Evaluation Team said that this program is well done. The results of evaluation also show that seen progress in health improvement especially change of clean and healthy behavior is more than better in village community.

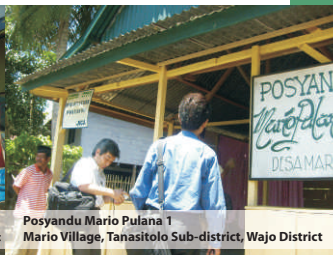
JICA Mid-Term Evaluation

February 16 - 20, 2009

source : Progress Report 4 of PRIMA Kesehatan - March 2009



Posyandu Rusa
Bira Village, Bonto Bahari Sub-district, Bulukumba District



Posyandu Mario Pulana 1
Mario Village, Tanasitolu Sub-district, Wajo District



Family Toilet
Garessi Village, Tanete Rilau Sub-district, Barru District



Saving of Clean Water Source
Ongkoe Village, Belawa Sub-district, Wajo District

5'th Steering Committee Meeting

Wednesday, March 4, 2009,

"Baruga Sayang" Meeting Room, Province Health Office of South Sulawesi Province

On March 4 2009, located in Baruga Sayang, provincial health office of South Sulawesi, the 5'th Steering Committee Meeting of Program PRIMA Kesehatan was held. This meeting was attended by Vice Head of Provincial Health Office, dr. H.M. Saad Bustan, M.Kes, the representative of JICA-MFO, Mr. Tokumaru Shuji, Team Leader of PRIMA Kesehatan Mr. Shigeki Kawahara, PRIMA Kesehatan Expert Team, Head of District Health Office of Barru, Wajo and Bulukumba KIT, Provincial Counterparts, South Sulawesi Provincial BAPPEDA, and Field Consultants. The total participants were 27.

This meeting was opened by dr.H.Muh. Saad Bustan, M.Kes, the vice head of provincial health office. On his opening remarks, he mentioned that taking over preparation of PRIMA Kesehatan program in 2010 has to be started by province, especially in within the districts to sub districts or to other districts. He also suggested collaborating with Desa Siaga Program, and he expected to village PHCI to keep supervising existing cadres available in village who are not directly involved in PRIMA Kesehatan team.

The next agenda was brief presentation by Mr. Shigeki Kawahara, Team Leader of PRIMA Kesehatan JICA. It was regarding the operational plan of 3'rd cycle in 2009 that will be conducted in one moth earlier, where the first activity will be TOT.

The next session was brief presentation with a theme of "Operasional Mandiri" for the 3'rd cycle from each representative of KIT member from target district. From Wajo KIT, Mr. Huslan, S.ST, M.Kes elaborated that Wajo KIT has conducted socialization PRIMA Kesehatan

sustainability plan after JICA support is over, by using ADD fund and swadaya. The future plan is to create PHCI assistance team in order to establish PRIMA Kesehatan Mandiri (Independent PRIMA Kesehatan) with Tanasitolu as the sub district of PRIMA Kesehatan Mandiri.

The next presentation was from Barru KIT, which was presented by M.Syukri, SKM. He said that Barru KIT prepared 1 sub district for PRIMA Kesehatan Mandiri which is Barru sub district through capacity building of KIT members, PHCI team and Puskesmas.

From Bulukumba it was represented by H. Much. Awl, SKM explained about integration of PRIMA Kesehatan and Desa Saga, and he suggested to conduct TOT training for both KIT members and Puskesmas people, who in future are expected to take over the role of Field Consultant. KIT decided 1 sub district, which is Bonito Bahrain, as the target of PRIMA Kesehatan Mandarin.

There were some interesting points in the discussion session, such as regarding the management system improvement of health in PRIMA Kesehatan program. Dr. Saad Bussan said that PRIMA Kesehatan model is a management system which is well-conducted. "PHCI Team is trained to conduct a good system, such as financial system, where there financial training conducted. Therefore, it is necessary for Desa Siaga to apply this kind of program management system within PRIMA Kesehatan. District is expected to build the system of management capacity as well as the human resource. In this point, province government must keep on eye the

coordination started from village, sub district and district level in terms of its planning system."

Mr. Kawahara gave his comment, that management capacity improvement becomes a challenge for the district on how to deal with it. Each district plays its role well where this program has never been applied in other districts. From the evaluation team result in which the team consists of DEPKES member and JICA, this program runs well. While from Mr. Hasbullah, SKM, M.Kes said that it is necessary to combine the PRIMA Kesehatan activities and Desa Siaga/Poskesdes activities in this 3'rd cycle in village targets of both PRIMA Kesehatan and Desa Siaga program. Mr. Ricky Djojjobo explained that the basic point of this program is the sense of ownership toward the program of PRIMA Kesehatan. This meeting was then officially closed by dr. Saad Bustan, M.Kes.



by : Noval Rahman | Research Assistant, PRIMA Kesehatan-JICA

The Visit by PRIMA Kesehatan Team and PRIMA Pendidikan to Barru and Wajo Districts

February 27-28, 2009



PRIMA Kesehatan and PRIMA Pendidikan are JICA Programs in enhancing management capacity of health and education sector. The target of PRIMA Kesehatan covers Wajo, Barru and Bulukumba, while PRIMA Pendidikan covers Wajo, Barru and Jeneponto. On February 27 and 28 2009, PRIMA Kesehatan and PRIMA Pendidikan team visited Barru and Wajo. The experts and staff who joined the field trip were Prof. Yasuhide Nakamura, Mr. Kazuhisa Matsui, Mr. Shuhei Oguchi, Ms. Saeko Hatta, Mansyur Rahim, Fatmawaty Nur and Noval Rahman.

The trip aimed to find out the progress of PRIMA Kesehatan and PRIMA Pendidikan Program and to know how both program are synchronic one to another.

On February 27 2009, PRIMA team visited SMPN 3 Barru in Galung village. The team there observed UKS (School Health Unit) as one of the school health facilities in SMPN 3. According to Drg. Asri as the health facilitator, UKS functioned to have school becomes independent in health and enhances its awareness and knowledge about the importance of healthy life. Based on the Drs. Abd. Majid, the principle of SMPN 3 Barru, the support given for UKS is in form of building cooperation with Puskesmas where Puskesmas team visits the school twice a month. In this school, there is also health training, such as disease elucidation such as Dengue Fever and AIDS to all students. The interesting point is that the training also involves students' parents. The activities conducted by SMPN 3 are such as study group for students, home study, Life Skill activity of making compost, procurement of computer, etc.

The next visit was to Galung PHCI team at village office. PHCI and PRIMA team discussed about the progress achieved in Galung village. The head of Galung village,

Mr. Ahmad Suhada said that there is a systematic data available in Galung for the distribution of number of cadres in every part of Galung area. Cadres also received Rp. 10.000,-/ month through ADD fund. After visiting Galung, the team visited SMPN 1 Barru to see the lesson study activity for computer training.

On the day after, 28th February 2009 at 7 am, the team met head of district health office of Wajo, dr.H. Abd.Azis, M.Kes. dr. Azis said that PRIMA Kesehatan has established a gradual control system and very well-managed. The system started with the existing KIT, sub district and village PHCI team, and field consultant. The management structure is then able to assist the activity implementation in order to get an activity that runs well. He also explained the difference between PRIMA Pendidikan and PRIMA Kesehatan, where PRIMA Pendidikan collaborates with school institutions, which have controlling board, while PRIMA Kesehatan is directly collaborates with the community which has no official institution, it was PHCI only.

Regarding with Desa Siaga program which becomes a national program from department of Health of Indonesia, within Desa Siaga there are Poskesdes, Midwives, FKD where they have similarities with PRIMA Kesehatan which is community basis program. However, program of Desa Siaga is still under the government "cultural" system, it is different from PRIMA Kesehatan where the system includes TIK, PHCI team and Field Consultant who are together in process of planning, monitoring, and implementation. Mr. Matsui said that Desa Siaga program is better to be collaborated with PRIMA Kesehatan, and Puskesmas/ sub district village, as well as midwives are involved within PRIMA Kesehatan. "what motivates

me is a hope that to have PRIMA Kesehatan becomes better of and able to improve Desa Siaga." He said.

After that, PRIMA team visited MTs. (Islamic Secondary School) of Bontouse Tanasitolo, Wajo. We were welcomed warmly by the students with flowers and rebana musical instrument. At the same time, the school was conducting PHBS (Clean and Healthy Life Behavior) elucidation. The next visit was to SMPN 3, Tanasitolo sub district, Wajo. The students also welcomed the team. The unique part of this visit was the students are very creative and gave a very interesting performance.

The last visit was to Pinceng Pute PHCI team, Tanasitolo sub district. PRIMA team discussed together with the PHCI team regarding the progress of PRIMA Kesehatan toward education sector, especially health matter in school, for example socialization and nutrition betterment for students of elementary 267, 376 and 28 conducted twice a month. PRIMA Program gives a meaningful impact for the community in terms of health and education. The sense of ownership becomes the essential part of these programs.(NR)



Important Notes toward the end of 2nd Cycle of PRIMA Kesehatan : The Movement of Health Decentralization



Paradigm of Health 2010 emphasizes on the health development with independent support by each of district due to decentralization principle. The basic assumption of this principle is that the health problems occurred in each district is different from another because of the different characteristic and community behavior with cultural and custom aspect within. The major characteristic of health decentralization is the improvement of district initiative to build up health and have the community as the main actors.

PRIMA Kesehatan-JICA as a community empowerment program in 3 target districts (Bulukumba-Wajo-Barru) in South Sulawesi has put the community as the center of movement to conduct preventive and promotive actions toward diseases and other health problems in village. With those movements, the self-reliance by the community is raised and encouraged to participate independently.

The sense of ownership is enhanced as the massive energy in utilizing any of local sources they have due to improve the activities quality.

Gradually, the community realizes their role as people who are responsible to the health development process. This results another self awareness of initiative, creativity, cooperation and be critical to the health development implementation in districts. This is the principle of the real health development. On the other word, PRIMA Kesehatan has encouraged the decentralization mechanism.

The bottom up approach can be seen by the program proposed by the community in Musrenbang in village level. The event of Musrenbang shows the new look of the program planning compared with the previous proposal, where ADD fund allocates its share for health activities. This happened in Pao-Pao village, Pancana village, and Corowali in Tanete Riaja sub district, Barru. According to Pao-Pao head of village, Mr. Syamsul Bahri, SE, the amount of funding from ADD, allocated for family toilet building and incentive for Posyandu cadres, was 60 million in 2008-2009. For the village budget, the amount has given a big benefit in order to improve the community health.

Another distinct change is on the Posyandu management the community

by : Arlin Adam

Field Consultant of Barru District
PRIMA Kesehatan-JICA

basis health service- where the activities are under management of cadres. Previously, the role of cadres was merely supporting the technical matters under health workers instruction. The role then taken over by cadres as the effort of community empowerment. This happens in Garessi, Tanete Rilau sub district, Barru and also in many target villages of PRIMA Kesehatan, remembering its effort of optimizing Posyandu service programmed by PHCI. It is believed the re-activeness of Posyandu service can reduce the disease incidence, especially for the pregnant mothers, breast feeding mother, and babies as the indicators.

The un-expected matter is a fact that the self-help contribution coming from community to support PHCI activity can be applied. The community who contributes fresh money to contribute which is a very big change remembering that so far, community always depends on the outside and government.

Those meaningful changes are necessary responded by the respective district government. It can be said that this moment community is in its great energy to support themselves, family and community. In this point, it is expected to government to accommodate and facilitate that energy to be then a massive power to reach healthy community in 2010.

Eczema/Dermatitis

Eczema or Dermatitis is term of medicine for skin disorder which the skin seem inflamed and irritation. This inflammation can happen in wherever but the most often strike is hand and leg. Type of most eczema is Atopic Eczema or Atopic Dermatitis. The symptom of dermatitis appears in childhood attained the age in up 2 years.

What kind of Eczema Symptoms?

Wherever location had eczema, main symptoms that felt by patient itchy. Sometimes the itchiness already appear before had red sign on the skin. Redness usually will appear on face, knee, hand and foot, but not possible, redness appear in other area. In the infect area feel dryness, crusting skin or scab.

What is Eczema Cause?

Cause of eczema actually unknown definitely, but some experts suspecting eczema related with over immunity body activity.

Everyone have different eczema. There's people which after hold soap or detergent will fell very itch, The symptoms is varied, light itch but dominant hotness, and the otherwise.

How is The Treatments Way?

Main purpose from treatment is removing itchiness for prevent infection. When the skin feel very dry and itch, lotion and moisturizer very suggested to make skin more moist. This measure commonly been done while skin still little wet, like after take a bath so that oily lotion will keep moist skin. Cold

<<< PRIMA Health Info



compress also can reduce itchiness. Balm or cream that contains *Corticosteroid* like *Hydrocortisone* (appropriate doctor recipe) give to reduce inflammation. For serious cases, doctor will give *Corticosteroid* tablet and if in eczema area

have been infection so it can give antibiotic for kill bacteria infectious. The other medicine that needed is *Antihistamine* for reducing over itchiness, and *Cyclosporine* for patient that no responsive to all medicines.

Source: taken from several source

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

Muh. Ramli, S.Pd.
Chairperson of PHCI Team Laotang Village
Belawa Sub-district

On April 22, 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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