



planning workshop of sub-district

Planning workshop has been conducted at the end of May to beginning of June 2009. Prima Kesehatan Team had the chance to monitor several workshops in sub-districts, they are Tanete Riaja (Barru, May 27-28), Bonto Tiro (Bulukumba, May 30), Gantarang II (Bulukumba May 31), Tanete Rilau and Barru sub districts (Barru, June 1), and Maniangpajo and Tanasitolo (June 2-3).

learn how to make plans and proposals for their activities. It benefits them to gain knowledge and skill as well as comprehension regarding the most important target of improving the quality of primary health care. These workshops were directly facilitated by those who joined the 3rd TOT, comprises of Kabupaten Implementation Team and Kecamatan Implementation Team (Puskesmas/sub-district staff).

Facilitators explained to PHCI Team of Desa and Kecamatan about the planning of PHC improvement based on what they have learned in TOT. This training program is divided into 7 modules that cover points such as: how to gain good PHC, identify problems, plan the action, implement the activity and evaluate the achievement by measuring the

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The workshop aims to train the representatives of PHCI Team members to

PRIMA Kesehatan Cycle of Primary Health Care Improvement



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prima
kesehatan
peduli 2009
Primary Health
Care Improvement

results. Comparing to the first and the second year of PRIMA Kesehatan, there is improved KIT involvement in the facilitation of this workshop.

The attendance rate of the participants for this workshop, which was conducted in 2 days, was quite high. Almost 100% of the participants attended the workshop (about 97% attended in fact). Generally, they had high motivation and were actively involved in every discussion. The participants,

especially those who experienced the first and the second year, seemed to be active in delivering their opinions.

At the end of the workshop, the participants were required to bring their planning drafts home to be further discussed among the PHCI Team members. After the workshop, they are expected to finish their planning and proposal to be submitted to KIT.

by: **Noval Rahman**
Research Assistant of PRIMA Kesehatan-JICA
Makassar

Table of Schedule and Participants
Planning Workshop of PRIMA Kesehatan in Sub-district year 2009

No.	District	Sub-district	Date	Participants
1	Bulukumba	Gantarang (I)	May 27,2009	43 persons
			May 28,2009	43 persons
		Gantarang (II)	May 30,2009	39 persons
			May 31,2009	39 persons
		Ujung Loe	June 1, 2009	52 persons
			June 2, 2009	52 persons
		Bonto Bahari	June 3,2009	36 persons
			June 4,2009	36 persons
		Bonto Tiro	May 30,2009	48 persons
			May 31,2009	48 persons
2	Barru	Tanete Riaja	May 27,2009	32 persons
			May 28,2009	32 persons
		Tanete Rilau	June 1,2009	44 persons
			June 2,2009	44 persons
		Barru	June 1,2009	44 persons
			June 2,2009	44 persons
3	Wajo	Maniangpajo	June 1,2009	35 persons
			June 2,2009	36 persons
		Tanasitolo (I)	June 2,2009	40 persons
			June 3,2009	40 persons
		Tanasitolo (II)	June 4,2009	40 persons
			June 5,2009	40 persons
		Belawa	June 4,2009	40 persons
			June 5,2009	40 persons
		Gilireng	June 8,2009	40 persons
			June 9,2009	40 persons



*Photo : discussion among PHCI Team members, KIT members, Kecamatan Implementation Team members, and Field consultants in the Kecamatan Planning Workshop.

Planning on PHCI and The Proposal Making Process in Village and Sub-district Level

Determining objectives and targets in terms of primary health care is an initial step for planning on PHCI and the proposal making. By determining the targets and objectives to be achieved, PHCI Team will have a clear direction. The next step to do is to compare the gap between the current condition and the aimed target, thus they are able to focus on what they need to improve and measure the improvement. Then, they have to think of how they can improve the condition better, what activities they plan to do, who will be in charge of each activity, amount of budget allocated, and how long each activity shall be implemented.

PHCI plan is where problems are identified by each of sub-villagers and then proposed in the proposal. This workshop is conducted in form of discussion among PCHI Team, head of the village, Kabupaten Implementation Team, Kecamatan Implementation Team, and a Field Consultant. PRIMA Kesehatan Team had an opportunity to



visit and monitor several of these workshops: Tanete Riaja sub-district and Lalolang village, Barru sub-district (June 9, 2009) in Barru district, Kelurahan Dualimpoe, Maniangpajo sub-district (June 15, 2009), Nepo and Assorajang villages (June 16, 2009), and Wewangrewu village, Tanasitolo sub-district (June 17, 2009) in Wajo district.

Generally, they discussed their real current health problems, the causes for them, and what activities they plan to solve these problems.

In this workshop, all participants were actively involved in giving opinions regarding the problems occurred and the action plans.

Proposal Making Activity

in Maniangpajo Sub-district, Wajo District



Discussion meeting among PHCI Team members, head of the village, community leaders, head of sub-villages, Kecamatan Implementation Team regarding proposal making

After the planning workshop, village PHCI Teams, assisted by Kecamatan Implementation Team conducted a proposal making activity. There are several process followed by the Teams, especially in Maniangpajo sub-district, for this activity:

1. Conduct an internal meeting among the members in determining the activities, and then invite the community and present their result in their meeting. They ask for the community agreement as well as opinions.

2. Conduct a meeting with the community and

elaborate problems in their village, then continues it with discussion on what activities shall be conducted to solve their problems.

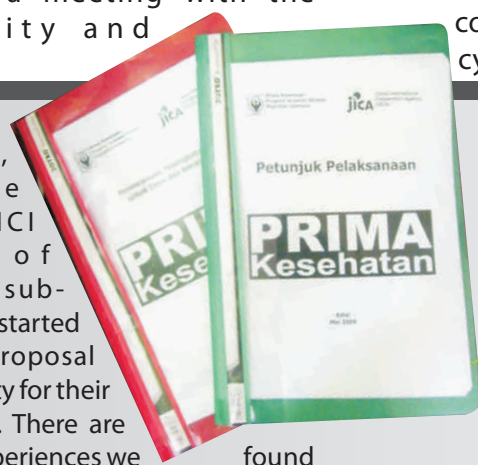
3. Conduct a meeting among PHCI Team members, head of the village, community leaders, head of the sub-villages, and head of organizations available in village, determining activities they plan to conduct and socialize them by inviting community representatives, who are the activity target.

Above ways utilized show that the PHCI Teams become more confident in entering their cycle 2 in terms of making

decisions, and do not hesitate in determining their activities. It is because of their success in the their cycle 1 and the trust given by the villagers.

There is another interesting point in this cycle, which is assistance by Kecamatan Implementation Team. They consist of 3 Puskesmas representatives, and 2 kecamatan representatives. Kecamatan Implementation Team plays active roles in discussion for proposal making and always gives assistance during meeting and socialization of each activity that is planned to implement. Through the assistance, the community becomes more convinced and more supportive to the further activity implementation by PHCI Team.

by: **Surya Ekasari**
Field Consultant of PRIMA Kesehatan-JICA
Wajo District



We, Palambarae Village PHCI Team of Gantarang sub-district, had started preparing proposal making activity for their cycle 2, 2009. There are some new experiences we

found in this year compared to the last year, especially in a process of problem identification in the village. We found it easier to explore health problems happening in our village, which are then brought to make an action plan. It is just like our experience last year, added with the four continued activities, which were conducted in the last cycle, such as toilet making, public well rehabilitation, PHBS elucidation, and supplementary food in 4 Posyandu. While the new activity is procurement of clean water facility by providing water tanks in 2 sub-villages.

We still propose the previous activities that were implemented last year based on the agreement of the PHCI Team members, because community finds the

Proposal Making Activity

in Palambarae Village, Gantarang Sub-district
Bulukumba District

fruitful advantage of the activities, especially for those who live nearby the site. As a result, activity of building toilet and the rehabilitation of public wells are planned to be conducted in other sites within 3 sub-villages. It is also applied for activity of PHBS elucidation and supplementary food.

Another new experience on proposal making we have in this year is that we do not find any difficulty in calculating the detail of cost and making the budget for each activity compared to the last cycle. Lastly, we hope that PHCI Team will continue to existing in Palambarae village, although PRIMA Kesehatan by JICA will be no longer present next year.



by: **Rohani**
Secretary of Palambarae Village PHCI Team, Gantarang Sub-district Bulukumba District



Palambarae village PHCI Team is discussing proposal making



PHCI Team with Field Consultant, Mr. Syamsuddin Awing, who is monitoring the discussion process.



On June 9, 2009, Lempang Village PHCI Team held a meeting, which was attended by all members. Two main agenda of the meeting were the establishment of a new PHCI Team, and proposal making activity for 2009. From the result of the meeting, I was assigned to replace Mr. Sakaruddin as the chairperson. The PHCI Team members are reshuffled is because the chairperson resigned and he was no longer able to concentrate in leading the team as well as the activities. The second agenda was making a proposal. In the meeting, they decided to conduct the activities to build water tank, make examination room for pregnant mothers in posyandu, give stimulation to build toilets, and cobduct Posyandu competition. After determining the

activities, I started to make a proposal to be submitted to KIT. There was a significant difference compared to the previous cycle. Last year, PHCI member and Field Consultant worked together for the activity proposal, while this year, PHCI Team is asked to work for the proposal by themselves. Field Consultant only makes a correction, if it is necessary. Thus, it took a longer time for our team to accomplish it. Although it seemed difficult, I feel satisfied that we can make it by ourselves.



Yusriah Yusuf
Chairperson of Lempang Village PHCI Team
Tanete Riaja Sub-district Barru District

PRIMA Comments

I was very interested in the activity implementation of PRIMA Kesehatan when they first socialized it. It is because PRIMA Kesehatan is about health preventive action. Regarding the importance of this activity for community health, we already plan to allocate budget through ADD fund amounting Rp.20 million in order to support the health improvement.



A. Bau Maddualeng
Head of Maniangatellue Village, Maniangpajo Sub-district Wajo District



Malnutrition

Malnutrition (honger oedema) is a condition that is caused by the lack of energy and protein intake in their daily menu. This condition cannot make them reach AKG (Angka Kecukupan Gizi/ Nutrition Sufficiency Rate)

Cause of Malnutrition

This disease is directly caused by inadequate energy and protein sources in the meal; the heart problem or any of metabolism disorder suffered by children; and inadequate food provided in the specific area.

Beside that, the indirect cause of malnutrition is that they cannot afford to buy food; in-conducive environment; little knowledge about nutrition that makes the baby feeding worse, healthy behavior among the

family is decreased, and the fewer working opportunity that makes more people jobless and hard for them to earn money to buy food.

Types of malnutrition:

1. Kwashiorkor (malnutrition of protein)
2. Marasmus (malnutrition of carbohydrate/calorie)
3. Marasmic-Kwashiorkor (Malnutrition caused by both)

Symptoms of malnutrition sufferer:

The impact is not merely to the thin body, but also to brain cells damage that makes them get minor intelligence, the physical growth disorder, and very easy to get disease. The others are dusk for the sufferer, losing 10 to 13 points of IQ compared to the

<<< PRIMA Health Info

normal ones, and easy to get infected by virus.

Babies can be prevented from this disease by providing adequate nutrition, such as vegetables, fruits, carbohydrates (Rice, corns, breads, potatoes), protein (meat, fish, egg) and give a breast-feeding to babies with age 0 to 2 years old. Supplementary food and elucidation activity in Posyandu are also effective ways to prevent malnutrition.



Source: taken from several source

Best Regards from PRIMA News

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