



PRIMA NEWS

Better Health with Community Participation



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



Courtesy Call of PRIMA Kesehatan Team with Barru Regent

On Saturday, October 11th 2008, located at Barru Regent Meeting Room, PRIMA Kesehatan team-JICA had an opportunity to attend a meeting with Barru Regent, Drs. H. A. Muhammad Rum in courtesy call occasion. PRIMA Kesehatan team consisted of Mr. Shigeki Kawahara (Team Leader of PRIMA Kesehatan-JICA team), Ms. Saeko Hatta (PRIMA Kesehatan-JICA Expert), Mr. Shuhei Oguchi (PRIMA Kesehatan-JICA Expert), Ricky Djodjobo (Field Operational Advisor) and Noval Rahman (PRIMA Kesehatan-JICA Makassar Staff). On that meeting, Head of health Office of Barru District, Drg.H. Zainal M. Hamid, M.Kes, Head of BAPPEDA, Drs.H.A. Mallinkaan Pieter, and Head of education Office, Drs.H. Kamil Ruddin M.Si, Head of Village Community Empowerment Body (BPMD) of Barru district Ir. H. Naharuddin, Head of Barru sub-district, Head of Tanete Riaja sub-district, Head of Tanete Rilau sub-district, Head of Puskesmas and Health Office staff were also present.

The meeting was officially opened by Head of Health Office of Barru District then continued with opening remarks by Mr. Shigeki Kawahara and followed by playing PRIMA Kesehatan profile video. In his opening remarks, Mr. Shigeki Kawahara explained about major input of PRIMA Kesehatan program namely clear framework, facilitator for empowering community and block grant as stimulant fund to begin the activities and also as covering tools for all activities within PRIMA Kesehatan program. At the present, JICA still supports 100% block grant. For the next phase, it will be supported 50% only, and then followed with independent phase, where the process of taking over is carried out by KIT, who will become facilitator.

Head of Health Office of Barru district then continued by presenting health progress in Barru district and the implementation of PRIMA Kesehatan program and also the performance of PRIMA Kesehatan PHCI Team in Barru district. The next session was presentation by Head of Sub-district and Head of Puskesmas regarding the progress of PRIMA Kesehatan program in their place. Head of Padongko Puskesmas suggested synchronization among PRIMA Kesehatan team in village, community and Puskesmas. "Community is expected to be independent in handling health problem in their environment" he said. According to the head of Pallaka Puskesmas, Drg. Asri, progressive improvement have occurred regarding community health, especially with the presence of PRIMA Kesehatan program for year 2008, Puskesmas is directly involved with PHCI activities. "In the future, collaboration between PHCI Team and Puskesmas is expected to be improved" she said. Head of Tanete Rilau sub-district M. Fadly Pawai, M.Si said that synergy between PHCI Budget, swadaya fund and village budget for health improvement activities have been implemented well.

Sustriani A. Tahir, PRIMA Kesehatan Field Consultant said that the visible result from this program is improvement of Posyandu visit, community awareness on health and their surrounding environment. Edwardus Ada' also as Field Consultant explained that PHCI Team motivation is very high because this PRIMA Kesehatan program belongs to PHCI Team themselves and becomes their responsibility.

The next is explanation from Regent of Barru, Drs. H.A. Muhammad Rum, he said that the core of health matters are healthy environment and community. "2 main causes which influence health matters in Barru district are environment in physically, unarranged environment and the second is community behavior, community behavior toward their surrounding environment cleanness," he said. He advised to share the tasks, PRIMA Kesehatan program is advised to prioritize on community behavior regarding health, while physical condition will be handled by Public Works Office. PRIMA Kesehatan programs are very good and worthwhile, it encourages community health motivation, for instance family toilet program were the community with their own motivation are able to build those toilet. He expected that through this program, Posyandu can be more improved in order to make it well-functioned and also can improve community knowledge on education and health. He also advised Puskesmas and related parties to conduct health data collection in order to be more focus to this PRIMA Kesehatan program. He was also thankful to PRIMA Kesehatan-JICA which has given assistance for health and education "it's an opportunity to learn even it is short term," he said.

by : Noval Rahman PRIMA Kesehatan - JICA Staff



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Mutual Cooperation for Rehabilitation of Public Toilet

in Lompo Tengah Village, Tanete Riaja Sub-district, Barru District



In 2008, PHCI team of Lompo Tengah village planned 3 kinds of main activities that would be implemented in their village. Those activities are campaign on Utilization and improvement of Posyandu service quality (making of baby/under five visit control card to Posyandu), procurement of Posyandu facilities, preparation of pregnant mother check up room at Posyandu, campaign on utilization of family toilet (PHBS Elucidation, distribution of stimulant family toilet), and public toilet rehabilitation. Most of those activities have been done/started by PHCI Team of Lompo Tengah Village since August 2008, but for rehabilitation of public toilet was implemented on October 2008.

This public toilet rehabilitation was started by conducting PHCI Team member meeting on October 18th 2008, which discussed about the strategy of activity implementation. Due to the insufficient of

fund which allocated by PRIMA Kesehatan, all member of PHCI Team agreed to collect donation through market retribution. As for information, the public toilet that was rehabilitated is located within the market area so that its availability is very helpful for community who come to the market on certain days. Member meeting also agreed that rehabilitation work would be carried out by mutual cooperation on October 21st 2008 at 15.00 until 18.00 pm. It was intentionally conducted at noon considering that community of Lompo tengah village carried out their routine activity in the morning such as go to their paddy field/farm, office and others.

On October 21st 2008, PHCI team and community started to conduct mutual cooperation, but before it was started Head of Lompo Tengah Village instructed them to build better toilet (different from the first

design) with the consequence that quite big additional fund was required. Explicitly, Head village declared that village government will support PHCI Team in completing the rehabilitation by searching potential fund to be used. The confirmation of Head village increased PHCI Team and community motivation to conduct mutual cooperation in rehabilitating the public toilet and as a result, on the first day of the activity from children to adults, from youngsters to old man, male and female participated in the mutual cooperation. Chairman of Lompo tengah PHCI Team (Faharuddin, SE) said that mutual cooperation activity will be continued everyday until the rehabilitation is complete.

By : Edwardus Ada'
Field Consultant of Barru District



2008 is the second year of the implementation of PRIMA Kesehatan for 13 PHCI Teams in Ujung Loe sub-district, Bulukumba district. Various activities have been carried out by those 13 PHCI teams for the realization of better life with community participation. Those activities are namely Youth Health Cadre training which conducted by Kelurahan Danuang PHCI team collaborates with Bulukumba AIDS Eradication commission (KPA), National Narcotics Agency and Puskesmas of Ujungloe. This activity is taken as preventive step to avoid the teenager for being fallen to useful life for their future by giving them the materials and discussion about general health, HIV/AIDS and narcotics. The teenager who has participated in this training is expected to disseminate the gained knowledge to their friends.

PHCI Team of Tamatto village conducted Personal Hygiene elucidation for Elementary and Kindergarten students of Tamatto village. This activity was implemented with the collaboration of Puskesmas Ujungloe, Puskesmas Manyampa, Government of Tamatto village, Ujungloe Sub-district and PT. Lonsum

Pallangisang Estate. The objective of the implementation of this activity is to increase community knowledge regarding personal hygiene. During the elucidation, a dentist simulated the proper way to brush the teeth then it was followed by all the participants. Through the implementation of this activity, it was expected that Elementary and Kindergarten students are able to apply method of keeping personal hygiene in their daily activity.

PHCI Team of Lonrong village conducted Healthy Bicycle competition that was participated by Elementary School and Junior High School Student. This activity was directly assisted by Head of Lonrong village; the route was to circling 3 sub-villages within the village. This activity was one of health promotion effort which directly made children physically exercise.

PHCI Team of Ujung Loe Sub-district conducted Cadre training for mosquito larva observer, this training is refreshment training

because it has been conducted in 2007 by PHCI Team, the background is that Ujung Loe once became Dengue Fever Extra Ordinary case area so that improvement of Jumantik (mosquito larva observer) cadre quality role in supporting community to eradicate dengue fever is very needed.

PHCI Team of Balong village conducted training on utilization and processing of dill. The resource person was the Head of Pharmacy Installation of Bulukumba district. For two days, participants participated the training enthusiastically. On the second day, various kinds of dill that easy to find in Balong village were brought by participants in order to identify its kind and virtue, in this session practice of producing drugs from dill found in the village was also conducted. By the implementation of this activity, it is expected that community are able to know a right the type of plant that can be processed into drugs and how they are made.

by : Andi Bulan Purnama
Field Consultant of Bulukumba District

Activities of PHCI Ujung Loe Bulukumba District



Youth Health Cadre training, about general health, HIV/AIDS and narcotics

Personal Hygiene elucidation for Elementary and Kindergarten students of Tamatto village

Healthy Bicycle competition that was participated by Elementary School and Junior High School Student

Cadre training for mosquito larva observer

Training on utilization and processing of dill

4th Steering Committee Meeting: PRIMA Kesehatan 3rd Progress Report

On October 27th 2008 located at Baruga Madising, south Sulawesi Province Health Office, PRIMA Kesehatan 4th Steering Committee Meeting was held. The meeting was attended by Head of Health Office South Sulawesi Province dr. H.M. Saad Bustan, M.Kes, representative of JICA-MFO Ms. Kayo Sakaguchi, Expert of JICA-Bappeda, Mr. Kazuhisa Matsui, team Leader of PRIMA Kesehatan Program, Mr. Shigeki Kawahara, Expert of PRIMA Kesehatan-JICA, Head of Health Office Bulukumba Districts, KIT members and PRIMA Kesehatan Field Consultants. Total number of participant is 37. The first opening remark was delivered by Ms. Kayo Sakaguchi as representative of JICA-MFO. Ms. Sakaguchi mentioned two things, first was the learning process from this program is taking over by KIT and secondly was to integrate PHCI model where it is expected that one PHCI Model can be established. She also advised that in order to make this program improved more, its necessary to strengthen coordination and communication among PRIMA Kesehatan team. She was also very thankful to all parties who were involved in PRIMA Kesehatan program.

In his opening remark, Dr. H. Muh. Saad Bustan, M.Kes said that PRIMA Kesehatan program, which is entering its 2nd cycle, has relation with the vision of health department namely "independent community for healthier life" Independence toward the system that has been started by JICA through PRIMA Kesehatan in empowering community is expected. The thing is how to prepare the process of taking over, so it can be planned well. He said that at this 2nd cycle, the independency it self is rising well, where communities themselves manage this activity. The next thing that need to be considered more is to focus on the implementation process, namely Posyandu services can be run well. Such as the implementation, frequent of the visit and the activeness of Posyandu cadre. Such things are in a line with National Health Day focus that will be commemorated on November 12th 2008, which focuses on Posyandu activity strengthening, health program for student such as washing hands before/ after implementing activity and also environment health program.

The next session was presentation by Mr. Shigeki Kawahara, leader of PRIMA Kesehatan program regarding the 3rd PRIMA Kesehatan progress report; he also presented the 4th Operational Plan (cycle 2, 2008) of PRIMA Kesehatan. He explained regarding PRIMA Kesehatan cycle on improvement of primary health care to show the participants the ongoing stage. Number of PHCI plans submitted in this second cycle was also presented totally 135 proposals with 526 activities. Before it, there were 320 activities in the cycle 1. The biggest percentage of activity was environment health activity, then Posyandu activity and health promotion activity. On the 2nd cycle of PRIMA Kesehatan program, significant improvement occurred, for example commitment of Bulukumba district government to disseminate the implementation of this program to other districts by using their own resources, in Wajo district a cross sector team would be established in order to prepare the process of program taking over, and in Barru district Bupati expressed his willingness to proceed the implementation of PRIMA Kesehatan program and he also felt glad and surprise that the program run faster than its expected. Mr. Shigeki Kawahara also explained points to strengthen the next steps on how to realize PRIMA Kesehatan Mandiri, namely Mandiri operational for year 2009/2010.

The next turn was presentation of progress report and future plan by each target district started by Wajo district which was represented by drg. Nur Asri, M.Kes. Wajo district future plans such as establishing a taking over team of PRIMA Kesehatan program other than by KIT member, next district was Barru represented by Barru KIT member Muh. Syukri, SKM. In his presentation, he mentioned various future plans such as replication and sustainability of PRIMA Kesehatan substance model, to establish role policy mechanism, function and responsibility of PHCI team, coordination between PHCI and Puskesmas in formulating programs, education on health empowerment for community and activity synchronization between PHCI team, Puskesmas and Health Office and also other stakeholders. The last progress report was presented by Muhammad Alwi, SKM, M.Kes, Bulukumba KIT member. Future plan of Bulukumba district is integration between PRIMA Kesehatan programs with Desa Siaga program. He also proposed to make PRIMA Kesehatan program as main priority program in Bulukumba district.

The next session was discussion among all Steering Committee participants. During this session, questions regarding establishment of Poskesdes in PRIMA Kesehatan target area, synchronization of PRIMA Kesehatan program and also cross sector integration as it mentioned by JICA Expert-Bappeda, Mr. Kazuhisa Matsui, the importance of preparing steps that should be taken for the taking over process after the operational time of PRIMA Kesehatan finish were asked. On his closing, Mr. Kawahara advised province health office counterpart to take the chance to directly visit PRIMA Kesehatan sites to communicate with PHCI Teams so that they are able to understand local wisdoms that emerged during the implementation of this program. This meeting was officially closed by dr. Muh. Saad Bustan, M.Kes and he noticed that PRIMA Kesehatan program should be experienced seriously start from its planning, implementation until evaluation for the sustainability of this program. (NRYP)

Posyandu Cadre Quiz in Mannagae Village, Tanasitolo, Wajo

As a follow up of Posyandu cadre training program in Mannagae village year 2007, on October 8th 2008 located at Mannagae village office, Posyandu cadre quiz was carried out. The activity were participated by 25 posyandu cadres which represented 5 Posyandus in Mannagae village. Beside it was attended by all PHCI Team members, it was also attended by Mannagae village staff, member of sub-district PHCI team, team from Tanasitolo Puskesmas who acted as judges. Also attended, staff from education office and 5 Consultants form early education program (2-4) as a comparison study for the program they will implement in Tanasitolo sub-district.

This Posyandu cadre quiz was officially opened by PHCI leader by presenting their accountability report of realized planned activity. Therefore, all attendance were able to know PHCI activities which had been implemented in this year and also found out the achieved progress by Mannagae village PHCI Team. Cadres who became the participant of the quiz were very enthusiasts in following the activity from the beginning until the end. It was enthusiastically participated by participant of the quiz itself as well as Puskesmas team of Tanasitolo sub-district. It was due to the reason that this was the first occasion for the implementation of such kind activity in Tanasitolo sub-district, that is why they planned to follow up it. The quiz was divided into 3 stages which consisted of questions regarding basic knowledge of Posyandu activity (Maternal and child health, Nutrition, Infectious disease Prevention and Family Planning)

From the conducted activity, it was figured out that level of knowledge of Posyandu cadre in Mannagae village was varied. It can be concluded that there were some of them have fulfilled the criteria but some were not. Therefore, such kind of activity is very useful for cadre because it can encourage them to improve their capacity.

by : Arthelia Gita Lestari
Field Consultant of Wajo District

PRIMA Comment



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H.M. Siddiq, BA
 Treasurer of
 Garessi PHCI team
 Tanete Rilau
 sub-district,
 Barru District

The most significant difference of PRIMA Kesehatan, compared with other program in case of financial matter, is direct allocation fund which is received by community and managed by them selves through PHCI organization. By using such system, community has reliance on program and finally it can motivate the improvement of responsibility among members in order to manage the fund as it should.

Other positive thing that we felt by applying such model is improvement of community capacity in formulating financial report. The capacity refers to completeness of receipts for each transaction, recorded all transaction into cash book, allocate the disbursement based on the requirement and others. The point is PRIMA Kesehatan financial approach has truly given much benefit to community especially PHCI, so that it is expected that this model can be duplicated by other existing programs in the village.



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Hj. Faridah, A.Md
 Chairperson of Lipukassi PHCI Team,
 Tanete Rilau Sub-district,
 Barru District

One of the changes that obviously seen by the existing of PRIMA Kesehatan which managed by PHCI Lipukassi is that Posyandu started to be effective in giving services to mothers who visit it. Rehabilitation was in form of betterment of building structure, additional of some important facilities such as procurement of chair and desk, scale, Supplement Food equipment, and rehabilitation of check up room. Those changes made mothers feel comfortable and satisfied and as the impact, mothers will keep coming and take their children to Posyandu for health check up and gaining information.

The impact of Information dissemination activity by PHCI together with cadre was also felt by mothers in the village. There were many of them asked some information regarding baby health condition particularly kind of nutritious food which fulfills health condition for child. Mother's initiative to ask such questions to Posyandu cadre might be a kind of early awareness of them to find out more about health. The other obstacle that we can see is cadre limitation in giving sufficient information, that is why it might be much better if Posyandu cadre's capacity and skill particularly in giving elucidation.

I think this program has encouraged community to start thinking about health matter, therefore we hope that such kind of program can keep running even though JICA assistance does not allocated anymore. Of course, community participation together with village government level determines its sustainability process, hopefully.



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M. Rusdi, S.Pdi
 Chairperson of PHCI Team of
 Paenre Lompo Village
 Bulukumba District

Paenre Lompo village is one of the targets of PRIMA Kesehatan program for year 2008, currently it tries to optimize their activity implementation which has been planned together with other target village. In the process of PHCI program implementation in our village; there have been much experiences and lesson we gained mainly in connection with independency of program management.

Compared with some other empowerment project existing in our village that has much intervention either for planning aspect, implementation or reporting, we can say that this PHCI program is the empowerment program which has its own uniqueness in facing community health matters. Start from planning process, proposal making and funding until its activity implementation and reporting, PHCI team was given a full responsibility and independency. Such procedure indirectly is able to give new knowledge and skill in managing a program for community importance. The most interesting think is the transparency mechanism in managing the budget to all village people. The basic of budget management transparency motivates all parties in the village to give their full support in the implementation of the activities. We hope such kind of concept can be applied to other program for the empowerment of community.

Malaria



This disease is caused by protozoa which called Plasmodium, in one of its growth stage it will enter and destroy red blood cell. The Vector that plays apart in transmitting this disease is female Anopheles mosquito.

There are some kinds of malaria disease, such as;

- Malaria tertiana, it is caused by Plasmodium vivax, fever occurs in every third day.
- Malaria quartana, it is caused by Plasmodium malariae, fever occurs in the fourth day.
- Malaria serebral, it is caused by Plasmodium falciparum, fever irregularly occurs followed with brain attached symptom, comma and sudden death.
- Malaria pernisiiosa, it is caused by Plasmodium vivax, the symptom can be burst upon, likes of stroke, and comma is followed by heavy malaria symptom.

Symptoms

Classical symptom, usually it is found on the sufferer who comes from non endemic malaria or those who has no immunity; or those who infected for the first time. That symptom is a repetent fever, which consist of 3 ordered stadium:

1. Trembling (for 15-60 minutes), it occurs after the sizon within the erittrosit break and antigenic substance which causing trembling comes out.
2. Fever (for 2-6 hours), it appears after the sufferer trembling, fever with body temperature around 37,5-40 C, for hiper parasitemia sufferer (more than 5%) the temperature increase until more than 40C.
3. Sweating (for 2-4 hours), it appears after the fever, it's because body metabolism disturbance with the result sweat production is increase. Sometimes in a bad condition, sweat wetting all over the body just like having a bath. Usually after sweating, sufferer falls healthy.

Diagnosis

Specific clinical symptom is ensured at the time when the caused organism is found inside the sufferer red blood cell during the laboratory check up.

Treatment

The treatment depends on its sensitivity and kind of causal factor, the most appropriate anti malaria drugs can be chosen for each case. Fever should be tried to be reduced with cool compress or giving antipiretika.

All malaria sufferers should be referred/taken care by district hospital. If the sufferer refuses to be referred, she/he can be treated at Puskesmas for inpatient treatment by keep consulting with doctor of district hospital.

Prevention

Prevention can be done by cleaning the mosquito nets, keep our self from their bites, or by consuming khlorkuoin if visiting the malaria endemic area.

<<< PRIMA HEALTH INFO

: malaria

Resources : Quoted from several sources

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.



PRIMA News :
 Provincial Health Office
 South Sulawesi 2nd floor

Jl. Perintis Kemerdekaan Km. 11

Phone. 0411-589 473 / Fax : 0411-589 273

Website : <http://project.prima.or.id/indonesia/> / 0600379

contact person : Noval Rahman email : noval_rahman@yahoo.com