



# 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

## Exchange Program 2008, PRIMA Kesehatan Sharing Experience through Togetherness

Exchange Program is a program from PRIMA kesehatan which is focused for the PHCI team member. This activity aims to improve the knowledge and horizon regarding primary health care within PHCI activities by sharing experience and ideas among them.

Sharing experience through togetherness. On November 2008, participants of Exchange Program from Wajo PHCI Team visited Barru district. The number of participants was 74, comprised of 49 PHCI team members from Tanasitolo, 19 from Belawa, 1 KIT, 1 Secretary, and 4 Field Consultants. This 2 (two) day activity was welcomed by head of Barru Health office drg.H. Zainal M. Hamid, M. Kes, Barru KIT and Field Consultants.

On the 2<sup>nd</sup> day, November 15 2008, all participants gathered in Bola Soba'e for sites visit preparation. PRIMA kesehatan team consisted of Mr. Kiyofumi Tanaka, Mr. Ricky Djodjobo, Mrs. Sumarni Arianto, Mr. Noval Rahman, and Ms. Fatmawaty Nur. The sites visit activities were divided into 3 which were blood type identification in Kelurahan Coppo, Barru district, second group was toilet construction in Pao-Pao village, Tanete Rilau sub district, and the last

activity site was TB elucidation in Lalabata village, Tanete Rilau sub district. In a blood type identification activity, PHCI team cooperated with Red Cross of Barru district to conduct the activity with 200 target of participants. This activity aimed to identify communities' blood type and to put the result on the database.

Participants of Exchange program from Wajo were very enthusiastic and actively questioned Barru PHCI team, such as how PHCI team can encourage community participation. The answer given by Barru PHCI team was very inspiring and fruitful, because according to their answer, they said that PHCI activities were coming from community awareness themselves, so it is community who actively played role in order to achieve healthy life in their environment.

The next visit was on 21<sup>st</sup> and 22<sup>nd</sup> of November 2008, when PHCI team members of Wajo went to Bulukumba. On

21<sup>st</sup> of November 2008, there was a meeting conducted among Bulukumba KIT, Field Consultants, and PRIMA Kesehatan team. They discussed about preparation toward PRIMA kesehatan Mandiri and also plan for the day after. PHCI team members of Wajo came to Bulukumba in the afternoon and were welcomed by the head of Bulukumba health office, dr.Hj. Rusni Sufran, M. Kes. On November 22 2008, PHCI team members of Wajo were divided into 2 groups; one group visited activity of SPAL making in Pakubalaho village, and activity in Bialo village for the 2<sup>nd</sup> group. PRIMA Kesehatan team consisted of Mr. Kiyofumi Tanaka, Ricky Djodjobo, Noval Rahman, and Fatmawaty Nur visited Pakubalaho village, where the SPAL making activity conducted. Pakubalaho village located on the highland of Bontotiro sub district with 260 households and 300 families. Even though Pakubalaho village is the youngest village within Bontotiro sub district, the

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This Exchange Program of PRIMA Kesehatan is expected to enlarge knowledge and horizon, improve the ability as well as share the experience among PHCI team member in primary health care improvement







Exchange Program 2008  
PRIMA Kesehatan

Sharing  
Experience  
through  
Togetherness

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health and cleanness there were good because of the very good cooperation between community participation and PHCI team. The PHCI activities conducted in Pakubalaho village are Posyandu rehabilitation, SPAL making, and PHBS. In discussion session, both team shared information regarding their ideas of activity implementation process that involved community and the socialization process. The number of Exchange Program participants was 49, which consisted of 22 PHCI team members from Maniangpajo, 21 from Gilireng, 3 KIT members, and 1 secretary.

On 23<sup>rd</sup> and 24<sup>th</sup> of November 2008, Bulukumba district team visited Barru district. On 24<sup>th</sup> of November 2008, the teams were welcomed by Barru KIT in Bole Soba'e. In that occasion, Mr. Kiyofumi Tanaka had a chance to give his welcoming speech, and then continued by introduction of Barru KIT, and closed with a brief explanation about the activity site visit. PRIMA Kesehatan team consisted of Mr. Kiyofumi Tanaka, Mr. Shuhei Oguchi, Mr. Ricky Djodjobo, Mr. Noval Rahman and Ms. Fatmawaty Nur. The number of participants from Bulukumba was 32 comprised of 13 participants from Ujung Loe sub district, 8 from Bonto Bahari, 5 KIT members, 3 Puskesmas staff, and 2 field consultants of Bulukumba, and 1 secretary. First visit was to Palakka Puskesmas, and then to Mattirowalie village, Tanete Riaja sub district, the activity was water tank procurement. The fund to build filter and water tank was coming from both JICA and swadaya fund, but the surprising part was that the funding from swadaya was higher than JICA fund. The community was enthusiastic toward this clean water procurement activity, since previously they hardly got clean water. In the past, they had to lift water by using bucket, but now they easily get clean water with fine quality.

The next visit was Barru team to Wajo district on 28 and 29 of November 2008, with 78 numbers of participants, comprised of 22 persons from Barru sub district, 22 from Tanete Rilau sub district, and 16 from Tanete Riaja sub district, 1 KIT member, 3 Field Consultants, 1 secretary, 5 Puskesmas staff, 1 Posyandu cadre, 1 health office staff from health promotion

section, 3 Health office staff of K3, 1 head of village, and 1 head of Pustu. The exchange Program participants of Barru were welcomed by Head of Wajo health office, dr.H.Abdul Azis M,M.Kes in Wajo health office. Those teams were divided into 3 groups where first group visited Posyandu Citra I in Ujunge village, Tanasitolo sub district, with the activity conducted was the supplementary food activity for infant and babies, second group came to Posyandu visit activity in Nepo village, Tanasitolo sub district, and the last activity site visit was in Wajo Riaja village, Tanasitolo sub district with drill water activity.

PRIMA Kesehatan team, consisted of Mr.Kiyofumi Tanaka, Mr. Shuhei Oguchi, Mr. Ricky Djodjobo, Mr. Noval Rahman, and Ms. Fatmawaty Nur, had chance visiting Ujunge village. Both PHCI team members from Barru and Wajo discussed about the Posyandu Citra I building, family toilet, drill well, and PHBS and also about flooding problem that sometimes happened in Ujunge village. Regarding the Posyandu Citra I building, the physical construction was built through ADD funding and Posyandu activities were funded by JICA. While in Nepo village, the Posyandu became the best Poyandu in Wajo for its good socialization and model adoption. The cooperation between PHCI team and Nepo community were very active, solid, and they worked together in improving health.

After the visit, the acting Head of Wajo District as well as head of provincial forestry office, Ir. H. Andi Idris Syukur,M.S invited JICA-PRIMA Kesehatan team and Barru PHCI teams to the official regent house. In sharing session of exchanging experience of this exchange program, Barru PHCI teams in the closing session suggested PHCI program and ADD to keep collaborating, PHBS activity can be developed more, and cooperation between PHCI team and community can be strengthened like in Nepo village where the PHCI team and community were very active and solid to improve health.

The last activity of the exchange program is on December 1 2008. the Bulukumba PHCI team visited Wajo. The total participants attended were 47, consisted of 21 Gantarang PHCI team

members, 13 from Bontotiro sub district, 4 Puskesmas staff, 3 KIT members, 4 Field Consultants, 1 secretary, and 1 village staff, JICA-PRIMA Kesehatan team Makassar consisted of Mr. Kiyofumi Tanaka, Mr. Shuhei Oguchi, Mr. Ricky Djodjobo, Mr. Noval Rahman, and Ms. Fatmawaty Nur, while from JICA-MFO Mr. Toshimichi Aoki and Ms.Kayo Sakaguchi also joined the exchange program. The exchange program participants were officially invited by KIT members. In the opening remarks from JICA-MFO, Mr.Toshimichi Aoki expected the improvement of PHCI activity can be achieved through the active participation of PHCI members who joined this exchange program.

The visit was started in the kelurahan office in Dualimpoe, Maniangpajo sub district. There was a presentation delivered by the chairperson of the Dualimpoe PHCI team, Mr. Tambo. Then continued by introducing his PHCI members as well as the conducted activities which were family toilet making, elucidation of environment health, and pilot dasa wisma (ten house-group) where the environment looked clean and tidy. Another interesting part is that some of the community members there were silk weavers. The next visit was to Kalola village, where in the past Kalola was a village which had difficulty to find water source. But now, with the drill well construction, community now found easy way to reach clean water source in their own house. The role of community contribution in this village is also significantly seen as the Swadaya fund was higher compared to PHCI fund. Actually, this is a process that wanted to be achieved where there was a similar mind set of the community to have clean and healthy behavior. In a closing, Mr. Aoki was very impressed with the visit, and expected the cooperation among community and government in order to sustain this program in terms of exchanging ideas and experience.



oleh : Noval Rahman YP  
PRIMA Kesehatan- JICA Staff



# BAPPENAS staff visit to Barru District



On November 10 2008, the directorate staff of Bilateral abroad funding - BAPPENAS, Mrs. Deti Kusmalawati visited Barru district with PRIMA Kesehatan team, Mr. Kiyofumi Tanaka, Ricky Djojobo, Field Consultant, PRIMA Pendidikan Team ; Mr. Norimichi Toyomane, Endriyani Widyastuti, Ashary Nurdin, KIT members, and also Mr. Kazuhisa Matsui (Expert JICA Bappeda Sulsel) and Mrs. Ida Gosal (JICA-MFO). The visit aimed to observe PRIMA Kesehatan and PRIMA Pendidikan activities as program of technical cooperation between JICA and South Sulawesi government.

The activities within the visit included a meeting among Barru Bappeda and KIT members, observation activity of PRIMA Pendidikan and activity site of PRIMA Kesehatan. In the meeting of head of BAPPEDA, Mr. Malinkaan Pieter and Staff of Bappeda Mr. Nasruddin emphasized the BAPPEDA role as the coordinator for these both programs. In terms of planning, the improvement mechanism of the program is relevant to the strategy applied by each of district regarding community participation. Thus, role of KIT in facilitating whole activities sequences are important.

In the next visit, which is sites of PRIMA Kesehatan, they observed activities of family toilet building, Posyandu visit of Garessi, Water source rehabilitation in Libureng, and activity of Family toilet activity in Corowalie. Mrs. Deti Kusmalawati was very impressed with PRIMA Kesehatan program. She never saw such activity with very active



community participation, and knowing that swadaya fund from the community is higher than program fund. She was also impressed with the PRIMA Kesehatan activities that even though the scope is small but very meaningful for the community.

by : Mr. Kiyofumi Tanaka  
Deputy Team Leader of PRIMA Kesehatan-JICA



## PHBS Elucidation for Elementary School Children

### Clean and Healthy Behavior

"Clean and Healthy Behavior, this includes: wash hands before eat, brush teeth regularly, defecate in the toilet, consume cooked water, and throw garbage in the garbage can."



Lalabata Village, Tanete Rilau Sub-district, Barru District

Lalabata PHCI team conducted a PHBS elucidation for the elementary school children within Lalabata village. This activity aimed to give early health education to children and it is expected to be their daily habit.

This activity conducted on October 23 2008 in 7 elementary schools existed in Lalabata village, Tanete Rilau subdistrict, Barru. In the activity, PHCI cooperated with schools and Puskesmas. School side played role on preparing students and the venue of elucidation, while the Puskesmas played role in being resource person.

Every student as the participant of the elucidation activity was given the elucidation material such as brochure modified simply by PHCI team members,

tooth brush and tooth paste, soap to wash hands, and stationery. Procurement of the material came from both JICA-PRIMA Kesehatan and school or community fund.

In every elucidation activity conducted in school, resource person and from Puskesmas Pekkae (Mr. Idris, SKM) gave information regarding daily habit that reflect clean and healthy behavior, include: washing hands before eating, brush teeth regularly, defecate in toilet, consume cooked water, and throw garbage in the garbage can. In giving elucidation, resource person presented poster media to make students easy to understand and comprehend what the resource person informed. Besides using those

supporting media, the resource person also asked the students to practice brushing teeth in a correct way and based on the health requirement. This practice led by resource person and teachers as well as PHCI team members.

This elucidation did not only give impact to the students, but also to the school side in reactivating UKS (School Health Unit) which was not managed very well all this time. This UKS reactivating is very possible to happen since the Puskesmas staffs, who so far becomes UKS supervisor, are involved within the activity. Thus, this activity can be a motivation for Puskesmas role in program of optimizing the activity of UKS.

by : Arlin Adam Field Consultant of PRIMA Kesehatan -JICA Barru District



# about Exchange Program



**H. Abdurrosyid, S.Pd.** Chairperson of PHCI Team of Baru Tancung, Maniangpajo Sub district, Wajo

“PHCI contributes a lot to community surround, with a bottom-up activity implementation. Through PRIMA Kesehatan Program, community feels glad and suitable with the elements that improve primary health such as having family toilet. In this exchange program, both PHCI teams and community indeed participate for the health improvement. I hope in future JICA may continue the PRIMA Kesehatan program which has a very good model.”



**dr. H. Gusaidi**, Chairperson of PHCI Team of Maniangpajo Sub district, Wajo

“In this Exchange Program, Bulukumba welcoming ceremony of Bulukumba team is very good. The explanation given regarding Waste Water Drainage System (SPAL) is very possible to be applied in Maniangpajo for the 2’nd session of PHCI program. I expect PHCI programs can be much better in future.”



**A. Parawansyah, SKM**, Secretary of PHCI Team, Ujung Loe Sub district, Bulukumba

“We can exchange information and know each other the activity implementation technique of PHCI team through this exchange program. The mutual participation is barely seen within this PRIMA Kesehatan; PHCI team with the community, community leaders, and respective government. I hope that in the next exchange program, the participants can visit the site, which has the similar geographic condition with theirs.”



**A. Mattalatta, SE.** Head of sub district of Bonto Bahari, Bulukumba

“There are a good relationship built through this exchange program, community now are able to understand about primary health in PRIMA Kesehatan program. In future, it is expected to do better and apply the positive impact from this Exchange Program.”



**M. Arif, S.Ag.** Chairperson of PHCI Team of Tanete Riaja Sub district, Barru

“Both Barru and Wajo have similar geographic condition and also the existing of the lake and the sea. In future, I hope that the ideas proposed can be more comprehensive based on the health issue.”



**H. Pasanai**, Head of Puskesmas of Ujung Loe, Bulukumba

“Generally, whole activities of exchange program run well, especially on Desa level. Similar with the program, the community becomes more active and supported by the local government. In future, I hope the PHCI Team members become more active in supporting health activities in Puskesmas.”



**M. Said Fatna**, Chairperson of PHCI Team of Gantarang sub district, Bulukumba

“I am very impressed with the activities of PHCI team, such as the building of drill well activity that is very helpful for the community in having an access of clean water and also the community participation in terms of contribution (Swadaya) is very high, activity of Desa wisma motivates community to have a good future in healthy environment to stay clean, healthy and comfortable. Those activities can be applied in other places with support from local government, community leaders, the community themselves, so it can make a good relationship among them.”

## photo gallery

**1 Opening of Posyandu in Assorajang Village, Tanasitolo Sub-district, Wajo District October 16, 2008**

**2 Rehabilitation of Posyandu Sejahtera Kalerasang Hamlet Kelurahan Ekatiro, Bonto Tiro Sub-district, Bulukumba District. October 18, 2008**

**3 Exchange Program**  
Barru, November 14-15, '08  
Bulukumba, November 21-22, '08  
Barru, November 23-24, '08  
Wajo, November 28-29, '08

**4 Health Environment Elucidation**  
Gantarang Sub-district, Bulukumba District October 13-14, 21, 24, 2008

**4 Training of PHBS Cadre**  
Bonto Tiro Sub-district, Bulukumba District October 18-19, 2008

**Ispa**  
Acute Respiratory Infections (ARI)

**ISPA** is abbreviation from Infeksi Saluran Pernafasan Akut, This technical term adapted from English Term. That is Acute Respiratory Infections (ARI)

**Symptoms**  
The symptoms of ISPA are sufferer will have myalgia (sore muscles), rhinorhea (runny nose), cough, headache, and pain in throat. The cause of ISPA is virus, bacteria and fungus. However, it is mostly because of virus. Diagnoses included within this condition are rhinitis, sinusitis, pharyngitis, tonsillitis, and laryngitis.

**Therapy**  
Therapy used for this disease is giving antibiotics to the sufferer. However, most of ISPA sufferer can cure without any medical therapy, but antibiotics can fasten the curative action compared with symptomatic medicines. Besides that, it can prevent further infection from bacteria. People have to be careful to the selected antibiotics in order to avoid the germ or bacteria resistance. If the symptom of ISPA is getting worse, with the indicator where sputum and snot colored green, then consuming antibiotics is a must, because it shows that the other bacteria is in to it.

## prima health info

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.

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