

## PRIMA Kesehatan Activities

## Training of Financial Report Preparation

As a part of PRIMA Kesehatan agenda, training of financial report preparation for PHCI team had been conducted on December 2007. 74 PHCI teams had join this training. This training was as a continuation of the first financial training that had been conducted on September 2007. It was conducted for all sub-district in 3 target districts of PRIMAKesehatan.

Training schedule for each sub-district are as follow. For Wajo it was conducted in two days, December 8 2007 for Belawa sub-district and December 10 2007 for Tanasitolo sub-district. For Barru district, it started from December 12 2007 for Barru sub-district and December 13 2007 for Tanete Rilau sub-district. The last schedule is for Bulukumba, it also conducted in 2 days. The first day was on December 17 2007 for Ujung Loe sub-district and last subdistrict was Bontobahari on December 18th 2007.

Purpose of this activity was to prepare financial report directly based on the actual financial evidences, because at the first training it was only explained the theory without any real transaction evidence. Beside that, in this second training some formats that can make the process of activity report formulation become easier were introduced.

Each team was asked to send 3 person of their participants which include of Chairman, Treasurer and Auditor to work directly with step by step guidance to complete their report.

With the assistance of field consultant who became facilitator for each working group, PHCI team classified and formulated the financial evidences that had not been arranged well and then recorded it into the formats that had been introduced so it can be an informative financial report.

By this training, the mistakes that could possible happened were able to be identified directly, and immediately take necessary action (such as completed, change the receipt that has not fulfilled the condition) so that at the submission time, the report has fulfill the condition of properness.

As the result of this activity, in the middle of January 2008 all the PHCI financial report from 3 target districts of PRIMA Kesehatan had been submitted. From the checking result it was found out that the reports were good enough and there were no serious problem. Some mistakes that were found just in case of calculation or there was part of the report that left behind.

This training gave all PHCI team experience and knowledge that discipline in recording and keeping the financial evidence is the main key that can make the completion of financial report easier.

## Official Launching of Kelinci Integrated Service Post in Bira Village

It was not as regular day, in that morning cheerfully atmospheres was in the air of Kelinci Integrated Service Post. The condition and decoration was more like wedding party. It was shown with the decoration that usually used at wedding party. Tent was built, chairs were arranged and the guests were coming. It was December 6 2007, the day when the Kelinci integrated service post officially lunched after it had physical rehabilitation.

Rehabilitation of Kelinci Integrated Service Post activity is one of Bira PHCI team activity. This activity was started since October 18 and completed on December 14 2007. Initially this rehabilitation activity, only planed to repair the floor from soil to cement and change some part of roof and wall. During the implementation, the plan was change. The floor was not changed from soil to cement but into ceramic floor, the roof and wall were all changed and the ceiling was also installed.

At the beginning, this activity also had obstacle, because some of PHCI team member felt pessimistic that they can successfully rehabilitate this Integrated post. The background as tourism village was considered as the main reason why it was difficult to raise community participation. The PHCI team member tried to solve this problem by conducted home visit to encouraged community to participate. The result of the visit was they could get cash swadaya for Rp.1.307.000. Beside participation in a form of swadaya, the community also contributed materials for the construction such as tones, gravels, woods and board, and also contribution of labor during the construction. The swadaya was not stop until the construction finished but it was also shown during the launching of it, tents, chairs and meals and other equipment were contributed as well.

Now, Kelinci Integrated Service Post can operate well and it also equipped wit support facilities such as bed for pregnant mother checking and other facilities. Kelinci integrated post is also functioned as information center for mother and under five child at Bira village.



# PRIMA Comment

This PHCI activities is so positive mainly because there is a good synergy between Inalipu PHCI team, Government and community.



Drs. Syamsul Bahri  
Kepala Desa Inalipue

Fund that allocated by PRIMA Kesehatan can be synchronized with the village independent fund and also with community active swadaya. For example, Campaign of Family healthy toilet in Inalipue village. The initial plan on the proposal would only constructed 22 toilets but because of there was additional fund from village and community, the number of constructed toilet increased to 33 units.

Our target for the next 3 years, is to construct 100 units of family healthy toilet in Inalipue so that community health quality and degree can be better.

I think PHCI Program is very good because it motivates community participation and active initiative to conduct various health promotion program both elucidation or competition of healthy house and village.

Health information dissemination to community spreading widely spread considering that each village conducted elucidation which can reach all community neighborhood or even in the school level with more than once implementation frequency. This program is in the same track with government vision, that's why it needs to be supported optimally.

As an example: on the past years, during September-January number of DBD patient and suspect started to increase, but thanks to God until mid of November 07 there were no DBD cases reported yet to Baru Tancung Puskesmas. Hopefully this is one of the impact of conducted activities by PHCI team.



M. Saing, SKM  
Sek. PHCI Kec. Tanasitolo

The existence of PRIMA Kesehatan program improves community knowledge, and clean and healthy behavior. Community is motivated and more enthusiast to implement primary health care such as improvement of mother and under five child visit to Posyandu.

I hope for the next cycle PRIMA Kesehatan program can be adopted by all community in Wajo district, because this program is empowerment model which involves community participation so they can identify and solve their own problems. I also hope that community can be more active in every activity by involving all community element such as religion figure, education figure, health figure and also local government, based on transparency and accountability for the sustainability of this program.



Muhammad Jafar  
Ketua PHCI Kec. Belawa

We are very much motivated with the activity of PHCI Siawung village especially the procurement of posyandu equipment. Cadres are so exited in arranging the Posyandu interior and also in taking care of community, although it just located under the house.

The community is also very Enthusiastic. Before the assistance of PRIMA kesehatan, mothers only came to take their child and measured the weight. Now they like to stay longer in posyandu so cadre and officer from Puskesmas can give them elucidation.



Rahmiati S. Sos  
Ka. PHCI Desa Siawung

I think PRIMA Kesehatan program is one of the very good programs because all conducted activities was planned by community themselves, from the proposal making until implementation of activity, so that it raises community sense of belonging.

My expectation for the next cycle are to have more enthusiastic member of PHCI team, consistent and establish good collaborations, improve the coordination with government and I also expect that fund from JICA will be increased more in the next cycle so that the activities can be more varying.



Haruna  
Kepala Desa Sepe'e Barru

Because of PHCI program, community begins to realized the importance of primary health and begin to conduct preventive activities.

Indirectly, PHCI program raises healthy and clean behavior specially for student who now has experience to live healthier such as regularly brush their teeth, wash their hands before eating, cut their nails, and other individual hygienic behavior.

Because of PHCI program, it stimulates related institution to carry out action in connection with primary health for community.



Marhawa  
Ka. PHCI Desa Siawung

This program involves much participation from various stakeholders and quite useful for community especially related with primary health.

In the future, I hope that this program will run as it mentioned mission before and it is expected that the problems that found in the field are synchronized with the program. Transparency to all community member should be the important core of attention so the budget and the activity can be controlled by all parties. As the part of transparency, all PHCI team should explain the activity and the approved budget in front of community. The most important thing is also to conduct regular monitoring. Above expectation can only be realized if PHCI team can work actively.



A. Mattalatta, SE  
Ketua PHCI Bontobahari

The existence of PHCI team as the implementer of PRIMA Kesehatan program is always try to overcome the unaware behavior of the community behavior careless on the importance of healthy and clean life, by conducting elucidation, providing supplements food, construction of toilet, cadre training and healthy house competition. the positive impact of these activities are community participation is improved, awareness on the importance of PHBS is also improved and community is motivated to use posyandu.

For the next cycle, things that should be considered more are the activeness of PHCI member, improvement of posyandu service, improvement of PHBS socialization, more healthy toilet and household drainage system



Drs. M. Amin S  
Ketua PHCI Balleanging

PHCI activity in Manyampa village is very concern with women, whether as implementer or as the target of the program. Because of this program, women in Manyampa village is motivated more to get involved actively in every process of the program.

Things that need to be put as future priority activity for the implementation of PHCI program in Manyampa village are evaluation of existing PHCI board member structure in order to improve their performance, to keep intensify periodic health elucidation, improvement of posyandu service and improvement of environmental health.



Kameriati  
Bendahara PHCI Manyampa

# Achievement Seminar of PRIMA Kesehatan Activity Year I

*“This is the first seminar conducted by Dinkes, which have so many community representative”*

*Dr. H. M. Saad Bustan, Mkes Wakadis Kesehatan Prop Sulsel*



This is the first seminar that conducted by Dinkes which have so many participant, that represents the community in one place”, this sentence is quoted from the expression of Vice of Head of Province Health office Bapak Dr. H. M. Saad Bustan, MKes when he officially opened the achivement seminar of PRIMA Kesehatan activity at BAPELKES ballroom on Tuesday February 12th 2008.

The achievement seminar aiming to review what has been done or achieved by the activities of PRIMA Kesehatan Program on the first year or first cycle which has been accomplished in this February 2008.

This seminar was attended by around 296 participants as representative of PHCI teams from three target districts, KIT (Kabupaten implementation team) member, 13 persons Field Consultants and participants from Province Health Office as the organizer of this seminar. Beside those mentioned participants, all district/city Health Office in South Sulawesi out of the three target areas were also invited. District/city Health Office representative that join the seminar were from Maros, Pangkep, Parepare, Soppeng, Sidrap, Pinrang, Palopo, Luwu Timur, Luwu, Gowa, Takalar, Bantaeng, Sinjai and Selayar. Those district/city Health Office were invited in order to introduce and socialize PRIMA Kesehatan so that it is expected that in the future, PRIMA Kesehatan program can be adopted and implemented in all district/city in South Sulawesi Province.

The seminar session was begun with the speech of JICA MFO representative, Mr. Yasunori Minagawa. After the speech from JICA MFO, the seminar was officially opened by vice of head of province health office and then proceeded with presentation about general overview of the whole activities of PRIMA Kesehatan for 3 target districts by Mr. Shigeki Kawahara. In his overview, Mr. Kawahara explained the basic principle of PRIMA Kesehatan, activities that had been implemented during the first cycle, proportion of plans and realization of activity, proportion of community swadaya, effect of activities and another important thing which is activity plan for the next cycle.

Beside the general overview that was presented by Mr. Kawahara, each of target district also presented their achievement. The first presentation was presented by Head of Wajo District Health Office Dr. H. Abd Aziz M., MKes. In his presentation, he reported that all planed activities in the proposal had been implemented 100%. Some achievement such as improvement of motivation and participation of community in all activities in a form of swadaya or activeness were also explained. For the second cycle plan, Wajo KIT member will keep follow up the activity in the first two target sub-districts and will start the activity in two new subdistricts namely Maniangpajo and Gilireng.

The second presentation from Barru district was presented by Head of Barru District Health office Drg. H. Zainal M. Hamid. He reported that all planned activity in Barru district had been also accomplished 100%. The last presentation from district of Bulukumba was presented by Muh. Alwi, SKM, Mkes. As two other districts, PHCI activities in Bulukumba had been also accomplished 100% such as toilet construction, posyandu rehabilitation, elucidation activity and many more.

After the three target districts explained their achievements, question and answer session was started by inviting the participant to ask their question or give their ideas. The participant was very enthusiastic in this session. Some question were asked such as what indicator that can be used to measure the successfulness of the activity in the first cycle, or question regarding the technical matter of activity implementation and many other questions and ideas.

As representative of Province Health Office, Head of Administration Dr. Muchlis Mangguluang, MKes also presented comment and plans of province side for the next cycle. One of his comment is that empowerment principle should always be applied such as persuasive approach (not instructive), improvement of knowledge, capacity and support from the community.

The seminar was ended at 15.30 and officially closed by vice of head of province health office Dr. H.M Saad Bustan, Mkes by expecting that collaboration will keep growing well but still aiming to the same direction.

# The Visitation of Resident Representative of JICA Indonesia in PRIMA Kesehatan Site

By: Ricky Djodjobo (Field Operation Advisor)



PRIMA Kesehatan had good opportunity to be visited by Resident representative of JICA Indonesia, Mr. Takashi Sakamoto (*picture 1:1st from left*) on February 6th 2008. This is a rare occasion considering that there are many JICA's project site in Indonesia and also considering his tight working schedule.

Representing all PRIMA Kesehatan site in South Sulawesi province, Salemba village, Ujung Loe sub-district in Bulukumba district was selected as the visited site. This selection based on consideration that the location of Bulukumba district and Ujung Loe sub-district the nearest place with the location of his visitation in the same day for another program in Jeneponto district.

In this visitation, Mr. Takashi Sakamoto, who was accompanied by Chief Assistant Representative of JICA Indonesia Mr. Koji Sakane, and vice head of JICA MFO, Mr. Suji Tokumaru, had a chance to observed the installation of waste water management system that was just constructed, and also public toilet that had been rehabilitated by Salemba village PHCI team. Beside observing those PHCI activity result, Mr. Takashi Sakamoto and staff who accompanied him had a chance to discussed and have a dialogue with members of PHCI team and community who uses those facilities. Things that were asked including the process of PHCI team establishment, problem identification process, process of setting priority and reaching consensus, activity implementation, and even about the future plan of PHCI team.

It seemed that Mr. Takashi Sakamoto was very impressed with his observation and discussion result because he could see the value of democracy, transparency, initiative and community self-funded that colored all those process. He also expressed his proudness on those PHCI activities and encouraged all PHCI team and community in PRIMA Kesehatan program to keep continue their activity as the pioneers on improving the social condition of community on health sector.

## PRIMA News Address

Greeting from PRIMA News...

The editor of PRIMA News welcomes contribution of article, news and comment from any parties who are involved in the activity of PRIMA Kesehatan program as a forum to share information, experiences and knowledge for the successful of our program.

Thank You

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