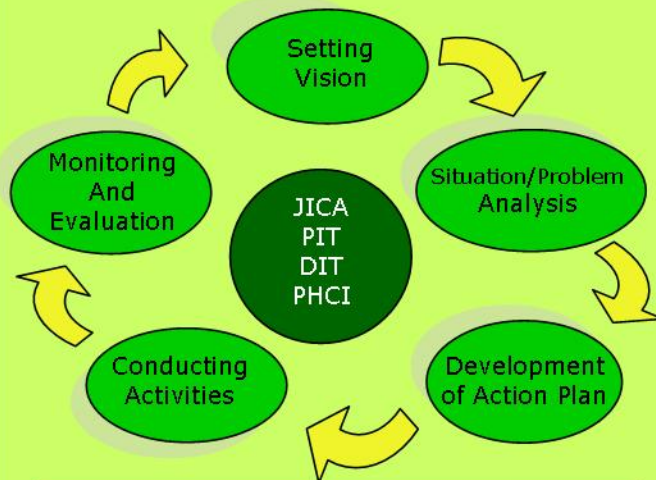


Basic Approaches



Primary Health Care Improvement Cycle

Principles of the Program are:

1. Bottom-up and participatory approach

All the process of activities will be carried out democratically and based on mutual respect in order to let the participants (official of the districts, Puskesmas, health volunteer, communities, etc.) can share sense of ownership to the program.

2. Accountability

A formal system of program accounting is installed throughout the program duration to facilitate and oversee the financial management of all respective PHCI teams.

3. Sustainability

The program will be carried out in 3 years ensuring enough time for participants to devise and experi-

ment their way to keep the activities going on, the pilot activities will not be too intensive to make them more affordable and viable District health officers will be fully involved to make them capable of operating PRIMA Model.

4. Empirical Verification

Two surveys will be carried out (baseline and endline) in order to analyze the program implementation impact comprehensively and quantitatively.



For more information, please contact:

PRIMA Kesehatan office

At 2nd Floor of Dinas Kesehatan of South Sulawesi Province office

Jl. Perintis Kemerdekaan km.11 Makassar

Phone: +62(411) 589473

Fax: +62(411) 589273

PRIMA Kesehatan

*Better Health by
Community Participation*



***Improvement of District
Health Management
Capacity in South Sulawesi***



Background

Indonesia has been successful in improving national welfare level, however, there have been widening development gaps between different regions. Most notably, eastern Indonesia is behind the national average, and thus it is a national priority to boost development of this region. South Sulawesi, the hub of eastern Indonesia, plays strategically a critical role in social and economic development of the least developed region of the country.

While improvement of health status of South Sulawesi is steady, it is still poor with an IMR of 47 per 1,000 live births higher than the national average of 35 (2002-2003, Indonesia Health & Demographic Survey). Various



health programs have been introduced by the government supported by multiple external assistance to the province over time. However, it is needed to establish a new model of health promotion. In response to the request of JICA assistance by the South Sulawesi Provincial Government, this technical cooperation program has been designed and started in February 2007. PRIMA Kesehatan is to provide one option of participatory model to link the health administrative system and civil society by acti-

vating Health Councils (K3) and facilitating stakeholders at all the levels of districts, sub-districts, and villages, in line with the concept of "Healthy Indonesia 2010" Initiative, "Desa Siaga (Alert Village)".

Our Objective

Overall Goal:

Management capacity and service delivery in the health sector of target district is improved.

Program Purpose:

Community-centered primary health care improvement (PHCI) model is developed in target district.



What We Do

The program facilitate the implementation of primary health care improvement (PHCI) activities based upon participatory planning at the levels of communities (villages) and sub-districts.

Based on these experiences, a model of participatory primary health care improvement activities shall be developed as operational package of an institutional framework and capacity building.

Program Coverage

The program coverage is from 2007 until 2009

District & Sub District	Target Population	Number of Village
Barru District		
1 Tanete Rilau	32.493	10
2 Barru	35.070	10
3 Tanete Riaja	20.944	7
Bulukumba District		
1 Ujung Loe	36.248	12
2 Bonto Bahari	22.608	8
3 Gantarang	69.970	20
4 Bontotiro	24.349	12
Wajo District		
1 Belawa	29.979	9
2 Tanasitolo	24.643	19
3 Maniangpajo	14.482	8
4 Gilireng	9.990	9
Total	320.776	124

Source: BPS Statistical Data for target District year 2006

Community Activity

Prima Kesehatan also support Community activity based on their proposal such as:

1. Clean water supply system
2. School health and dental care program
3. Garbage control system
4. Empowerment of Posyandu
5. Child food program, etc