

PROJECT REPORT

EAST SUMBA MALARIA PREVENTION 2025

East Nusa Tenggara, Indonesia



Acknowledgment

We extend our deepest appreciation to all partners and supporters who contributed to the successful implementation of the Malaria Prevention Program in East Sumba, 2025.

- Our sincere gratitude goes to our donors — Fair Future Foundation (FFF), Rotary Club of Mandurah (Host Club), Rotary Club of West Perth, and Malaria Partners International (MPI) — whose unwavering support made this program possible.
- We also thank our partners from the East Sumba Regency Government, particularly the District Health Office through the Disease Prevention and Control (P2P) Division, for their continuous guidance and policy direction.
- Special appreciation is extended to the Melolo Community Health Center, as the technical implementing unit in the field, for their invaluable assistance and coordination.
- We acknowledge the malaria slide reading trainers from UPTD Health Laboratory, Kupang City, for sharing their expertise, and the medical officers and laboratory analysts who dedicated their time and skills to ensuring the delivery of accurate diagnostics and effective treatment.
- To the malaria cadres and volunteers, thank you for your enthusiasm and tireless efforts in assisting communities, conducting health education, and ensuring household-level protection.
- Finally, to the entire Kawan Baik Indonesia and field implementation team, your commitment and hard work were the driving force behind the success of this series of activities.

The collaboration and contribution of all partners form a strong foundation for building community resilience against malaria — a meaningful step toward a healthier and malaria-free East Sumba.



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Program Summary

East Sumba Malaria Prevention Program 2025 was implemented by Kawan Baik Indonesia Foundation, in collaboration with **Fair Future Foundation, the Rotary Club of Mandurah, the Rotary Club of West Perth, and Malaria Partners International**, with strong support from the **East Sumba District Health Office** and **Melolo Community Health Center**.

The program focused on **community education, capacity building for health workers, and vector control** through the following key activities:

- **Malaria education** sessions in four hamlets of Umalulu Village (Marada, Pahomba, Waimarang, and Praiwangga).
- **Microscope maintenance training and Panel Test Slide assessments** for laboratory analysts.
- **Indoor Residual Spraying (IRS)** in 17 high-risk households in Laitipi Hamlet.
- **Distribution of 146 insecticide-treated mosquito nets** to unprotected sleeping groups.
- **Public awareness campaigns** through the installation of 10 educational billboards across Waingapu and Umalulu.

Key Achievements

All program targets were successfully achieved:

- **302 community members** participated in malaria education sessions (representing 70% of the target).
- **146 sleeping groups** received mosquito nets.
- **17 homes** were protected through the IRS.
- **28 laboratory analysts** completed technical training.

Impact

The program has led to increased community knowledge, improved mosquito net usage behavior, and the emergence of local initiatives such as “health patrols” and regular community health discussions.

Cross-sector collaboration between village leaders, health centers, and the district health office has strengthened significantly – establishing a model of community-based health partnership for malaria prevention.



Lessons Learned

- Culturally adapted education methods, including local drama and storytelling, proved far more effective than formal lectures.
- Engaging traditional leaders greatly improved participation and trust.
- The use of bilingual communication (Bahasa Indonesia and the Sumbanese language) accelerated understanding and engagement.

Recommendations

- Integrate malaria education into routine health promotion activities at Puskesmas, Posyandu, and village-level meetings.
- Continue regular technical training for microscopists and strengthen community-based malaria case monitoring to sustain progress toward malaria elimination.



Background

Malaria remains a serious public health challenge in East Sumba. According to the East Sumba District Health Office, 266 malaria cases were recorded between January and August 2025, with *Plasmodium falciparum* accounting for 194 cases.

To address this, the East Sumba Regency Government issued Regent's Instruction No. 320 of 2025 on accelerating malaria elimination. The directive emphasizes active case detection, standardized treatment, use of insecticide-treated mosquito nets, and effective vector control.

In support of this commitment, the Kawan Baik Indonesia Foundation (YKBI), the Fair Future Foundation, together with donor partners, has implemented a series of initiatives – including the installation of educational posters in public areas, Indoor Residual Spraying (IRS), distribution of mosquito nets, and community-based malaria education in four hamlets of Umalulu Village, complemented by educational kits for each household.

At the same time, YKBI strengthened the quality of health services by conducting microscope maintenance training and panel testing for 28 laboratory analysts from local health facilities.

Through this combined approach of community education and capacity building for health workers, the program aims to reduce malaria incidence and ensure a sustained downward trend toward malaria elimination in East Sumba.

Risk Management

No	Identified Risk	Risk Level	Mitigation Strategy
1	Low community participation in malaria - Education activities, - IRS implementation at households, and - Consistent use of mosquito nets.	Medium	- Involve traditional leaders, including village heads and hamlet chiefs, to build trust and engagement. - Use locally relevant visuals, interactive drama, and reward-based games to attract participation. - Utilize community malaria cadres for local communication and conduct routine monitoring with village facilitators.
2	Access and infrastructure constraints - Long travel distances between villages and the main town, poor road conditions, - Lack of large public spaces for education sessions.	Medium	- Deploy teams one day before activities to anticipate travel delays and use suitable transport. - Rent tents and additional seating to ensure activities run comfortably and smoothly.
3	Limited funding and program sustainability.	Medium	Integrate malaria prevention activities within local health department programs and strengthen community ownership through trained village cadres.
4	Limited technical capacity of health personnel.	Medium	Conduct tiered technical training, establish continuous mentoring, and provide standardized modules and SOPs to ensure knowledge retention and consistent quality.



Objectives and Indicators

To contribute to the East Sumba District Government's mission of eliminating malaria by 2028 through empowering communities, enhancing local health capacities, and promoting sustainable environmental practices.

Performance Indicators

No	Specific Objective	Key Activities	Expected Outputs
1	Increase community knowledge about malaria prevention and symptoms in East Sumba, particularly in Kota Waingapu and Umalulu Subdistricts.	• Production and distribution of two poster designs on Malaria Prevention and Symptoms. • Implementation of health campaigns in four hamlets using educational and interactive media.	Improved community awareness and understanding of malaria prevention steps and symptom recognition in target areas.
2	Enhance the capacity of laboratory analysts in malaria diagnosis and equipment maintenance in East Sumba.	• Technical training on daily maintenance and minor repair of microscopes, and panel testing for slide reading. • Conducted by two certified by WHO mentors, joined by 30 analysts and technicians from health facilities across East Sumba District.	Strengthened technical skills of laboratory personnel in malaria diagnosis and microscope maintenance.
3	Reduce malaria transmission risk in vulnerable areas, specifically in Laitipi Hamlet, Umalulu Village.	• Procurement of equipment and materials for Indoor Residual Spraying (IRS) in 17 households. • Formation and training of the local IRS team, followed by spraying activities in accordance with standard operating procedures (SOP).	17 high-risk households in Laitipi Hamlet, Umalulu Village were sprayed with residual insecticide following standard procedures.
4	Increase community resilience against malaria infection in Umalulu Village.	• Procurement and distribution of Insecticide-Treated Nets (ITNs) for 146 sleeping groups who had not previously received them. • Education on the correct use and care of ITNs.	146 sleeping groups in Umalulu Village received ITNs and were educated on their proper use for malaria prevention.

Targets and Achievements

No	Activity	Target / Objective	Achievement
1	Production of malaria campaign materials (2 poster designs: Prevention & Symptoms)	20 billboards (2 designs, 2x3 m) 270 posters (A3, 2 designs for Umalulu community) 28 posters (A2, 2 designs for health centers)	100% achieved 20 billboards (2 designs, 2x3 m) 270 posters (A3, 2 designs for Umalulu community) 28 posters (A2, 2 designs for health centers)
2	Distribution and installation of campaign materials	Installed at 10 locations: 7 sites around Waingapu City and surroundings 3 sites around Umalulu Village	100% achieved Installed at: 1. Umbu Rara Meha Hospital 2. Waingapu Health Center 3. Kawangu Health Center 4. Prailiu Horse Racing Field 5. Waingapu City Gate (Horse Statue) 6. Kanatang Area (new port area) 7. KM 2 Waingapu (main gas station) 8. Umalulu District Market 9. Waimarang Hamlet Junction, Umalulu 10. Praiwangga Hamlet Junction, Umalulu
3	Community health campaign in 4 hamlets using visual education media	70% of 460 residents (≈302 people) attended 70% of 268 households received posters	100% achieved 302 residents attended: - Marada (71) - Pahomba (68) - Waimarang (86) - Praiwangga (77) 268 households received malaria education posters
4	Training on daily microscope maintenance and slide panel testing by WHO certified mentors	30 analysts trained 2 certified mentors 30 microscopes restored to optimal function	100% achieved 28 analysts trained 2 WHO-certified slide reading mentors 1 certified microscope maintenance mentor 28 microscopes restored to optimal function
5	Procurement of IRS (Indoor Residual Spraying) equipment and materials for 17 houses	20 sachets of Ficam 4 filter masks 2 sets of K3 protective suits 2 pairs of safety boots 2 face and eye shields 20 IRS stickers	100% achieved Fully achieved – all IRS materials and protective equipment prepared for 20 houses

Targets and Achievements

No	Activity	Target	Achievement
6	Formation of IRS team and spraying of 17 high-risk houses in Laitipi Hamlet, Umalulu	3 trained IRS personnel divided into 3 teams 17 houses sprayed following SOP	100% achieved 3 trained IRS personnel divided into 3 teams 17 houses sprayed following SOP
7	Procurement of insecticide-treated nets (ITNs) for uncovered sleeping groups	100 ITN packages 100 leaflets on ITN care and use 100 ITN care kits	100% achieved 100 ITN packages 100 leaflets on ITN care and use 100 ITN care kits
8	Distribution of ITNs to 146 sleeping groups not yet protected	146 sleeping groups received ITNs	100% achieved 146 sleeping groups received ITNs





Implementation Activities

Coordination with Partners

As an initial step to ensure integrated implementation of the malaria prevention program in Umalulu Village, a series of coordination meetings was held with relevant partners. These meetings involved the district government, community health centers, and village authorities.

Coordination timeline:

- **22 August 2025** – Meeting with the Malaria Program Officer, East Sumba District Health Office.
- **26 August 2025** – Coordination with the Head of Melolo Health Center, Malaria Program Officer, and the IRS technical team.
- **27 August 2025** – Coordination with Umalulu Village Government, attended by the Village Head, four Hamlet Heads, and one Neighborhood Unit Head (RT).

Coordination agenda:

- Presentation of the 2025 Malaria Survey results in Umalulu Village.
- Presentation of the 2025 East Sumba Malaria Prevention Program plan.
- Technical planning of activities (education, IRS, Insecticide-Treated Net or ITN distribution, training, and monitoring).
- Division of roles and responsibilities among stakeholders.
- Discussion of implementation schedule and community engagement strategies.



Meeting outcomes:

- The activity schedule was adjusted based on each hamlet's readiness and the Melolo Health Center's timeline.
- The Village Government is committed to mobilizing the community and preparing activity venues.
- The Melolo Health Center assumed responsibility for technical supervision, health personnel, and reporting.
- The IRS team, together with village representatives, actively participated in spraying and follow-up monitoring.
- An inter-agency coordination mechanism was agreed upon for ongoing communication and updates.

This coordination process led to a joint commitment to fully support malaria prevention activities, with active engagement from the district government, village leadership, and health centers as key drivers of community-level action.





Microscope Maintenance and Slide Panel Test Training

Coordination and Communication

Several key preparatory steps were undertaken to ensure effective implementation of the training:

- Coordination with the East Sumba District Health Office, which endorsed and facilitated the training activities.
- Coordination with mentors from the Provincial Health Laboratory (UPTD Laboratorium Kesehatan Provinsi Nusa Tenggara Timur) through online meetings to finalize the training modules and schedule.
- Coordination with all health facilities in East Sumba to assign their laboratory representatives as participants, formalized through official invitation letters from the District Health Office.

Through a combination of virtual and in-person meetings, coordination and communication were followed by official correspondence and administrative documentation with each partner institution.

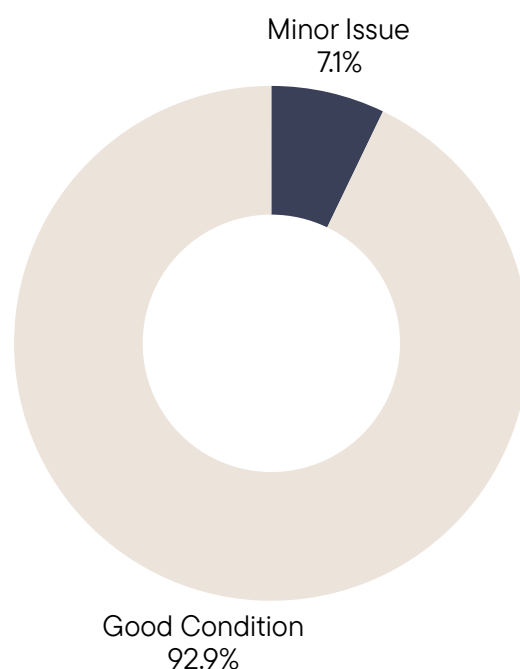
Microscope Maintenance Training (16 September 2025)

During this training, each laboratory analyst was required to bring the microscope used in their respective health facility to practice light maintenance procedures in case of minor malfunctions.

Based on the technical forms submitted by participants:

- Two microscopes (from Puskesmas Lewa Tidahu and Puskesmas Kawangu) were reported with minor issues.
- All other microscopes were found to be in good operational condition.

However, five analysts were unable to bring their microscopes due to logistical and safety constraints. The distance between health centers and the training venue, combined with rough road conditions and the heavy weight of the equipment, made transportation by motorbike impractical and potentially damaging to the devices.



Mentor Profile: Nikson M.A Taramata, A.Md.AK



Currently serves as the Malaria Cross-Check Officer for East Sumba, a Microscope Maintenance Technician, and staff member at Ngadungala Community Health Center (Puskesmas Ngadungala). During this training, he acted as the mentor for microscope maintenance.

Microscopes are one of the most essential tools in malaria diagnosis. However, challenges in the field include frequent equipment damage, lack of regular maintenance, and limited availability of trained technicians. To address these issues, this training was organized to strengthen the skills of laboratory analysts from various health facilities across East Sumba.

Training Objectives

The main goal of the microscope maintenance training was to enhance the capacity of laboratory analysts and technicians in maintaining and repairing microscopes. This ensures that diagnostic tools remain functional and reliable for malaria testing and helps establish a routine maintenance system within local health facilities.

Methods and Materials

- Theoretical session: Basic principles of microscope function and common types of technical damage.
- Practical session: Optical cleaning, simple component replacement, calibration, and basic troubleshooting.
- Simulation: Routine maintenance procedures and proper recording using an equipment logbook.

Follow-Up Recommendations

To ensure sustainability and continued impact, the following actions are recommended:

- Regular microscope maintenance and performance checks.
- Provision of spare parts and maintenance kits where needed.
- Continued supply of maintenance logistics and consumables.
- Periodic refresher or advanced training for laboratory staff.

Panel Test Slide (September 16–17, 2025)

The Panel Test Slide is one of the key instruments in ensuring the quality assurance of malaria diagnosis through microscopy. These validated blood smear slides serve as a standard tool to both train and assess the skills of laboratory analysts. Through the use of these panels, analysts can practice distinguishing between positive and negative samples, identifying Plasmodium species, and accurately calculating parasite density.

The use of the Panel Test Slide is crucial to maintaining consistency in diagnostic quality across various health facilities. Reliable diagnosis ensures that malaria case data are accurate and can be used as a solid basis for decision-making in malaria elimination programs. Moreover, the panel serves as part of the laboratory quality assurance system, helping evaluate the technical capacity of individuals and mapping the needs for further capacity development.

Accurate diagnosis enables patients to receive standard treatment promptly, helping to break the transmission cycle more efficiently. This contributes to accelerating malaria elimination efforts in endemic regions such as East Sumba. Therefore, the availability and optimal use of Panel Test Slides represent one of the key components in strengthening the malaria health service system.



Mentor Profile: Magdalena Desiree Seran, S.Si. M.Sc



Since 1989, Ms. Magdalena Desiree Seran has served as a Senior Health Laboratory Analyst at the Provincial Health Laboratory Unit (UPTD Laboratorium Kesehatan), East Nusa Tenggara Provincial Health Office.

In this training program, she served as a mentor for the following areas:

- Malaria Microscopy (identification of Plasmodium species)
- Competency Testing (Panel Test Slide)
- Basic Microscope Maintenance and Repair

Her extensive experience and long-standing dedication in laboratory diagnostics play a crucial role in improving the quality and accuracy of malaria diagnosis in East Sumba and strengthening the capacity of local laboratory personnel.

Mentor Profile: Herlina N.D.W. Dangga Dewa A.Md.AK,

Commonly known as Ibu Herlina, she has completed numerous certifications in malaria microscopy, the most recent being the External Competency Assessment for Malaria Microscopy, Level 1 (2023).

She currently serves as a Senior Health Laboratory Analyst at the Provincial Health Laboratory Unit (UPTD Laboratorium Kesehatan) of the East Nusa Tenggara Provincial Health Office.

In this training program, she served as a mentor for:

- Malaria Microscopy (Plasmodium species identification)
- Competency Testing (Panel Test Slide)
- Basic Microscope Maintenance and Repair

Her expertise and mentorship significantly contribute to strengthening diagnostic accuracy, ensuring quality control, and building the technical capacity of laboratory analysts across East Sumba.





Day 1 – Refresher Session on Malaria Microscopy and Panel Test Preparation

On the first day, the session began with a general review of malaria theory, followed by a more specific discussion on malaria slide reading techniques. Although all participating Medical Laboratory Technologists (MLT) had previously received similar training, regular refreshment sessions are essential to maintain diagnostic accuracy and consistency in malaria microscopy.

The steps conducted during the Malaria Panel Test Slide Refresher included:

1. Preparation of test slides by mentors containing various *Plasmodium* species at different developmental stages, along with negative slides.
2. Each slide was coded anonymously (without species or positive/negative labels) to ensure objectivity during examination.
3. Participants were instructed to examine each slide following standard malaria microscopy procedures and record their findings, including:
 - Whether the result was Positive or Negative
 - Identification of the *Plasmodium* species (e.g., *P. falciparum*, *P. vivax*, etc.)
 - Parasite stage or density level, if required.

This refresher ensured that all participants were technically prepared and aligned in methodology before proceeding to the formal Panel Test Slide Assessment on the following day.



Day 2 – Malaria Panel Test Slide Assessment

On the second day, mentors conducted the Malaria Panel Test Slide to assess the competency of each Medical Laboratory Technologist. The following steps were implemented during the test:

1. The mentors prepared 25 malaria slides containing various Plasmodium species and developmental stages.
2. Each participant examined the slides in rotation, within a set time limit for each sample.
3. Participants recorded their observations and diagnostic results, identifying potential false positives, false negatives, or species misidentifications.
4. Mentors evaluated each participant's performance based on sensitivity, specificity, and accuracy.



(Full test results are attached in the appendix.)

Test Materials and Evaluation Criteria

During the assessment, each participant was evaluated using **25 malaria test slides**, comprising both positive and negative samples. From this evaluation, several important diagnostic error types were identified and recorded:

- **False Positive**

A result where the participant's reading indicates the presence of malaria (positive), while the reference key (gold standard) confirms it is negative.

This occurs when the microscopist mistakes artifacts or blood debris for malaria parasites.

- **False Negative**

A result where the participant reports negative, but the gold standard indicates positive.

This type of error is particularly dangerous because the malaria parasite is present but goes undetected, meaning the patient would not receive proper treatment.

- **Species Misidentification**

The participant correctly detects malaria but incorrectly identifies the Plasmodium species (e.g., diagnosing *P. falciparum* when it is actually *P. vivax*).

This misidentification affects treatment outcomes since the drug regimens differ between species.

Performance Indicators

The assessment results were then analyzed using three main performance indicators:

- **Sensitivity** – The ability of the examiner to correctly detect true positive malaria cases.

Formula:

$$\text{Sensitivity} = \frac{\text{True Positive}}{\text{True Positive} + \text{False Negative}} \quad 100\%$$

→ The higher the sensitivity, the less likely the examiner fails to detect positive cases.

- **Specificity** – The ability of the examiner to correctly identify true negative malaria cases.

Formula:

$$\text{Sensitivity} = \frac{\text{True Negative}}{\text{True Negative} + \text{False Positive}} \quad 100\%$$

→ The higher the sensitivity, the less likely the examiner fails to detect positive cases.

- **Accuracy** – The overall level of correctness in identifying both positive and negative samples.

Formula:

$$\text{Accuracy} = \frac{\text{True Positive} + \text{True Negative}}{\text{Total Sample}} \quad 100\%$$

→ The higher the sensitivity, the less likely the examiner fails to detect positive cases.

Conclusion

- **False Positive** and **False Negative** represent **detection errors**, while **Species Misidentification** represents an **identification error**.
- **Sensitivity**, **Specificity**, and **Accuracy** collectively describe the **diagnostic performance quality** of malaria slide readers.
- Maintaining high values in all three parameters is essential to ensure reliable malaria diagnosis and support effective disease elimination efforts.

Participants



Wisdom U.J.I. Hanggawali, A.Md.Kes
Puskesmas Nggongi



Anasthasia N. Mero, A.Md. Kes
Puskesmas Kambata
Mapambuhang



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RSK Lindimara



Vania Vasthy Dida, A.md. Kes
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Jesilia Whinorthy Wila, A.Md.Kes
Puskesmas Baing



Septyawati R. Day Mbana, S.Tr.Kes
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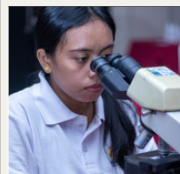
Devi Octavia Bili, S.Tr. Kes
Puskesmas Kombapari



Chesilya T.M.T. Dengga, A.Md.Kes
Puskesmas Lewa Tidahu



Eva M. Banik. A.Md. AK
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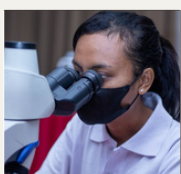
Andreyanti G. M. Njapa Ole, A.Md. Kes
Puskesmas Waingapu



Selvi R. R. Bera, A.Md. AK
Puskesmas Kanatang



Claudya Putri Rudolof
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Maria T.I. Bataona, S.Tr.Kes
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Agnensia Samma Djala, A.Md. Kes
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(Nggaha Ori Angu)

Participants



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Puskesmas Lailunggi



Immanuel Lamik, S.Tr.AK
Puskesmas Melolo



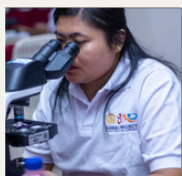
Habiba Basri, A.Md. TLM
Puskesmas Kataka



Rafa Afraini Algadri
Puskesmas Mangili



Aspin Rainier Umbu Takanjanji, A.Md. Kep
Puskesmas Pambotanjara



Helsy Gollu, A.Md. Kes
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Puskesmas Tanarara



Aprianus Haing Hambatana, A.Md.Kep
Puskesmas Mahu



Yuliana Marthen Nedja, S.Tr.Kes
RSU Imanuel



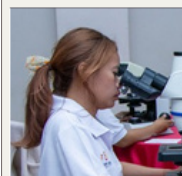
Grace R. A.Umbu Raing, A.Md.Kes
Puskesmas Lewa



Rita Olivia Bukang
RSUD Umbu Rara Meha



Michelle Gracelia Paais, A.M.d.Kes
Puskesmas Tanaraing



Rambu Ana Awa, A.Md,Kes
Puskesmas Rambangaru



Gresela Malinda Wolla Gollu, A.Md.Kes
Puskesmas Ngadu Ngala



Indoor Residual Spraying (IRS)

Strengthening the IRS Team

The IRS Team Strengthening and Formation activity was held on September 9, 2025, at the Umalulu Village Office. This session aimed to ensure that the local IRS team had the capacity, coordination, and technical understanding required to effectively implement house spraying activities as part of malaria prevention efforts.

The activity was facilitated by health promotion mentors from the East Sumba District Health Office and the Malaria Program Officer from Puskesmas Melolo.

Participants:

- 3 IRS team members
- 3 Malaria Cadres
- 2 village health workers from Umalulu
- 1 health promotion officer from Puskesmas Melolo
- 7 representatives of the Umalulu Village Government

These participants will play an active role in the planning, implementation, and monitoring of IRS in the village. Strengthening the IRS team at the village level is a crucial step to ensure effective coverage and community engagement in the malaria prevention program.



IRS Implementation September 10–11, 2025

Laitipi Hamlet was prioritised for indoor residual spraying (IRS) following a mosquito larval survey in Umalulu Village by the community health centre, which recorded the area's highest larval density.

Regular use of the river for bathing and sanitation creates breeding grounds for mosquitoes and increases the risk of malaria.

An

IRS was conducted in **17 households** in Laitipi, treating approximately **3,200 m²** of interior wall surface with **15 sachets of Ficam** insecticide.



Through this IRS operation, an estimated 85 residents were protected from bites by malaria-transmitting mosquitoes.

Before spraying, the team met with household heads to explain objectives, procedures, and safety measures, and to confirm the re-entry timing. Interior wall areas were measured in each house to calculate the exact insecticide volume, ensuring efficient use of Ficam.



During application, residents continued daily routines such as gardening, livestock care, and weaving, returning after the recommended re-entry period.

This structured approach ensured smooth implementation, reinforced community engagement, and increased participation in malaria prevention.



Malaria Education Activities

As part of the malaria prevention program, community education was carried out through two main approaches:

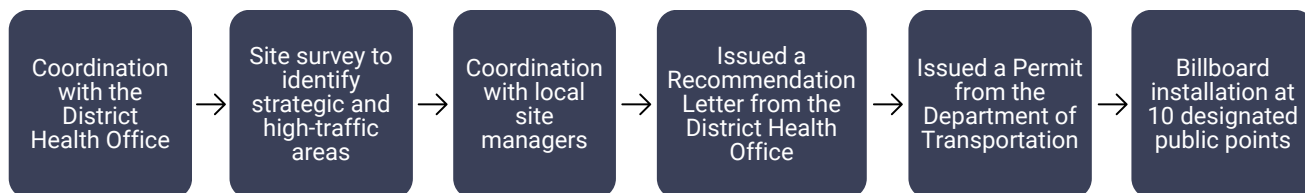
1. Installation of educational billboards measuring 2 x 3 meters at public gathering points.
2. Direct community outreach using malaria posters during field activities.

Billboard Installation

Billboards were strategically placed in **10 public locations** to ensure high visibility and broader reach of malaria prevention messages. Each billboard will remain in place for **six months**, until **January 15, 2026**.

To ensure proper and lawful installation in public spaces, a structured coordination and administrative process was followed:

Workflow Prior to Billboard Installation



Billboard Installation Locations:

1. KM. 2 Kota Waingapu (gas station area)



Sub-district : Waingapu City
Coordinate : 87V4+G5H
Description : Strategically placed near the busiest gas station in Waingapu to maximize exposure to daily commuters, public transportation users, and nearby market visitors.



2. Waimarang Crossroad



- Sub-district** : Umalulu
Coordinate : -9.943054, 120.589380
Description : The busiest intersection and central hub of community sports activities in Umalulu, located near the main field, ensuring high daily visibility.



3. Praiawangga Crossroad



- Sub-district** : Umalulu
Coordinate : -9.971217, 120.543133
Description : The most strategic point in Praiawangga Hamlet. It serves as a sports hub, has strong mobile signal coverage, and connects multiple surrounding areas.



4. Melolo Weekly Traditional Market



- Sub-district** : Umalulu
Coordinate : -9.900423, 120.657504
Description : A major gathering point for all villages in and around Umalulu, ensuring exposure to a wide range of community members.



5. Waingapu Harbour Crossroad



Sub-district : Kanatang
Coordinate : 962W+QW7
Description : Main intersection connecting the harbour, Kanatang, Haharu, and Temu; also part of the inter-district route linking East and Central Sumba.



6. Rihi Eti Prailiu-Waingapu Horse Racing Field



Sub-district : Waingapu City
Coordinate : 87VF+8C2
Description : Central horse-racing arena and venue for major public events such as concerts and festivals.



7. Waingapu City proper – Horse Statue



Sub-district : Waingapu City
Coordinate : 86C7+5CM
Description : The main gateway road for four districts across Sumba Island, connecting several key subdistricts such as Nggoa, Lewa, Lewa Tidahu, Katala Hamu Lingu, Tabundung, and Pinu Pahar.



8. Umbu Rara Meha Regional General Hospital



Sub-district : Waingapu City
Coordinate : 86MX+84R
Description : The main public health service center hospital in East Sumba Regency and 4 regencies on Sumba Island, is located on the main road and has heavy traffic.



9. Waingapu City Health Center



Sub-district : Waingapu City
Coordinate : 9727+75J
Description : Central health facility for the Kota Waingapu subdistrict, the location is in the heart of the city.



10. Kawangu Health Center



Sub-district : Panda Wai
Coordinate : 88FH+M32
Description : Main community health center serving the Pandawai subdistrict, located in the main road towards to many other sub-districts.



Malaria Education in Four Hamlets of Umalulu Village



In this activity, malaria cadres served as the main driving force in conducting local community education through a participatory approach rooted in local culture and language. As frontline community agents, the malaria cadres had previously received training on malaria prevention and control.

During this session, a refresher training was conducted to strengthen their communication skills and reinforce their understanding of malaria-related materials. The training was facilitated by **Mr. Rendi (Hendrikus Arkian) from the Health Promotion Division of the East Sumba Health Office**, and **Ms. Suryani Marapraing, S.KM, the Malaria Program Officer of Melolo Health Center**.

Malaria Education Team Members

1. Adriana Haba Mase, A.Md.Kep – Malaria Officer, Umalulu
2. Maria Jenine Ata Humba – Midwife, Umalulu Village
3. Vinny Alfionita Ke Lomi – Nurse, Umalulu Village
4. Mariana Ana Wulang – Malaria Cadre
5. Diana Pakadu Ngguna – Malaria Cadre
6. Delsy Danga Lila – Malaria Cadre



1. Marada Hamlet – September 23, 2025

The malaria education activity in Marada Hamlet began with resident registration, followed by the distribution of mosquito nets and educational kits. A total of **71 participants** attended the session. Afterward, malaria sampling was conducted by the malaria program manager from Melolo Health Center.

The session continued with an audio malaria educational advertisement and a short drama performance by the Kawan Baik Indonesia Foundation team, creating an engaging opening atmosphere before the main educational segment. The drama, presented in the local language, humorously depicted everyday village situations related to mosquito breeding and improper net use, allowing participants to connect emotionally with the message.

Each household received an educational package containing a mosquito net, two malaria posters, and a small sewing kit for net repair. The community's response was highly positive—many residents appreciated the practicality of the kits and shared plans to hang the posters in their homes as family reminders. This demonstrated strong community engagement and ownership in promoting malaria prevention practices.





2. Pahomba Hamlet – September 24, 2025

In Pahomba Hamlet, the activity followed the planned schedule—registration, prayer, malaria educational audio advertisement, and a drama performance presented by the Kawan Baik Indonesia Foundation team. A total of **68 residents** participated. The short drama, performed in the local dialect, humorously illustrated common habits such as misusing mosquito nets, creating laughter while reinforcing key malaria prevention messages.

During the village discussion, participants were divided into three groups to discuss malaria symptoms, environmental factors, and prevention measures. Guided by malaria cadres, each group summarized its ideas using simple visual tools. Enthusiasm was high—especially among women—who asked questions about distinguishing malaria from flu and shared practical ideas to keep their surroundings clean.

After presenting their group results, participants demonstrated strong understanding and motivation, marking an important step toward building collective community awareness for malaria prevention.





3. Waimarang Hamlet – 25 September 2025

Waimarang Hamlet recorded the highest attendance, with **86 participants**. The area is considered highly vulnerable due to the presence of the Sumba Christian Church Theological College, whose students—many from Papua—pose a potential risk of imported malaria cases. For this reason, all pastors, lecturers, and students were invited to take part in the educational session.

The activity began with a malaria audio advertisement and a short live drama performance, followed by an interactive education session led by the Malaria Focal Person and the Health Promotion Team from Melolo Health Center. The campus representatives were reminded to report the arrival of new students to the village and health center for malaria screening, ensuring early detection and prevention.

The quiz-style question-and-answer session, complete with small prizes, created an enthusiastic atmosphere. Participants eagerly discussed the differences between malaria and other illnesses, as well as personal and environmental protection methods. This collaborative learning process strengthened a shared sense of responsibility for malaria control among the campus and local community.





4. Praiwangga Hamlet – 26 September 2025

The fourth day of the malaria education series took place in Praiwangga Hamlet, attended by **77 participants**. As in previous villages, the event followed the same flow—registration, opening prayer, malaria drama, material delivery, group discussions, and interactive sessions. However, the venue in Praiwangga had its own unique context: it lies within the most densely populated settlement in Umalulu Village, making it a high-risk area for malaria transmission.

The session opened with a short drama in the Sumbanese language, depicting villagers’ daily habits—particularly the misuse of mosquito nets, often repurposed to cover fences or animal pens. The humorous scenes drew laughter from the audience but also prompted deep reflection, as they mirrored real community practices. This moment became an opportunity to raise awareness and encourage residents to consistently use mosquito nets properly for their intended purpose.





Protection Through Malaria Bed Nets

Based on the Umalulu Malaria Study conducted in early 2025, there are **439** sleeping groups across the four hamlets of Umalulu Village. Among them, **146** sleeping groups were still not protected by malaria bed nets. To address this gap, **100** malaria nets were provided by the program, with an additional **46** nets supplied by Melolo Health Center.

The distribution team used pre-collected data identifying households and sleeping groups still lacking mosquito net protection:

- Pahomba Hamlet: **28** sleeping groups
- Marada Hamlet: **41** sleeping groups
- Praiwangga Hamlet: **46** sleeping groups
- Waimarang Hamlet: **31** sleeping groups

Bed net distribution was carried out alongside the malaria education activities from **23–26 September 2025**. During the distribution, households also received educational stickers on **proper net care** and **small sewing kits to repair damaged nets**.





One of the most engaging educational methods used to promote mosquito net use was a **drama** performance by the foundation team, illustrating the correct and consistent use of nets in daily life. This participatory approach made the messages easier for the community to understand and remember. In addition, a hands-on **demonstration showed** residents how to properly install and maintain the nets.

Consistent use of malaria nets can significantly reduce the population of malaria-carrying mosquitoes. The protective effect extends beyond individual users, benefiting the entire community. Through these collective actions, the initiative contributes meaningfully to reducing malaria incidence in East Sumba.





Results & Impact

1 - Quantitative Results

- Community education: 302 participants attended malaria sessions across four hamlets – Marada 71, Pahomba 68, Waimarang 86, Praiwangga 77.
- Bed net distribution: 146 sleeping groups received insecticide-treated nets, fully meeting the target.
- Indoor residual spraying: 17 houses in Laitipi were sprayed, covering 1,943 m² of interior wall surface.
- Technical training: 28 laboratory analysts completed training on microscope maintenance and malaria slide panel testing.
- Campaign media: 20 billboards and 270 malaria education posters were installed and distributed across strategic community locations.

2 - Qualitative Results

- Improved knowledge: Residents now better understand malaria symptoms, which are often mistaken for the common flu.
- Behavioral change: Communities began using bed nets more consistently each night. In Praiwangga Hamlet, residents even adopted the bed net as a symbol of their collective commitment to malaria prevention.
- Children's participation: In Pahomba Hamlet, a 10-year-old child successfully answered a malaria quiz question – showing that educational messages were understood across generations.
- Community empowerment: Local initiatives emerged, such as the idea of “health patrols” in Pahomba Hamlet and regular group discussions in Marada Hamlet, fostering shared responsibility for malaria prevention.

3 - Comparison with Targets

Activity	Achievement	Target Fulfilment
Community education	302 participants	70% achieved
Indoor Residual Spraying (IRS)	17 houses	100% achieved
Bed net distribution	146 sleeping groups	100% achieved
Laboratory training	28 participants	93% achieved



Monitoring & Evaluation

Monitoring Methods

- Attendance lists, bed net distribution forms, and IRS activity records.
- Field observations and photo documentation during each activity.
- Short interviews with participants and malaria cadres to gather feedback and assess understanding.
- Evaluation of laboratory test panel results from the microscopy training.

Monitoring Findings

- High community participation was observed during the education sessions, despite minor delays caused by long travel distances for some residents.
- Bed net distribution was accurately targeted, verified using sleeping-group data of households not yet protected.
- Microscope training ran smoothly, although five analysts were unable to bring their equipment due to transportation challenges.
- Indoor Residual Spraying (IRS) activities were successfully completed in all target houses, following the required SOPs.

Adjustments Implemented

- Temporary tents were set up in several locations to address limited local facilities.
- Logistics were delivered one day in advance to prevent delays during implementation.
- Educational materials were enhanced through drama performances and interactive games to increase community engagement and retention of messages.



Challenges & Lessons Learned

Key Challenges

- Wide geographic spread: The settlements in Umalulu are dispersed, making it difficult to gather residents in one central location. Therefore, education activities were conducted separately in four hamlets.
- Language barriers: Most participants were over 40 years old and had limited proficiency in Bahasa Indonesia. The team addressed this by using both Indonesian and local Sumbanese language during explanations.
- Low male participation: Adult men's participation was relatively low compared to women, as many household heads work outside the village in factories.
- Limited facilities: The absence of a large community hall required the use of temporary tents to accommodate sessions with more than 50 participants.
- Technical limitations: Some laboratory analysts could not bring their microscopes to the training due to transportation constraints.

Lessons Learned

- Engaging local leaders and hamlet heads proved highly effective in increasing community attendance and trust.
- Bilingual education materials (Indonesian and Sumbanese) significantly improved comprehension and participation.
- Participatory methods such as drama, group discussions, and interactive quizzes were more successful than formal lectures in retaining information.
- Youth involvement played a vital role in mobilizing residents and raising awareness on malaria prevention.
- Tailored strategies are needed to engage adult men, who often work in the fields during daytime activities.



Follow-up Plan: Sustaining Impact Beyond the Project

Strengthening Local Institutions

The success of this malaria prevention initiative in Umalulu demonstrates that community-based collaboration remains the most powerful foundation for long-term impact.

- **Melolo Health Center (Puskesmas Melolo)** will continue leading the post-project monitoring of malaria cases and the effective use of insecticide-treated nets. Their technical team will also provide regular supervision and mentoring for village malaria cadres.
- **At the governance level, the Umalulu Village Government** has expressed strong commitment to sustaining the initiative by embedding malaria prevention into local policies and community routines—such as monthly health discussions, ronda kesehatan (community health patrols), and clean environment drives.
- Meanwhile, **Malaria Cadres**—the true frontline of this program—will remain active as health promoters and data collectors at the community level. Their trusted relationships with residents ensure that malaria prevention messages will continue to circulate organically, even beyond the project timeline.





Building Sustainable Local Capacity

- Sustainability depends on the skills and confidence of local actors. To maintain program quality, refresher trainings will be organized for malaria cadres and Medical Laboratory Technologists, focusing on malaria diagnosis, vector control, and microscope maintenance. These trainings, complemented by periodic Panel Test Slide exercises, will help maintain technical accuracy at the field level.
- Health workers from Melolo Health Center will receive further mentoring in community facilitation and behavioral change communication—ensuring that every outreach activity is not only informative but also empowering.
- In parallel, village cadres will be equipped with tools and templates for faster case reporting and better coordination with the Puskesmas.

Ensuring Long-term Financial Support

- To secure the program's continuity, malaria prevention will be proposed for inclusion in the Village Fund (Dana Desa) allocations, covering activities such as sanitation improvement, household clean-up days, and the repair or replacement of bed nets.
- The District Health Office and Puskesmas will integrate vector control and health promotion components into their routine operational budgets.
- Beyond the public sector, Kawan Baik Indonesia and local partners will continue to mobilize private sector collaboration and donor partnerships—inviting both institutional and individual supporters to strengthen community resilience against malaria.

Next Steps: From Project to Practice

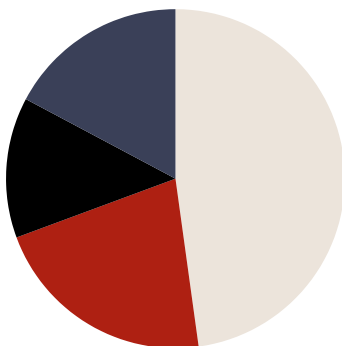
- After project completion, the team will focus on embedding malaria prevention into the rhythm of everyday community life:
- Regular monitoring and reporting of malaria cases will continue through Puskesmas and be submitted to the District Health Office.
- Malaria education will become a recurring agenda in Posyandu, PKK meetings, and school-based activities, ensuring children and families stay informed.
- Cross-sector partnerships—including religious leaders, schools, and environmental groups—will help reinforce consistent health messages and strengthen collective responsibility.
- Through these continued actions, malaria prevention in Umalulu will evolve from a temporary project into a community-owned movement—one that protects lives, nurtures local leadership, and inspires replication in other villages across East Sumba.

Financial Report

Budget and Realization Details:

No	Activity	Budget (IDR)	Realization (IDR)
1	Coordination and preliminary survey conducted with the involvement of local stakeholders.	Rp12,976,500	Rp 11,725,000.00
2	Community awareness campaign through billboard installation at strategic locations and health education in East Sumba, particularly in Kota Waingapu and surrounding areas, as well as Umalulu.	Rp57,213,450	Rp54,336,724
3	Two-day training for 30 laboratory analysts facilitated by two WHO-certified mentors.	Rp72,953,560	Rp65,092,777
4	Indoor Residual Spraying (IRS) in 17 high-risk households in Laitipi Village, Umalulu Subdistrict.	Rp14,600,100	Rp17,573,375
5	Distribution of 146 insecticide-treated nets to sleeping groups in Umalulu Village, accompanied by usage education.	Rp20,541,000	Rp19,331,753
6	Monitoring and Evaluation activities.	Rp16,981,000	Rp22,966,000
7	Logistics.	Rp43,615,000	Rp47,276,440
Total Budget		Rp238,880,610	
Total Donation Received		Rp238,299,329	Rp238,302,069

- Malaria Partners Intern...
- Fair Future Foundation
- Rotary Club of Mandurah
- Rotary Club of West Per...



Contribution from Malaria Partners International and Collaborating Partners

Partner Organization

• Malaria Partners International	:	Rp. 113.937.300,-
• Fair Future Foundation	:	Rp. 51.356.664,-
• Rotary Club of Mandurah	:	Rp. 31.958.573,-
• Rotary Club of West Perth	:	Rp. 41.046.792,-

Sustainable Development Goals (SDGs)



Malaria prevention activities in East Sumba contribute directly and indirectly to several Sustainable Development Goals (SDGs). Here are the detailed links:



SDG 1 – No Poverty

No Poverty Malaria prevention reduces the burden of medical costs and lost productivity due to illness.



SDG 3 – Good Health and Well-Being

Healthy and Prosperous Lives Reduce malaria cases, reduce malaria exposure and mortality, improve early detection and access to health services.



SDG 4 – Quality Education

Quality Education Children free from malaria can attend school regularly; health education also improves community literacy about malaria, ATLM gets increased capacity to read malaria slides so they can be more appropriate in handling malaria.



SDG 5 – Gender Equality

Gender Equality Many malaria cadres are women who play an active role in educating and protecting families from malaria.



SDG 6 – Clean Water and Sanitation

Clean Water and Proper Sanitation Vector control activities are indirectly related to a clean environment, management of stagnant water, and sanitation.



SDG 17 – Partnerships for the Goals

Partnerships to Achieve the Goals Collaboration between government, NGOs, medical personnel, and local communities for malaria prevention reflects the spirit of cross-sector partnerships.

APPENDIX

Results of the Malaria Slide Panel Test by 28 Medical Laboratory Technologist

NO	NAME	HEALTH FACILITY	FALSE POSITIVE	FALSE NEGATIVE	SPECIES MISIDENTIFICATION	SENSIVITY	SPECSIFITY	ACCURATION
1	Yulianan Marthen Nedja,S.Tr.Kes	RSU Imanuel	0	0	4	100	100	75
2	Grace R.A. Umbu Raing, A.Md.Kes	PKM Gaura	0	2	3	87	100	67
3	Immanuel Lamik, A.Tr.AK	PKM Melolo	0	1	0	94	100	94
4	Andreyanti G.M. Njapa Ole, A.Md.Kes	PKM Waingapu	2	2	7	88	75	47
5	Agnensia Samma Djala,A.Md.Kes	PKM Nggoa	0	3	4	81	100	56
6	Aspin R.U.T.Tanda, A.Md	PKM Pambotanjara	2	2	1	88	78	81
7	Chesilya T.M.T Denga A.Md.Kes	PKM Lewa Tidahu	6	0	3	100	33	81
8	Anastasia N. Mero A.Md.Kes	PKM Kambata Mambata	0	1	1	94	100	88
9	Michelle G.Paais, S.Md.Kes	PKM Tanaraing	2	2	3	88	78	69
10	Maria A.L. Nani, A.Md.Kes	PKM Tanarara	0	1	6	94	100	59
11	Habiba Basri ,A,Md.TLM	PKM Kataka	3	2	4	87	70	60
12	Helsy Gollu,A.Md.Kes	PKM Malahar	0	1	2	94	100	81
13	Vania V. Dida, A.Md.Kes	PKM Kananggar	0	1	1	92	100	85
14	Eva M. Banik,A.Md.AK	PKM Kawangu	0	0	3	100	100	77
15	Wisdom U.J.I. Hanggawali, A.Md.Kes	PKM Nggongi	0	1	5	93	100	57
16	Devi.O.Bili, S.Tr.Kes	PKM Kombapari	2	2	4	88	78	63
17	Selvi. R.R.Bera,A.Md.AK	PKM Kanatang	0	1	1	94	100	88
18	Rambu Ana awa,A.Md.Kes	PKM Rambangaru	2	2	5	88	78	56
19	Jesilia W.Wila,A.Md.Kes	PKM Baing	1	1	4	93	90	67
20	Claudia P.Rudolf	PKM Kambaniru	0	0	2	100	100	86
21	Rafa A.Algadri	PKM Mangili	5	1	8	94	44	44
22	Maria T.I. Bataona,S.Tr.Kes	PKM Banggawatu	0	1	2	93	100	80
23	Murniyati K.Yowa,A.Md AK	PKM Lailunggi	3	0	5	100	67	69
24	Septyawati R.D.Mbana,S.tr.Kes	Clinic Larisa	1	1	2	93	91	79
25	Gresela M.W.Gollu,A.Md.Kes	PKM Ngadu Ngala	4	3	3	81	56	63
26	Joni P.Tanya, A.Md.Kep	RSK Lindimara	0	0	3	100	100	80
27	Aprianus H.Hambatana, A.Md.Kep	PKM Mahu	0	0	0	-	-	-
28	Rita. O.Bukang	RSUD Umbu Rara Meha	0	1	1	94	100	88

Summary of Malaria Campaign Locations – Umalulu Village

NO	NAME OF HEAD OF FAMILY	MARADA HAMLET	PAHOMBA HAMLET	WAIMARANG HAMLET	PRAIWANGGA HAMLET
1	Name of Hamlet Head	Aprianus Tamu Ama	Yusuf Kota Landu	Mbulu Mehangkunda	Ngabbi R. Mandi
2	Telephone Number	81338707724	85394911015	81339388343	81237310146
3	Date of Activity	23 Sep 25	24 Sep 25	25 Sep 25	26 Sep 25
4	Number of Households	105	48	78	102
5	Number of Population	432	210	333	424
6	Google Map Location	2HVF+4FP	3J77+F7V	3H4W+32V	2GHV+48
7	Availability of Basic Facilities (Y/N)				
	Water Sources	Fetching the water by car	Deep Well	Deep Well	Deep Well
	Toilets (no. of room)	2	2	2	4
	Electricity	National Electricity Company	National Electricity Company	National Electricity Company	National Electricity Company
	Internet access	Limited	Limited	Limited	Limited
	Road access	Paved roads	Paved roads	Paved roads	Paved roads
8	Campaign Location				
	Village Hall / Multipurpose Building	Village Hall			
	Schools / Educational Facilities				
	Field / Open Space				
	Worship place				
	Home residents		Home residents	Home residents	Home residents
9	Supporting Facilities				
	Nearest health facility (km)				
	Rest Area (for the team)	Available at the neighbor's house	Available at the neighbor's house	Available at the neighbor's house	Available at the neighbor's house
	Parking area (motorbike capacity)	100	100	100	100
	Parking area (car capacity)	10	10	10	10
10	Special Notes				

Data Recap of Indoor Residual Spraying (IRS) Locations – Laitipi Village, Umalulu Subdistrict

NO	HEAD OF FAMILY NAME	NUMBER OF FAMILY MEMBERS	NUMBER OF BEDROOMS
1	Bernabas B. Hanggar	3	3
2	Diki Laki Tara	2	3
3	Domu Pirandawa	4	1
4	Hara Aji	1	3
5	Hina Rangga	10	4
6	Lakar Karemi Humba	6	2
7	Lapu Hukapati	11	5
8	Marlina Mora Lambu	5	2
9	Ndamu Nganggu	1	3
10	Ndilu Ana Meha	7	3
11	Ngabi Landu Praing	11	3
12	Pali Duangu Langu	7	2
13	Rofen Ndula Manang	3	2
14	Tay Takandunu	6	2
15	Tipa Wohangara	3	2
16	Tiul Mbiliyora	3	2
17	Windi Taratau	2	1
Total		85	43

Total: 17 households

Total surface area sprayed: ±3,500 m²

Insecticide used: 20 sachets of Ficam

Implementation team: Melolo Community Health Center, Kawan Baik Indonesia, Fair

Future Foundation

Malaria Education Billboard Location Data

NO	LOCATION	SUB-DISTRICT	GPS COORDINATE	BILLBOARD ORIENTATION	VISIBILITY LEVEL	LOCATION SAFETY
1	Waimarang	Umalulu	-9.943054, 120.589380	Facing the main road	High	The locations are in secure public areas
2	Praiwangga	Umalulu	-9.971217, 120.543133	Facing the main road	High	The locations are in secure public areas
3	Melolo Traditional Market	Umalulu	-9.900423, 120.657504	Facing the main road	High	The locations are in secure public areas and market management
4	Kanatang/ Crossroad Harbour	Kanatang	962W+QW7	Facing the main road	High	The locations are in secure public areas
5	Horse Racing Field Prailiu	Waingapu City	87VF+7MW	Facing the main road	High	The locations are in secure public areas
6	Horse Statue / Mbatakapidu Crossroad	Waingapu City	86C7+5CM	Facing the main road	High	The locations are in secure public areas
7	RSUD Umbu Rara Meha	Waingapu City	86MX+84R	Facing the main road	High	The locations are in secure public areas, and hospital security
8	Puskesmas Kota Waingapu	Waingapu City	9727+75J	Facing the main road	High	The locations are in secure public areas, and hospital security
9	Puskesmas Kawangu	Panda Wai	88FH+M32	Facing the main road	High	The locations are in secure public areas, and hospital security
10	KM 2, Waingapu City	Waingapu City	87V4+G5H	Facing the main road	High	The locations are in secure public areas

Appendix: Letter of Approval for Installation of Malaria Education Billboards



PEMERINTAH KABUPATEN SUMBA TIMUR DINAS PERHUBUNGAN

Jalan Adam Malik No. 37 (0387) 61384, 61386

WAINGAPU

Waingapu, 09 September 2025

Nomor : DISHUB. ST/551/ 328 /IX/2025
Lampiran : -
Perihal : Persetujuan Izin.

Kepada

Yth. Koordinator Lapangan
Yayasan Kawan Baik Indonesia

di

Waingapu

Menunjuk surat Saudara Nomor: 002.012/YKBI/IX/2025 tanggal 04 September 2025 dengan perihal Permohonan Izin Pemasangan Baliho Kampanye Malaria, dengan ini kami sampaikan bahwa permohonan tersebut dapat kami setujui atau ijinikan dengan ketentuan sebagai berikut:

1. Izin pemasangan baliho berukuran 2 x 3 meter mulai tanggal 15 September 2025 sampai 15 Januari 2026.
2. Lokasi pemasangan yang diizinkan adalah:
 - 1) Dusun Waimarang
 - 2) Dusun Praiwangga
 - 3) Pasar Melolo
 - 4) RSUD Umbu Rara Meha
 - 5) Puskesmas Kota Waingapu
 - 6) Puskesmas Kawangu
 - 7) Kanatang – Kantor Camat / Lurah
 - 8) Area Patung Kuda / Simpang Mbatakapidu
 - 9) Lapangan Prailiu
 - 10) Area Kantor PKK
 - 11) Area Lapangan Taman Pahlawan
3. Selama masa pemasangan, Pemohon wajib menjaga kebersihan, dan ketertiban serta tidak mengganggu Arus Lalu Lintas di sekitar lokasi pemasangan.
4. Pemohon bertanggung jawab atas segala biaya yang timbul dalam proses pemasangan dan pencopotan spanduk tersebut.
5. Spanduk wajib dicopot setelah masa berlaku izin berakhir.

Demikian persetujuan izin ini diberikan, atas perhatian dan kerjasama Saudara kami ucapkan terima kasih



Kepala Dinas Perhubungan
Kabupaten Sumba Timur

J. ABRAHAM KOLL, S.Pi

Pembina Utama Muda
NIP. 19710619 199903 1 009

Tembusan: Kepada Yth

1. Bupati Sumba Timur di Waingapu (sebagai laporan).
2. Wakil Bupati Sumba Timur di Waingapu (sebagai laporan).
3. Kepala Dinas Kesehatan Kabupaten Sumba Timur di Waingapu.

Appendix: Distribution Map of 10 Malaria Education Billboards



Scan here to see the location of malaria education billboards



1. Waimarang Crossroad
2. Praiwangga Crossroad
3. Melolo Weekly Traditional Market



4. Waingapu Harbour Crossroad
5. Rihi Eti Prailiu-Waingapu Horse Racing Field
6. Waingapu City proper – Horse statue
7. Umbu Rara Meha Regional General Hospital
8. Waingapu City Health Center
9. Kawangu Health Center
10. KM. 2 Kota Waingapu (gas station area)

A SHARED COMMITMENT FOR EAST SUMBA

Fair Future Foundation extends heartfelt thanks to the people and partners who turned this project from plan to protection.

To Malaria Partners International, Rotary, our supporters in Switzerland, and every donor who kept the work moving. To Kawan Baik Indonesia and the Kawan Sehat health agents whose hands and knowledge reach the most remote hamlets. To the District Health Office, Puskesmas staff, school leaders, village heads, and camat who opened doors and trusted the process. To the volunteers, drivers, builders, teachers, and families who hosted, listened, and took action.

This coalition is how we confront infectious diseases, particularly malaria. It means LLINs are used nightly, IRS is repeated on schedule, microscopes are maintained with quality checks, rapid testing and treatment are available, and clear messages are visible in every village. With your continued participation, East Sumba can continue to reduce cases year after year until transmission is brought to an end.

Thank you for standing with us and for each other.



hello@fairfuturefoundation.org
<https://fairfuturefoundation.org>



How you can help

