

COMMUNITY HEALTH OUTREACH PROPOSAL 2026



**Practical health education and appropriate
medical care in East Sumba**

Submitted by Yayasan Kawan Baik Indonesia to Fair Future Foundation

Primary Medical Care and Kawan Sehat Programme

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About Kawan Baik

Kawan Baik Indonesia is a non-governmental organisation (NGO) officially registered in Denpasar, Bali, on 9 September 2019, under the registration number AHU-AHA.01.06-0050472. We are dedicated to social development, with a strong focus on education and healthcare initiatives in underserved regions across Indonesia.

Our vision is to foster a healthier and more educated generation in areas with limited access by providing essential healthcare and educational opportunities. We strive to ensure that every individual has the chance to grow, thrive, and contribute to their community.

#1

Clean Water
and Sanitation

#2

Healthcare and
and Medical
Support

#3

Food Security
and Nutrition

#4

Educations

#5

Community
Development



Kawan Ayu
Director



Kawan Ino
Field Coordinator



Kawan Annisa
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and Administration



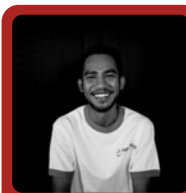
Kawan Niluh
Financial Director



Kawan Gogon
App Developer



Kawan Elthon
Photographer



Kawan Primus
Personnel Technology



Kawan Yosa
Web Developer



Kawan Santi
Treasurer & Administration



Kawan Erwin
Primary Medical Care
Project Manager

Executive Summary

Yayasan Kawan Baik Indonesia requests Fair Future Foundation's support to implement a Community Health Outreach programme for 150 residents of Bidi Hunga village, East Sumba.

The programme combines free health examinations and consultations with practical health education, personalised healthy-habit guidance, and follow-up through Kawan Sehat agents. Medicines and diagnostic tests will be provided according to clinical need. The outreach will place greater emphasis on helping residents understand their health and practise realistic preventive habits. KBI's ten health education posters will support interactive learning, demonstrations, and small-group activities. Each participant completing the routine service pathway will receive one or two relevant actions to practise at home, supported by a simple Good Health Prescription card.

The programme will also strengthen community understanding that baksos provides assessment, advice, prevention, treatment when needed, and connections to continuing care. Receiving medicine is one possible outcome of a consultation; every participant will receive care appropriate to their needs.

The requested funding of IDR 17,935,000 will support medical services, education materials, practical demonstrations, community coordination, referral assistance, and follow-up.



Background and Rationale

Residents of remote communities in East Sumba face substantial barriers to accessing healthcare, including long travel distances, difficult roads, transport costs, and limited access to regular health information.

Kampung Matawai Kurang is located in Bidi Hunga village, Lewa subdistrict, East Sumba. The village is approximately 80 km from Rumah Kambera, requiring a journey of around four hours by a four-wheel-drive vehicle. The nearest public healthcare facility, Lewa Community Health Centre (Puskesmas Lewa), is approximately 22 km from the village.

Community Health Outreach brings essential services closer to residents. However, previous outreach experience has shown that participants often associate baksos with receiving free medicine. This expectation can encourage unnecessary medicine use and reduce attention to prevention and everyday health practices.

Limited medicine supplies must be used appropriately so that residents who need treatment can receive it. At the same time, participants who do not require medicine need clear explanations, useful advice, and practical support.

This programme integrates Fair Future Foundation's Good Health Prescription approach into KBI's outreach model. Medical consultation will be followed by personalised guidance, a practical demonstration, and a simple reminder that participants can take home. Kawan Sehat agents will reinforce these actions through household follow-up.

Education will reflect the realities of local families, including their access to water, food, sanitation, transport, and household supplies.



Programme Objectives

The overall objective is to improve community health through accessible medical care, practical education, and sustained preventive habits.

The programme will:

1. Provide basic health examinations and consultations for 150 residents.
2. Identify health concerns requiring treatment, further assessment, or referral.
3. Provide medicines and diagnostic tests according to clinical need.
4. Improve understanding of healthy habits through ten education posters and practical learning activities.
5. Help each participant completing the routine pathway identify one or two achievable health actions.
6. Strengthen community understanding of the purpose of baksos and appropriate medicine use.
7. Support continued learning and access to care through Kawan Sehat agents.



Participants Location and Schedule

The programme is open to residents of **Bidi Hunga village**, including children, adults, older people, and caregivers. The service **target is 150 participants**. Urgent clinical needs will take priority. Caregivers will be involved in education for children and for participants who require assistance.

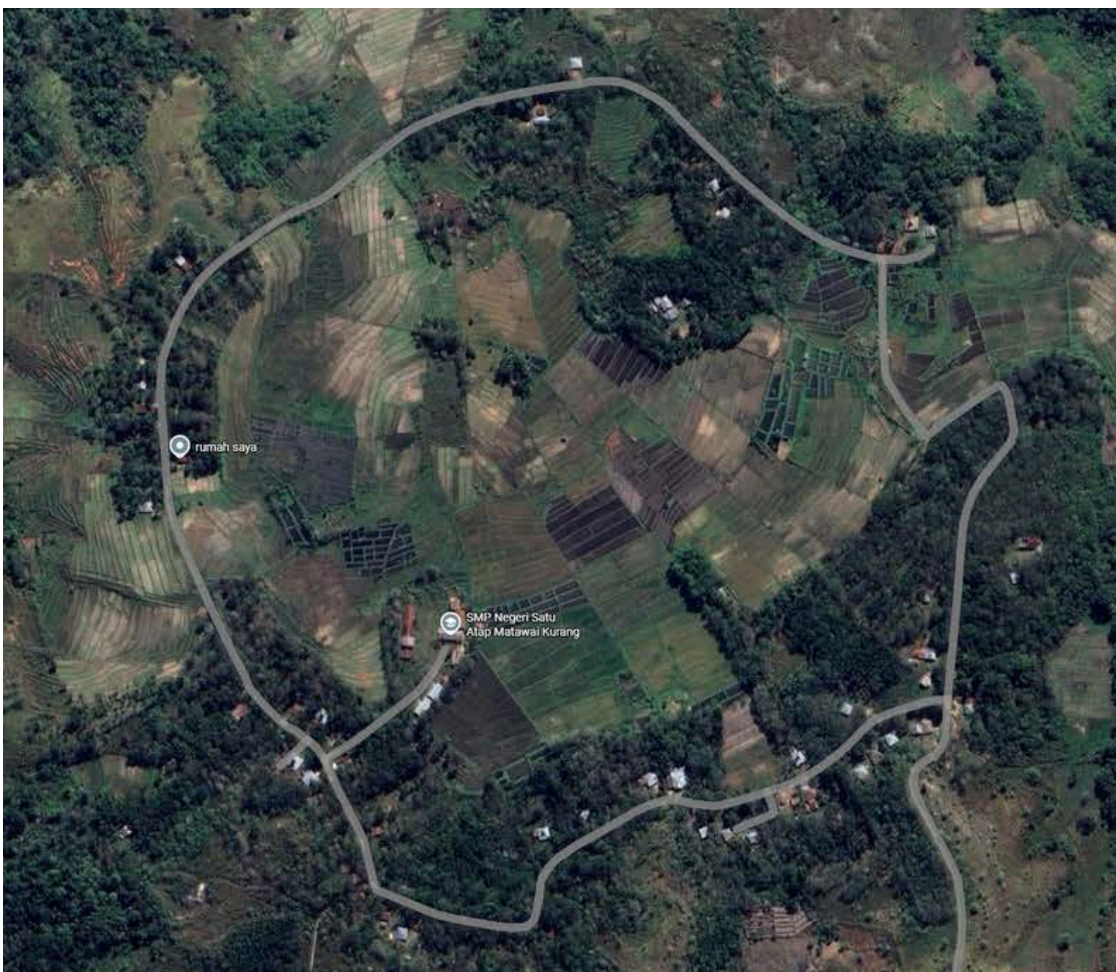
Venue: Kampung Matawai Kurang, Bidi Hunga village, Lewa subdistrict, East Sumba. The village is about 80 km from Rumah Kambera, a four-wheel-drive journey of around four hours. The nearest public healthcare facility, Lewa Community Health Centre (Puskesmas Lewa), is approximately 22 km from the village.

Event dates: The proposed event dates are **17 or 24 October 2026**. The final date will be confirmed once the proposal has been approved.

Service commencement: 10.00 WITA.

Preparation and community mobilisation will take place before the event. Kawan Sehat Agent follow-up will be conducted approximately two and four weeks afterwards, with clinical review arranged earlier whenever required.

<https://maps.app.goo.gl/9Tc1PDaWwoNM4Q7v5>



Programme Activities

1. Community Mobilisation

KBI will coordinate with village representatives, Kawan Sehat agents, and the local Community Health Centre to organise participation, service arrangements, and referral support.

Community announcements will explain that the outreach provides free examinations, consultations, health education, and treatment when needed. This message will be reinforced at registration and throughout the event.

The community message will be:

“Baksos kesehatan membantu kita memahami kondisi tubuh dan belajar kebiasaan sehat. Semua warga yang hadir dapat memperoleh pemeriksaan dasar, konsultasi, dan edukasi. Obat diberikan bila diperlukan berdasarkan pemeriksaan tenaga kesehatan. Pulang tanpa obat tetap berarti sudah mendapatkan pelayanan kesehatan.”

2. Health Assessment and Consultation

Participants will receive basic health assessment appropriate to their age, symptoms, and clinical needs. Assessments may include relevant medical history, blood pressure, weight, temperature, and other observations determined by the clinical team.

Qualified clinicians will examine participants, explain findings, and determine whether medicines, diagnostic tests, further assessment, or referral are needed.

The team will use available diagnostic tests selectively, based on clinical indications.

3. Health Assessment and Consultation

Medicines will be prescribed and dispensed when clinically indicated. The dispensing team will explain how to take the medicine, relevant precautions, and any required follow-up.

When medicine is not needed, the clinician will explain the assessment findings and the recommended next steps. Participants will continue to receive personalised education and practical learning.

Medicine procurement will be based on anticipated clinical needs, available stock, and the clinical lead's approved supply list. Appropriate prescribing and adequate treatment will guide medicine use.

Programme Activities (extended)

4. Practical Education Using Ten Posters

The Foundation's ten health education posters will be used throughout the outreach as visual teaching tools. Educators will connect relevant messages to participants' health concerns and daily circumstances.

Learning activities will cover safe water, hygiene, nutrition, malaria prevention, household health, tobacco and smoke exposure, alcohol-related concerns, sanitation, wound care, and appropriate follow-up.

The activities will be organised across four stations:

Education station	Learning focus	Practical activities
Water and hygiene	Safe drinking water, handwashing, and household cleanliness	Practise handwashing and demonstrate clean, covered water storage and safe pouring
Food and nutrition	Affordable local foods and healthier eating habits	Assemble a sample meal using available foods and compare familiar amounts of salt and sugar
Home protection and disease prevention	Malaria prevention, smoke exposure, sanitation, and household risks	Demonstrate mosquito-net use and discuss feasible ways to protect household members
Personal health and continuing care	Medicine understanding, wound care, clinical review, and referral	Practise understanding medicine instructions, recognising follow-up dates, and explaining when further care is needed

Participants will attend activities relevant to their needs. Education will use Bahasa Indonesia, local-language explanations where needed, pictures, and familiar objects.

Educators will demonstrate an action, invite participants to practise it, and ask them to explain or show it back. Advice will be adapted when a household lacks the resources needed to carry it out.

Programme Activities (extended)

5. Good Health Prescription Cards

A clinician or nurse will select a relevant Good Health Prescription card for each participant completing the routine pathway.

The card will contain one or two actions linked to the consultation findings and the participant's circumstances. An educator will explain the message, demonstrate the action where appropriate, and check understanding.

Cards will be printed in A6 format, with large text, simple language, and space for the participant's chosen action and follow-up date. Participants will normally receive one card, with a maximum of two when necessary.

6. Household Follow-Up

Kawan Sehat agents will contact participating households approximately two and four weeks after the outreach to reinforce the agreed actions.

Follow-up will document whether participants have tried the action, whether they understood it, and what barriers they encountered. Agents will support reminders and referral navigation within their training and supervision.

Clinical concerns identified during follow-up will be directed to qualified healthcare providers.



Service Pathway



Program continuing support through the Kawan Sehat Agen in the area; we will record the follow-up plan and connect the participant. Urgent cases will receive immediate clinical attention or referral. Education will also run alongside medical services to make productive use of waiting time.

Implementation Team

KBI will coordinate a core team of 20 personnel.

Team	Personnel	Responsibilities
Clinical team	8	Triage, assessments, consultations, indicated tests, prescribing, dispensing, and referral
Health educators	4	Poster-based learning, demonstrations, understanding checks, and healthy-habit guidance
Coordination and logistics team	5	Community coordination, registration, participant flow, supplies, records, and documentation
Driver & Documentator	3	2 driver and 1 videographer
Total	20	

Kawan Sehat agents will support community mobilisation, local communication, and household follow-up. The clinical lead will oversee medical services and assign duties according to professional qualifications. KBI will manage logistics, education delivery, financial administration, and reporting.

Clinical Quality and Participant Protection

The clinical lead will approve the medicine and diagnostic supply list and oversee appropriate treatment.

Referral arrangements will include a receiving facility, responsible contact, and transport support for participants facing access barriers. Participants requiring continuing care will receive clear instructions on where and when to seek it.

Consultations and sensitive discussions will take place with appropriate privacy. Participant records will be handled confidentially. Separate consent will be obtained for identifiable photographs and public documentation.

Education will respect participants' language, literacy, and household circumstances. Essential treatment will be based on clinical need, regardless of participation in education or monitoring activities.



List of Medicines

No.	Medicines / Equipments	No.	Medicines / Equipments
1	MEFENAMIC ACID 20 Tablets	26	CAPTOPRIL 25MG 140 Tablet
2	NATRIUM DICLOFENAC 100 Tablets	27	METHYLPREDNOSOLONE 40 Tablet
3	PIROXICAM 120 Tablet	28	METHYLPREDNOSOLONE 100 Tablet
4	DOMPERIDONE 190 Tablet	29	ACETYLCYSTEINE 100 Capsules
5	KETOCONAZOLE 120 Tablet	30	AMBROXOL 280 Tablet
6	CETIRIZINE HC 240 Tablet	31	OBH SURYA 100ML 22 Syrup
7	CTM 80 Tablet	32	ALLOPURINOL 180 Tablet
8	LORATADINE 70 Tablets	33	SALBUTAMOL 4MG 170 Tablet
9	AMOXICILLIN 240 Tablet	34	SALBUTAMOL 2 MG 65 Tablet
10	CEFADROXIL 40 Tablet	35	VITAMIN B1 200 Tablet
11	CEFIXIME 30 Tablet	36	DEMACOLIN 410 Tablet
12	CIPROFLOXACIN 150 Tablet	37	IBUPROFEN 400 220 Tablet
13	COTRIMOXAZOLE 480mg 184 Tablet	38	PARACETAMOL 270 Caplets
14	BETAMETASONE 18 Ointment	39	SANMOL 244 Tablet
15	SCABIMATE 2 Salep	40	KETOCONAZOLE 20 Ointment
16	PERMETHRIN CREAM 5% 38 Ointment	41	GENTAMICIN 20 Ointment
17	METFORMIN 140 Tablet	42	HYDROCORTISONE 1% 20 Salep
18	SIMVASTATIN 110 Tablet	43	NORIT 1320 Tablet
19	ANTACID 374 Tablets	44	PROMEDEX 220 Tablet
20	ORS 50 Powder	45	TREMENZA 180 Tablet
21	ENTROSTOP 60 Tablet	46	GUAIFENESIN / GG 360 Tablet
22	ZINK 400 Tablet	47	CAVIPLEX 180 Caplets
23	AMLODIPINE 5MG 110 Tablets	48	INSTO 24 Tetes Mata
24	AMLODIPINE 10MG 130 Tablets	49	KASA STERIL (16 pcs) 16x16 3 Box
25	CAPTOPRIL 12,5MG 60 Tablet	50	MEDICAL MASK (50 sheets) 1 Box

Budget and Funding Request

Budget Items	BIAYA
Village and health service coordination 1x	IDR 1,300,000
Essential medicines, indicated diagnostic tests and clinical consumables, Deployment and reproduction of ten education posters, Good Health Prescription cards, and practical demonstration materials, Household learning supports, volunteer transport and meals (150 patients)	IDR 14,165,000
Education briefing and facilitation 4x educator	IDR 1,000,000
Reporting, documentation and outreach logistics 1x	IDR 1,500,000
Total funding requested	IDR 17,965,000

The budget comprises estimated programme costs. Procurement will follow an approved supply list, available inventory, and supplier quotations.

The poster allocation supports the use and reproduction of KBI's existing materials. Demonstration supplies will prioritise reusable items. Household learning supports will be selected according to identified needs and feasibility.

Before mobilisation, KBI will establish the cash and in-kind provision of personnel, equipment, venue, travel, meals, and waste handling. Any additional funding requirement will be presented to Fair Future Foundation before expenditure is committed.



The programme will extend the value of the outreach beyond the event through personalised actions, reusable education materials, and Kawan Sehat follow-up.

Residents will gain a clearer understanding of their health, the purpose of medicines, and practical steps they can take at home. Kawan Sehat agents will reinforce these lessons and strengthen connections between households and formal healthcare services.

The programme is expected to establish a consistent outreach model in which medical assessment, appropriate treatment, health education, and continuing support are delivered together. Findings from implementation and follow-up will guide future Community Health Outreach activities.



The Primary Medical Care (PMC) Program directly contributes to improving health outcomes in rural communities across East Sumba. By training non-medical community members as Kawan Sehat Community Health Agents and equipping them with essential medicines and basic medical supplies, the program expands access to primary healthcare services where formal healthcare facilities remain limited. This community-based approach supports the early detection and management of common illnesses, helps reduce preventable health complications, and strengthens the local primary healthcare system.



Beyond delivering healthcare services, the PMC Program promotes health literacy through community education and locally adapted learning materials, including the Kawan Sehat Book. Health education sessions and awareness campaigns encourage healthy behaviours, disease prevention, and early care-seeking practices. Educational materials are designed to be practical, culturally appropriate, and accessible to all community members, including children.



The program actively promotes women's participation by encouraging them to serve as Kawan Sehat Community Health Agents and community health educators. By providing equal opportunities for women and men to participate in training, leadership, and decision-making, the program strengthens women's roles in improving community health while fostering gender equality and inclusive community development.



The success and sustainability of the PMC Program are built upon strong partnerships between local communities, the East Sumba District Government, Community Health Centres (Puskesmas), Kawan Baik Indonesia Foundation, and Fair Future Foundation. These collaborative partnerships ensure coordinated implementation, strengthen local ownership, and create a sustainable model of community-based primary healthcare that can be replicated in other underserved regions facing similar challenges.

PRIMARY MEDICAL CARE

HELP THEM LIVE HEALTHIER LIVES!

Be part of the change. Your contribution is more than a donation—it is a commitment to bringing essential healthcare within reach of vulnerable communities. Together, we can improve lives, prevent disease, and build healthier futures for those living in remote areas of East Sumba.



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