



# Primary Medical Care Proposal

2024-2025

📍 EAST SUMBA, NTT

Presented to  
**FAIR FUTURE FOUNDATION**

Presented by  
**KAWAN BAIK INDONESIA FOUNDATION**

According to the World Health Organization (WHO), health is not merely the absence of disease but encompasses a state of mental, physical, emotional, and spiritual well-being. An individual's health is significantly influenced by their community, which includes all the surrounding areas such as family, workplace, or any groups where the individual engages in daily activities.



### **Understanding Healthy Communities**

A healthy community is one where its members continuously create and improve their environment, both physically and socially, in a way that supports each other in fulfilling life's functions and maximising their potential. A healthy community is not just a place; it is a dynamic condition that is constantly renewed and improved, fostering a culture of healthy living and enhancing quality of life.

### **Universal Health Coverage (UHC)**

To achieve a healthy community, all levels of society must access quality and effective promotive, preventive, curative, and rehabilitative healthcare services. This condition is known as Universal Health Coverage (UHC). Globally, UHC is a key component of the Sustainable Development Goals (SDGs).

### **Community-Based Health Services (CBHS)**

The long journey in public health has shown that significant improvements in community health levels are achieved through Community-Based Health Services (CBHS).

## Challenges in East Sumba

The population of East Sumba in 2023 is 255,498. Based on the population distribution, 28% reside in urban areas, while the remaining 72%, approximately 180,000 people, live in suburban and remote areas (\*).

The number and distribution of healthcare workers and facilities in East Sumba remain limited and uneven. Residents living in remote areas face significant challenges due to their geographical location and often experience poorer health conditions compared to those living in other parts of Indonesia. These challenges highlight the need to enhance healthcare capacity and access, particularly in rural areas, to ensure better quality services for the entire community (\*\*).

## Foundation Initiatives

Kawan Baik Indonesia Foundation, with full support from the Fair Future Foundation, has launched the Primary Medical Care (PMC) Kawan Sehat 2024-2025 initiative. Since its inception in 2022, the Primary Medical Care programme has undergone a significant journey, leading to various innovations and refinements.

This project is designed to support 20 individuals from rural, non-medical backgrounds across 8 of the 22 sub-districts in East Sumba, Indonesia.



[CLICK HERE](#)

(\*) Berdasarkan data dari BPS Sumba Timur 2023).

(\*\*)

<https://mjphm.org/index.php/mjphm/article/view/48/19>

<https://www.doctorshare.org/en/why-it-matters>

<https://www.bps.go.id/id/statistics-table/11/MjlyMCMx/angka-kematian-bayi-akb--infant-mortality-rate-imr--hasil-long-form-sp2020--menurut-provinsi-kabupaten-kota--2020.html>

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## The Medical Team



**dr. Meirlin  
R K Riwa**

Medical Manager  
Primary Medical Care

Meirlin Rambu Kaita Riwa, known as Dr. Narni, is a General Practitioner at Puskesmas Waingapu in East Sumba, East Nusa Tenggara. She is firmly committed to improving the welfare of underserved communities, both in urban and rural areas of East Sumba. Currently, she provides crucial medical guidance to the Kawan Sehat Primary Medical Care Agents, ensuring quality healthcare services for the community. Dr. Narni finds fulfillment in her dedication to public health and serving her homeland.



**Ivonsiani N M,  
A.Md.KepNG**

Nurse Incharge  
Primary Medical Care

Ivonsiani N M, A.Md.KepNG, known as Ivon, is a dedicated nurse who supports the Kawan Sehat Primary Medical Care Agents in remote areas. She plays a crucial role in providing medical services and health education to the community, with a humanistic approach and deep empathy. Ivonsiani is renowned for her ability to build strong connections with the community, helping to enhance their health and well-being.



**Elma Gracia M,  
S.Tr.Gz**

Nutritionist Incharge  
Primary Medical Care

Elma Gracia M, S.Tr.Gz., is a nutritionist dedicated to community health, particularly in remote areas. With expertise in nutrition and an empathetic approach, Elma is committed to improving the well-being of communities through healthy eating practices and malnutrition interventions.



## The Fair Future Foundation's Team



Fair Future Switzerland's Board of Directors comprises individuals primarily based in Switzerland. **Elisa**, with over four years of experience in the field and **Michèle, Chloé,** and **Maxime**, all based in Switzerland, play **vital roles** in furthering our mission. The five board members voluntarily comply with **Swiss** foundation laws, ensuring that **93%** of the funds raised are utilized directly for social and medical initiatives.

In Indonesia, the team led by Alex, the founder and board chairman overseeing social and medical programs, is supported by **Elthon** and **Wahyu**. Together, they diligently carry out essential planning and monitoring work daily.

As the foundation celebrated its **15th anniversary** in February 2024, all these individuals continue to dedicate themselves to serving the populations in ultra-rural regions with selflessness. Their **professionalism** and **dedication** are crucial to our success and unique operation, and together, we can create a lasting impact in some of the world's most vulnerable communities.



**Alex Wettstein**

Founder - Chairman of the Foundation Board - Medical Manager of Field Projects



**Michèle Rey**

Vice President of the Foundation Board - Education & Teaching



**Elisa Wettstein**

Member of the Foundation Board - Secretary & Accountant - Project Manager



**Chloé Dubrit**

Member of the Foundation Board in charge of Coordination in Switzerland



**Maxime Capelli**

Member of the Foundation Board in charge of Coordination in Switzerland



**Elthon R Halawulang**

Manager and Specialist in Field Media - Photographer



**Wahyu Aji Sadewa**

Head of Content Creation - Illustrator - Graphic Designer



**Ayu Setia  
Wardani**

Director



**Novi Tri  
Mujahidin**

Programme Manager



**Annisa Yuniar**

Secretary and HR



**Erwin U. D. Ela**

Field Coordinator



**Alyu Prayitno  
U Makaborang**

Communication



**Ni Luh Putu  
Paramashanti**

Financial Manager



**Susanti Konda  
Ngguna**

Finance and  
Administration Staff



**Cai Tanya  
Dasa**

IT and Web Developer



**Psthika Kama**

Social Media Specialist

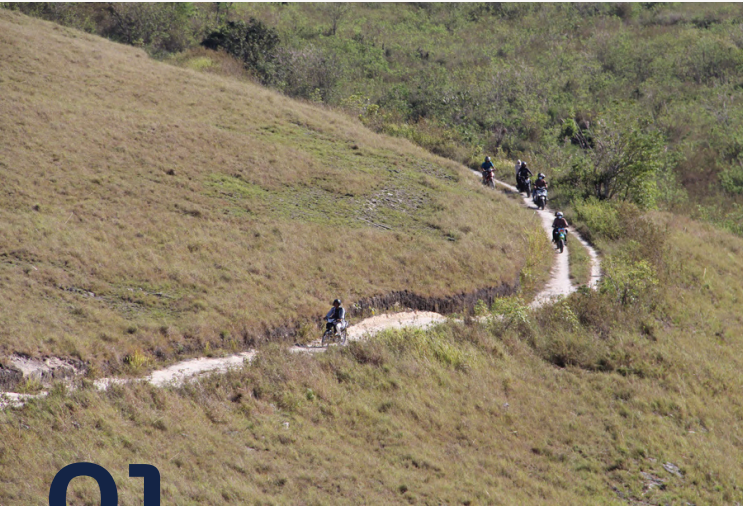


**Primus Lede**

Technical Coordinator

# Background

01



Limited access to medical care due to the **distance** and **challenging terrain** in rural areas.

02



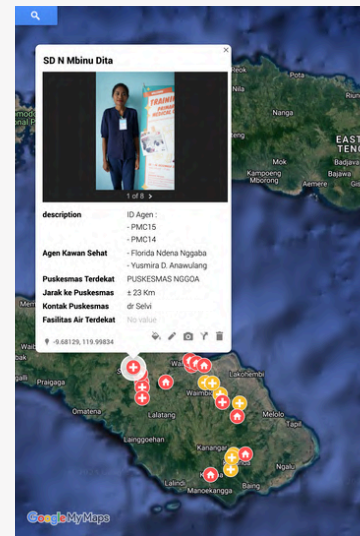
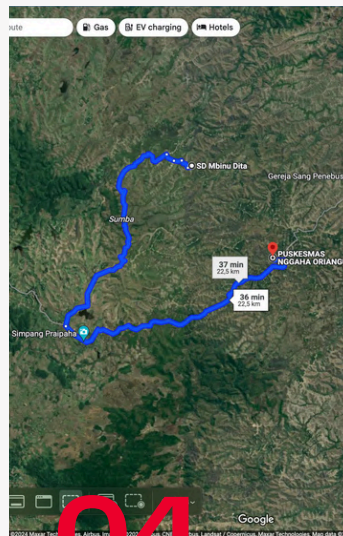
Limited resources of medication and medical equipment for healthcare provision.

03



Limited education and awareness about the importance of health and general Clean and Healthy Living Behaviours within the community.

04



Limited support from nearby Puskesmas for **emergency cases** requiring handling and follow-up.



# Current Situation



01

There are **22 trained Kawan Sehat Agents** in Primary Medical Care since 2022, but **some participants have yet to receive training.**



02

Kawan Sehat Agents have received **medical supplies and equipment** for Primary Medical Care, but their usage **needs to be monitored during implementation.**



03

**Many cases** handled by Kawan Sehat Agents **can be prevented** through the practice of Clean and Healthy Living Behaviour.



04

Kawan Sehat Agents **have not yet collaborated** with the nearest Puskesmas team due to the **lack of guidance** from the Sumba Timur Health Service regarding this programme.



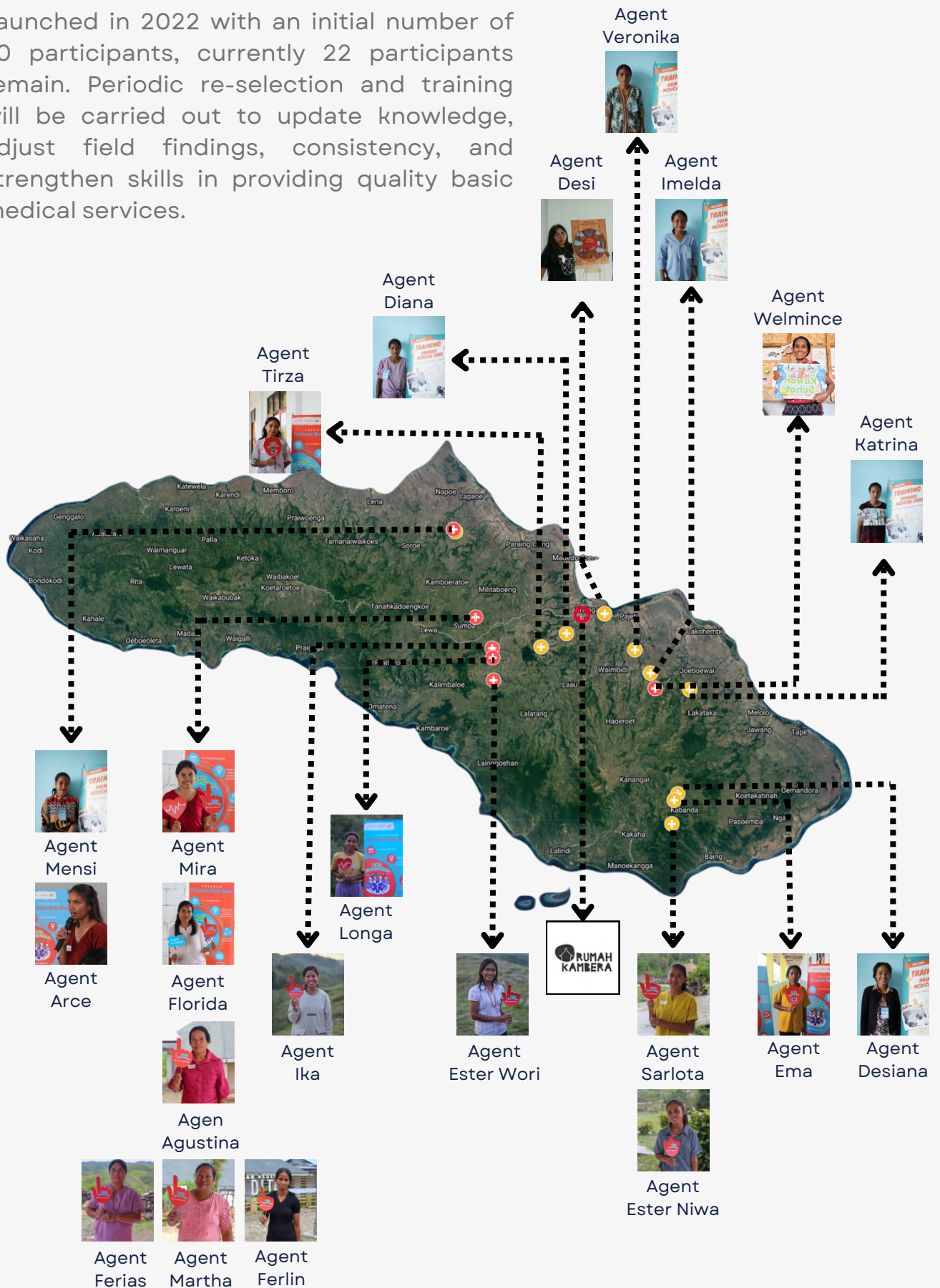
# Innovative Solutions



- 01** Enhancing skills and knowledge in first aid and basic medical care for non-medical personnel in rural areas.
- 02** Providing essential medicines and medical supplies to participants.
- 03** Delivering targeted education to increase awareness and implementation of health practices in the community, focusing on promotional and preventive measures.
- 04** Securing support and assistance from the nearest Puskesmas team for managing cases handled.

## Kawan Sehat Agents

Launched in 2022 with an initial number of 50 participants, currently 22 participants remain. Periodic re-selection and training will be carried out to update knowledge, adjust field findings, consistency, and strengthen skills in providing quality basic medical services.





# Targets and steps 01

## Conducting refresher training for 20 non-medical personnel from 8 sub-districts

Training non-medical personnel in rural areas involves key steps to ensure participants gain essential knowledge and skills in Primary Medical Care.



### > Refinement of the Module

The current 22 participants will be selected down to 20 based on their active involvement and ability to disseminate knowledge.

### > Development of Standard Operating Procedures (SOP)

Standard Operating Procedures (SOPs) will be developed as practical guidelines for non-medical personnel to ensure consistency and quality in basic medical care in the field.

### > Selection of Participants

Pre-tests and post-tests will be used to evaluate changes in participants' knowledge and skills, and to identify areas for improvement.

### > Periodic Training

Regular training sessions will incorporate the "Where There is no Doktor" module for medical emergencies, the "Kawan Sehat" module, and various health posters for storytelling and health campaigns.

### > Reporting Training

Participants will receive training on reporting using the Kawan Sehat app and manual, as well as coordinating health cases encountered.

### > Training Evaluation

Pre-tests and post-tests will assess changes in participants' knowledge and skills and identify areas for improvement.



## Training Schedule

| No | Description/Activities  | Time          |
|----|---|---------------|
| 1  | Preparation (Registration, Opening, Introduction, and Initial Test)                               | 08.15 - 09.15 |
| 2  | Communication Skills and Psychological Readiness   Online - Dian Rosanti, M.Sos                   | 09.30 - 10.15 |
| 3  | Training Module: First Aid Actions When No Doctor is Available (14 Topics) - Dr. Meirlin R K Riwa | 10.15 - 11.45 |
| 4  | Lunch Break   | 11.45 - 12.30 |
| 5  | Training Module: First Aid Actions When No Doctor is Available (14 Topics)                        | 12.30 - 17.00 |

| No | Description/Activities  | Time          |
|----|---|---------------|
| 1  | Preparation (Registration, Opening, and Introduction)   | 08.15 - 09.00 |
| 2  | Training Module: First Aid Actions When No Doctor is Available (14 Topics) - Dr. Meirlin R. K. Riwa | 09.00 - 12.00 |
| 3  | Lunch Break   | 12.00 - 12.45 |
| 4  | Training Module: First Aid Actions When No Doctor is Available (14 Topics) - Dr. Meirlin R. K. Riwa | 12.45 - 17.00 |

| No | Description/Activities   | Time          |
|----|--|---------------|
| 1  | Preparation (Registration, Opening, and Introduction)                                  | 08.15 - 09.00 |
| 2  | Training on Storytelling Module and Kawan Sehat Book (13 Topics) - Elma G. M., S.Tr.Gz | 09.00 - 10.30 |
| 3  | Training on Kawan Sehat Application  | 10.30 - 11.45 |
| 4  | Introduction to Program SOP  | 11.15 - 11.45 |
| 5  | Makan Siang  | 11.45 - 12.30 |
| 6  | Training on Community Education Skills with Creative Media - Elma G. M., S.Tr.Gz       | 12.30 - 14.00 |
| 7  | Penutup acara  | 14.00 - 15.00 |

# Targets and steps

# 02

## Procurement of Medicines, Equipment, and Basic Medical Supplies

As part of the program, essential medicines and basic medical supplies will be provided in first aid kits, ensuring that the trained Kawan Sehat Agents have sufficient resources for field care.



## Procurement of Medicines, Equipment, and Basic Medical Supplies

The provision phase for basic medical supplies to trained agents includes **first aid kits, essential medicines like analgesics and antiseptics, as well as tools such as bandages, thermometers, medical gloves, uniforms, bags, stationery, and internet packages.** By ensuring these resources are available, the agents will be better equipped to provide basic medical care in the field.

## Simulation and Practical Training

Participants will be trained to use medical devices through simulations and practices for emergency situations with the equipment provided. This section is important so that participants have the right equipment and skills for proper use.

## Distribution of Medicines, Supplies, and Basic Medical Equipment

The distribution of medicines, **managed and supervised by the Medical Team,** ensures that supplies are available at the Agents' activity locations. **Deliveries by the team** minimize distance-related challenges and costs for restocking at the Rumah Kambera Hub.

## Medications, Equipment, and Supporting Supplies for Primary Medical Care

The medicines provided to Kawan Sehat Agents have been covered in their training, including their uses and dosages. The use of these medicines will be monitored via WhatsApp groups and the Kawan Sehat app during the program. Any errors will be addressed by the Medical Team. Stock levels will be checked and replenished every three months following evaluations and requests from the Agents. Here is the translated list of additional medical supplies:

| No. | Medicines / Equipments                         | No. | Medicines / Equipments                                     |
|-----|--|-----|--|
| 1   | Sterile Gauze: 2 boxes                         | 20  | Tremenza Tablets for Children (Cold Medicine): 3 strips    |
| 2   | Hansaplast Spray: 1 bottle                     | 21  | Coparcetin Tablets for Children (Cough Medicine): 3 strips |
| 3   | Hansaplast Wound Strips: 100 sheets            | 22  | Sanmol Tablets for Children (Fever and Pain): 9 strips     |
| 4   | Hansaplast Round Plasters: 3 rolls             | 23  | Promedex Tablets for Children (Cough Medicine): 3 strips   |
| 5   | 70% Alcohol: 100ml                             | 24  | Antacids for Adults (Doen Tablets): 3 strips               |
| 6   | Betadine Solution: 30ml                        | 25  | Eye Wash Cup: 1 piece                                      |
| 7   | Eucalyptus Oil: 60ml                           | 26  | Adjustable Arm Sling for Fractures: 1 piece                |
| 8   | Insto Eye Drops: 1 bottle                      | 27  | Dili ear syringe/cleaning spray ball: 1 peice              |
| 9   | Cendo Lyteers Mini Dose: 2 strips              | 28  | Enbatic Powder for Skin Infection: 4 packets               |
| 10  | Caviplex Multivitamins: 3 strips               | 29  | Medical Tweezers: 1 piece                                  |
| 11  | Loratadine: 2 strips                           | 30  | Medical Scissors: 1 piece                                  |
| 12  | Norit Activated Charcoal: 2 bottles            | 31  | Nail Scissors: 1 piece                                     |
| 13  | Ketoconazole Cream: 3 tubes                    | 32  | Medical Bag: 1 piece                                       |
| 14  | Gentamicin Antibiotic Ointment: 2 tubes        | 33  | Uniform: 1 piece   |
| 15  | Hydrocortisone Cream 1%: 3 tubes               | 34  | Aloe Vera Gel: 1 tube                                      |
| 16  | Paracetamol for Adults (Mirasic): 3 strips     | 35  | Binder: 1 piece  |
| 17  | Guaifenesin Cough Tablets for Adults: 2 strips | 36  | Stationery Set: 1 set                                      |
| 18  | Ibuprofen: 3 strips                            |     |  |
| 19  | Demacolin Cold Medicine for Adults: 3 strips   |     |  |





# Targets and steps

# 03

"Enhancing public health awareness and encouraging preventive actions through campaigns."

The campaign aims to raise awareness about Clean and Healthy Living Behaviours (CHLB) in the community. We use media such as posters, books, and creative aids to convey essential information on balanced nutrition, personal hygiene, and malaria prevention.

The "Kawan Sehat Book" is developed as an educational tool for children and families, teaching the importance of Clean and Healthy Living Behaviours from an early age. This book will support understanding and healthy practices at home.

Teaching modules will be provided to Kawan Sehat Agents and community representatives. These modules will aid them in disseminating health information and enhancing storytelling and presentation skills to make the campaign more effective.

Joint actions will involve the community in implementing Clean and Healthy Living Behaviours directly. These activities aim to apply the learned theories and build a sustainable culture of health in rural areas.







## > Development of Health Campaign Media Designs

The campaign will utilise posters to promote Clean and Healthy Living Behaviours within the community. **Ten poster designs will be distributed across 100 public facilities** as part of the programme, covering the following topics:

- **Balanced Nutrition**
- **Clean and Healthy Living Practices**
- **Hand Washing**
- **Healthy and Unhealthy Foods**
- **Recognising Malaria Symptoms**
- **Malaria Prevention**
- **The Dangers of Smoking**
- **Environmental Cleanliness Education**
- **Education on Sexually Transmitted Diseases**
- **The Risks of Alcohol**

## > Developing the Kawan Sehat Book

The Kawan Sehat Book will be developed as an **educational health resource** for children in Sumba. This book features daily stories with **13 health themes and illustrations of characters Umbu, Rambu, Njara, and the Sandel Horse**, providing essential health knowledge beneficial for all ages.

## > The actions focus on implementing Clean and Healthy Living Practices across 20 Agent locations.

This initiative involves the Agents, Foundation Team, and local communities at the service locations. The activities include interactive campaigns, storytelling, gardening, and dental health education for **500 children**.

# Targets and steps

# 04

## Establishing a partnership with the Sumba Timur Health Service to ensure readiness, support, and effective reporting.

To ensure readiness, support, and effective reporting, the programme will establish a close partnership with the nearest Puskesmas. This collaboration is crucial for assisting non-medical personnel in managing cases that require referral to higher-level health services. Additionally, it will ensure proper case reporting and ongoing support from the Puskesmas in the field.

Key steps in this collaboration include:



### > Audience with the Sumba Timur Health Service

Kawan Sehat agents will be supported through coordination with health personnel from the nearest Puskesmas. **This aims to secure formal support and establish effective coordination** between the Primary Medical Care programme and the local Puskesmas.

### > Collaboration Agreement

**Formal agreements** will be established with Puskesmas in each Kawan Sehat Agent's sub-district through the Health Office of Sumba Timur Regency.

### > Follow-up Plan

A follow-up plan will be developed to ensure **synergy** between **the nearest Technical Implementation Units (UPT)/Puskesmas and Kawan Sehat Agents in responding to emergency health cases.**

### > Regular Reporting

**Routine reporting** will be conducted to monitor case patterns in the community, as well as the development and effectiveness of the programme in the field.



## Evaluation and Monitoring of the Primary Medical Care Programme

To ensure the effectiveness and sustainability of the Primary Medical Care (PMC) programme, evaluation and monitoring activities are conducted comprehensively using various methods.



### Monitoring

Program monitoring involves several key steps. Firstly, field visits are conducted regularly every three months to meet directly with Kawan Sehat Agents, who are at the forefront of programme implementation. During these visits, the monitoring team engages in discussions with the Agents about the challenges, successes, and developments occurring in the field.

Additionally, monitoring is carried out through both manual and digital data collection using the Kawan Sehat Application. The collected data is analysed periodically to assess programme progress, identify trends, and pinpoint areas requiring improvement. The use of the application itself is also monitored to ensure that Kawan Sehat Agents are utilising it effectively in their roles.



## Evaluation

Programme evaluation is conducted by medical professionals who review the data recorded in the application. This evaluation aims to assess the quality of care provided and the effectiveness of the programme in meeting community health needs. In addition to evaluating data, the Kawan Sehat Application itself is also assessed to ensure ease of use and effectiveness in supporting Agents' tasks.

The team and field medical personnel also carry out direct evaluations of the Primary Medical Care services. This includes assessing community responses, adherence to medical protocols, and the alignment of programme implementation with established goals.



## Reporting

Work reports are compiled periodically as part of our commitment to transparency and accountability. The PMC 2024-2025 report will be prepared and shared with relevant authorities and partners, encompassing findings from the monitoring and evaluation activities conducted. This report will serve not only as a reflective document but also as a reference for future programme planning.

With this comprehensive approach to evaluation and monitoring, the Primary Medical Care programme is expected to continue evolving and delivering sustainable positive impacts for the communities in the target areas.





01

PREPARATION

Jul–Aug 2024

- Project kick-off meeting and stakeholder alignment
- Finalise programme plan, objectives, and deliverables
- Procure essential medicines and medical supplies
- Develop and print educational materials and campaign posters

02

TRAINING AND CAPACITY BUILDING

1st semester Sep–Nov 2024

- Conduct hands-on training
- Launch the eight health awareness campaign with posters and educational materials
- Initiate community-based activities: Storytelling, Gardening, & Dental Health Education by the Agents
- Monitoring and Reporting (Compile and draft periodic work reports)

03

IMPLEMENTATION AND SUPPORT

Dec 2024–Feb 2025

- Medicines refilling
- Conduct regular field visits and provide ongoing support to Kawan Sehat agents in the four Sub-Districts
- Develop new design for the four health campaign
- Monitoring and Evaluation (Analyse data, assess programme effectiveness, and gather feedback)

06

PROJECT REVIEW

Sep 2025

- Share reports with relevant authorities and partners
- Programme Review and Adjustment

05

REPORTING AND PLANNING

Jun–Aug 2025

- Medicines refilling
- Conduct regular field visits and provide ongoing support to Kawan Sehat agents in the four Sub-Districts
- Monitoring and Evaluation (Analyse data, assess programme effectiveness, and gather feedback)
- Conduct a comprehensive review of the programme

04

IMPLEMENTATION

2nd semester Mar–May 2025

- Conduct hands-on training
- Launch the four health awareness campaign with posters and educational materials
- Initiate community-based activities: Storytelling, Gardening, & Dental Health Education by the Agents
- Monitoring and Reporting (Compile and draft periodic work reports)

## Budget Suggestion



| Code                | Activity   | Cost IDR               | Cost AUD (*)         | Cost CHF (*)     |
|---------------------|--|------------------------|----------------------|------------------|
| 1                   | Conducting training to enhance the skills and knowledge of 20 non-medical personnel in rural areas on first aid and primary medical care | Rp184,730,000          | AUD \$18,473         | CHF10,866        |
| 2                   | Procurement of medicines and equipment to support primary medical care for participants  | Rp185,965,000          | AUD \$18,597         | CHF10,939        |
| 3                   | Campaign on Health Awareness and Implementation in the Community   | Rp124,735,000          | AUD \$12,474         | CHF7,337         |
| 4                   | Establishing collaboration with the nearest Puskesmas to ensure readiness, support, and reporting  | Rp24,180,000           | AUD \$2,418          | CHF1,422         |
| 5                   | Evaluation and Monitoring of the Primary Medical Care programme  | Rp280,085,000          | AUD \$28,009         | CHF16,476        |
| 6                   | Operasional Proyek   | Rp372,736,000          | AUD \$37,274         | CHF21,926        |
| <b>TOTAL BUDGET</b> |  | <b>Rp1,172,431,000</b> | <b>AUD \$117,243</b> | <b>CHF68,967</b> |

(\*)

1 AUD: Rp. 10.000

1 CHF: Rp. 17.000



**The Primary Medical Care project as a whole makes a significant contribution to the achievement of the SDGs, with a focus on health, education, gender equality, and effective partnerships.**

### 3 GOOD HEALTH AND WELL-BEING



The Primary Medical Care project directly contributes to improving health outcomes in rural East Sumba. By training non-medical personnel and providing access to basic medical equipment, the project helps reduce mortality rates from preventable diseases and ensures that communities have access to essential medical care. This strengthens the local healthcare system and enhances overall community well-being.

### 4 QUALITY EDUCATION



Primary Medical Care not only offers medical training but also develops educational materials such as the "Buku Kawan Sehat," which is used to teach healthy living practices from an early age. Through education and health campaigns, the project raises community awareness about the importance of health, ensuring that the information provided is accessible to all, especially children.

### 5 GENDER EQUALITY



The project focuses on engaging women as "Kawan Sehat" agents and in health campaigns, empowering them to become leaders within their communities. By providing equal access to training and decision-making opportunities for both women and men, the project promotes gender equality and enhances the role of women in the health sector.

### 17 PARTNERSHIPS FOR THE GOALS



The success of the PMC project relies heavily on strong partnerships between various stakeholders, including local government, health centres, and local organisations like the Kawan Baik Indonesia Foundation and Fair Future Foundation. This collaboration ensures the project has the necessary support for sustainability and long-term impact on the community. Additionally, this partnership model can be replicated in other areas facing similar challenges.

# HELP THEM BECOME HEALTHIER AND SMARTER!

You can make an impact through this project; your contribution is your commitment to supporting us in providing basic healthcare access to communities in need.



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For more information  
about this project, scan here:





# Thank You

