PRIMARY MEDICAL CARE 2025

DECEMBER 2024 - MARCH 2025

A Four Months Report

FAIR FUTURE FOUNDATION

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Second Quarter Activities

01 MONITORING BY COORDINATOR

Distribution of Medicines and Supplies and Program Monitoring

As part of our commitment to support rural communities facing health challenges through the Kawan Sehat Agents, the program conducts regular medicine replenishment every three months.

The data recorded in the Kawan Sehat application serves as the reference for restocking, ensuring each medical kit is replenished to its initial capacity. Although the second replenishment experienced a slight delay, it did not hinder the Kawan Sehat Agents' performance in the field.

Medicines were delivered directly to each Kawan Sehat Agent's location

In February, distribution reached **20 agents's location** across seven sub-districts, **covering eight health center** areas: **Nggaha Ori Angu, Kataka, Mahu, Ngadu Ngala, Kawangu, Waingapu, Rambangaru, and Pambotanjara.**

Monitoring and Field Coordination

During the medicine distribution activities, joint monitoring sessions were also conducted with Kawan Sehat Agents to review ongoing field cases. These sessions provided opportunities to discuss challenges in the field, such as app usage, manual reporting when the app is inaccessible, as well as updates on health campaigns and medical checkups conducted at schools and in the broader community.

Program Achievements by Kawan Sehat Agents

- **Health Services:** Agents provided basic medical care to people in their immediate surroundings — including schoolchildren, family members, nearby residents, and even visitors from neighbouring villages, where access to formal health facilities remains limited.
- **Health Promotion:** Agents regularly conducted Clean and Healthy Living Behaviour (PHBS) campaigns in schools and communities.
- **Referral Collaboration:** When encountering cases that required professional attention, agents communicated with Medical Personnel in the WhatsApp group with nearby health centres (Puskesmas) for referral and follow-up care.

Field Findings

Community Acceptance: Kawan Sehat Agents are generally well-received, especially for minor injuries and common childhood ailments. Their role reduces the need for residents to travel long distances to access first aid or medical advice.

Challenges Faced by Kawan Sehat Agents

- **Accessibility:** Difficult road conditions between houses in rural areas make home visits and health campaigns challenging.
- **Limited Equipment:** A lack of basic tools, such as weighing scales, restricts the scope of health monitoring.
- **Water and Sanitation Issues:** Poor access to clean water remains a significant barrier to adopting clean, healthy living practices.
- **Digital Barriers:**
  - Many agents struggle to charge their phones or power banks, sometimes needing to travel to neighbouring villages to do so. They often record patient data manually before uploading it to the app later.
  - Weak internet connectivity often hinders data uploads or online consultations with doctors via WhatsApp groups.
- **Technical Capacity:** Some agents need additional training in using the digital reporting application. For this reason, an offline form system is provided as an alternative to ensure continuity in data collection and case reporting.

4

Cahaya Anak Sumba Reading Garden Agent Sub-district Waingapu City

Tirza Destriani R. Mb. Ngunju Awang

Tirza is a medical laboratory analyst at Waingapu Regional Hospital. She is also an active educator at Cahaya Anak Sumba, where she shares knowledge and inspires children to live healthily and love learning.

Mbatakapidu Village Agent Sub-district Waingapu City

Adriyana Jera Pay

As a contract teacher at SDN Laindatang, we live far from the nearest Puskesmas. Becoming a Kawan Sehat Agent allows me to provide essential care for children and the community—something truly meaningful for us.

Mbatapuhu Village Agents Sub-district Haharu

Mensi Nurani Konga Wandal
Arce Paji Maji

Agen Arce, a volunteer preschool teacher, and Agen Mensi, who teaches grades 1–3 as a volunteer at a parallel school, are both dedicated Kawan Sehat Agents. They consistently provide age-appropriate medications to patients in their communities.

Agen Desa Kawangu Kecamatan Pandawai

Agen Veronika Laka Ata Ambu

Agent Veronika a volunteer teacher at Pre-school teacher is proud to be a Kawan Sehat Agent, helping bring healthcare access to more people — from students and families to the wider community around her.

Mbinudita Preparatory Village Nggaha Ori Angu Subdistrict

Martha Banja Oru, Ferias Bangu Kahi, Agustina Pekawoli, Yusmira Day Anawulang and Florida Ndena Nggaba

As a developing village, Mbinudita faces greater challenges due to limited human and natural resources. Two youngest members taking the lead in providing health services and inspiring their fellow agents to stay active.

Pulu Panjang Village – Nggaha Ori Angu Subdistrict

Ruth Ata Djama and Longa Ana Moki

Longa Ana Moki, a teacher at PAUD Padamu School, has been active since 2022, while Agent Ruth, a teacher at PAUD Elevate Karuku, joined last year. Both remain active and coordinate closely with the Nggoa Health Center to refer patients needing further medical care.

Ngadulanggi Village Nggaha Ori Angu Subdistrict

Ester Wori hana

Most health cases are found among her students. Besides being a Kawan Sehat Agent, she also serves as a Malaria Cadre and is currently pursuing a bachelor's degree.

Maubokul Village Pandawai Subdistrict

Welmince Konda Ngguna
Imelda Kahi Timba

Both of them also frequently visits students at home when they are absent from school due to illness.

Matawai Katingga Village
Kahaungu Eti Subdistrict

Katrina Konda Ngguna

She conducted the healthy campaign poster socialization at school and church, reaching both students and the local congregation.

Andamonung Village
Mahu Subdistrict

Desiana Ata Hau
Ester Niwa Lepir

Their village is 15 km from the nearest health center, requiring a two-hour motorbike ride through rough terrain. During the rainy season, it becomes inaccessible, making this program highly beneficial.

Agen Desa Lahiru
Kecamatan Mahu

Sarlota Kahi Ata Djawa
Yosef Katanga Rangga Ndima

A couple who have joined the program since 2022 work together to provide healthcare and promote healthy habits. With the nearest facility three hours away by motorbike, their role is crucial in assisting students and colleagues with various health cases.

Kabanda Village
Ngadu Ngala Subdistrict

Ema Konga Naha

She is the agent with the highest number of health case reports, serving not only her own village but also neighboring ones, as the nearest health facility is 30 km away.

02 DEVELOPMENT OF HEALTH CAMPAIGN MEDIA DESIGN

3 New Themes

One of the key campaign media developed under the Basic Medical Care Program is the health poster. Designed to reflect the local Sumbanese context, these materials serve as accessible and relatable educational tools. The posters were produced in three materials—canvas fabric, Albatros paper, and Corflute board—and distributed to Kawan Sehat Agents, schools, health centers, and program partners.

My Waste, My Responsibility

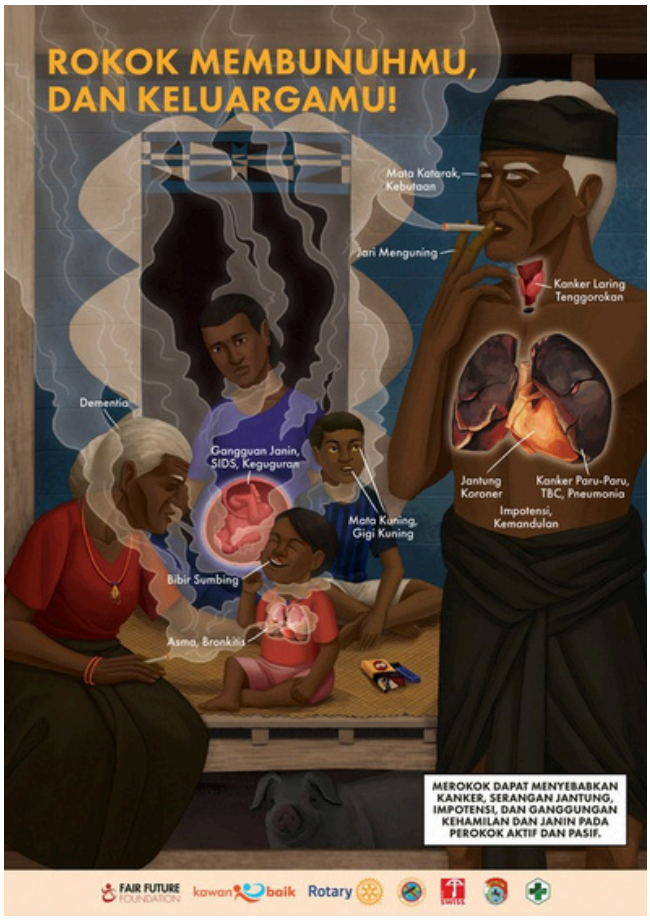
This poster explains the difference between organic and inorganic waste, providing basic education for general community groups.

It also highlights the environmental impacts of improper waste management—effects that can be felt both in the short and long term.

The Impact of Excessive Alcohol Consumption

Drinking alcohol has become a common cultural habit in many parts of Eastern Indonesia. Alcohol is often served during traditional ceremonies and celebrations. However, many people find it difficult to stop this habit even after the festivities end.

This poster highlights the general impacts of excessive alcohol consumption—on health, household economy, family relationships, and social life within the community.



Smoking Kills You and Your Family

Cigarette smoke is one of the main causes of health problems, affecting everyone—from unborn babies to children and adults.

This poster illustrates the health risks caused by exposure to tobacco smoke. Using locally relevant imagery, it aims to make the message more relatable and easily understood by the audience.

03 IMPLEMENTATION OF CLEAN AND HEALTHY LIVING BEHAVIOR

Health Education, Toothbrushing, and Gardening Activities by Kawan Sehat Agents

As part of their commitment to strengthening health awareness at the community level, Kawan Sehat Agents continue to independently conduct Clean and Healthy Living Behaviour education in their respective areas.

These regular activities target both school children and the wider community, aiming to instill healthy habits from an early age and promote positive behavioral change in their surroundings.

This effort forms a vital foundation for sustaining the Primary Medical Care Program in East Sumba.

Desiana Ata Hawu
Mahu Sub-district

Agent Desiana led a health education session at the village Posyandu, raising awareness about the dangers of active and passive smoking. The session, attended by parents and children, highlighted tobacco's harmful impact on respiratory and cardiovascular health, reflecting strong community interest in preventive care.

Ema Konga Naha
Ngadu Ngala Sub-district

Several documentations show Agent Ema from Kabanda Village conducting education on malaria symptoms and prevention. Given that Ngadu Ngala is among the areas with high malaria incidence, this activity is highly relevant and impactful.

Katrina Konda Ngguna
Kahaungu Eti Sub-district

Agent Katrina conducts regular education sessions on the signs and symptoms of malaria infection for students at the Reading Garden, PAUD, and Elementary School. These sessions aim to help children understand that common diseases in their area can be prevented early. Beyond schools, she also extends this health campaign to church communities.

Arce dan Mensi
Haharu Sub-district

Agents Arce and Mensi work together in school-based health campaigns. Alongside using educational posters, they regularly read the story Umbu Rambu and Njara and lead toothbrushing and gardening activities with teachers and students, supported by the program.

Veronika L. A. Ambu
Pandawai Sub-district

Agent Veronika conducts health checks for children at PAUD Hudu Mburung. The PMC first aid kit includes nail clippers to promote hygiene, recognizing that many health issues begin with small, often overlooked habits.

Yusmira Day Anawulang
Nggaha Ori Angu Sub-district

Agent Yusmira conducts healthy eating campaigns by visiting households in the Mbinudita preparatory village and neighboring areas, actively promoting better nutrition and healthier lifestyles.

Ester Wori Hana
Nggaha Ori Angu Sub-district

Agent Ester educates students at SDN Ngadulanggi about malaria through interactive games. In addition to being a Kawan Sehat agent, she also serves as a malaria cadre, actively conducting health education and early detection using RDTs in her village.

Ruth Ata Djawa
Nggaha Ori Angu Sub-district

As a PAUD teacher, Agent Ruth uses religious gatherings as opportunities to provide basic medical services and health education. These sessions engage both adults and children, allowing the congregation to gain double benefits in a single occasion.

04 REPORTED HEALTH CASES

Trends of Reported Cases by Kawan Sehat Agents

Number of Health Cases

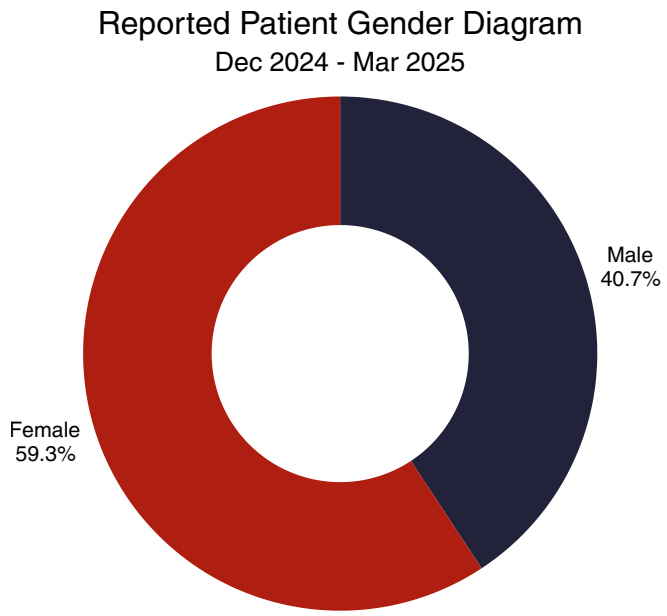
During the second quarter (December 2024–March 2025), a total of 798 health cases were reported by 20 Kawan Sehat Agents. These reports were categorized into two main groups: 579 cases submitted through the Kawan Sehat application and 219 cases reported via WhatsApp group or direct communication between agents and the medical team.

Tabel Kasus Kesehatan Per Bulan

No	Month	Cases Reported via App	Cases Reported via WhatsApp/Direct
1	December 2024	134	41
2	January 2025	141	122
3	February 2025	118	46
4	March 2025	186	10
Sub Total		**579**	**219**
Total Reported Cases		**798**	

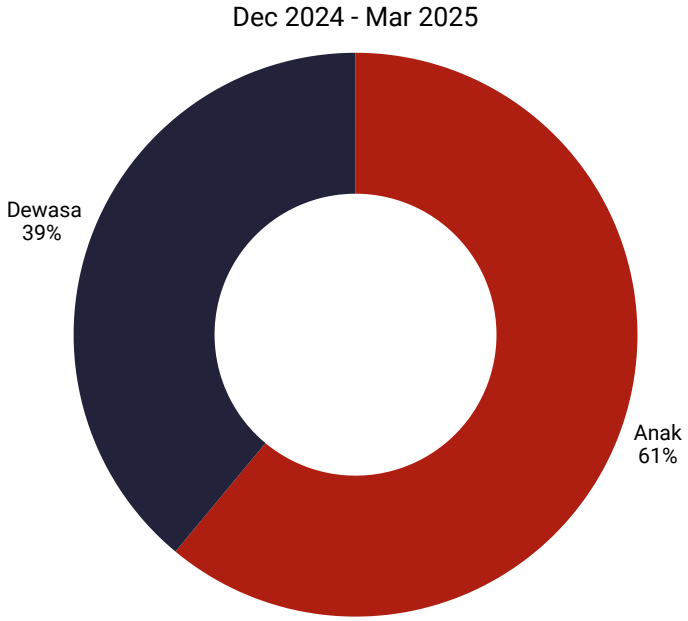
Source: Kawan Sehat App & WhatsApp Coordination Reports (Q2 2024/2025)

Reported Patient Gender Distribution



Out of the 798 patients reported through the Kawan Sehat Agents, 325 were male and 473 were female, indicating a higher health service utilization rate among women. This pattern aligns with broader public health trends, where women often demonstrate greater engagement in preventive and community-based healthcare activities.

Age Group of Reported Patients



Based on medical records from December 2024 to March 2025, children accounted for 61% of all reported health cases (487 out of 798 patients), while adults represented 39%. This distribution highlights the higher vulnerability of children to common illnesses and the crucial role of early health interventions in school and community settings.

Reported Health Cases

Table of Reported Health Case Types (Dec 2024 – Mar 2025)

No	Health Cases	Dec 24	Jan 25	Feb 25	Mar 25	Total
1	Fever	63	61	43	49	**216**
2	Wounds caused by traffic accidents, burns, sharp objects, or animal bites	22	34	33	29	118
3	Tinea corporis / Pyelitis	5	11	5	6	27
4	Gastritis symptoms (heartburn, bloating)	10	17	9	10	46
5	Headache, body ache, back pain, and joint pain	77	**124**	**72**	62	**335**
6	Upper respiratory infections (cough, cold, rhinitis, sore throat)	**90**	117	65	**87**	**359**
7	Dermatitis and allergic reactions (itching, secondary skin infections, impetigo, urticaria)	23	25	22	35	105
8	Dental and gum pain	8	5	3	1	17
9	Diarrhea	7	7	3	7	24
10	General weakness, fatigue, or loss of appetite	15	66	30	10	121
11	Conjunctivitis (red eyes or eye irritation)	8	11	12	14	45
12	Urticaria or allergic skin reaction due to mosquito bites	1	0	0	0	1
13	Otitis externa (inflammation of the external ear canal)	1	3	0	0	4
14	Lymphadenitis colli (inflammation of the lymph nodes)	0	1	0	0	1
15	Omphalitis (infection of the umbilical area)	0	2	0	0	2
Total		**330**	**484**	**297**	**310**	**1421**

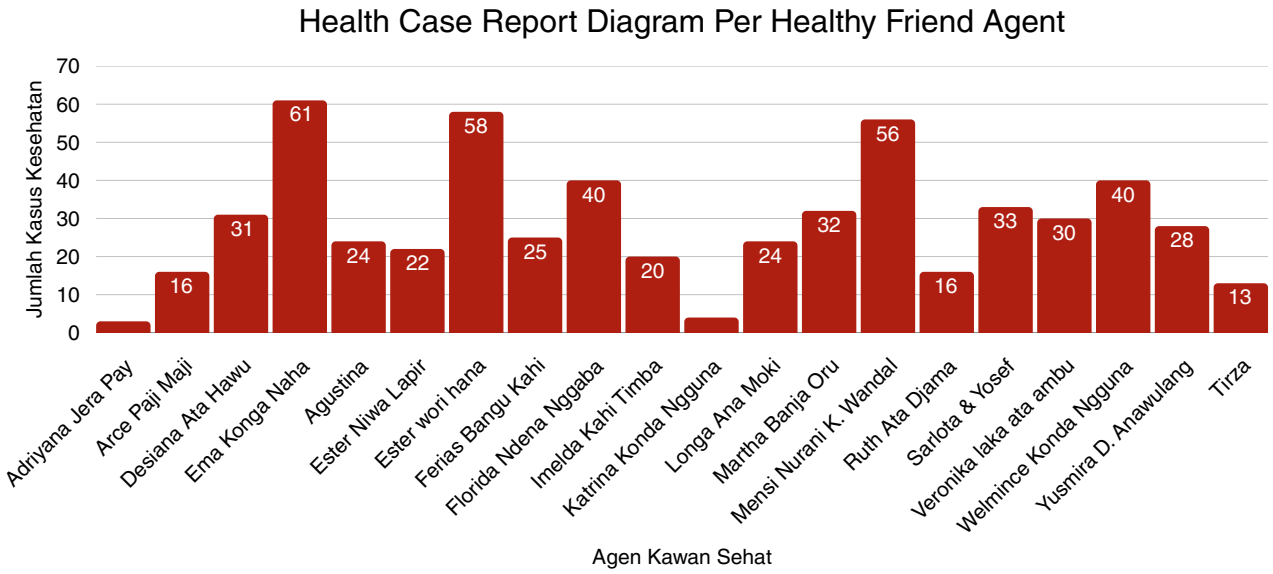
These reported cases reflect a wide spectrum of primary health conditions commonly found in rural communities, emphasizing the essential role of community-based agents in providing early detection, treatment, and health education.

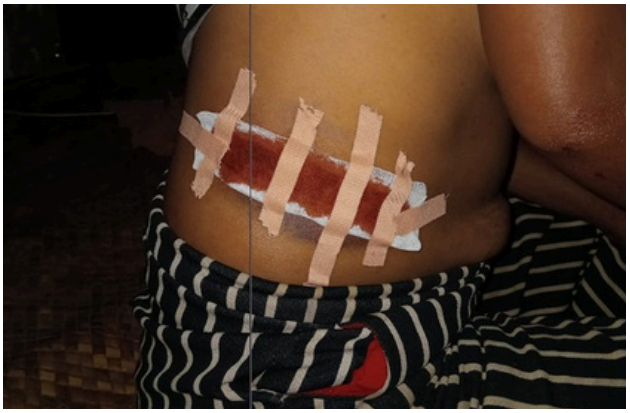
Community Health Impact through Kawan Sehat Agents

Between December 2024 and March 2025, twenty Kawan Sehat Agents recorded 798 patients and managed a total of 1,421 health cases across rural East Sumba. These cases ranged from common respiratory infections and fever to musculoskeletal pain and minor injuries.

Each agent consistently provides first-line care and health education in their villages. The highest number of cases was reported by the Ema Konga Naha Agent, who managed 61 patients within four months.

Through close coordination with local health centers and ongoing mentoring, Kawan Sehat Agents continue to strengthen early disease detection, community awareness, and access to basic medical services. Planned follow-up actions include refresher training, improved medicine tracking, and digital integration of case data for transparent reporting and impact evaluation.





05 TEAM AND COMMUNITY HEALTH CENTER EVALUATION

Synergy in Follow-up Plans with Local Health Facilities

As part of its ongoing commitment to strengthening primary healthcare services at the community level, the Basic Medical Care (PMC) Program established a collaborative initiative with the Kawangu Community Health Center (Puskesmas Kawangu) in Pandawai District.

This multi-stakeholder partnership brought together the Kawan Baik Indonesia Foundation, Fair Future Foundation, Rotary Australia, the East Sumba District Health Office, Puskesmas Kawangu, and the Indonesian National Nurses Association (PPNI) to deliver an integrated health outreach program.

Activities Conducted:

The joint field activities included:

- General medical consultations and vital sign assessments at the Hudu Mburung Sub-Health Center.
- Basic laboratory tests for uric acid, total cholesterol, and blood glucose levels.
- Malaria screening using Rapid Diagnostic Tests (RDTs).
- Immunization services provided by the Community Health Center team.
- Health promotion sessions in schools on Clean and Healthy Living Behaviors through interactive poster-based education.
- Distribution of hygiene kits, including soap donations, and used clothing for families in need.

Implementation and Coordination:

The joint field activities included:

- General medical consultations and vital sign assessments at the Hudu Mburung Sub-Health Center.
- Basic laboratory tests for uric acid, total cholesterol, and blood glucose levels.
- Malaria screening using Rapid Diagnostic Tests (RDTs).
- Immunization services provided by the Community Health Center team.
- Health promotion sessions in schools on Clean and Healthy Living Behaviors through interactive poster-based education.
- Distribution of hygiene kits, including soap donations, and used clothing for families in need.

General Health Check-ups

A total of 102 community members participated in the general health screening—31 males and 71 females. Age distribution:

1. Toddlers (1–5 years): 20
2. Children (6–11 years): 12
3. Adolescents (12–18 years): 9
4. Adults (19–59 years): 51
5. Elderly (≥60 years): 10

The three most prevalent diagnoses were Acute Respiratory Tract Infection (ARI) (41 cases), Myalgia (38 cases), and Dyspepsia (15 cases).

Summary of Diagnosed Health Conditions – Kawangu Health Check-up

No.	Health Condition	Number of Patients
1	Acute Respiratory Tract Infection (ARI)	41
2	Myalgia (Muscle Pain)	38
3	Dyspepsia (Acid Reflux)	15
4	Hypertension	11
5	Comorbidities and Complications	8
6	Hipercholesterol	7
7	DAK (Dermatitis Kontak Alergi)	6
8	Lbp (Low Back Pain)	5
9	Artritis (Peradangan pada sendia)	3
10	Cephalgia atau sakit kepala	3

Note: The top five conditions accounted for 82.3% of all reported cases, predominantly affecting the respiratory, musculoskeletal, digestive, and cardiovascular systems.

Field Observations

- The high incidence of ARI and myalgia indicates possible exposure to fluctuating weather, environmental irritants, and physical strain from daily labor.
- Dyspepsia may be associated with dietary habits and psychosocial stress within the community.
- Cases of hypertension and hypercholesterolemia highlight the need for continuous non-communicable disease (NCD) prevention education.
- Allergic dermatitis and low back pain, though less common, reflect the impact of limited sanitation and occupational conditions.
- Cephalgia and arthritis, though infrequent, could represent early indicators of chronic or systemic conditions requiring further monitoring.

Blood Tests (Uric Acid, Cholesterol, and Blood Glucose)

During the same activity, the medical team conducted point-of-care blood tests based on patient complaints, including Uric Acid, Blood Glucose, Total Cholesterol, and Malaria Rapid Diagnostic Tests (RDT).

1. **Uric Acid Examination (Total patients: 40)**
    - Reference ranges:
        - Adult males: 3.4–7.0 mg/dL
        - Adult females: 2.4–6.0 mg/dL
    - Results:
        - Males (8 tested)
            - Within normal range: 5
            - Above reference range: 3
        - Females (32 tested)
            - Within normal range: 21
            - Above reference range: 11
2. **Total Cholesterol Examination (Total patients: 18)**
    - Categories:
        - Normal (< 200 mg/dL): 8
        - Borderline High (200–239 mg/dL): 5
        - High (≥ 240 mg/dL): 5
3. **Blood Glucose Examination (Total patients: 38)**
    - Categories:
        - Normal (< 140 mg/dL): 37
        - Pre-diabetes (140–199 mg/dL): 1
        - Diabetes (≥ 200 mg/dL): 0

Malaria Screening using RDT

East Sumba Regency remains classified as a high-risk (red zone) malaria area. To support malaria reduction efforts in Kawangu Village, the team collaborated with the Kawangu Community Health Center to conduct malaria screening for all participants during the community health service activity using Rapid Diagnostic Tests (RDT). All participating residents underwent **Rapid Diagnostic Test (RDT) screening,** and **all results were negative**, indicating no active malaria cases among those present.

Maternal and Child Health (MCH) and Immunization Services

During the integrated Posyandu session, the Kawangu Community Health Center team provided a range of essential services, including:

- Maternal and Child Health consultations
- Nutritional assessment through weight and height measurement
- Routine immunizations
- Parenting guidance and early childhood care education

The gathering of families with infants and toddlers in one location greatly facilitated service delivery. It allowed healthcare workers to work more efficiently, eliminating the need for home visits across multiple hamlets.

Community Benefits

This integrated approach not only improved access to malaria screening and immunization services but also strengthened health promotion and early disease prevention at the community level. Through strong collaboration between the foundation, health authorities, and frontline health workers, residents received timely, comprehensive, and coordinated care.

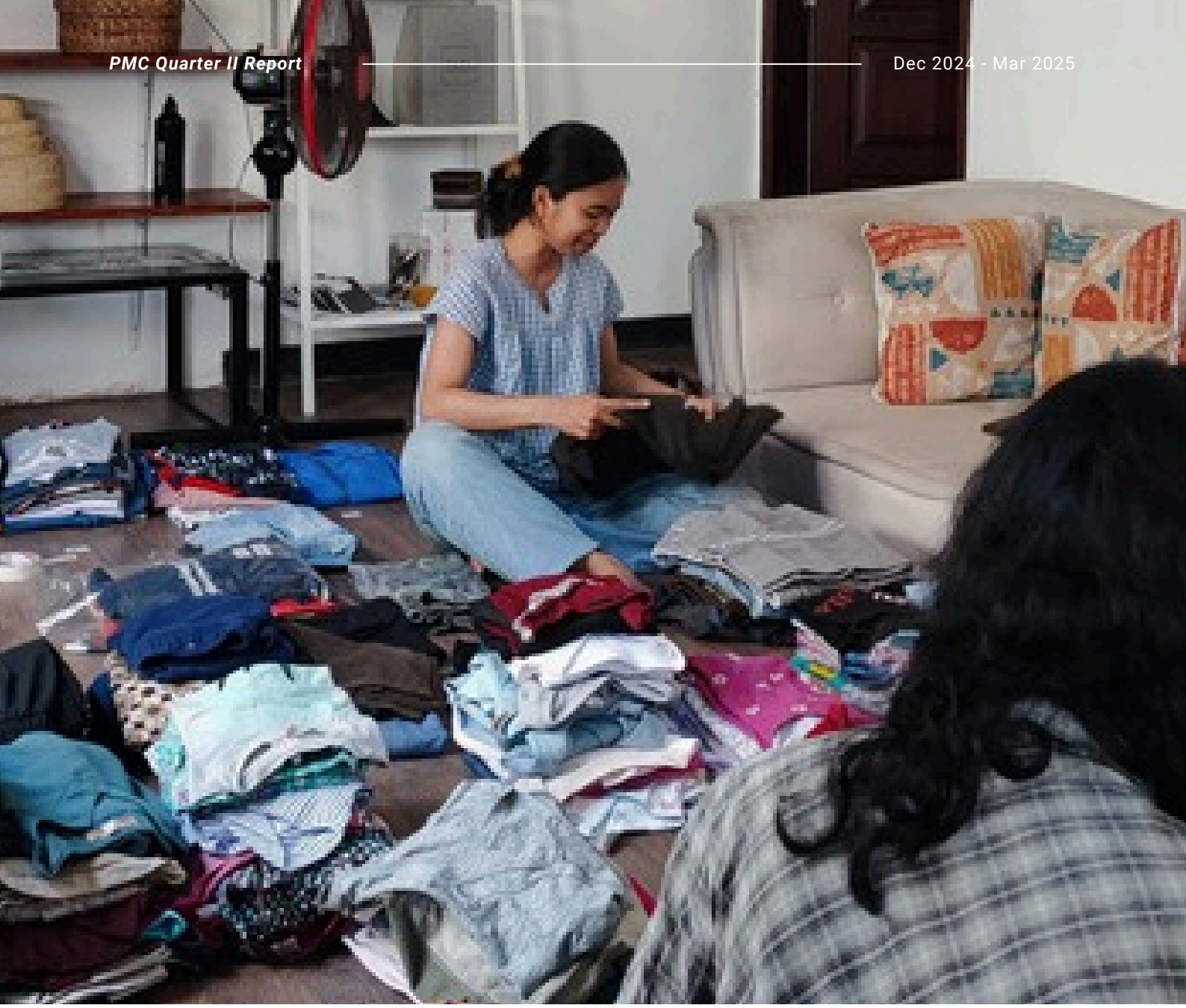
PHBS Education at Reading Gardens, Early Childhood Centers, Primary Schools, and Posyandu

Clean and Healthy Living Behavior (PHBS) education activities were conducted as part of the community health outreach in Kawangu Village. The primary audience for this campaign was elementary school children, using interactive and age-appropriate learning methods. Volunteers, medical staff, and teachers worked together to deliver the sessions.

The key topics included:

- Proper handwashing with soap
- Clean and Healthy Living Behaviors (PHBS)
- Malaria prevention and early signs
- Healthy vs. unhealthy foods
- Personal responsibility in waste management

Beyond increasing awareness of hygiene and disease prevention, these activities aimed to build healthy habits from an early age and reduce the risk of common communicable diseases in the community.



Donation of Soap and Reusable Clothing

As part of the social outreach activities in East Sumba, a donation program for reusable clothing was organised to support families in need. All clothing items—collected from caring donors—were carefully sorted and prepared before being distributed to children and adults. The distribution took place in an orderly manner after the health check-ups and PHBS education sessions, with the support of volunteers and local leaders.

This initiative provided not only essential clothing but also promoted a more sustainable lifestyle. By extending garment lifespans through reuse, the activity helped reduce textile waste and supported eco-friendly practices within the community. In a region where access to basic needs can be challenging, this approach offers both social impact and environmental benefits.

Recipients welcomed the donations with gratitude and joy. Beyond meeting immediate needs, the program strengthened solidarity, encouraged responsible consumption, and deepened the outreach team's connection with families in East Sumba.

06

PUBLICATION

A Day in My Life: Daily Documentation of Kawan Sehat Agents

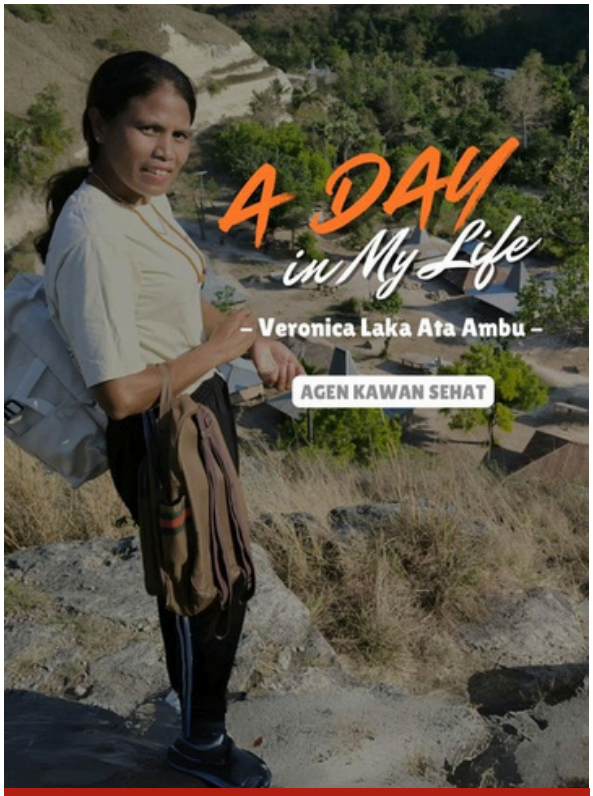
Most Kawan Sehat Agents are early childhood educators, kindergarten and primary school teachers, and Posyandu cadres. Beyond their primary responsibilities, they continue to dedicate their time and energy to providing basic healthcare support for students, families, and surrounding communities.

To present a closer, more human-centred perspective, the team documented the daily routines of several agents—both at home and at school. Those featured in this documentation include:

- Agen Tirza (Waingapu City)
- Agen Veronika (Pandawai)
- Agen Katrina (Kahaungu Eti)
- Agen Yosep dan Sarlota (Mahu)
- Agen Florida (Nggaha Ori Angu)
- Agen Ester (Nggaha Ori Angu)
- Agen Ema (Ngadu Ngala)
- Agen Mensi (Haharu)
- Tim Medis, Dr. Narni (Puskesmas Waingapu)
- Tim Medis Ivon (Puskesmas Nggaha Ori Angu)

Objectives of the Documentation: Could you highlight the everyday roles and activities of the Kawan Sehat Agent?.

- Illustrate field challenges and the dynamics of delivering primary healthcare in rural communities.
- Present a humanising portrait of volunteerism and community-driven health services.
- Provide materials for advocacy, training, and public awareness campaigns.



A Day In My Life - Veronika

Key Messages

- Kawan Sehat Agents serve as the frontline of community-based primary healthcare, often working quietly behind the scenes.
- Their daily stories offer valuable insight into the realities of grassroots health interventions.
- This documentation is a tribute to their dedication and unwavering commitment to serve despite many limitations.
- By showcasing their impact, we aim to build broader support from policymakers, program partners, and the wider community.
- These materials can also be used to educate future cadres, students, and stakeholders about community health work.
- Seeing their work acknowledged publicly is expected to strengthen their motivation, pride, and sense of responsibility.

07 ADMINISTRATION

Activity Fund Utilization Report

No	Activity	Budget	Actual Expenditure	%
1	Conducting training to improve first-aid and basic medical care skills for 20 non-medical community workers in rural areas	Rp184,730,000	Rp1,131,500	0.61%
2	Procurement of medicines and supporting supplies for basic medical care	Rp185,965,000	Rp42,059,749	22.62%
3	Community health awareness and promotion campaigns	Rp124,735,000	Rp90,000	0.07%
4	Coordination with nearby Puskesmas to ensure readiness, support, and reporting	Rp24,180,000	Rp101,000	0.42%
5	Evaluasi dan Monitoring program Perawatan Medis Dasar	Rp280,085,000	Rp47,018,749	16.79%
6	Program evaluation and monitoring for Primary Medical Care	Rp372,736,000	Rp34,791,900	9.33%
	Total	**Rp1,172,431,000**	**Rp125,192,898**	
	Donations Received	Rp415,772,500		
	Donation Balance – Allocation for Quarter III		**Rp290,579,602**	

08 QUARTER III ACTIVITY PLAN
April–July 2025

Conclusions and Closing

During the third quarter of the Basic Medical Care Program (April–July 2025), a series of targeted activities has been scheduled to reinforce program sustainability and strengthen community-based health services. These activities focus on enhancing the capacity of Kawan Sehat Agents, improving the quality of service delivery, and enhancing coordination with local health authorities.
Key activities planned for this quarter include:

- Basic Medical Care Skills Strengthening – Part II, including refresher training for 20 Kawan Sehat Agents.
- Replenishment of Kawan Sehat Agent Bags with medicines and essential medical equipment for the third cycle of distribution.
- Distribution of Medicines and Equipment, supported by systematic monitoring of service implementation in the field.
- Reporting of Health Cases through the digital app and WhatsApp group to improve data flow and early response.
- Coordination with the East Sumba District Health Office to align community-level efforts with district health priorities.
- Strengthening Partnerships with stakeholders, including joint activities and coordinated actions.
- “A Day in My Life as a Kawan Sehat Agent”, a publication initiative to document field realities and amplify community voices.
- Review and Revision of Training Materials, followed by printing updated modules to ensure continued relevance for future training cycles.
- Clean and Healthy Living Behaviour (PHBS) Actions carried out in the agent work areas.
- Monitoring and Evaluation Visits to partner Community HealthCentress (Puskesmas):
  - Nggoa
  - Haharu (Rambangaru)
  - Ngadungala
  - Mahu
- General Summary of Kawan Sehat Agent Monitoring & Evaluation Findings
- Budget Utilisation Report and Administrative Notes

The third-quarter activity plan is structured to reinforce technical skills, strengthen collaboration with Puskesmas, and expand the reach of essential health services to underserved rural communities.

Continued donor support remains vital in ensuring that Kawan Sehat Agents can operate effectively and contribute to healthier, stronger, and more resilient villages across East Sumba. Your partnership enables this program to grow and sustain meaningful impact where it is needed most.

We can not thank you enough!

Donor and Partner:

FAIR FUTURE FOUNDATION

kawan baik

DINAS KESEHATAN KAB. SUMBA TIMUR

CHARIS

Supporters:

APOTEK Pharmacare

Canva

Four Months That Change Lives

This report covers four intense months of Primary Medical Care, **from December 2024 to March 2025**.

Behind every figure in these pages, there is a child with a fever, a mother in pain, and an older man who could not walk to the clinic. Kawan Sehat agents met them where they lived, treated what could be treated, referred what needed referral, and recorded every case with medical rigour.

This program did not start yesterday. It is the result of years of work in East Sumba, of thousands of consultations and lengthy discussions with families, nurses and authorities. It proves that community-based primary care saves lives where the formal system is absent. The following chapters are already written in the field: more agents, more villages, more prevention and better data.

To keep going, we need medicines, training, supervision and logistics. The links below give access to all annexes and financial documents, so everyone can see clearly how this program works and what your trust makes possible.

The 20th of November 2025
Alexandre Wettstein - Founder, President

How you can help

FAIR FUTURE FOUNDATION

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

15TH FAIR FUTURE ANNIVERSARY

MADE SWISS