

Community Based Health and First Aid



- **History of CBHFA in the country:**

PMI has started implement CBHFA in 2002 integration with PHAS approach for water sanitation component. In 2006, PMI as one of Piloting Country for CBFA in Action and transforming in to CBHFA, topic covered in baseline and endline are: Blood donor (mandatory topic), and optional topic such as mother and child health, Communicable (water borne) diseases. In 2013-2014, PMI started to sensitize and adopt Healthy lifestyle & NCD prevention, also Epidemic Control as compliment of Modul 5 CBHFA, it has been piloting in community level through existing community based program

- **Coverage of CBHFA:**

- ✓ From 2002 – 2015, PMI has implement CBFA and CBHFA in total 17 province, 33 District, 252 Villages/ Community.
- ✓ Community outreach are through Household visit, Community/ school based for health education session, regular activities.
- ✓ PMI implement CBHFA with various integration, such as water sanitation hardware component, malaria Hang-Up/ Keep up campaign, Dengue & Climate Change, Disaster Risk Reduction, Organizational Development, etc
- ✓ In last 3 years 2015, CBHFA implementation in PMI covered 30 village in Wonogiri (central java) and 3 village in Kapuas (central kalimantan), piloting the healthy lifestyle & NCD's, also RAMP survey for baseline and endline survey
- ✓ PMI also conduct CBHFA National training in 2014 for volunteers corps at the University level: Volunteer from 22 University in 12 Province are join the training
- ✓ Community hygiene and health awareness (small scale) supporting by private sector: Indomaret (collecting small money from the customer) also implement in 10 district, 4 province

- **Capacity of implementing CBHFA:**

- ✓ PMI has 5 master trainers/ 20 TOTs of CBHFA in National level. From the experiences in community and school based program, PMI have more than 500

branch volunteer trained in CBHFA through CBHFA program itself or any other Community based program (ICBRR, WASH, etc)

- ✓ CBHFA approach are regularly disseminate during National Volunteer Gathering, National meetings/ events

- **Achievements in last one year:**

- 1) Adaptation and piloting Healthy Lifestyle and Non Communicable Disease Prevention. Involving Ministry of Health at National, representative province and district level, related division/ bureau/ unit in HQ, Piloting in community and school based program
- 2) Adaptation and Roll-Out Epidemic Control for Volunteer (covering 4 provinces and 4 Districts
- 3) Small scale of CBHFA: a) involving volunteer at University level, 2) Partner with corporate sectors to have community health awareness

- **Qualitative in nature:** CBHFA approach bring more people in community to talk each other, and open opportunity to work together for them self and for their community; Key word from the community are: Care, Share, Fare

- **Challenges/ issues and how those were dealt with?**

- ✓ Very limited person in Health division at National Level, is a challenge to cover and maintain capacity of Community Based Health program for 33 province and more than 400 district. Need online course & monitoring system
- ✓ Sustainability program in Province and Branch level: the infestation for CBHFA program should be take more attention on staff level as manager (not only for facilitator/ volunteer), Staff are vital position to ensure the sustainability CBHFA in annual work plan and strategic plan
- ✓ Wide Coverage Area VS Deep Intervention at Community Level = Require more PMI capacity in all level

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- ✓ Turn over village volunteer: use existing structure at community level, involved community key person or cadre as village volunteer. Insert the program activities in the existing community action/ meeting
- **One area to highlight:** recruit & select branch volunteer from respected person in targeted village is one approach to get representative village in regular coordination meeting in branch level, and give opportunity to solve the problem at community level.
- **Data and evidence collection mechanism:** Not all CBHFA PMER toolkit are using in PMI Community based Health program, the multi level structure creating delay in collecting data and report. PMI now on process develop more capacity in institutionalize PMER as General requirement for Head of office and Staff, to sensitize and trained key person and take PMER as everybody business.
- **Future plans for increasing scale and quality of CBHFA:**
 - 1) CBHFA in line with PMI New Strategic Plan 2014-2019, Outcome 4: Increasing Community resilience in risk reduction on disaster and diseases through preparedness, health and social program, health services and referral system.
 - 2) CBHFA include in PMI Work plan 2015:
 - a) Refresh Training for CBHFA National Facilitator (Update NCD & ECV),
 - b) National CBHFA Training for 33 Health Staff in Province Level (2nd batch)
- **New Initiative :**
 - 1) *RAMP-Survey for CBHFA* Baseline & Endline, (Wonogiri & Kapuas district)
 - 2) *Mobile App First Aid available for android-based*
PMI has also launched mobile applications on first aid in order to enable community to improve their knowledge on first aid as well as actions should be taken for risk prevention and risk reduction. It is expected that all people across Indonesia would be able to utilize this technology to have better access on such information. In the future, PMI might have the opportunity to develop a mobile application on NCDs to promote healthy lifestyle to wider community.

