

## The 5<sup>th</sup> FP/RH Roundtable Summary Notes

### “Healthy Mimika”

Partnership between Freeport Indonesia and Amungme and Kamoro  
Community Development Institute (LPMAC)

Tuesday, 16 June 2015, 09 AM – 12 AM

#### The Partnership Program

Freeport has long been working with Amungme and Kamoro Community Development Institute (LPMAC) in the implementation of Healthy Mimika Program. This program aims at improving community health, especially children under five and women of reproductive age within the Mimika District. This initiative was triggered by the high rates of morbidity and mortality among mothers and their children. The pre-program survey conducted by LPMAC, Freeport, and the local Health Office revealed that untreated cases of diarrhea and pneumonia were the leading causes of deaths among children under five. The study also revealed that hemorrhaging during childbirth, malaria, eclampsia, infection during pregnancy, and prolonged labor were the causes of deaths among women. This condition were also compounded by the high incidence of anemia in pregnant women (19% mild anemia, 54% moderate anemia, and 26% severe anemia), which were caused by malaria infection and bad nutrition. Lack of awareness on hygiene and sanitation, and low number of births attended by skilled birth attendants contributed to the high rates of morbidity and mortality among mothers and children.



The happy faces of children right after participating an activity in Mimika's village health unit — one of Freeport's continuing support for Healthy Mimika. © Freeport Indonesia in 2014.

The Healthy Mimika Program was launched in 2008 and is currently underway with the following activities: (1) increase the availability and coverage of the basic 6-standard-cares for quality and sustainable community health centers (Puskesmas); (2) improve the knowledge and skills of health workers in community health centers; (3) improve public access to health services in community health centers (Puskesmas) and other community-based health service units (Posyandu or village-level medicines providers); (4) encourage better policies at sub-district and village levels for the provision of local health service; and (5) facilitate the training of highly committed “health cadres”, who are equipped with adequate

knowledge and skills. These trained community members, supported by Puskesmas crews, are the ones who spearhead the campaign among mothers on how to assess a sick child and administer first aid, and educate the community about hygiene and sanitation.

Other partners involved in this Healthy Mimika program are: Yayasan Pembangunan Citra Insan Indonesia (YPCII), an implementing partner appointed by LPMAC; the Regional Development Planning Bureau



*Bersama Untuk Indonesia (Together For Indonesia) is a social initiative of Freeport Indonesia to build a more self-reliant, successful, healthy and diverse Indonesia. Healthy Mimika is one of the programs of Bersama Untuk Indonesia. © Freeport Indonesia in 2014.*

(Bappeda), Health Office, Community Health Centers, and Office of Women's Empowerment; village officials; and the "health cadres". YPCII sends out their staff into the villages as program facilitators, along with health care center crew. Bappeda coordinates the multi-sectoral collaboration, and allocates the budget necessary for Maternal and Child Health (MCH) in the Regional Government's Budget. Bappeda also leads the Water and Sanitation Working Group, a key component of Healthy Mimika program. The regional Health Office administers the training of "health cadres", supplies drugs and medical devices, provides technical assistance to guide the MCH activities, and conducts medical services through the health centers. The Office of Women's Empowerment, Child Protection and Family Planning is responsible for the provision of contraceptives. LPMak funds, facilitates, and provides technical expertise during the strategic planning stage. LPMak also monitors

and evaluates the implementation of the Healthy Mimika program. Freeport provides technical assistance in program management, air transportation, and funding for LPMak.

The Healthy Mimika program has benefitted 8,255 people, including 556 babies between 0-23 months old, and 995 children between 24-59 months old. A total of 29 villages in 5 districts in Mimika have Integrated village-based Posyandus, which are managed by trained "health cadres" under the supervision of local health center (Puskesmas) crew. As many as 80% of the total number of target villages have already had five or more "health cadres" to attend village-based health service units. Other achievements reached by the program in 2014 were the improvements of: antenatal care from 43% (back in 2008) to 89% (in 2014); female contraceptive use (an increase from 8% to 45%); reduced cases of moderate and severe anemia among mothers (from 72% to 32%); and anemia cases among children (from 86% to 64%). The survey also showed that as many as 62% of cases of diarrhea and 100% of cases of pneumonia had received full treatment by the healthcare workers.

Both Freeport and LPMak agreed on the important role of local government in making the program sustainable. Close collaboration among the Family Welfare Movement (Pembinaan Kesejahteraan Keluarga), Health Centers, and "health cadres" would greatly affect the success of this program. Nevertheless, cultural aspects and geographical difficulties still pose great impediments for providing health services. This limited access certainly contributes to the high incidence of malaria (especially in the lowlands) due to limitations of proper diagnosis and appropriate treatment. Malaria potentially causes anemia, which would also complicate pregnancy and impede child development.

In order to improve the positive results of the program, Freeport and LPMak understand the necessity to develop a detailed plan of village development programs to be integrated into non-health sectors, including economic development and education. This needs to be supported by the quality improvement of human resources, either for LPMak staff or employees of the implementing organizations, particularly in the field of integrated community development and program management. Moreover, there is also a need to change their mindset in using social marketing principles.

### **About Roundtable of Family Planning/Reproductive Health (FP/RH)**

FP/RH Discussion was launched in February 2014 and held every three months as a forum to share information and lessons-learned on the FP/RH issues among organizations in Indonesia. This Roundtable is a collaboration between CCPHI and Yayasan Cipta Cara Padu (YCCP). CCPHI is a nonprofit organization that promotes and facilitates partnerships among companies, Non-Governmental Organizations (NGOs) and local governments towards a sustainable community. YCCP is an organization that focuses on policy advocacy, community development, sanitation and environment cleanliness that aims to promote a hygiene and healthy lifestyle.

YCCP Executive Director Inne Silviane moderated the lively discussions following the presentation by LPMak and its partners. There were 36 participants attending this event, representing 6 companies and 8 NGOs. Riza Pratama, Freeport Vice President for Corporate Social Responsibility gave the welcoming

remarks. Hengky Womsiwor, Head of Community Health Department LPMak and Ima Septimayani, Head of PKK District Tembagapura, presented the partnership program.

PTFI (<http://ptfi.co.id/id>), is a multinational mining company that produces concentrates of copper, gold and silver. LPMak (<http://www.lpmak.org/>) is a not-for-profit entity that started in April 1996 to manage funds provided by Freeport for Mimika's community development.

Summary notes of the meeting can be accessed at [www.ccphi.org](http://www.ccphi.org). The 6th FP/RH Roundtable will be held in Sept 2015. If you need the attendance list, please contact [admin@ccphi.org](mailto:admin@ccphi.org).