

CHAPTER I

PROVINCE OF SOUTH SULAWESI

South Sulawesi is located in $0^{\circ}12' - 8^{\circ}$ South Latitude, $116^{\circ}48' - 122^{\circ}36'$ East Longitude, bordering on Central Sulawesi at northern side, Bone Gulf and South East Sulawesi at Eastern side, Makassar Straits at western side and Flores Ocean at South side. Its capital city is Makassar. South Sulawesi is located in the middle of Indonesia archipelago and the traffic of all side of Indonesia. It is also as a transit area and centre of trading activities and investment for eastern Indonesia, so this region places itself both as gate and Service Centre of Eastern Indonesia. South Sulawesi is one of provinces in Indonesia as Central for agricultural commodity, plantation, animal husbandry, fishery and mining. The main focus of local development is to increase economical growth with changing the structure of economy from agricultural to industry and services.

The position of South Sulawesi is very strategic related to region development because it is a gate of Eastern Indonesia. South Sulawesi is potential for business, regionally, nationally and internationally in order to reach its vision.

South Sulawesi is spread over $62.482,54 \text{ Km}^2$ and has 20 districts and 3 municipalities. It has a population about 7.379.370 people. Most of populations are Muslims except Tana Toraja District and partly of northern Luwu populations are Christian. The tribes are Buginese, Makassarese, Torajenese and Mandarese.

The number of Health Centre in this province is 23 state hospitals, 13 private hospitals and 338 Health Center.

CHAPTER II

COMMUNITY BASED REHABILITATION PROGRAM IN SOUTH SULAWESI PROVINCE - INDONESIA

The People with Disability (PwDs) people are spread in all over the world and in all level of society. The number of PwDs is large and increase day by day. The causes and impacts are various. The varieties are caused by the differences of social economy and facilities provided by government for the society welfare.

Every PwDs and family who have PwDs member should accept rehabilitation services needed to optimize physical and mental condition in order to conduct their daily activities independently as other members of society.

The disabilities organisations and Non Government Organization concerned to the disabilities are established to strive for better condition of PwDs.

With education and Rehabilitation, the PwDs can be more active and become a stimulant for development of further policy about disabilities. Community Based Rehabilitation (CBR)s should be handled both nationally and internationally as the achievable and prolonged services.

Community Based Rehabilitation (CBR) in South Sulawesi has been establishing since 1996 in three districts and one of subdistrict in Makassar as field project. But in 2005, five districts were separated from South Sulawesi included Palmas as new province, West Province. Therefore, Palmas has been excluding from Community Based Rehabilitation (CBR) Program since 2005.

Community Based Rehabilitation Program (CBR) in South Sulawesi Province implemented in two districts and one sub-district in the city of Makassar, which are:

1. District of Gowa
2. District of Sidenreng Rappang (Sidrap)
3. Subdistrict of Ujung Tanah , Makassar

1. OBJECTIVES

A. Goal

To improve quality of life of People with disability by changing the community's attitude towards disabilities and improving people with disabilities capabilities to develop self-reliance through the support of the referral system.

B. Specific Objectives

- To improve active role of the community members in the management of disabilities
- To improve abilities of people with disabilities to do their activity daily living
- To increase the number of school-age children with disabilities attending school
- To increase the number of productive-age with disabilities have employment opportunities.

There are some activities conducted in order to obtain the above objectives. They are:

2. Activities

In province level, There is Community Based Rehabilitation (CBR) organization, which coordinated by DR. Drg. Nurshanty S. A Sapada, MSc and assisted by Dra. Hj. A. Kalsum Apt, M.Kes as a treasurer, Dra. Hj. Darwana Ruheng as administrator and a secretary. The tasks of the organizing Committee are:

- a. Training personnel in sub district level
- b. Monitoring the program
- c. Evaluating the program
- d. Writing report
- e. Facilitate CBR Team in sub district to prepare their year planning

A. Monitoring

Total budget of monitoring is Rp. 17.680.000 and also used to fund guest who visit the program. They are:

➤ District of Sidrap

No	Date	Names	Explanation
1.	07/04/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Met with Head of Health Centre
2.	18/05/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Visited Health centre in Sidrap with dr Ferial & dr. Handoyo
3.	12/07/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored training on Moving disability in Baranti Health Center
4.	19/07/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored monthly meeting in Health Centre of Lawawoi
5.	29/08/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored monthly meeting in Lancirang Healt Centre
6.	12/09/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored training on difficulty in Bilokka Health Center
7.	12/10/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored monthly meeting in Pangkajene HC
8.	24/11/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored monthly meeting in Empagae HC and training on moving disability at Tanru tedong HC
9.	19/12/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored monthlly meeting in Rappang HC
10.	27/12/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored monthly meeting in Empagae HC

11.	24/01/2006	Dra. Hj. Darwana Ruheng	Distributed Umbrellas to cadres at CBR in Sidrap
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➤ **Gowa District**

No	Date	Names	Explanation
1	12/04/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Meeting with Head of Health Centre in Gowa District
2.	17/05/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Visited Health Centre in Gowa District with dr. Ferial & dr. Handoyo
3.	28/07/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored training of movement disorder in Health Centre of Pallangga
4.	08/08/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored training on moving disability in Bontonompo II Health Center
5.	11/09/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored meeting with leprosy patients in Pattalassang Health Center
6.	20/09/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored monthly meeting in Pallangga Health Center
7.	13/10/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored monthly meeting in Bontonompo II Health Center
8.	14/10/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored long-distance schooling in Parangloe Helath Center
9.	16/11/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored training on speech disability in Health Centre of Pattalassang

10.	27/11/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored training on moving disability in Bajeng Health Center
11.	28/11/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored monthly meeting and socialization of handling leprosy patient in Gentungan Health Center
12.	02/01/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored monthly meeting at Gentungan Health Center

➤ **Makassar**

No	Date	Names	Explanation
1.	17/05/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored Health Centre in Makassar with dr Ferial & dr. Handoyo
2.	06/09/2006	DR.Drg. Nurshanty S.A Sapada, MSc Dra. Hj. Darwana Ruheng	Monitored monthly meeting at Pattingalloang Health Center

B. Province Activities in 2006/2007

1. Launching of PSIKI and National Meeting of CBR and Exhibition of PSIKI & CBR

Launcing of Indonesia Studies Centre for Disabilities Information (Pusat Studi Informasi Kecacatan Indonesia (PSIKI)) and National meeting of CBR and excecition of PSKI and CBR in Sahid Jaya Hotel Jakarta on june 22-24, 2006.

This meeting was followed by CBR representatives of Bandung, South Sulawesi, DKI Jakarta, Nanggroe Aceh Darussalam, West Sumatera and PPCI. The Representatives of South Sulawesi were 15 persons : two persons of representative of province, two persons of the chief of health centre, four persons of local supervisors, five persons of cadres and two person of the PwDs.

The total budget to joint this meeting was Rp. 67.945.000 (sixty seven million and nine hundred and fifty five thousands rupiahs)

2. Refreshing Training for Lokal Supervisor

a. Objective

- Developing knowledge of local supervisors in order to run the CBR program well.

a. Participants

The participants were local supervisor of each health Centre. The nubmer of participants were 44 persons as follows:

- 22 participants from Sidrap District
- 20 participants from Gowa District
- 2 participants from subdistrict of Ujung Tanah, Makassar.

b. Method

- Presentation
- Group discussion

c. Resource Persons

The resource persons are:

- dr. Asmaun Najamuddin, SpRM
- Team from Rehabilitation Medic

d. Date and Place

Desember 04-07, in Makassar

e. Budgeting

Total budget was Rp. 52.984.500

3. Training of Creating Supporting Device

a. Objective

- Improving the knowledge and skill of local supervisors in making aid Equipment to support the CBR Program.

b. Participants

The participants are local supervisors of Center of Public Health. Total participants are 44 persons. They are:

- 22 participants from Sidrap District
- 20 Participants from Gowa District
- 2 Participants from Subdistric of Ujung Tanah, Makassar

c. Method

- Presentation
- Field work
- Group discussion

d. Resource Persons

The resource persons are:

- dr. Asmaun Najamuddin, SpRM
- Team from Medical Rehabilitation

e. Date and Place

January 11-14, 2007 in Makassar

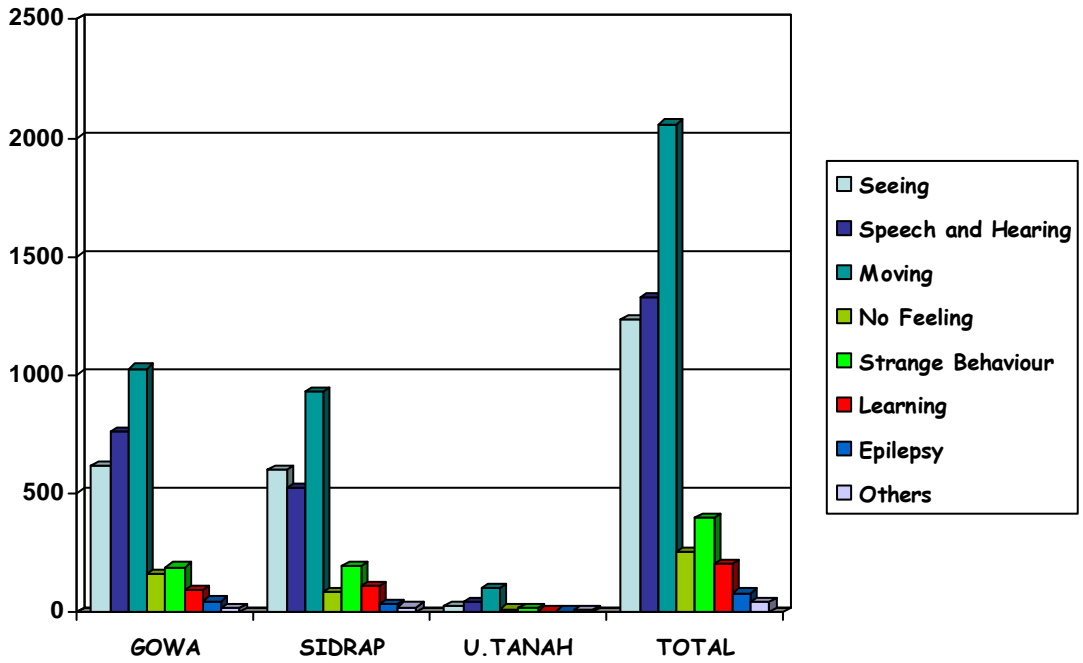
f. Budgeting

Total Budget is Rp. 57.807.000

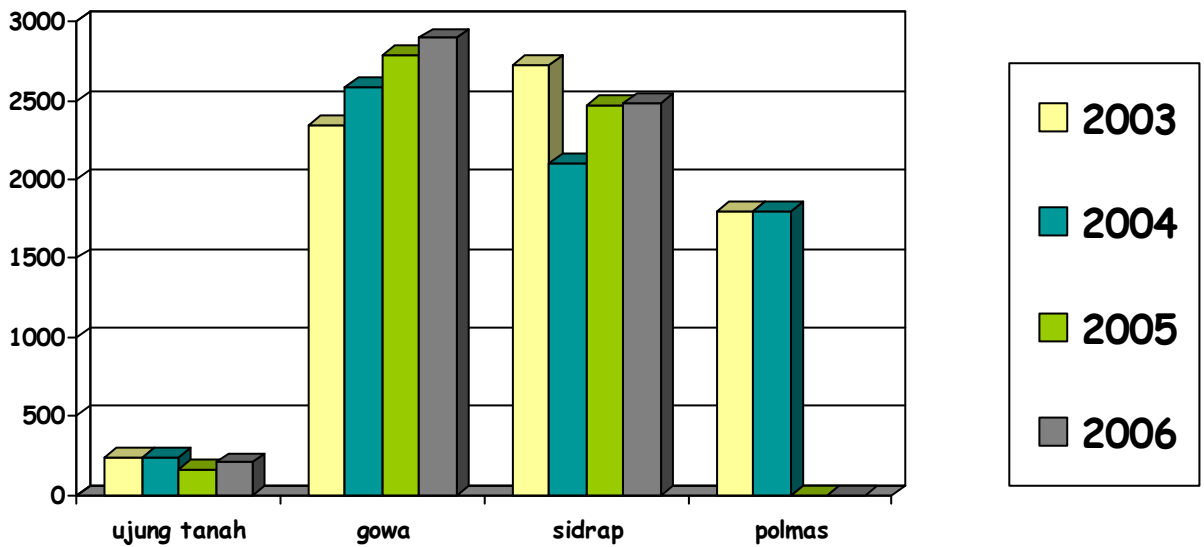
4. Distributing Umbrellas for CBR Cadres

In January 2007, distribute umbrellas for CBR Cadres on January 2007 in order to make the activities run well that support CBR program in South Sulawesi.

NUMBER OF PEOPLE OF DISABILITY BASED ON TYPE OF DIFFICULTIES IN GOWA, SIDRAP AND UJUNG TANAH SUB DISTRICT, 2006



NUMBER OF PEOPLE OF DISABILITY 2003-2006



District Level

1. DISTRICT OF SIDRAP

A. Geographical Data

❖ *Population*

Sidenreng Rapang is one of district in South Sulawesi, which is about 200 kilometers from Makassar. It has 2,506.19 Km² and about 250,000 people.

❖ *Number of Villages*

CBR Program in Sidrap District has been implemented since 1996 in 11 Health Center/Subdistricts, but since 1999 because lack of funds the program only implement in 10 Health Center/Subdistrict with work area 93 villages.

Population / Working area of Center of Public Health and Number of Villages:

NO	HEALTH CENTER	TOTAL POPULATION	TOTAL VILLAGES
1	BARANTI	25,716	9
2	PANGKAJENE	40,406	12
3	RAPPANG	24,297	8
4	KULO	12,058	6
5	EMPAGAE	15,072	8
6	AMPARITA	22,039	9
7	LANCIRANG	22,889	12
8	LAWAWOI	26,677	10
9	BILOKKA	17,380	10
10	TANRUTEDONG	37,230	9
	TOTAL	243,764	93

B. Person Working for the CBR Programme

❖ *Manager :*

In District level there is district steering committee with personal as follow:

Manager : Head of District Health Office

Secretary : Asisah Tappa, BSc

The tasks of district committee are:

- To coordinate planning activities
- To Monitor program in sub district level
- To Make activity report

Each sub district has organizing committee with personal as follow:

Manager : Head of Health Center

Local Supervisor : Are middle level rehabilitation team work consists of nurse, teacher, sosial worker and woman organization.

❖ *Number of Local Supervisors and Cadres from each sub district/health center are as follow:*

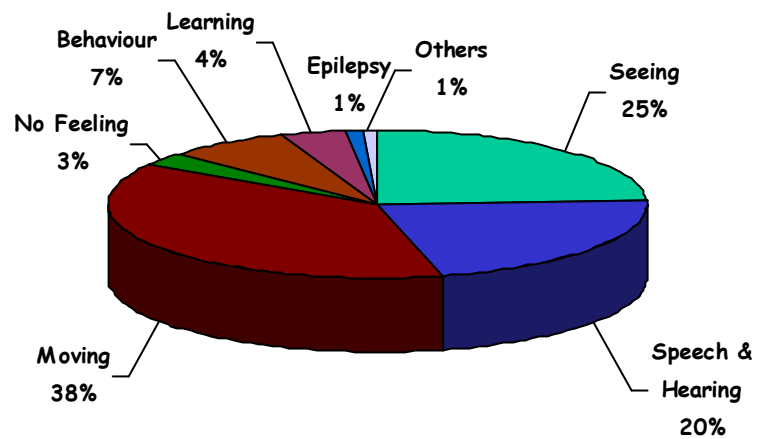
Subdistricts/ Health Centres	Cadres	Local Supervisor						Total
		Nurse	Woman Organization	Social Worker	Teacher	Family Planning	Other	
Baranti	23	2	1	0	0	0	1	4
Pangkajene	24	2	1	0	1	0	2	6
Rappang	20	2	1	1	1	0	0	5
Kulo	24	2	1	0	2	0	0	5
Empagae	24	2	0	1	1	0	0	4
Amparita	22	3	1	0	1	0	0	5
Lancirang	20	4	0	0	0	0	2	6
Lawawoi	20	2	1	0	1	1	0	5
Bilokka	20	1	1	1	1	0	0	4
Tanru tedong	15	4	0	0	1	0	0	5
T o t a l	212	24	7	3	9	1	5	49

C. Identification of People with Disabilities

The number of people with disability are 2,487 people with the following details :

Health Centre	Number of PwDs according of type disability								Total
	seeing	Speech & Hearing	Moving	No Feeling	Strange Behaviour	Learning	Epilepsy	Other	
Baranti	126	80	151	28	29	34	0	0	448
Pangkajene	39	59	79	10	19	33	4	0	243
Rappang	60	61	129	1	43	1	3	0	298
Kulo	31	32	58	4	18	7	6	0	156
Empagae	48	35	80	0	3	3	2	12	183
Amparita	36	32	87	2	17	9	7	1	191
Lancirang	56	38	86	10	12	0	0	0	202
Lawawoi	46	45	87	17	11	8	1	1	216
Bilokka	56	53	67	0	11	14	2	0	203
TanruTedong	99	88	107	11	29	1	5	7	347
T o t a l	597	523	931	83	192	110	30	21	2,487

**PERCENTAGE OF PWD BASED ON TYPE OF DIFFICULTIES
IN SIDRAP 2005**



D. Assisting PwDs and Their Families

Cadres visit people with disabilities and their families in their home to train and assist them.

HEALTH CENTRE	NUMBER OF PwDs TRAINED	IMPROVED	REFERRAL		
			SCHOOL	HEALTH	VOCATIONAL TRAINING
Baranti	19	19	2	9	2
Pangkajene	29	15	2	8	2
Rappang	31	31	0	18	0
Kulo	24	24	0	12	0
Empagae	28	13	0	28	25
Amparita	28	13	8	30	14
Lancirang	40	34	0	0	0
Lawawoi	20	20	0	10	0
Bilokka	21	14	0	0	0
Tanru Tedong	28	17	0	0	0
TOTAL	268	200	12	115	43

E. Activities which has been implemented in sub district/health centers almost similar with slight differences, as follow:

1. Baranti Health Center

a. General Condition

Baranti Health Center which is located in subdistrict of Baranti has 9 villages. Manager of Baranti CBR a doctor and assisted by 4 Local Supervisors (2 nurses, 1 member of Woman organisation, 1 other). Each Local Supervisor handled 2 villages except Kalsum (nurse), handled 3 villages. Each Local Supervisor handled 4-6 Cadres. Number of Cadres was 23 persons. It means that each village was hadled by 3 Cadres, except Panreng and Manisa were handled only by one cadre in each village. Each Cadre handled one of the PwDs.

b. Monthly Meeting

The meeting conducted every month, which was followed by manager, doctor, and all Local Supervisors and Cadres. It aims to discuss about all problems faced by cadres in handling PwDs and their family. This meeting was also as a media to share both idea and experience what they had got in the field, included

discussing about the special PwDs such as PwDs who would be trained and stop to be trained. In this meeting, they also discussed about training of specific disability alternately every month.i.e. Early Detection of growth , disability of moving, sewing workshop, post stroke training and others.

c. Assisting by Cadres for The PwDs and their family

Cadres assisted and trained the PwDs and their family both the dependent and independent PwDs. It aims to train and assist them with training agreed with their disability. For all PwDs children who do not go to school, cadres will try to find the general school for them and introduce them about numbers and daily conversation. The specific training will be given to the dependent PwDs based on their disability.

d. Assisting by Lokal Supervisor for Cadres

Local Supervisors gave guidance to cadres according to their working area in order to help local supervisors do monitoring and evaluation of cadres and observe the assistment of the PwDs and family directly.

e. Result of Assistentment

Citra who suffered growth disorder and had been given suplement food last year and local suplement food this year showed great progress. She can run by holding a doll and sing eventhough only one or two word that pronounced clearly. Now, she can go upstairs by standing and using the stairs borders.

Riska also suffered movement disorder. In the beginning, all of her movement components are weak. And finally she can walk only by holding one of her hand and get dress by herself.

Igallu shows significant progress. The O shape of his feet has subsided. And so is Landing. He can move his hand.

A. Ikhsan suffered movement disorder. His right hand became bending because of congenital disorder and stiff. He is helped to straighten out his right hand and fingers.

Andika who suffered movement and speech disorder tried to eat and drink by using spoon in order to strengthen his hand. Within the three months, he was helped to eat with spoon without spilling it out.

f. Vocational Training

Center of Public Health of Baranti handled one sewing group of the PwDs assisted by cadres who are skillful in sewing. It is carried out twice a week. This group showed significant progress and made its members have skill in making dress, skirt and trousers pattern and sewing them.

g. Referral of the PwDs

In 2006, there were 4 persons, one neorolist referred to open hospital, 2 persons with 2 physioterapist to medical rehabilitation of Wahidin Hospital, 2 persons to special school of Pangkajene in Sidrap District, one of the PwDs got gipst from social Department, and one person got sewing workshop from social department.

2. Pangkajene Health Center

a. General Information

Working area of CBR of Center of Public Health of Pangkajene covers 12 villages. It is led by one doctor, helped by 6 local supervisors (2 nurses, 1 teacher, 1 member of Family Welfare Education and 2 others). Each local supervisor handles 2 villages. He/She is assisted by 24 cadres in which one village is handled by 2 cadres. The number of the PwDs is 29 persons and every cadre guided 1-2 of the PwDs.

b. Monthly Meeting

Monthly Meeting is followed by CBR manager, all local supervisors and cadres. This monthly meeting is also used to conduct training alternately every month such as training of movement disorder of cerebral palsy, post stroke, speech disorder, sense of touch disorder, making of aid equipments, accupressure and learning disorder. Like other Health Center, this meeting functions to share information/experience and to evaluate the cadres and local supervisor activities in the field.

c. Assistingby Cadres to the PwDs

The parents of PwDs who do not go to school are motivated to send their children to the nearest school. For the PwDs, 16-35 years, who have not worked are given skill training by having vocational training group based on their capabilities, which is done every month with key speaker from cadres or local

supervisor. Vocational training group progress greatly so that they can sew dress, make wijen nut in small-simple packages.

d. Assisting by Local Supervisor to Cadres

Every Local Supervisor handled 4 cadres in order to help cadres who get difficulty in handling the handicapped included approaching PwDs family. Besides that local supervisor evaluate the cadres report and give referral for PwDs to Health Center or other institutions for them who needed more treatment.

e. Vocational Training

The programs of vocational training are sewing, making push button and producing the traditional cookies called keciput.

f. Stroke Clinic

Center of Public Health of Pangkajene has stroke clinic that targeting the ex-stroke person but still has disability. It is held three times in the period of 2006 with keynote speaker from physiotherapy of Nene Mallomo Hospital.

g. Assisting Result

Of the 29 persons, there are 4 persons showing significant progress, 11 persons showing insignificant progress and 14 persons without any progress. The greatest number of them without any progress is caused by some obstacles faced in the field such as communication with the PwDs and their family, lack of confidence and keeping away from cadres. Another cause is the lack of capability of cadres.

3. Rappang Center Health Center

a. General Condition

Subdistrict of Panca Rijang as working area of Rappang Center of Public Health consists of 8 villages and has 24,297 persons. CBR of Rappang is led by a dentist helped by doctor, 6 local Supervisors (3 nurses, 1 member of Family Welfare Education, 1 from social department) and 20 cadres. Every local supervisor handled one village except Muin and Jumriah handled two villages respectively. Each village was handled by two cadres, except Rappang and Lalebata which were handled by 4 cadres respectively.

b. Monthly Meeting and Training

Monthly Meeting involved manager, doctor of Center of Public Health, local supervisors and cadres held at the 21th of the month. Monthly Meeting always

giave training alternately every month, i.e : Physioterapy (April), Reading (May), Embroidering by using sewing machine (June), Monthly Meeting (July), race walking (August), reading (September), sewing veil (October), sandal production (November), Monthly Meeting (Desember), physiotherapy (January).

c. Assisting by Cadres for the PwDs

There are 20 cadres handling all the PwDs handled by CBR in Subdistrict of Panca Rijang. The number of the PwDs in 2006 is 50 persons increasing than in 2005 (31 persons), in which each cadre handled 2-5 of the PwDs. The assistment is carried out every month by visiting directly to their house and reporting the result to local supervisor. Besides that, center of public health construct group of pre vocational training and vocational training, which have training such as barber workshop, sewing workshop, producing cookies and flowerpor. It is carried out in one of house of cadres who has good skill. For the PwDs with serious behavior disorder, cadres involved psykiatrist. There are 32 PwDs show progress and three must get referal.

d. Assisting by Local Supervisor to Cadres

This activity was carried out by six local supervisors in order to develop the assistment by cadres to the PwDs. They will refer unsolved problem faced to CBR manager. It is held once in a month or more when getting difficulty that needed assistance immediately.

e. Prevocational Training and Vocational Training

There are 16 children who do not go to school because of the distance of SDLB is far, the parents felt inferior to send their children to general school and any school refused them. The 16 children are teached about reading. The independen PwDs who do not work will be motivated to work and given life skill such as barber workshop, sewing workshop, cookies production and flowerpot production.

f. Monitoring and Evaluation

Monitoring is carried out by CBR manager and doctor of Health Center in order to analyse the performance of local supervisor and cadres.

g. Activities of 17 of August

Celebrating the 61th independence day of Indonesia, Cadres and the PwDs participated in race walking.

h. Cadres Award

There are five the best cadres got appreciation for their good performance.

4. Center of Public Health of Kulo

a. General information

Subdistrict of Kulo where the center of public health is located has 12,058 people with 2,505 families. It is led by a doctor and helped by a dentist, five local supervisors (two nurses, two teachers, and one member of Family Welfare Education), and twenty four cadres.

b. Monthly Meeting

Monthly Meeting was carried out every 5th day each month by CBR manager, Local Supervisor, Cadres, the PwDs and their family. Like others, CBR of Kulo use monthly meeting to carry out training alternately each month.

c. Assistent by Cadres to the PwDs

Assistent by cadres to the PwDs was carried out by cadres' repectively (24 persons), each PwDs got two visits every month. Besides that, cadres are helped by local supervisor to establish vocational training.

Life skill training carried out are flowerpot production, barber workshop and chicken coop production.

d. Assisting by Local supervisor to Cadres

Each Local Supervisor handled 4-5 Cadres. Assistent by local supervisor to cadres was carried out only twice a month.

5. Center of Public Health of Empagae

a. General condition

Health Center of Empagae covers 8 villages that handled by four local supervisors (two nurses, one teacher and one from social department), who handled two villages respectively except Iskak handled 3 villages and Pattiroi handled one villages. The number of cadres is 24 and each cadre handled one of the PwDs.

b. Monthly Meeting and Training

Monthly Meeting aims to provide an umbrella to share information, tighten brotherhood and to evaluate the performance of local supervisor and cadres every month. This meeting is also carried out to plan the activities in the next month. In period of 2006, the similar meeting was carried out five times i.e in April, August, November and January 2007. The percentage of attendance is 91.6-100%. Training was held in order to develop their knowledge and skill. In period of 2006, it was held four times (May, June, September and December), and had different material with training of speech and hearing disorder (twice), movement disorder (once) and learning disorder (once). The targets of this training are local supervisor, cadres, and the PwDs and their family based on the guidance book of CBR.

c. Assisting by Cadres to The PwDs

Assistment by Cadres to the PwDs and their family was done simultaneously in all villages and handled them minimum twice in a month.

Of three movement disorder of cerebral palcy, one of them showed significant progress and two of them develope slowly. The most PwDs who suffered speech disorder showed significant progress. There are 17 of the PwDs followed life skill training from social departement such as sewing and electronic workshop, and cooking .

d. Assistentment of Local Supervisor

Assistentment by Local Supervisor was carried out for cadres, especially for cadres facing difficulties in handling the handicappend and their family. Besides that, it is also done to evaluate the report and performance of cadres, and to guide them about manners of referral to higher level (Center of Public Health, hospital, Special school and life skill training).

e. Prevocational Training

Prevocational training was carried out every month by establishing groups based on the kinds of disorder, age and location. The chosen groups are children who do not go to school (four groups) with simple learning method that handled by cadres.

f. Award for cadres

Award was given to 3 cadres who showed good performance based on selection done by manager and local supervisors by analyzing their performance, reporting, and creativity.

6. Center of Public Health of Amparita

a. General Condition

Center of Public Health of Amparita covers 103,20 km², consisting of nine villages with 22.039 people and 190 of them are the PwDs. CBR of Amparita is led by a doctor and helped by five local supervisors (three nurses, one teacher, and one member of Family Welfare Education). Each local supervisor handled two villages except Rosminae, a member of Family Welfare Education. Each Local supervisor handled 4-6 cadres except Rosminae handled only two cadres. Every village was handled by 2-3 persons except Amparita village was handled by four cadres.

b. Monthly Meeting

Monthly meeting conducted in the fourth week by manager, local supervisors and cadres. Like others, monthly meeting of CBR of Amparita also gave respectively training based on the schedule.

c. Assisting by Cadres to the PwDs and their family

The assistance is carried out to train and handle the PwDs and their family that suitable with the kind of disability, in order to make them independent. The PwDs who do not go to school were guided at home to know vocabularies and numbers while the PwDs who have become independent and productive but haven't worked were given life skill based on their capability and interest.

d. Assistance by Local supervisor to cadres

Every month, Local Supervisor trained cadres to do evaluation and to handle or refer the PwDs.

e. Referral

In period of 2006, there were 30 persons referred to Health Center, 14 persons to life skill training, 8 persons to education institution and 2 persons got work.

7. Lancirang Health Center

a. General Condition

Center of Public Health of Lancirang is located in Subdistric of Pitu Riawa with ten villages and 22.889 people. Lancirang is led by a senior nurse and helped by a doctor, six local supervisors (four nurses, two others) and twenty cadres. Each local supervisor handled two villages except Syumarni and Minarti handled only one village respectively. Each village was handled by two cadres. The number of PwDs guided was 40 persons. It means each cadre handled two of PwDs.

b. Pertemuan Bulanan

Monthly meeting was carried out in the fourth week attended by manager, local supervisors and cadres.

c. Assistent by Cadres to the PwDs

The target of this was all the PwDs who were being handled by CBR. Each cadres handled his PwDs once in a month and report it to local supervisor every month.

d. Assistent by Local Supervisor to Cadres

The assistent was held every month to analyse the difficulties faced by cadres in handling the PwDs and also observe the handicapped who need special treatment such as referal or others.

e. The Result of the Assistent

Of 40 of the PwDs, 34 of them showed progress, 34 of them become independent and 6 of them havent become independent. The strong point of this CBR is its local supervisor as physoterapist who ever followed the acupressure training

8. Lawawoi Health Center

a. General Condition

Working area of CBR of Lawawoi is 149.83 km², with ten villages. It has population about 6.677 people with 216 of the PwDs. Lawawoi is led by a dentist and helped by a doctor, five local supervisors (two nurses, one teacher, one member of family welfare education and one from BKKBN). Each local supervisor handled 1-3 villages. The number of cadres was 20 persons and each village was handled by two cadres.

b. Monthly meeting

Monthly Meeting was carried out every 5th day of month and attended by manager, four local supervisors and twenty cadres. Monthly meeting was also for evaluating the activities cadres, constructing next monthly meeting material and discussing one of training packages with the keynote speaker, manager or local supervisor, or holding training such as movement disorder with the speaker from Nene Mallomo Hospital. The aim of this meeting is sharing information and experience in handling the PwDs or problem got and finding the solution.

c. Assistent by Cadres to the PwDs

Lawawoi health center covered ten villages tha handled by 20 cadres with two cadres in one village. The target of this in 2006 is the dependent PwDs. Each cadres handled one of the PwDs once a week and report it in monthly meeting.

d. Assistent by Local Supervisor to Cadres

CBR team of Lawawoi Health Center has five local supervisors (two frow Health Department, one from Education Department, one from Family Welfare Education and one from BKKBN). Each local supervisor handled 2-3 villages. They coordinate the activities of cadres once a month to analyse the progress and show direct examples in handling the PwDs and refer problems that can not be solved by local supervisor to CBR manager .

e. Prevocational Training

Establishing groups of prevocational training of school age children was to introduce them about alphabets and drawing. This group was handled by local supervisor, cadres and the family of the handicappe. Of five of them, three children can do colouring, write and know alphabets and two children got difficulty to read and write because of disease.

f. Vocational Training

This group handled seven persons, which was divided into two groups, in producing cookies and chips done by members of Family Welfare Education and cadres. It was carried out once a month.

g. Referral

Ten persons got health referral.

9. Tanru Tedong Health Center

a. General Information

Center of Public Health of Tanrutedong is located in Subdistrict of Dua Pitue that has 69, 99 km² with nine villages and population about 37.230 people. CBR of Tanrutedong was led by a doctor and helped by five local supervisors (4 nurses and one teacher). Each local supervisor handled 2-3 villages except Mulyati and Nurlala only handled one villages.

b. Monthly Meeting

The meeting was carried out every month and attended by manager, all local supervisors and cadres. Like others, it also held training for cadres in different topic every month.

c. Cadres Assistent to the PwDs

Basically, the assistment focused to the dependent PwDs. The number of cadres was 15 persons. Every village was handled by 1-2 cadres.

d. Local supervisor Empowrment to cadress

This assistment focused to assist the cadres based on their working area. Each local supervisor handled 2-4 cadres.

e. The Result of Training

Of 28 of the PwDs, 17 persons showed significat progress, 4 person become independent and 24 persons are still assisted.

10. Bilokka Center of Public Health

a. General Information

Working area of Community Based rehabilitation (CBR) of Bilokka covers a 13,800 km² area which comprises 10 villages. The population of the area is 17,380 people and 199 people among them are the PwDs. CBR of Bilokka was led by a doctor and assisted by four local supervisors and twenty cadres.

b. Monthly Meeting and Training

Cadre meeting was carried out every month. This meeting aims to evaluate the activities done by the cadres, to discuss about the problem they have got in the field, and to figure out the solution. In this meeting the cadres reported the results of their programs.

The training for the cadres was held twice a month. In this training, they were given knowledge about movement disorder, speaking disorder, learning disorder, and post stroke movement disorder. By following this training, the cadres can improve their knowledge and skills in order to give service to the PwDs people in their working area.

c. Assistentment by the CBR Team for The PwDs People

If there are some problems that could not be handled by the cadres, the CBR team will visit that area. This visit was usually carried out at the same time they have the monthly meeting.

d. Prevocational Training

This activity is a program for 6 -15 years old children. The purposes of this program are giving training to the PwDs children which don't have formal school, motivating them to live a normal life like other children, introducing them to alphabets and numbers, and also classifying these children into independent and dependent groups. This activity was carried out four times a month. The result of this program was that the children are able to recognize the alphabets and numbers and they were not embarrassed anymore to follow the program because they have already had their own group.

e. The Result of the Activities

The activities carried out by CBR have invited the attention from the society. There are 20 local figures that actively participated in the programs. 10 villages establish their own regional Societal CBR. Among the 20 trained cadres, 14 were improving and the other five are now independent. In 2006 there was one PwDs person that was referred to the health care center and there were 4 people follow the skill training.

2. District of Gowa

A. Geographical Data

❖ *The Population*

Gowa is one of District in Sulawesi Selatan Province which is located 10 km from Makassar. The capital city of this District is Sungguminasa. It has 1,883.32 km² areas and the number of the population is about 500,000 people.

❖ *The Number of Villages*

Community Based Rehabilitation (CBR) program in Gowa District had been carried out since 1996 in 18 sub districts / Health Center. But since 1999, because of the lack of fund, this program only carried out in 10 Health Center which is covered 87 villages.

Total Population/Health Center Work Area and Total Village:

NO	HEALTH CENTER	TOTAL POPULATION	TOTAL VILLAGE
1	SOMBA OPU	60,248	8
2	SAMATA	35,518	6
3	PALLANGGA	48,251	8
4	BAJENG	42,158	11
5	BONTONOMPO II	35,528	15
6	KANJILO	27,163	7
7	BONTOMARANNU	25,317	6
8	PATTALLASSANG	19,767	8
9	PARANGLOE	26,635	10
10	GENTUNGANG	27,323	8
	TOTAL	347,908	87

B. Team of Community Based Rehabilitation (CBR)s in District

In the District, the CBR team consists of:

Manager : Head of District Health Office

Secretary : Djuhra Husain, SKM

The tasks of district committee are:

- To coordinate planning activities
- To Monitor program in sub district level
- To Make activity report

The subdistrict team consists of:

Manager : Head of Health Center

Local Supervisor : A middle level rehabilitation team work consists of nurses, teachers, social officers, and woman organisation. The number of the local supervisor depends on the human resource in that region.

❖ *Number of local supervisors and cadres from each sub district / center of public health as follows*

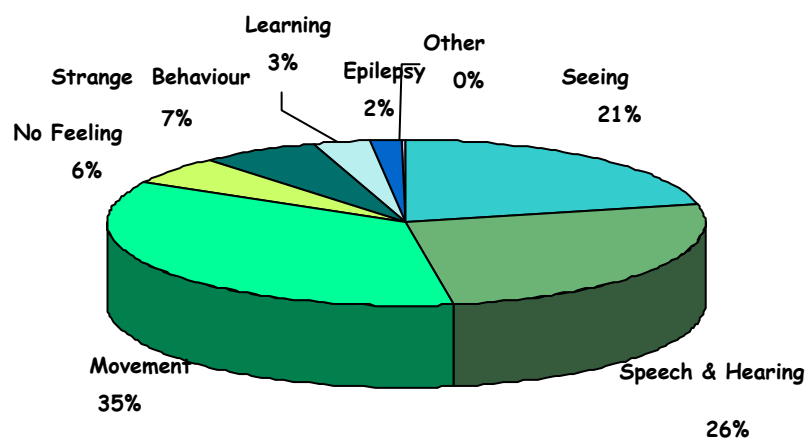
Sub District/ HEALTH CENTER	CADRES	Lokal Supervisor						Total
		NURSE	WOMAN ORGANISATION	Social Worker	Teacher	Family Planning	Other	
SOMBA OPU	12	2	1	1	0	0	0	4
SAMATA	12	2	1	0	1	1	2	6
PALLANGGA	12	2	1	0	2	0	0	5
BAJENG	24	2	1	0	2	0	0	5
BONTONOMPO II	27	3	1	0	1	1	0	6
KANJILO	14	3	1	0	0	1	0	5
BONTOMARANNU	12	2	1	1	0	0	0	4
PATTALLASSANG	16	1	1	1	1	0	1	4
PARANGLOE	13	3	1	0	1	1	0	6
GENTUNGANG	24	4	1	0	1	0	0	6
TOTAL	166	24	10	3	9	4	3	51

C. Identification of PwDs Person

The number of PwDs people is 2,897 with the classification of:

Health Center	Number of PwDs according to type of disability								Total
	Seeing	Speech & Hearing	Moving	No Feeling	Strange Behaviour	Learning	Epilepsy	Other	
SOMBA OPU	23	34	59	5	12	18	5	13	169
SAMATA	17	51	76	0	11	12	0	0	167
PALLANGGA	86	108	148	8	38	14	1	0	403
BAJENG	138	95	138	36	32	2	5	0	446
BONTONOMPO II	20	81	124	12	13	7	5	0	262
KANJILO	79	63	71	21	16	8	2	0	260
BONTOMARANNU	44	66	100	6	15	6	5	0	242
PATTALLASSANG	75	111	91	24	33	18	2	0	354
PARANGLOE	50	59	94	12	20	4	0	0	239
GENTUNGANG	83	90	125	36	0	0	21	0	355
Total	615	758	1026	160	190	89	46	13	2,897

**PERCENTAGE OF THE HANDICAPPED PEOPLE
ACCORDING TO THE KINDS DISABILITY
AT GOWA REGENCY IN 2006**



D. Assisting PwDs and Their Families

Cadres visit people with disabilities and their families in their home to train and assist them.

HEALTH CENTER	NUMBER OF PwDs TRAINED	IMPROVED	REFERRAL		
			SCHOOL	HEALTH	VOCATIONAL TRAINING
SOMBA OPU	28	7	0	0	0
SAMATA	27	7	22	0	4
PALLANGGA	36	22	0	0	0
BAJENG	28	25	0	0	5
BONTONOMPO II	54	23	11	0	0
KANJILO	16	7	2	3	0
BONTOMARANNU	21	16	0	0	0
PATTALLASSANG	28	24	0	17	0
PARANGLOE	14	9	0	3	0
GENTUNGANG	30	11	0	0	0
TOTAL	282	151	35	23	9

E. Activities which has been implemented in sub districts/health centers almost similar with slight differences, as follow:

1. Somba Opu Health Center

a. Monthly Meeting and Cadres Training

Monthly meeting was held every month at the 20th day of the month by the manager, local supervisors, and cadre. In this monthly meeting the cadres reported the results of their activities, so other people know the problems that they got in the field and find out how to solve them. The example of the previous program was a training of early detection to avoid disability which was held in April. In June, there was a training of making the aid equipment that can be used by the PwDs person. In July, they carried out a training of movement disorder that focusing the problem at the post stroke movement disorder and how to handle that condition.

b. Early Detection of PwDs Person

Early detection of disability was carried out by the social institution, cadres, midwife, and the field officers to the infant who had medical check up in posyandu to know the abnormality of growth the children had. This early detection was also done to the elderly people to detect the post stroke disability and to prevent them from getting the stroke.

c. Assistent From Cadres To The PwDs People

Every month the cadres carried out a program in the PwDs person's house to monitor their progress. Every cadre handled two PwDs persons.

d. Assistent by Local Supervisor to The Cadre

Assistent by local supervisor to the cadres was carried out every month. The Cadres got direct counseling from the local supervisor who became the person in charge in that village. Local supervisor also helped the PwDs person directly.

2. Samata Health Center

a. General Condition

Center of Public Health of Samata is located in the sub district of Somba Opu, Gowa District which borders on Makassar. The working area of this Center of Public Health covers six villages with 35,518 populations.

b. Monthly Meeting and Cadres Training

Monthly meeting held every month at the third week was presented by the cadres, local supervisors, and the PwDs people to discuss the problem they faced in performing the CBR programs. In April and June 2006, they carried out a cerebral palsy and aid equipment training. The keynote speakers in this training were doctors and local supervisors who had followed the earlier similar training. A training about early detection on children growth was also carried out.

c. Assistent by Cadres for the PwDs People

The development was not only given to the PwDs person but also to their family to support the implementation of this program by implanting a thought that by having willingness and hard work, and given opportunity, the PwDs will be able to have a better future. The Assistent programs carried out in CBR Samata were:

- ✚ Rasyid, a patient of cerebral palsy whose leg had been amputated because of an accident, is now able to create mebels / furniture, such as: cupboard, table, chair, etc. after following the program.
- ✚ Dian hastawati, after following Assistent and motivation from Community Based Rehabilitation (CBR)s team has studied in elementary school for normal children in 2005 and now she is in the second grade. Dian sits on the table and writes using her feet/toes because both of his arms are wilted since she was born.
- ✚ Akbar is a four-year old child who was found at the age of 2 years and could not stand. By having an Assistent and exercise given by CBR cadres, now he is able to walk using simple aid equipment made by his parents.
- ✚ Sunni who suffered from cerebral palsy, speech impediment, and Mongolia was found at the age of 7 and could not walk, stand, and speak normally. By doing muscle reinforcement exercise, balancing exercise, and training using parallel bar, Sunni who is now 9 years old is able to walk.

d. Assistent From Local Supervisor to The Cadres

Community Based Rehabilitation (CBR) of Samata has five local supervisors which consist of two persons from Health Department, one member of woman

organisation (PKK), one from Education and Culture Department, and one from BKKBN. Local supervisor supervised six villages and coordinated twelve cadres.

e. Assistent in Workshop

This program was carried out once a month in workshop center.

✚ Suriyanti, one of the PwDs persons who was following the launching of PSIKI and CBR Meeting in Jakarta has improving her working motivation and broaden her business. She had already had some business before, such as telecommunication service, sewing workshop, and producing markisa syrup packing from carton, and now she is opening a souvenir production.

✚ Aswar, suffered from speech impediment who lives in Paccinongan village has open chair reparation workshop and production of photo frame business since two years ago.

f. Referral

In July 4, 2006 CBR PKM Samata has given reference to two PwDs persons who suffered from cerebral palsy, Anti and Mantasia, to the Social Department (Working Training Workshop / PK) in Pallangga to follow training of sewing. Now, Anti has already had her own workshop in her house.

3. Pallangga Health Center

a. General Information

Center of Public Health Pallangga is located in the District of Pallangga which is about two kilometers from the capital city of Gowa District. Working area of Center of Public Health Pallangga covers 4 kelurahan and 4 desa/villages, i.e. kelurahan Tetebatu, kelurahan Mangalli, kelurahan Pangkabinanga, kelurahan Parangbanoa, Desa Taeng, Desa Bontoala, Desa Je'netallasa dan Desa Panakkukang.

b. Monthly Meeting and Cadre Training

Monthly meeting was held every month at the fourth week by manager, five local supervisors, and twelve cadres to report the development of the PwDs person and to discuss the problem in the field. Among the trainings they held were the refreshing training for local supervisors and cadres of Community Based Rehabilitation (CBR)s at April 12, training of making aid equipment for

movement at May 18, and refreshing training of speech and hearing impediment at December 2.

c. Post of Community Based Rehabilitation (CBR)

Integrated service post of CBR was carried out in desa Je'netallasa at May, June, July, September, and November. The objectives of this activity was socializing the programs of CBR, finding and early detecting the PwDs persons according to the kind of disability they have, identifying the PwDs who needs to be assisted and needs aid equipment, preparing the reference to the Center of Public Health, and giving health care to the PwDs people.

d. The Result of The Assistentment

Among the 36 PwDs persons who followed the program, eleven are independent, three are not independent, and 22 of them are improving their skill.

3. Center of Public Health in Bajeng

a. General Information

Center of Public Health Bajeng, one of two the Health Center in the sub district of Bajeng, located 11 kilometers from the capital city of Gowa and geographically classified as lowland. Working area of this Center of Public Health covers 49.65 km² wide areas, consists of three kelurahan and 8 desa with the population number is 42,158. Among this population WHO estimated that disability proportion in this area in 2002 was about 1200-4000 PwDs persons. Although, according to the data collection of PwDs person carried out by the cadres in 2006 found that the number was only 446, 30%-35% from the estimation made by WHO before. Therefore, we still need to improve the planning management to give an access for the PwDs person who hasn't been registered in the data.

b. Monthly Meeting and Cadres Training

Monthly meeting was carried out routinely every month joined with refreshing training by the CBR team in Center of Public Health of Bajeng. This activity held on April 2006 until January 2007. The materials given in this training were training of movement disorder caused by cerebral palsy and communication for children suffered from cerebral palsy, training of early detection of leprosy, and

the training of early detection of children's growth. The speakers in this training are dr. salahuddin, M.Kes, Mustainah, SKM, and Salmah.

c. Assistent by Cadres to The PwDs Person

Assistent by cadres to the PwDs person was carried out by visiting the PwDs person's house once or twice a month. There are 24 cadres who monitored 28 PwDs persons.

d. Post Early Detection for Infant

CBR Bajeng Health Center established two integrated service posts for infant that was developed by the local supervisors and the midwife. The application of this program also involving the role of cadres, parents, and the organizer of the integrated service post.

e. Result of the Assistentments

Generally, the PwDs persons who followed the program are improving their capability, although some of them have not changed yet.

4. Bontonompo II Health Center

a. General Information

Center of Public Health Bontonompo II is included in administrative area of Kecamatan Bontonompo, located about 16 kilometers from the capital city of District and 29 kilometers from the capital city of Province. Working area of Center of Public Health Bontonompo II covers 38.7 Km² wide areas consisting of 11 villages and 3 kelurahan. This area can be traveled from District in 30 minutes. The number of the population is 35,528. The total number of the PwDs persons in this area was 262, where the highest number found in Bontobiraeng village and the least number was in south Bontolangkasa village.

b. Monthly Meeting and Cadres Training

Monthly meeting was held by the manager, local supervisor, and cadres to discuss the result of the program run by the cadres and the local supervisors, and also to solve the problem they faced. In this meeting the cadres also shared their experiences in handling the PwDs person. The training they carried out were Training of speech impediment on June, Training of movement disorder (stroke) in July, Training of movement disorder (cerebral palsy) on August, and Training

of behavioral disorder on December. The speakers of this training were the manager of the CBR program and the local supervisors.

c. Assistments for The PwDs Person

The local supervisors carried out the Assistment activities for the cadres for 12 times. There were 27 cadres that handled 52 PwDs persons, so every cadre was handling 1-2 PwDs persons.

d. Non-ordinary School (SLB)

A non-ordinary school named "SLB Bunga Biraeng" was established in Bontobiraeng village. The founder of this school were the leader of SR, the cadres of CBR, the local influential figures, the religious figures, press, and the government in sub district dan District. This school was legitimated by the deputy of Bupati of Gowa District. The teachers in this school are two alumni of SLB. Nowadays, there are 33 students registered in this school, but only 15 of them are active. The problem is the difficulty in transporting the students to school.

e. Other Activities

The cadres participated in the Indonesian Independence Day celebration (17th of August every year). The contest they held such as: eating kerupuk contest and throwing ball contest.

f. Cadres Award

To motivate the cadre in developing the PwDs people, the cadre who has a good achievement will be appreciated by given them award. There are three cadres who have ever accepted the awards: Mantasia and Hasniati from Barembeng village and Saerah from Kalase'rena village.

6. Center of Public Health in Kanjilo

a. General Information

Community Based Rehabilitation (CBR) in Center of Public Health of Kanjilo which is located in Kecamatan Barombong, Gowa District, handled two Health Centers in Kanjilo and Moncobalang. Working area of Center of Public Health Kanjilo covers three villages and one kelurahan, while working area of Center of Public Health Moncobalang covers three villages.

b. Monthly Meeting and Cadre Training

Monthly meeting was held at the third week of the month by the manager, local supervisor, and cadres to hear the result of the program run by the cadres and the local supervisor of the CBR. Monthly meeting on August was followed by Secretary of the District government who suggest them to make the data of the PwDs person according to the age group from each age and to inventory the PwDs persons who have already been independent and have skill. On the monthly meeting in November, the result of the data evaluation of the PwDs person who has special skill from the cadres in each village was presented. On January, there was an evaluation meeting to discuss about the report of the latest data about the PwDs people from the cadres of the CBR in each village. The trainings that were carried out are the training of growth disorder in children on May, training of movement disorder (cerebral palsy) on July, training of early detection of disability at baby and infant on September, training of aid equipment for movement disorder (how to make crutches). The speakers on the trainings are the manager of Community Based Rehabilitation (CBR)s and Mustainah (local supervisor from CBR Bajeng).

c. Assistent from Local Supervisor to the Cadres

There are five local supervisors of Community Based Rehabilitation (CBR)s team in Kanjilo, consists of three nurses, one member of Woman Organisation, and another from Family Planning. These five local supervisors guided 14 cadres in seven working areas. By giving the Assistent from the local supervisors to the cadres, hopefully the cadres will be more active in handling the programs to the PwDs persons. The cadres were also expected to be pro-active in carrying out the early detection of a new PwDs people in the society.

d. Assistent From Cadre to The PwDs Person

There were 14 cadres that handled 16 PwDs persons. Every cadre handled 1 -2 PwDs person by visiting them in their house. The cadres also handled the family of the PwDs person, so the development process is not only performed when cadre visits their house but also can be done every time by their own family. The local supervisors and cadres were expected to approach their family to pay more

attentions to them. By that way, the development of the PwDs person will be reached effectively.

e. Referred PwDs

There were three PwDs person who were given health reference and two PwDs were given education reference.

f. Cadres Award

By awarding a gift to the cadres, they were expected to improve their effort to handle the PwDs person and their approach to the family, so the skill of the PwDs person will be developed. In this case the local supervisors should be more pro-active in monitoring and guiding the cadres in the field. Cadres are given opportunity to present the result of the Assisment program they have done. Cadres who have achievement came from desa Biringalla, desa Tamanyeleng, and desa Moncobalang.

7. Bontomarannu Health Center

a. General Information

Center of Public Health of Bontomarannu is included in the administrative region of Kecamatan Bontomarannu, located about five kilometers from the capital city of Gowa District. Working area of Center of Public Health Bontomarannu covers 4 villages and 2 kelurahan, i.e. Kelurahan Borongloe, Kelurahan Bontomanai, Kelurahan Pakatto, Kelurahan Nirannuang, Kelurahan Romangloe, Kelurahan Sokolia. The number of the population in this area was 25,317. The number of CBR team members was 17, consists of one leader, four local supervisors, and 12 cadres.

b. Monthly Meeting and Cadres Training

The monthly meeting held every month at the 11th day of the month by the manager, local supervisors, and cadres. The purpose of this monthly meeting was to review the result of the activities carried out by the cadres. Besides that, they also discussed about the problem they got. All participants of the meeting will get chance to convey their opinion to make an agreement in order to improve the activities in CBR. This monthly meeting was also combined with monthly "arisan" by the CBR team in Center of Public Health of Bontomarannu. The training that they carried out such as: training of movement disorder on April and

May, training of speech impediment on July, and refreshing training of early detection of growth on October.

c. Assistment by Local Supervisor to The Cadres

Assistment from local supervisor to cadres was carried out three times a month, for example at the monthly meeting at the Center of Public Health of Bontomarannu or at the visiting of local supervisors to the village which include as the working area of the cadres. There were four local supervisors who actively guided 14 cadres. It means that every local supervisor managed 2-3 cadres.

d. Assistment From Cadres to The PwDs Persons

In order to improve the skills of the PwDs persons until they become independent, each cadre handled 1-2 PwDs persons. The cadres developed the skill of the PwDs by visiting their house and also showed their family how to handle the PwDs persons.

8. Center of Public Health in Pattalassang

a. Monthly Meeting and Cadre Training

Monthly meeting involving manager, Local supervisors, and cadres was held at the second week of the month. In this meeting, the cadres discussed the problems that they got when they faced the PwDs and their family, and also shared experiences about how to solve the problems.

b. The Assistment for The PwDs People

The Assistment was carried out by five local supervisors and 16 cadres. Every cadre handled 1-2 PwDs persons. This Assistment was carried out by visiting the PwDs persons at their house and supported by their family, so the program could be implemented more intensively by the family, not depended on the cadre's visit.

c. Meeting With The Patients of Leprosy

Meeting with the patients of leprosy was carried out in Center of Public Health of Patallassang by the manager of CBR, cadres, and local supervisor of leprosy. The purpose of this meeting was that the leprosy patients will have enough self confidence to live independently and productively and able to socialize in the society and give them knowledge about how to do self treatment.

d. Award For cadre

To motivate the cadres in handling the PwDs person, the cadre who has a good achievement will be given an award. There were three best cadres this year that come from Timbuseng village, Paccellekang village, and Panaikang village.

9. Parangloe Health Center

a. General Information

Center of Public Health of Parangloe is located 35 kilometers in the eastern part of the capital city of Gowa District. The working area is 313.16 Km² wide and covers two sub districts: Parangloe and Manuju. The number of villages in the area is ten. From the data in 2006, the number of population of Parangloe sub district is 26,635.

b. Monthly Meeting and Cadres Training

Monthly meeting among the manager, the local supervisors, and the cadres of CBR was held every Thursday at the last week of the month. On this monthly meeting, they discussed about the socialization of the reference system, make correction and validation of data of the PwDs persons, evaluate the development of the trained PwDs person, evaluate the activities of cadres include the Assistent for PwDs people and long class development, and compile the annual report.

The kinds of training they carried out were training of movement disorder on August, training of early detection of growth on September, and training of movement disorder on January. The speakers in these training were the local supervisors and the nurse in CBR of Parangloe.

c. Assistent by Local Supervisor To The Cadres

The application of the program was based on the schedule. There were six local supervisors who handled 13 cadres.

d. Assistent by Cadre to The PwDs Person

The number of the PwDs following this program was 14, so each cadre handled 1-2 PwDs persons. Well-achieved cadre will be given an award. This year, the cadres who received the awards were Murniyati from Bontoparang village, Nurhabiba from Lonjoboko village, and Hatija from Lonjoboko village.

e. Long Distance Schooling

Long distance schooling was established two years ago in two villages: Lonjoboko village and Kelurahan Bontoparang with the number of students was five for each kinds of disability. The teachers in this long distance school are the cadres of CBR that guided by teacher as the local supervisor. This activity was carried out twice a week.

f. The Result of The Assistentment

The kind of disability that most frequently suffered was movement disorder, and most of the patients are older than 36 years old. Among the 14 PwDs persons who followed the program, six are improving their skill, and the other two are independent. There are other three PwDs persons who referred to the health facility.

g. Problems / Obstacles

There are some problem in running the program, such as: the high transportation fee needed by cadres to visit the PwDs person, the family of the PwDs were boring to give the exercise because they wanted a faster effect and they expected the cadres or the local supervisor to handled the PwDs directly, some locations were still difficult to be traveled causing difficulties in identifying the new PwDs persons, and also difficulties in refer the PwDs to Social Department because they did not have an educational background.

h. Suggestion

To improve the activities of the rehabilitation, there should be a reference center for the local supervisor when they don't comprehend the material or when they get problem in the field. There should be an inter-sector cooperation, especially from the Social Department in giving skill training for the PwDs persons, and the transportation fee for cadres and local supervisors should be raised up.

10. Gentungang Health Center

a. General Information

Center of Public Health of Gentungang is in the southern part of West Bajeng Sub-district, located about three kilometers from the capital city of the sub district. Generally the working area of Center of Public Health of Gentungang is

lowland that consists of eight villages. The number of population in this area was 27,323.

b. Monthly Meeting and Cadres Training

Monthly Meeting was carried out at 28th days of the month by the manager, local supervisors, and cadres of CBR Gentungang. On this meeting, they discussed about the problems and the obstacles that they faced when applying the program in the field, reported the result of the Assistments for the PwDs person, and also reported the data about the new identified PwDs persons or the PwDs who have already independent.

There were various training held by cadres, such as: training of post stroke movement disorder on July, training of speech impediment on September, and training of movement disorder on December. Facilitators of the meetings were the manager of the CBR and trained local supervisors.

b. Meeting with the Leprosy Patients

The aims of the meeting with the patients of leprosy were to encourage them to have self-confidence to live independently, to provide them practical knowledge about self treatment, to build their motivation to be more productive, and to directly monitor the programs that have been applied by the patients of leprosy in their. The target of these activities was eight patients who were having medical treatment and have already RTF. These activities carried out along 2006 at the third and fourth week of May, July, and December. This program was held both in their house or at the Center of Public Health by the manager of CBR, local supervisors, cadres, and the officer that handled the leprosy patients.

c. Evaluation of Monitoring

The purposes of the evaluation of monitoring were to directly review the implementation of the Assistment carried out by the cadres for the PwDs persons, to monitor if the implementation in the field has already been suitable with the standard procedures, to motivate cadres, the PwDs persons, and their family to keep exercising until they reach their targets, and to carry out direct training in the field. The targets of this activity were all cadres in the working area of CBR Gentungang. This activity was held at the third and fourth week of June and December. The PwDs persons were expected to improve their skill

after following the program for one year. But if the result of the evaluation was not showing a development, then the PwDs person will be substituted by the new one.

d. Suggestion

There should be cooperation among the local supervisors, cadres, the PwDs persons, and their family to gain the optimal result of this program.

3. SUB DISTRICT OF UJUNG TANAH, MAKASSAR

A. GEOGRAPHICAL DATA

❖ *Number of Population*

The number of the population is 32,883.

❖ *Number of Villages*

The program of CBR has been implemented in sub district of Ujung Tanah since 1996 in two Health Center, but this program was only implemented in one Center of Public Health and covers 12 villages since 1999 because of the lack of fund.

Number of population / working area of Center of Public Health and the number of villages

NO	HEALTH CENTER	NUMBER OF POPULATION	NUMBER OF VILLAGES
1	PATTINGALLOANG	44,723	12
	TOTAL	44,723	12

B. CBR TEAM

❖ *Manager :*

CBR team at the city consisted of:

Manager : Head of District Health Office

Secretarys : Hartaty, SKM

The responsibilities of the team were:

- To coordinate planning activities
- To Monitor program in sub district level
- To Make activity report

The team in sub district consists of:

Manager : Head of Health Center

Local Supervisor : rehabilitation team at the middle level, consists of nurses, teachers, social officers, and Woman Organisation.

❖ ***Number of Local Supervisor and Cadres from each sub district / Center of Public Health :***

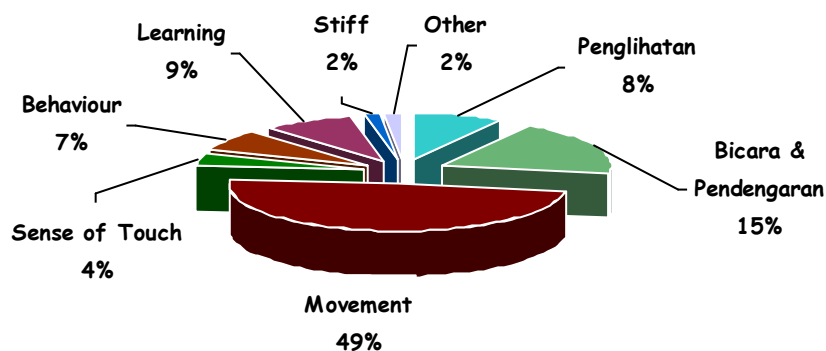
HEALTH CENTER	CADRES	LOKAL SUPERVISOR						Total
		NURSE	WOMAN ORGANISATION	SOCIAL	TEACHER	FAMILY PLANNING	OTHER	
				WORKER				
PATTINGALLOANG	24	10	1	0	1	0		12
Total	24	10	1	0	1	0	0	12

C. Identification of the PwDs Persons

The number of PwDs persons was 205 and the detail is:

HEALTH CENTER	Number of PwDs according to type of disability								Total
	Seeing	Speech & Hearing	Moving	No	Strange	Learning	Epilepsy	Other	
				Feeling	Behaviour				
Pattingalloang	22	43	100	10	16	3	3	8	205
Total	22	43	100	10	16	3	3	8	205

**PERCENTAGE OF PWD BASED ON TYPE OF DIFFICULTIES
IN PATTINGALLOANG HEALTH CENTER
SUB DISTRICT UJUNG TANAH, MAKASSAR 2006**



D. The Assistent For The PwDs Persons and Their Family

Cadres visited the house of the PwDs to train and to help them.

HEALTH CENTER	NUMBER OF PwDs TRAINED	IMPROVING	REFERRAL		
			SCHOOL	HEALTH	VOCATIONAL TRAINING
Pattingalloang	44	41	0	0	0
TOTAL	44	41	0	0	0

E. The Activities Implemented in Sub District / Center of Public Health were Similar, such as:

a. Monthly Meeting and Cadres Training

The monthly meeting carried out by manager, local supervisors, and cadres every month at the 20th day to discuss about the program planning and the problems of CBR in the working area, to consult about the problem in the field to the Physiotherapist. Monitoring and evaluation carried out at December to review and evaluate the implementation of the CBR programs in Center of Public Health Pattingalloang in Sub district of Ujung Tanah.

The Trainings carried out were training of movement disorder (paraplegia) and post-stroke in April, training of speech impediment in May, training of paraparesis and cerebral palsy movement disorder on August, training of movement disorder (stroke) and cerebral palsy on November. The facilitators in these trainings were the leader of CBR Ujung Tanah and Physiotherapists.

b. Prevocational Training

Prevocational training aimed to introduce alphabets and numbers for 6-15 years children who did not study in formal school done by cadres, to develop their potential and intelligent and motivate them to life as normal children. Training prevocational activities were introducing alphabets and numbers to the PwDs children and training them to write and read done by cadres and local supervisors.

c. Monitoring of CBR Team in Island

Monitoring of CBR Team in island aimed to monitor and evaluate the activities of CBR of subdistrict of Ujung Tanah in the island. In May, it was carried out in Barrang Lompo and Barang Caddi islands by visiting eight PwDs, carried out in Kodingareng island by visiting six persons with two of them had become independent in September, and in December this activity was done in Kodingareng and Barang Lompo island by visiting 12 persons.

d. Assistent by Local Supervisor to Cadres

CBR team of subdistric of Ujung Tanah has 12 local supervisors which each of them handled two cadres in 12 villages. The assistment of movement disorder of paraplegia as the cause of diving who lived in island was carried out by visiting the island where

they lived and done by local supervisor (physioterapist) and cadres. The number of cadres who handled the PwDs in island was eight persons.

e. Assistent by Cadres for the PwDs

Assistent is giving training to the PwDs and their family in order to be independent and productive. Each cadre handled 1-2 persons.

f. Award for Cadres

Giving award to cadres is to motivate cadres in handling CBR activities. Award for cadres is given in Januari. The number of cadres got award was three persons from Camba Berua, Gusung and Barrang Lompo Island.

g. CBR Clinic in Subdistrict of Ujung Tanah

The assistment of CBR clinic was held to develop facilities in order to have good management. This clinic is as the reference of the PwDs in the field. It also used to give training for the PwDs and consult about handling them at home done by their family. The activities of this clinic are Baby Massage and training for children who have CP and minor movement disorder. In baby massage, there were 1728 babies and six of them suffered Cerebral Palsy, Pest Equinus Varus and late walking, but in therapy, there were 25 persons and 16 of them showing significant progress. The schedule is Monday and Thursday.

h. The Result of Assistent

The number of the PwDs handled was 44 persons, with six persons (three being new PwDs and ten showing progress) suffering movement disorder because of cerebral Palsy, 12 persons suffering movement disorder because of diving (seven of them showing progress and three become independent), four persons suffering movement disorder because of sroke (one got progres and two become independent), ten persons suffering movement disorder caused by others (two as new handicappe, seven got progres and one become independent), four persons suffering speech and hearing disorder (two persons study in formal school and two person study in the PwDs institution, three persons suffering movement disorder sent to school (two persons in formal school and one person in special school fo the PwDs)

i. Obstacles

Obstacles faced were lack of inter-sectoral attention, lack of local government attention caused by transfer of goverment, lack of cadres awereness in CBR activities

and the dependence of family of the PwDs to local supervisor and cadres in training and handling the PwDs. Based on the problems faced above, it is needed socialization of CBR in inter-related sector and socialization to local government in order to motivate cadres by giving award and involving their family in training and assistment.

CONCLUSION

- Each Health Center carried out monthly meeting involving manager, local supervisor and cadres. The schedule was various depends on the Health Center policy. Some were held in the first week and others in the fourth week every month.

The Assistment for the PwDs and their family

Cadres visited the house and family of the PwDs to train and help them.

- The result of cadres assistance i.e:
 - a. Subdistrict of Ujung Pandang
 - ❖ The number of the PwDs handled : 44 persons
 - ❖ Improving skill PwDs : 41 persons
 - b. District of Sidrap
 - ❖ The number of the PwDs handled : 268 persons
 - ❖ Improving skill PwDs : 200 persons
 - c. District of Gowa
 - ❖ The number of the PwDs handled : 282 persons
 - ❖ Improving skill PwDs : 151 persons