

REPORT ON PSYCHOSOCIAL SUPPORT FOR DISASTER-AFFECTED COMMUNITIES IN PALU

DOLO, SIGI 27 NOVEMBER – 1 DESEMBER 2018
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SUMMARY

A collaboration between PHope and Angsamerah to provide support to disaster-affected communities in Palu have been focused on psychosocial assistance. Support was provided through community empowerment channels by approaching and providing capacity building to Integrated Service Post (Posyandu) and Integrated Services for Elderly Post (Poswindu) health cadres.

These cadres or kaders are community members who voluntarily assist governmental programmes. The government already has a long history in involving community members in building a healthy society and this has become a reference and inspiration to revive community empowerment and active participation in the health sector. In the 1970s-1980s the Government of Indonesia successfully empowered and enhanced community participation in the health sector through the Primary Health Care movement (Gerakan Pembangunan Kesehatan Masyarakat Desa (PKMD).

The program went up and down during the monetary crisis, but its success story had motivated the Family Welfare Education Motivators Team (Tim Penggerak PKK) in surviving and keeping the Pos Pelayanan Terpadu (Posyandu) active and up to now 84,3% villages still have Posyandu. The success of PKMD has been revived through development and improvement of the Active and Alert Villages (Desa dan Kelurahan Siaga Aktif) program. The role of the family in developing a Health Indonesia, as stated in the Republic of Indonesia Minister of Health Decree No 39/2016 on the Guidelines on the Implementation of the Healthy Indonesia Program through the Family and the Republic of Indonesia Minister of Health Regulation No 65/2013 on the Guidelines on the Implementation and Promotion of Community Empowerment in the Health Sector.

The earthquake, tsunami and liquefaction of Palu on 28 September caused a death toll of 2.113 (Tempo.co, Oktober 2018) and 4.612 casualties, whereas 1.309 were reported missing to date and 223.751 displaced people are found in 122 points. Recovery in all sectors have been made with support from several relevant parties. The main point for the recovery process is to allow communities collaborate in rebuilding the infrastructure and social networks which was destroyed by the natural disaster. The disaster in Palu, Dongala and Sigi caused many psychological problems and emotional stress which are left untreated.

Angsamerah with support of PHOPE provided this psychosocial support through family and community by strengthening the role of health volunteers and midwives in the community health center (Puskesmas). The selected Puskesmas was the one in Dolo-Sigi which had health volunteers and midwives in 11 villages. Several activities were conducted with the period of November 2018 to Januari 2019. Psychosocial support was basically provided to allow communities to recognize signs and symptoms of needing psychological support and therapy caused by anxiety and emotional disorders, including post-traumatic stress.



ACTIVITY 1

Psychological First Aid Module Adaptation

The first step taken was to determine which tools could be provided through modules for the cadres to enhance their knowledge and basic communications skills in providing support and referrals to community members who show indication of psychological disturbances.

The module was adapted from Psychological First Aid: Facilitators manual for orienting field workers, by Leslie Snider (War Trauma Foundation) which has reviewed by several organizations such as World Health Organization (WHO) and World Vision International (WVI).

The development of this module was entirely supported by WHO. To simplify the delivery of the materials, Angsamerah has translated and developed power point slides for the said training program. The translation process was acknowledged by WHO ini Geneva which has granted permission for Angsamerah to use the module with further suggestions.

WHO Geneva has officially granted permission through email, as attached on Appendix # 1

The translation process took about two weeks with no changes made on the content, but some language adaptations were made, particularly on the power point slides, suitable for the Indonesian context and how the skills will be applied according to community needs in Indonesia, particularly among disaster survivors in Palu.

The module structure consists of three parts:

1. Manual Overview

Provides general information on how to use the manual, how to prepare for the orientation, and tips for the facilitators.

2. Step-by-step Orientation

Provides a half-day orientation agenda describing each step within the module, including learning goals, narratives and tips for facilitator, accompanying slides, and instructions for exercise and group discussions.

3. Supporting materials

The appendix provides supporting materials which may be printed as participant handouts.

A 3-day module training was conducted with additional communication variation exercise and relaxation exercise to decrease anxiety.



ACTIVITY 2

Psychological First Aid Training for Midwives and Health Volunteers in Palu, Central Sulawesi

Planning was conducted based on field observation and findings by the PHope-Indonesia medical team. The AngsamERAH team was involved as part of the program implementation by initially providing training for 30 midwives and health volunteers. In the training process and implementation, the AngsamERAH team members were Adhe Zamzam Prasasti, Ratna Mardiaty, Inez Kristianty and Mujahid Nurul Falah (Rully).

With a psychology background, the AngsamERAH team adapted the PFA module based on the World Health Organization (WHO), Psychological First Aid facilitator's manual for orienting field workers. This module and manual is highly recommended for adaptation and translation in any other location as needed.

The 3-day training took place on 28 - 30 November 2018 at the Main Puskesmas of Dolo-Sigi. The decision to select Dolo was made by PHOPE. Dolo is one of the seven disaster affected areas supported by PHOPE.

Selection of participants was entirely done by the Head of the Puskesmas of Dolo, Dr. Ika. Participants included 11 midwives, 11 health volunteers, and 8 paramedical staff of the Puskesmas of Dolo. On the first two days the training took place from 9 a.m. to 1.30 p.m local time, and on the last day it ended on 3.30 p.m. local time.





ACTIVITY 2

Training Process

The training used the andragogy-participative method. Andragogy is a learning process model for adults, which is also known as adult involvement in learning technology. Learning process will reach its maximum if the methods and techniques involve the adults in their learning.

Getting involved is the key to success in adult learning. For this matter, the facilitator should be able to assist participants in

- (a) defining their own learning needs,
- (b) formulating their learning goals,
- (c) taking responsibility for the planning and development of learning experiences, and
- (d) participating in process and learning results evaluation. The Angsamerah team involves participants to the maximum in their learning activities.

The following procedures were made:

- (a) created an atmosphere conducive for learning through collaboration in planning the learning program,
- (b) formulated learning needs,
- (c) formulated goals and materials suitable to meet the learning needs,
- (d) designed learning patterns in a series of learning experiences among participants,
- (e) implement learning activities by using appropriate methods, techniques and media, and
- (f) evaluate the learning results and diagnose further learning needs for future learning activities.

The positive results of the andragogy method is supported by participants participation in discussions and experience sharing.





ACTIVITY 2

Training Process

Some challenges and potential opportunities were identified during the training workshops: :

1. All participants are part of the disaster-affected communities in Palu.
2. Participants were still highly emotional when asked to share personal stories in facing the crisis during the aftermath. Some cried when they were probed to share more about their personal stories.
3. The Angsamerah training team then changed their strategy in applying the PFA module. After initial introductions, participants were immediately given topics on trauma grounding which allows them to learn relaxation technique so that they were more stable psychologically and could think more clearly about the present and future.
4. After applying the trauma grounding exercise, participants were more relaxed and the training modules were continued as scheduled.
5. The midwives and health cadres background were certainly an asset for them in approaching community members. This was an entry point for providing support to the nearest community in their surroundings.
6. Besides having the goals to enhance their skills as supporters, the training also provided basic therapy for the participants' own mental health.
7. The Puskesmas of Dolo already had an ongoing mental health support program and also had a screening form for patients in need for psychological support.
8. In terms of skills, participants were already used to interpersonal interactions, but they needed more skills to build more intense communications with others.
9. During site visits, the team was able to see Masjid Agung dan Petobo camps after classes, and some psychosocial issues were identified:
 - The displacement camp situation was now more conducive for the the community compared. There were some behavioral matters, such people did not care much about environmental cleanliness. More education was needed to reach all levels of the community so it would not impact the community members's health and comfort and not causing any psychological problems.
 - Senior citizens were more reluctant to visiting health posts, either because of their physical conditions or disabilities, or that they lost motivation to interact with others.
 - Many displaced community members are waiting for temporary housing, but the team observed the possibilities of conflicts, as housing development was done by different providers with different construction materials, which may cause feelings of being treated differently.
 - Feelings of uncertainty can trigger anxiety and psychological disturbances as well as behavioral disorders. Many family members are confused on how to start a new life after losing many things.
 - Children and adolescents have lost space for studying, playing and socializing. Many of them may have not yet recovered from fear and sadness after having lost many things.
 - In both camps there was no place comfortable enough for children and adolescents to interact with each other.
 - Many household heads have lost their role after the disaster. They lost their earning for a living and also lost their chance to interact personal with family members, because often times one camp is filled with 2 or 3 families. Existential issues and feelings of mistrust were often found, and if these matters are ignored, then it will potentially cause conflicts and passive-aggressive behavior which will be of disadvantage to themselves and their families.



ACTIVITY 2

Training Process

The following is a list of PFA Training participants which consisted of midwives and cadres

1. Karawana (Bidan Sartika, Kader Aminah dan Fitri)
2. Waturalele (Bidan Inggit, Kader Dewi)
3. Kotapulu (Bidan Faina, Kader Gamar)
4. Langaleso (Bidan Tata, Kader Zitun, Hardianti)
5. Solowe (Bidan Nirmawati, Kader Roswita, Yeyen)
6. Watubula (Bidan Yohana, Kader Ishak)
7. Potoya (Bidan Fitri, Kader Asmita, Zuly)
8. Kotarindau (Bidan Ferawati, kader Sumiati)
9. Kabobona (Bidan Anisa, kader Sumiati, Rosni)
10. Tulo (Bidan Sricahyani, Desy, Kader Nurhayati, Umirah)
11. Maku (Bidan Indah, Kader Nursanti)
12. PKM Dolo (Rosna)

Evaluation

Evaluation of the training program was conducted through participants pre- and post-test. It was also done through observation and direct interactions with participants. The following is the results of the pre- and post-test forms..

Participants were also given evaluation sheets to evaluate training effectiveness. Results are shown in Appendix #2.





ACTIVITY 2

Agreement and Recommendations

- Participants need further enrichment materials
- PFA cadres need identity cards coordinated by the Puskesmas or other competent agencies.
These identity cards will allow participants to introduce themselves and to provide educational sessions to the community.
- One person should assist in coordinating 30 trained PFA cadres. It is recommended that the person should come from the participants.
- The Puskesmas of Dolo should become the coordinating body for reports from the PFA cadres.
- More advanced training is needed to be able to handle emergency response if disasters happen.
- Participants can develop a whatsapp group for mutual information sharing and mutual support provision among the cadres.
- Support for the PFA cadres is still needed particular in their applying their skills and follow-ups with clients.
- Cadres can be prepared to be placed in displaced peoples camps across villages to apply their PFA skills.
- PFA cadres need to have a target to apply their skills in the community, with a number of two people per day for the time being.

Work plans or program mutually agreed upon were:

- Each midwife or health cadre should have a target of minimum 20 survivors.
- They should come from immediate relatives or close neighbours.
- For those from unaffected villages, the PFA cadres can apply their skills in other villages..
- Visits to each survivor should be made at least twice.
- All survivors will write reports or simple notes which describes their name, age, gender, problem addressed and recommendation solution of the PFA cadre.
- Ibu Rosna, the mental health coordinator of the Puskesmas of Dolo has been appointed as the coordinator of this activity.
- Each PFA cadre will submit reports to Ibu Rosna
- Ibu Rosna will verify each survivor's report.
- After the verification process, transportation fees will be reimbursed.
- Each participant will receive transportation fee in the amount of 100,000 rupiahs per day to apply their PFA skills to at least two survivors per day



ACTIVITY 3

Hotline Coaching

Summary

After the Psychological First Aid (PFA) training, the trained health cadres had to apply their skills by providing PFA to families and community members in theory neighbourhood. As part of their training, participants were given opportunities to have counseling sessions with the Angsamerah team. Counseling included discussions on how they applied PFA and how to deal with difficult cases and what feedback is needed.

Hotline coaching was conducted in two stages, first during the PFA training and secondly after the second coaching visit. All PFA cadres have received this coaching.

During the first stage of the hotline coaching not all cadres have received maximum training to conduct telephone counseling. Only 10 cadres were qualified to conduct hotline coaching.

Hotline Coaching Process

Coaching was conducted via telephone as part of support as there is a great need for cadres to know that they still receive support although there are time and distance constraints. This process is done in stages as follows:

- Angsamerah team will announce coaching days via whatsapp group.
- Cadres can choose what time they prefer to be called by Angsamerah merah.
- The Angsamerah team will contact the cadres on the agreed hour.
- Priorities will be given to cadres who have practiced PFA to several persons.
- In the coaching communications process, cadres will be asked to inform the team how many survivors have they approached for PFA.
- The cadres will inform the initial PFA stage, how they applied their skills, challenges and impressions when practicing PFA.
- All cadres will give a bigger picture on the conditions of survivors they meet.
- Discuss difficult and specific cases.
- Coaching time duration is 15 to -30 minutes.

The challenge in doing hotline coaching is that not all cadres have cellphones and whatsapp applications. This in order to contact them, the Angsamerah team had to make appointments with the cadres first and find a suitable time and to use someone else's cellphone. The Angsamerah team had to be very flexible in terms of scheduling for this.

The hotline coaching log is attached in #Appendix 3



ACTIVITY 4

Coaching Visits

NO	VISITS	AGENDA
1	Day I	<p>Meeting with all cadres</p> <ul style="list-style-type: none">• Each cadre share experience in practicing PFA• Feedback session• PFA roleplay to increase skills of cadre• Case Study• Additional materials
2	Day II	<ul style="list-style-type: none">• Meeting with Health Office• Meeting with Puskesmas• Visits to villages to assist cadres with difficult cases• Observing cadres practicing PFA
3	Day III	<ul style="list-style-type: none">• Meeting with mental health coordinator of the Puskesmas to discuss technical matters that need to be followed up• Additional enrichment sessions included:<ul style="list-style-type: none">• Acceptance phase among persons facing bad conditions• Thinking process and support patterns• Self therapy for children



ACTIVITY 4

Coaching Visits

Some issues recorded during the visits:

- There was an increase the cadres' self-confidence to communicate, indicated through their interactions, responses and written reports of the cadres.
- During PFA practice simulations, all cadres showed seriousness and was able to complete the simulations perfectly and could respond to each case appropriately.
- During village site visits, the team found a few cases of schizophrenia. These cases were quite severe as the families had ignored it for quite a long period for various reasons. Those with family members with schizophrenia were not able to manage them after the earthquake, which makes their conditions worsen.
- The site visits were also an opportunity to provide resperindon to these persons with schizophrenia with the expectation that their psychological conditions will become better and that would allow their families to take them to the Puskesmas or hospitals. This was also a chance to educate families on how to manage and provide care to schizophrenia patients. Many cases were then reported to the cadres after given medication, and the patients seemed to look better and could communicate well when taken to the Puskesmas.
- More advanced relevant training is needed, but there were time constraints because many cadres are housewives who were also busy with their schedules in posyandu and poswindu. Because of this condition, Angsamerah provided printed and digital materials (hard copy and soft copy) to be read by all midwives and cadres.





ACTIVITY 4

Coaching Visits

Some issues recorded during the visits:

- Other issues discussed during the visits was the availability of resperidon in the Puskesmas. This had already been discussed with the Head of the Health Office and the Puskesmas of Dolo. The Head of the Health office welcomed the psychosocial activities supported by PHOPE and Angsamerah, and wished that there would be replications in other areas also in great need for post-disaster local community empowerment, particularly on psychological problems.
- The Head of the Health Office gave a special note on the need of medication for psychological disorders in the Puskesmas of Dolo which needs to be followed-up at the provincial as well as district levels. The Puskesmas also supported this activity because not only did the Sigi community received attention, but also the midwives and cadres. The Puskesmas will follow-up on medication supply matters at the district/municipal level and will internally make a medication supply plan at the Puskesmas.
- There is a great need for these trained midwives and cadres to receive official recognitions from the Health Office on their new position as mental health cadre under the coordination of the Puskesmas of Dolo. The Puskesmas needed to follow-up on formalizing the cadre activities into a program.
- During the visit to Polindes (Village Health Post) in the Waturalele area, the team observed the healthcare service work flow providing free medication for senior citizens. The Angsamerah team suggested that mental health screening could be included in the healthcare service work flow of all Polindes. After senior citizens are checked for blood pressure, body weight and blood screening, while waiting for medication they could go to a certain room for mental health screening and receive further medication or referral.





RECOMMENDATIONS

1. Community empowerment through capacity building activities for health cadres and midwives is very beneficial and also assisted the emotional recovery of those affected by the earthquake with feelings of loss and confusion. Through these activities, they gained self-confidence, compassion, and was able to build better communications skills. These improvements should receive continuous support from several parties, including Puskesmas and Health Office so that they remain motivated to provide community support.

2. The openness and commitment of the Puskesmas of Dolo to conduct these activities should receive attention from the local government, in this matter the Village Head, District and Provincial Health Office should give more attention to the health cadres. The Puskesmas could inform results of these activities to the local government as well as the Health Office.

3. The affected areas in Palu, Donggala and Sigi are vast and infrastructure recovery has already been implemented, particularly through construction of temporary housing which was a great help for the community in Palu. It is also hope that psychosocial issues recorded in the area can be replicated as empowerment programs in other disaster-affected areas, as has already been recommended to the Provincial Office.

4. During the 3-month activities, based on anecdotal reports, discussions and direct observations ari hasil kegiatan 3 bulan ini, the community in Palu has psychosocially and economically recovered through income generating activities, socializing and farming in minimal conditions.

Many cadres and midwives reported that household heads lost their land and income activities after the earthquake. This situation has also caused many psychological problems such as stress and depression. It is highly recommended that other forms of psychosocial support be provided, such as life skills training and other relevant vocational training which can also serve as therapy to help them receiver from feeling of helplessness and as alternative activities to increase their skills.

5. Found cases should be followed-up by the mental health section of Puskesmas of Dolo. The Puskesmas can enhance their mental health treatment by forming a working group in collaboration with professional psychologists and psychiatrists under the coordination of the Health Office and referral hospitals.

6. Case recording and reporting should be the concern of mental health cadres and should be reported regularly to the Health Office so that mental health care and medication can be treated.

7. In accordance with the Republic of Indonesia Minister of Health Regulation No39/2016 on the Guidelines for Implementing the Healthy Indonesia Program Through Family Approach, mental health management is a priority area for health development in 2015-2019. The concept of using mental health cadres in the Puskesmas will be a major help in the implementation of this program. The Puskesmas of Dolo can be an example on how to involve community and families in building a healthy Indonesia.



Notes from mental health cadres, participants

" Since being involved in this activity, I can control my emotion, I am more sensitive to people around me, I am more patient and calm when facing challenges and problems"

(Khairunnisa, Kabobona)

(*Khairunnisa, Kabobona*)

"Thank you. Throughout my training with Angsa Merah, I gained so much useful skilld needed in my daily life, either in my family life (facing my children and husband) as well in my work on how to give my best services to the community. I am learning and will keep on learning on how to provide support to those in need. I have gained much experience and have shared my experience and provided solutions"

(*Aisyah*)

"These are my impressions during the PFA activities, I am very grateful that beyond this misfortune, Allah has given us blessings in disguise. Through this disaster, I was able to meet great people like Bu Ade, Dr.,Ratna, Mbak Inez and Pak Ruli. I gained knowledge on how to deal with various people with different personality types. Through this training we also learned how to keep calm when facing all sorts of problems. How to become good listeners. How to show compassion to others. With the knowledge we have, we are also happy to share it with other people. So we must be ready in all possible conditions, With the presence of our friends from Angsamerah, we feel more motivated in assiting other people. In out learning to become supporter, we have also received lots of support. Ibu Ade and Dr. Ratna have patiently trained ordinary people like us. Our hope is that our connections will remain forever. we still need great people like you, to motivate us and to share with use more knowledge. Onece again thank you Angsa Merah and PHOPE"

(*Faina, Kotapulu*)



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APPENDIX 2

Setelah Pelaksanaan Training Psychology First Aid (PFA) di Puskesmas Dolo – Sigi yang diikuti oleh 30 orang terdiri dari Bidan dan Kader dari 11 Desa di Kabupaten Sigi. Sebelas desa tersebut adalah :

1. Karawana (Bidan Sartika, Kader Aminah dan Fitri)
2. Waturalele (Bidan Inggit, Kader Dewi)
3. Kotapulu (Bidan Faina, Kader Gamar)
4. Langaleso (Bidan Tata, Kader Zitun, Hardianti)
5. Solowe (Bidan Nirmawati, Kader Roswita, Yeyen)
6. Watubula (Bidan Yohana, Kader Ishak)
7. Potoya (Bidan Fitri, Kader asmita, zuly)
8. Kotarindau (Bidan Ferawati, kader Sumiati)
9. Kabobona (Bidan Anisa, kader Sumiati, Rosni)
10. Tulo (Bidan Sricahyani, Desy, Kader Nurhayati, Umirah)
11. Maku (Bidan Indah, Kader Nursanti)
12. PKM Dolo (Rosna)

Program kerja yang disepakati adalah :

1. Setiap Bidan/ Kader memiliki target minimal 20 orang/ penyintas
2. Berasal dari keluarga dan masyarakat terdekat
3. Untuk desa yang tidak terlalu terdampak bencana, kader PFA bisa mempraktekkan PFA di Desa lain.
4. Kunjungan ke Penyintas dapat dilakukan lebih dari dua kali untuk satu orang penyintas
5. Setiap penyintas membuat laporan atau catatan sederhana yang terdiri dari (Nama, Usia, Jenis kelamin, masalah yang dirasakan, solusi yang diberikan Kader PFA)
6. Ibu Rosna coordinator Keswa Puskesmas Dolo di tetapkan sebagai coordinator kegiatan ini.
7. Setiap kader PFA akan memberikan laporan ke Ibu Rosna
8. Ibu Rosna akan memverifikasi kebenaran keberadaan penyintas yang dilaporkan.
9. Setelah proses verifikasi pembayaran pengganti transport akan dilakukan.
10. Setiap peserta mendapatkan pengganti transport 100rb perhari untuk mempraktekkan PFA kepada minimal dua orang penyintas perhari nya.



APPENDIX 2

Paska training seluruh kader PFA mempraktekkan keterampilannya di lingkungan keluarga dan di desa tempat tinggal. Sampai dengan saat ini seluruh kader telah mempraktekkan PFA kepada lebih 40 orang penyintas per kader sehingga sampai dengan saat ini tercatat lebih dari 1200 masyarakat yang sudah terdata dalam penerapan PFA. Kasus yang ditemui terbanyak adalah adanya gangguan cemas sampai dengan depresi paska trauma ditandai dengan gangguan pola makan, gangguan tidur, psikosomatis seperti nyeri lambung sampai dengan sakit kepala ringan hingga berat. Intervensi yang dilakukan oleh kader PFA diantaranya adalah mendengarkan cerita para penyintas dimana diharapkan para penyintas bisa merelease emosi yang dirasakan, memberikan keterampilan relaksasi untuk mengurangi kecemasan dan kepanikan, melakukan rujukan ke Puskesmas, memberikan obat dasar oleh bidan.

Dalam penerapan PFA ada beberapa tantangan yang dihadapi oleh para kader PFA:

1. Masih cenderung menasehati
2. Merasa masih belum mahir dalam merespon keluhan penyintas
3. Bingung dalam memulai bertanya dan mendekati penyintas.
4. Kesulitan memotivasi penyintas untuk mau berobat ke Puskesmas
5. Bingung merespon jika keluhan terkait dengan infrastruktur rumah yang mengalami kerusakan, mengenai mata pencaharian yang hilang.

Dalam menyikapi hal ini kemudian dilakukan beberapa hal;

1. Para kader harus sering melakukan roleplay antar kader dan memberikan feedback.
2. Internal Puskesmas melalui Ibu Rosna coordinator Keswa mengkondisikan Puskesmas siap menerima rujukan terkait dengan keluhan jiwa.
3. Puskesmas memastikan ketersediaan obat-obatan jiwa
4. Pada kader mencari informasi terkait dengan bantuan dan dukungan pemda setempat yang sedang dan akan diberikan kepada masyarakat terkait dengan pembangunan infrastruktur. Hal ini dilakukan agar masyarakat memiliki informasi dan diharapkan dapat mengurangi kecemasan juga dapat mengambil keputusan yang tepat mengenai kelanjutan hidupnya.



APPENDIX 2

Beberapa agenda coaching visit yang telah dilakukan dua kali;

NO	WAKTU KUNJUNGAN	AGENDA
1	Hari I	Pertemuan dengan seluru Kader: <ol style="list-style-type: none">1. Setiap kader berbagi pengalaman dalam mempraktekkan PFA2. Sesi feedback3. Roleplay PFA untuk semakin meningkatkan keterampilan kader.4. Study kasus5. Pengayaan materi
2	Hari II	<ol style="list-style-type: none">1. Pertemuan dengan Dinas Kesehatan2. Pertemuan dengan pihak Puskesmas3. Turun ke Desa untuk membantu kader yang memiliki kasus sulit4. Mengobservasi praktek PFA oleh kader.
3	Hari II	<ol style="list-style-type: none">1. Pertemuan dengan Koordinator Keswa Puskesmas untuk mendiskusikan hal-hal teknis yang dapat di tindaklanjuti.2. Pertemuan dengan kader memberikan pengayaan materi.3. Materi tambahan yang telah diberikan :<ul style="list-style-type: none">• Tahapan penerimaan kondisi buruk yang dapat terjadi pada setiap orang.• Konsep pikir dan pola dukungan yang bisa dilakukan.• Teknis selftherapy pada anak

Setiap pertemuan dihadiri lebih dari 20 kader. Pertemuan kader dilakukan di Puskesmas Dolo dimulai dari jam 10 sampai dengan jam 15 setiap kali pertemuan.

Daftar jumlah yang hadir pada pertemuan coaching :

NO	Waktu Pertemuan	Jumlah yang Hadir
1	16 Desember	22 orang
2	6 Januari 2019	24 orang
3	8 Januari 2019	33 orang



APPENDIX 2

Daftar PFA dan Jangkauan

NO	DESA	NAMA KADER PFA	Jumlah Jangkauan PFA
1	Karawana	Sartika (Bidan)	40
		Amina (kader)	40
		Fitri (kader)	40
2	Waturalele	Inggit (bidan)	40
		Dewi (kader)	40
3	Kotapulu	Faina (bidan)	40
		Gamar(Kader)	40
4	Langaleso	Tata (bidan)	40
		Zaitun (Kader)	40
		Hardianti (kader)	40
5	Soulowe	Nirmawati (bidan)	40
		Rosnita (kader)	40
		Yeyen (kader)	40
6	Watubula	Yohana (Bidan)	40
		Ishak (kader)	40
7	Potoya	Fitri (Bidan)	40
		Asmita (kader)	40
		Zuly (kader)	40
8	Kotarindau	Ferawati (Bidan)	40
		Sumiati (Kader)	40
9	Tulo	Sricahyani (bidan)	40
		Deysi (Bidan)	40
		Nurhayati (kader)	40
		Umirah (kader)	40
10	Kabobona	Anisa (Bidan)	40
		Sumiati (Kader)	40
		Rosni (kader)4	40
11	Maku	Indah (Bidan)	40
		Nursanti (kader)	40
12	PKM DOlo	Rosna	40



APPENDIX 2

Lampiran 9: Formulir Evaluasi

Formulir Evaluasi Orientasi Pertolongan Pertama Psikologis (PFA)

Silahkan tulis nama anda atau nama samara anda:

Silakan lingkari angka yang paling sesuai dengan apa yang Anda rasakan tentang orientasi

PENILAIAN INDIKATOR	Sangat				
	Tidak setuju	Tidak Setuju	Netral	Setuju	Sangat Setuju
1. Informasinya jelas dan mudah dimengerti	1	2	3	4	5
2. Informasi yang saya terima berguna untuk pekerjaan saya	1	2	3	4	5
3. Memiliki kepercayaan diri untuk menawarkan PFA dalam krisis situasi.	1	2	3	4	5
4. Orientasi memberi saya keterampilan praktis dan pengetahuan untuk diterapkan situasi krisis.	1	2	3	4	5
5. Metode pengajaran yang digunakan oleh fasilitator efektif.	1	2	3	4	5
6. Orientasinya menarik dan menyenangkan.	1	2	3	4	5
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Lampiran 9: Formulir Evaluasi

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APPENDIX 2

Sumiati, L

Lampiran 9: Formulir Evaluasi

Formulir Evaluasi Orientasi Pertolongan Pertama Psikologis (PFA)

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Lampiran 9: Formulir Evaluasi

Formulir Evaluasi Orientasi Pertolongan Pertama Psikologis (PFA)

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Silakan lingkari angka yang paling sesuai dengan apa yang Anda rasakan tentang orientasi

PENILAIAN INDIKATOR	Sangat		Netral	Setuju	Sangat Setuju
	Tidak setuju	Tidak Setuju			
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Formulir Evaluasi Orientasi Pertolongan Pertama Psikologis (PFA)

Silahkan tulis nama anda atau nama samara anda: BAMAR

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Lampiran 9: Formulir Evaluasi

Formulir Evaluasi Orientasi Pertolongan Pertama Psikologis (PFA)

Silahkan tulis nama anda atau nama samara anda: *Vira*

Silakan lingkari angka yang paling sesuai dengan apa yang Anda rasakan tentang orientasi

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APPENDIX 2

Lampiran 9: Formulir Evaluasi

Formulir Evaluasi Orientasi Pertolongan Pertama Psikologis (PFA)

Silahkan tulis nama anda atau nama samara anda: HA

Silakan lingkari angka yang paling sesuai dengan apa yang Anda rasakan tentang orientasi

PENILAIAN INDIKATOR	Sangat				
	Tidak setuju	Tidak Setuju	Netral	Setuju	Sangat Setuju
1. Informasinya jelas dan mudah dimengerti	1	2	3	4	5
2. Informasi yang saya terima berguna untuk pekerjaan saya.	1	2	3	4	5
3. Memiliki kepercayaan diri untuk menawarkan PFA dalam krisis situasi.	1	2	3	4	5
4. Orientasi memberi saya keterampilan praktis dan pengetahuan untuk diterapkan situasi krisis.	1	2	3	4	5
5. Metode pengajaran yang digunakan oleh fasilitator efektif.	1	2	3	4	5
6. Orientasinya menarik dan menyenangkan.	1	2	3	4	5
7. Fasilitator menciptakan suasana yang mendukung selama orientasi.	1	2	3	4	5
8. Saya akan merekomendasikan ini orientasi kepada orang lain.	1	2	3	4	5



APPENDIX 2

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APPENDIX 3



ANGSAMERAH COACHING LOG

Nama Coach/ Konselor : Adhe Zamzam
 No HP :082299229075

NO	NAMA KLIEN	NO HP	TANGGAL COACHING	COACHING KE	INTI ISU KLIEN	PEMBAHASAN TINDAK LANJUT
1	Ibu Deysi desa Tulo	08114531270	4 Des	1	Sudah mendampingi 15 dampingan, yang berasal dari lingkungan tempat tinggal. Ada satu kasus lansia yang butuh pendampingan lebih karena ada gangguan makan dan tidur. Memberikan teknis pernafasan serta melakukan kunjungan ulang untuk mendengarkan cerita lebih banyak	Membutuhkan keterampilan membangun hubungan profesional dengan dampingan. Mendampingi lansia dan memastikan kesehatan fisik
2	Ibu Faina Kota Pulu	081354510060	4 Des	1	Sudah mendampingi 10 klien. Banyak mendampingi keluarga terdekat yang banyak mengalami kecemasan ringan Satu kasus yang butuh pendampinga lebih karena sudah terlihat ganggua depresi	Membutuhkan keterampilan komunikasi dan memahami seseorang

APPENDIX 3



3	Fitri Potoya	4 Des	1	<p>Masyarakat banyak yang kembali trauma karena dua hari lalu terjadi kembali gempa gempa kecil di Palu.</p> <p>Sudah mempraktekkan PDF di 16 orang di desa Potoya. Kebanyakan kasus kecemasan ringan.</p> <p>Mendapatkan kasus anak usia 9 tahun masih sering panik dan cemas ketika mendengar sedikit suara keran</p>	<p>Melakukan pendekatan ke Ibu agar tetap membangun komunikasi dengan anaknya yang berusia 9 tahun.</p> <p>Melakukan janji temu dengan anak dan ibu nya</p>
4	Indah Maku	4 Des	1	<p>Menerapkan PFA kepada dua orang yang satu adalah ibu Hamil 7 bulan saat ini terpisah tinggal dengan suami karena terdampak gempa. Menyebabkan ia merasa bersalah dan cemas karena harus terpisah dengan suami. Suami tinggal bersama ibu nya karena perlu ditemani, sang istri tidak ingin tinggal dengan ibu mertua karena menghindari konflik</p>	<p>Ingin melanjutkan memberikan pendampingan pada ibu hamil dan memastikan kesehatan ibu dan jabang bayi, sehingga perlu didampingi agar si ibu tidak mengalami kecemasan yang berdampak pada bayi yang dikandungnya.</p> <p>Memantau keluarga yang kehilangan tempat tinggal namun tidak memungkinkan untuk tinggal di HUntara.</p>



APPENDIX 3

5	Tata Langaleso	4 Des	1	<p>Dampingan yang lain adalah seorang kepala keluarga yang merasa bersalah karena rumah mereka kemalingan mesin air saat rumah ditinggalkan saat terjadi gempa. Akibatnya ia harus mengungsi ke rumah saudara dan hal ini membuatnya tidak nyaman</p>	<p>Memberikan keterampilan mengatur pemapasan agar mengurangi kecemasan.</p>
6	Nisa Kabobona			<p>Dalam pendampingan tidak mengalami hambatan hanya merasa perlu meningkatkan jam terbang dan keterampilan komunikasi</p>	<p>Ingin menerapkan PFA kepada masyarakat desa yang lebih banyak.</p>

