



UNIVERSITAS
MUHAMMADIYAH
SIDENRENG RAPPANG



SDG 3 Good Health and Wellbeing Progress Report 2025

Universitas Muhammadiyah Sidenreng Rappang

Reporting period 1 January to 31 December 2025
Prepared 29 October 2026

3 GOOD HEALTH
AND WELL-BEING



*Healthy People,
Stronger Communities,
A Brighter Future*



SDG 3 Good Health and Wellbeing

Progress Report 2025

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Executive overview

UMS Rappang's 2025 contributions to health and wellbeing include support for community health checks, Posyandu activities, nutrition education and field evaluation of community programmes. Health Administration students also gained supervised experience in digital service administration. School tobacco education and health research dissemination connect lecturer expertise with public-health needs.

Contribution	Documented evidence
Access to preventive services	Support for pesantren health checks and Carawali Posyandu
Community health learning	PBL 3 evaluation in Taulan and Karrang
Tobacco prevention knowledge	School education with a published pre-test and post-test evaluation
Child nutrition	Sereang food education and a supplementary feeding initiative in Sipodeceng
Health service capacity	Puskesmas digital administration internship
Research dissemination	Health Administration co-host role and presentations at ICMHS

Main finding

The evidence is strongest for activity delivery, supervised service support and an immediate improvement in tobacco-related knowledge in one school evaluation. Most sources do not establish population-level health change or sustained effects. Nutrition activities are reported as education or supplementary support, without assuming that stunting was cured or prevented.

Purpose and reporting status

This detailed report covers eight evidence areas and includes source photographs and clickable evidence links. It is a synthesis prepared in 2026 for the 2025 activity period, subject to institutional factual review before publication. Preparation of this document does not establish publication during 2025.

Scope and evidence approach

Coverage concerns selected UMS Rappang activities supported by university news, village-government reporting, contemporary external news and a published community-service research article. Sources were reviewed on 29 October 2026. This is not a full register of campus clinical care, counselling, referrals or institutional health expenditure.

Relationship to SDG 3

Relevant UN directions include prevention of non-communicable disease and promotion of wellbeing under target 3.4, access to health services under 3.8, environmental health under 3.9, tobacco control under 3.a and health workforce development under 3.c. Child-health activities support the broad direction of 3.2 without measuring child mortality. Nutrition education also relates to SDG 2. [\[9\]](#)

Evidence type	Interpretation
Student service support	Registration, education and coordination are distinguished from independent clinical practice.
Educational evaluation	Knowledge change is separated from behaviour change, cessation and disease reduction.
Nutrition activity	Delivery and intended benefits do not establish improved growth or reduced stunting.
Community evaluation	A review stage is documented; numerical outcomes require its instruments and data.
Conference presentation	Dissemination is documented; journal publication and implemented interventions are separate.
Dates	Activity, publication and scheduled completion dates retain their distinct meanings.

Annual boundary

Campus screening news and agendas dated October 2026 are excluded from 2025 achievements. The supplementary feeding article was published before its scheduled end, so completion is not assumed. Participant and beneficiary totals are not combined across activities because units differ and overlap has not been assessed.

Supporting preventive health checks in a pesantren

Puskesmas Manisa and Health Administration | Activity 14 to 15 October 2025

Health Administration cohort IV students assisted a free health check programme at Pondok Pesantren Al-Urwatul Wutsqaa Benteng in Baranti, delivered by Puskesmas Manisa. The university account describes registration, examination-flow support and health education. Listed services include blood pressure and glucose checks, dental and oral checks, body measurements, vision and hearing checks. [\[1\]](#)



Figure 1. Photograph accompanying the university account of pesantren health check support. Source [\[1\]](#).

Contribution and documented output

The activity connects student learning with preventive service access, relevant to targets 3.8 and 3.4. Students' documented contribution concerns administration and education. Clinical examinations remain attributed to the health-service team. The account does not provide patient totals, screening findings or completed referral counts.

Assessment and follow up

Retain the assignment, partner confirmation, attendance and anonymised service summary. A stronger evaluation would distinguish people registered, examinations completed and referrals followed through. Screening participation alone does not establish improved disease control or reduced complications. Future reporting should use verified service records and explain the university's specific role alongside that of the Puskesmas.

Evaluating community health programmes in Enrekang

PBL 3 in Taulan and Karrang | University report 6 February 2025

The university reports two weeks of PBL 3 activity in Taulan and Karrang villages, Cendana, Enrekang. Health Administration students evaluated programmes introduced during PBL 2, including healthy and hygienic behaviour in primary schools, environmental and waste management, household waste education and reuse activities involving discarded plastic cups. [\[2\]](#)



Figure 2. Photograph published with the university account of PBL 3 in Enrekang. Source [\[2\]](#).

Contribution and continuity

The account establishes a follow-up stage rather than an isolated initial intervention. Community evaluation can support learning about how health-related practices continue and where programmes need adjustment. Its thematic relevance concerns environmental health under target 3.9 and community prevention more broadly. Exact placement dates should be confirmed from the programme record.

Evidence needed to assess results

Retain the PBL 2 and PBL 3 plans, assessment instruments, field reports and partner feedback. An evaluation should identify what was assessed, who participated and how change was measured. The public account supplies no baseline and follow-up values, response totals or documented health effects. Programme continuity and community independence are intended outcomes, without a measured degree of achievement established by this source.

School education about the dangers of smoking

SMA Negeri 1 Sidenreng Rappang | Activity 22 February 2025 | Published 25 September 2025

A Mujtama article by Sunandar Said and five UMS Rappang Health Administration colleagues reports education at SMA Negeri 1 Sidrap. Its one-group pre-test and post-test evaluation analysed 50 students. The reported mean knowledge score increased from 55.80 to 87.50. [\[3, 10\]](#)



Figure 3. Activity photograph reproduced from Figure 1 of the published article, page 97. Source [3].

Measure	Before	After
Mean knowledge score	55.80	87.50
Standard deviation	9.51	6.82
Analysed participants	50 matched students	Same group

Interpretation of the result

The observed difference is 31.70 score points, calculated from the reported means. This supports an immediate knowledge outcome relevant to tobacco-prevention education under target 3.a. It does not establish smoking cessation, lower smoking prevalence or sustained retention. Without a comparison group, testing effects and other explanations cannot be ruled out. The article reports $p = 0.000$; this should be read as rounded software output, conventionally expressed as $p < 0.001$.

Retain the instrument, scoring rules, paired data and follow-up assessments. Longer-term knowledge and smoking behaviour should be assessed separately from the immediate post-test.

Supporting maternal and child health at Carawali Posyandu

Puskesmas Lawawoi and village cadres / Activity 7 August 2025

Carawali village reports a Posyandu session delivered by Puskesmas Lawawoi and village cadres, with support from UMS Rappang, IAIN Parepare and Universitas Hasanuddin KKN students. Student roles included registration, child weight and height measurements and assistance with health education. Health workers provided growth checks, immunisation and other scheduled preventive services. [\[4\]](#)



Figure 4. Source image accompanying the village-government account of the Carawali Posyandu session. Source [\[4\]](#).

Contribution and role boundaries

The activity demonstrates university participation in an existing community health-service setting. It is relevant to service access under target 3.8 and the broader child-health direction of 3.2. Clinical service delivery remains attributed to health personnel. The source does not establish the number of children served by UMS Rappang students specifically.

Records and follow up

Retain the village and Puskesmas service summary, student assignment and supervision record. The article describes Posyandu as a monthly service, but this does not establish twelve university-supported sessions during 2025. Stronger reporting would identify actual dates of university participation and distinguish registration, growth monitoring, vaccination and referral outputs. Attendance at one session cannot demonstrate improved immunisation coverage or lower child morbidity.

Local food education in Sereang

KKN cohort 7 and village midwife / Activity 4 August 2025

An external news account reports a nutrition education activity at two Sereang Posyandu sites. UMS Rappang KKN students and village midwife Novia Astuti discussed balanced nutrition, caregiving and the use of locally available moringa leaves. The activity included a demonstration of a moringa-based preparation and questions from participants. [\[5\]](#) The source account is linked below. Its activity photograph could not be retrieved for reproduction in this report.

Contribution and evidence boundary

The documented contribution is caregiver education and a food demonstration. It supports child-health awareness, with connections to SDG 2 nutrition and the broad preventive direction of SDG 3. The source does not establish improved child growth or reduced stunting. No single ingredient is presented here as a treatment or a substitute for an appropriate overall feeding and health-care plan.

Assessment and follow up

Retain the agenda, teaching materials, attendance and health-worker involvement. Learning assessment could identify whether caregivers understood the session and how they used its practical content. Child-growth outcomes would require appropriate measurements, time periods and clinical interpretation. Future reporting should distinguish educational reach from changes in household practice and nutritional status; none of those later changes is quantified by this source.

Supplementary feeding support in Sipodeceng

PBL II Posko 3 | Report 29 June 2025 | Scheduled 25 June to 3 July 2025

A news account describes the “1 Hari 1 Telur” supplementary feeding initiative in Bonginge and Dea hamlets, Sipodeceng. Seven children under five were identified as intended recipients. The described menu included an egg, vegetables and fruit, with students coordinating with caregivers and local Posyandu cadres. The stated delivery period extended beyond the article’s publication date. [\[6\]](#)

Documented status

Field	Evidence position
Planned recipients	Seven children under five, as reported by the source
Scheduled period	25 June to 3 July 2025
News date	29 June 2025, before the scheduled programme end
Completion and growth outcomes	Not established by this article

Contribution and interpretation

The initiative documents an organised community nutrition-support effort with a child-health purpose. It does not establish that every scheduled serving was delivered or that all seven children completed the programme. No change in growth classification is inferred. The number seven is a planned recipient count, not a verified count of children whose nutritional status improved.

Evidence needed for verification

Retain the approved plan, recipient eligibility assessment, delivery logs, health-worker supervision and anonymised growth records where relevant. Programme evaluation should distinguish meals offered, meals consumed, attendance and any later clinical assessment. Report observed findings with their actual dates and methods. This account is evidence of the initiative and intended delivery, rather than proof of completed treatment or elimination of stunting.

Developing digital health administration skills

Health Administration internship at Puskesmas Rappang | News 31 October 2025

The university reports students learning to enter service data through BPJS Kesehatan's Primary Care application at Puskesmas Rappang. Under staff guidance, the placement addressed registration, recording service information and reporting. The account also describes attention to validation and patient-data security.

[\[7\]](#)



Figure 5. Photograph accompanying the university account of digital administration learning at Puskesmas Rappang. Source [7].

Contribution and documented output

Supervised administrative practice develops skills relevant to health-service organisation and the workforce-capacity direction of target 3.c. It may support the operation of services associated with target 3.8, but the public account does not quantify reduced waiting time, fewer data errors or improved clinical outcomes.

Assessment and follow up

Retain placement dates, learning objectives, supervision and competency assessments. Evaluation could use anonymised administrative exercises and approved measures of accuracy or completeness. Personal patient records should remain within authorised service systems. A stronger report would distinguish the student learning outcome from any verified service improvement. The exact placement duration and number of participants should be confirmed from programme records rather than estimated from the photograph.

Sharing health research through ICMHS

Health Administration programme and UMY | University report 16 August 2025

The Health Administration programme was reported as co-host of the ninth International Conference of Medical and Health Sciences, organised by Universitas Muhammadiyah Yogyakarta. Five lecturers presented research concerning stunting prevention, adolescent tobacco prevention, maternal and child nutrition, research collaboration and supplementary feeding. Sunandar Said's presentation concerned school-based tobacco-prevention approaches. [8]



Figure 6. Photograph of the online conference session published with the university report. Source [8].

Contribution and scope

The documented contribution is academic cooperation and dissemination of health research. Topics are relevant to prevention and child health, but presentations alone do not establish implementation of community interventions or health improvement. Five is the lecturer-presenter count, not total conference attendance or an annual publication total.

Verification and follow up

Retain the organiser's programme, co-host confirmation, abstracts and presentation records. Study methods, periods and findings should be verified from the corresponding research reports before numerical outcomes are reused. Later journal acceptance should have its own citation. The specific conference date and participation arrangements should be confirmed from organiser records; the university news date is used here only as a reference point.

Assessment of progress against SDG 3

The selected evidence shows practical service support, education, community follow-up and research communication. The school article adds an immediate measured learning result. Most other accounts establish delivery or programme intent and provide little information on sustained behavioural or clinical change.

Target direction	Relevant evidence	Supported conclusion
3.4 Prevention and wellbeing	Health checks and tobacco education	Screening support and knowledge development; no mortality or mental-health outcome measured.
3.8 Service access	Pesantren checks, Posyandu and service administration	Participation in health-service delivery settings; no population coverage estimate.
3.9 Environmental health	PBL 3 review of hygiene and waste-related programmes	Follow-up learning and evaluation activity; no exposure or disease reduction measured.
3.a Tobacco control	School education and published knowledge evaluation	Immediate knowledge gain in one group; no cessation or prevalence effect established.
3.c Workforce development	Supervised digital administration and field learning	Relevant skill-building opportunities; no workforce-density change measured.
Child health and nutrition	Posyandu, food education and feeding initiative	Preventive support; no child mortality or verified stunting reduction established.

Outcome and attribution limits

Immediate knowledge improvement cannot substitute for long-term health outcomes. Likewise, a nutritional activity cannot establish a change in growth status without appropriate follow-up. Missing values are not treated as zero. No annual aggregate of patients, children or students is calculated because records do not establish unique participants across these activities.

Coverage gaps

The selected sources do not provide a consolidated 2025 register for campus counselling, sexual and reproductive health services, substance-use treatment, communicable-disease programmes or referral completion. This limits the report's coverage and does not prove that such services or activities were absent.

Monitoring and improvement priorities

The following proposals are intended for institutional review rather than presented as approved commitments or achieved 2025 results. Select measures that match each programme's purpose, role and available records.

Area	Proposed measure	Supporting record
Service support	Unique participants, service completion and referral follow-up	Anonymised partner-validated summary and activity register
School education	Knowledge retention and separately assessed behaviour	Instrument, paired records and follow-up assessment
Posyandu collaboration	Actual university-supported sessions and support tasks	Village and Puskesmas records plus student supervision
Nutrition activities	Attendance, delivery completion and appropriate follow-up	Programme logs and health-worker-validated records
Administrative learning	Competency demonstrated and assessed accuracy	Supervision, rubric and anonymised exercises
Research dissemination	Verified presentations and later outputs	Conference programme, abstracts and publication records

Recommended sequence

First, validate dates and roles with the Health Administration programme and service partners. Second, consolidate distinct activities under consistent identifiers. Third, attach the underlying records and identify measures that can be compared over time. Finally, report results with clear denominators, methods and limitations, distinguishing delivery, learning and health outcomes.

Publication and accountability

Before public release, complete institutional factual review and confirm image attribution. Use appropriately aggregated records for health reporting and protect participant identities in any additional evidence. The public page should state the actual approval and release dates, retain stable evidence links and preserve a clear version history for corrections.

Evidence register for service and community activities

Sources reviewed on 29 October 2026. Activity photographs are reproduced from their cited source pages or the published article. They support the reported context and do not independently establish health outcomes.

Source 1 UMS Rappang

Mahasiswa Administrasi Kesehatan UMS Rappang Angkatan IV Membersamai Kegiatan Cek Kesehatan Gratis. 20 October 2025; activities 14–15 October 2025.

[Open evidence source](#)

Source 2 UMS Rappang

Penarikan Mahasiswa Prodi Administrasi Kesehatan UMS Rappang Usai Jalani PBL3 di Enrekang. 6 February 2025. Taulan and Karrang evaluation account.

[Open evidence source](#)

Source 4 Carawali village government

Kolaborasi Posyandu Carawali Petugas Kader dan Mahasiswa Bersatu. 7 August 2025. Partner-side account of the service session.

[Open evidence source](#)

Source 5 Pelopornews

Mahasiswa KKN 7 UMS Rappang Gelar Program Tanggap Stunting dengan Daun Kelor di Desa Sereang. 4 August 2025. Nutrition education account.

[Open evidence source](#)

Source 6 Pelopornews

Pemberian Makanan Tambahan PMT 1 Hari 1 Telur Kepada Bayi Oleh Mahasiswa UMS Rappang. 29 June 2025. Scheduled programme continues to 3 July; completion not established.

[Open evidence source](#)

Research and professional learning evidence

Source 3 Said and colleagues

Peningkatan Pengetahuan tentang Bahaya Merokok Melalui Edukasi Kesehatan pada Siswa SMA Negeri 1 Sidenreng Rappang. Mujtama 5 number 2, 2025, pages 95–103. DOI 10.32528/mujtama.v5i2.3836. Full text, including the activity photograph and evaluation tables.

[Open evidence source](#)

Source 10 Mujtama article record

School smoking education article metadata. Published 25 September 2025; confirms university-affiliated authors.

[Open evidence source](#)

Source 7 UMS Rappang

Mahasiswa UMS Rappang Tingkatkan Kompetensi Digital di Puskesmas Rappang. 31 October 2025. Supervised digital administration internship account.

[Open evidence source](#)

Source 8 UMS Rappang

Prodi Adminkes Fakultas Ilmu Kesehatan UMS Rappang Dapat Kehormatan Menjadi Co-Host ICMHS di UMY. 16 August 2025. Conference participation and research dissemination.

[Open evidence source](#)

Source 9 United Nations

SDG 3 targets and indicators. Framework for thematic interpretation; no national indicator attainment is asserted.

[Open evidence source](#)

Institutional verification

Programme and partner records should confirm attendance, completion, supervision and any reported outcomes before approval. The school evaluation establishes a published learning result with design limitations. News accounts of planned or continuing activities remain separate from verified completion. Current 2026 campus screening activities are excluded from this annual record.