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**PROJECT CONCERN INTERNATIONAL**

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**Child Survival VII:**

**Expanding the Community's Role in Child Survival**

**Through Posyandu Supervision Teams and NGO Development**

**September 1, 1991 - August 31, 1994**

**FIRST ANNUAL REPORT  
SUBMITTED TO  
THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT  
BUREAU FOR FOOD AND HUMANITARIAN ASSISTANCE  
OFFICE OF PRIVATE AND VOLUNTARY COOPERATION**

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## 1. RESULTS IN YEAR ONE

### 1.1 Major Results:

Targets for almost all planned activities have been achieved. For some activities, targets have been exceeded, for instance, TBA training and Posyandu Supervision Team (PST) training.

#### a. Baseline Survey

The baseline survey was conducted in early October 1991 with the following outcomes:

- All target respondents (240) were interviewed.
- Staff from five local NGOs and 13 Ministry of Health staff (as interviewers and supervisors) participated in the survey, hopefully transferring survey skills.
- Data was collected for preparation of the Detailed Implementation Plan (DIP).
- The survey report was completed within one month after the survey (November, 1991).
- The report (and the Detailed Implementation Plan were) were subsequently submitted to USAID in May, 1992.

Following the survey, the user-friendly software package employed in the survey, Epi Info 5, was installed, and training courses for MOH personnel in its utilization were conducted in three districts involving 6 participants.

#### b. Training in Adult Education Skills

Early in the initiation of the CSVII project, PCI's Project Director determined that staff Project Managers and Government Training Officers, though relatively participatory in their attitude towards training of Traditional Birth Attendants (TBA), Community Health Volunteers (CHV), community leaders, government medical and paramedical staff, were found lacking in adult training techniques. In response, training in adult education skills was held in November 1991 for all 6 PCI Program Managers and 14 government officials representing all four project districts.

#### c. Training in "Learning to Listen to Mothers"

In cooperation with the Academy for Educational Development and the Provincial Ministry of Health, a workshop on Learning to Listen to Mothers was held in Bengkalis District in November 1991. This

workshop was conducted to test a training manual for supervisors of community health workers designed by The Academy for Educational Development (AED). The workshop was attended by fifteen coordinators of Community Health Volunteers, and facilitated by three government trainers and one PCI trainer.

d. Training of District PST Members in Project Management, Local Area Monitoring and Supervision

The project originally intended to train 40 Posyandu Supervisory Team (PST) members from 4 districts. In reality, 94 participants were trained including 46 District PST members, 23 heads of sub-districts, and 27 public health centers doctors from 3 districts.

This drastic increase in numbers trained is due to a change in training location and a change in the number of participants trained per session. PCI moved the trainings from Pekanbaru to the district capitals as this would enable all PST members to participate, was found to be more cost and time efficient, and also would allow subdistrict heads and puskesmas doctors to participate. The government was supportive of this change, and in two districts the government paid for the costs of the "extra" participants.

e. Meetings with Sub-district MOH Staff

Six meetings, held at sub-district capitals, have been successfully conducted with the MOH staff of 33 sub-districts.

1. The first meeting was intended to explain the CSVII project and define the level of support from the sub-district MOH staff.
2. During the second meeting, PCI staff worked with the MOH staff to plan the District PST management workshop.
3. The third meeting, PCI and MOH staff worked together to plan the Sub-district PST management workshop.
4. This meeting was held to plan for training the public health center midwives.
5. A meeting was conducted to prepare for TBA training courses to be held in each sub-district.
6. In late August, a meeting was held to prepare for the training of village leaders and community health volunteers (CHV).

f. Consultancy on EPI Surveillance

A workshop on designing an EPI Surveillance plan was originally scheduled for July with an expert from Jakarta. The current MOH EPI surveillance system appears to have certain weaknesses, and the MOH has become interested in cooperating with PCI and holding this

workshop to discuss potential improvements and modifications in the system. Due to scheduling conflicts of those who should be involved, this workshop has been postponed until November or December of 1992.

g. Training of Public Health Center Midwives

The project plan was to train 40 midwives through two training courses. At the request of the District MOH, the midwife training course was conducted four times, one in each district. The total number of participating midwives was 56. Due to this, there are no plans for training new mid-wives during the remaining years of the project. Instead, PCI plans to conduct refresher meetings with puskesmas mid-wives at least two times per year, and to train other puskesmas staff, especially those assigned to train TBAs, in adult education techniques.

h. TBA Training

It was intended that by the end of Year 1 a total of 660 TBAs would have been trained. In actuality, as of August 1992, however, a total of 825 TBAs have been trained. PCI plans to train about 775 more TBAs in year II, and this will change our overall target from 1320 to 1600 TBAs trained by the end of project work.

i. Village PST Training

Year 1 had scheduled 239 Village PSTs for training. Due to a number of factors restricting the availability of village leaders (primarily the national elections campaign and the ensuing elections), only 33 Village PSTs were trained and functioning by August 1992 (14% of target). Training for the remaining 206 Village PSTs will be completed by end of the first semester of Year 2 (February 1993). Training of 200 Phase II Village PSTs will begin in March 1993 as scheduled. Overall targets will not be changed.

j. Training of Sub-district PSTs

A total of 75 sub-districts PST members have been trained in Posyandu management, local area monitoring for EPI and supervisory skills.

k. Training of Village Leaders and Community Health Volunteers (kader) in Posyandu Management

To date only 66 kader (CHVs) and 66 village leaders have been trained. The remaining 651 village leaders and kaders will be trained by the end of February 1993.

1. Development of Local NGOs

Collaboration with Yayasan Pengabdian Masyarakat (YPM) in Indragiri Hulu District has just been initiated. YPM has sent one administrative staff person and two program staff persons to undergo on-the-job training with PCI. The administrative staff person has been learning about general communications, filing & recording, accounting, and use of the computer. The program staff are in the process of learning about program management, skills in training adult participants, and implementation of sub-district and village level training courses, for instance, training of Sub-district and Village PSTs and TBAs.

In addition to working with an established local NGO, PCI is facilitating the formation of a local NGO by PCI/Riau Child Survival staff. As a result, three current PCI staff members decided in August to form "Yayasan Utama". Registration of Utama with the Government authorities will take place in October or November this year. Year 2 will be utilized for defining an appropriate phase over plan Utama's operational independence from PCI to begin in Year 3. In the meantime, Utama staff will receive training from PCI in the areas of accounting, general management and administration, project design and implementation, and resource development. Although Utama staff have already begun the preparation of proposals for child survival and HIV/AIDS prevention projects, during Year 2 they will continue to concentrate on the implementation of Child Survival VII project activities.

m. Printing of Maternal Health Cards

Realizing that the Provincial Department of Health and the Provincial Health Service Office were not able to provide an adequate supply of maternal health cards, PCI produced and distributed 27,000 cards in addition to the 26,000 which have been printed by the MOH. The addition of the cards produced by PCI are sufficient for the first year distribution in all project areas.

n. Social Marketing Activities

An evaluation of the Posyandu school program, implemented during CSIV, was conducted in November, 1991, by three members of the Provincial Posyandu Social Marketing Team, one PCI-Riau staff member and teachers of the participating schools. This evaluation was done in order to assess program effectiveness and to consider possible expansion to other levels of education (e.g., adding a junior high school to the already existing primary school program) and a greater number

of schools. The evaluation found the program to be effective and recommended its expansion during CSVII.

During Year 1 of C.S. VII a number of social marketing activities have been implemented with the purpose of promoting the Posyandu and its interventions (CDD/MDD, immunization, MCH, nutrition, and family planning):

- **Posyandu School Program.** This program, which now involves both primary school and junior high school, is being implemented in one sub-district in each of four districts. The program participants include 10 junior high schools and 33 primary schools.
- **Posyandu Radio Quiz.** Two Posyandu radio quizzes have been broadcasted province-wide by the government radio station. Every episode emphasizes one Posyandu intervention. This quiz program is financed collaboratively by PCI, the MOH, PHSO, and the Provincial Ministry of Religious affairs.
- **Cooperation with a Local Newspaper, "The Riau Post".** Local printed media has been used to promote Posyandu in a number of ways:
  - \* Five crossword puzzles have been printed, one for each Posyandu intervention.
  - \* News articles about jointly implemented PCI/MOH workshops have been printed as have articles about HIV/AIDS.
  - \* Key child survival messages taken from various sources, i.e., Facts for Life, and other publications of the MOH and NGOs are being printed every two weeks with assistance from PCI in guaranteeing accuracy of the messages. The first one, printed in August, was about the importance of breast milk and key breast-feeding messages.

All the above activities are done as a public service by "*The Riau Post*" at no cost to PCI or the MOH.

- **Collaboration with Ministry of Religious Affairs.** To promote treatment of diarrheal diseases by ORT, continue breast-feeding during and after illness, and diarrheal dietary management, PCI, in collaboration with the Ministry of Religious Affairs and the Provincial PST, has developed and produced 3,000 copies of a

leaflet stressing religious teachings related to environmental sanitation, hygiene, and diarrheal disease management.

**Collaboration with P.T. Unilever.** 570 sets of posters on hand washing were donated to PCI by P.T. Unilever Indonesia. All villages in the project area will have received these posters and be trained in implementation of their messages by mid-1993.

## 1.2. Change in Approach to Reaching Individuals at Higher Risk

There have been no changes in strategies for reaching high risk individuals since the DIP was submitted in June 1992. We do not think it is wise to revise strategy after only two - three months from the submission date of the DIP.

However, since the DIP Technical Review felt that the DIP did not clearly explain the surveillance and service delivery system for high risk target groups, we provide more detailed explanations below:

- a. **Identification of High Risk Pregnancies.** There are five simple tasks for TBAs in regards to the identification of high risk pregnancies. One is to identify who had difficulties in previous pregnancies or deliveries. Most TBAs will know such cases in their respective villages. If they do not know, they are taught to ask mothers about pregnancy history. The second task is to identify pregnant women who have already had many children. The third task is to identify pregnant women below the age of 20 or above the age of 35. Task number four, should they find a high risk pregnancy, is to make a report to the public health center midwife or doctor. Task number five is to encourage pregnant women to come to Posyandu sessions every month. In Posyandu, scales and measuring tools are available, as well as trained health workers whose responsibility it is to monitor the pregnant woman's condition.
- b. **Services such as transporting high risk pregnant women to a nearest government hospital, and cesarian delivery are provided by the MOH.** The government has allocated Rp. 15,000 (U.S.\$7.50) and ambulance services to transport each high risk pregnant woman from her home or puskesmas to the nearest government hospital. Although costs for the delivery, room and other services are usually covered by the patient, a patient who has a letter from her village head stating that her family is poor will receive all services free of charge.
- c. **Malnourished children are identified by the CHW/CHV through the KMS (Road-to-Health) card based on growth monitoring sessions held in Posyandu.** Moderately malnourished children receive follow-up by CHWs which includes: nutrition education of the mother,

supplementary feeding at the Posyandu, and, in certain cases, home visits. In its role of training CHW/CHVs and TBAs, PCI emphasizes the importance of appropriately educating mothers in various aspects of nutrition and promotes the use of home visit to accomplish this.

Severely malnourished children are referred to and treated in a public health center or government hospital until they are "well enough to go home".

In response to the new MOH policy on weight monitoring of newborn babies, simple, color-coded scales were added to the TBA kit to identify low birth weight infants.

- d. Similar approaches are being applied for treatment of children with chronic diarrhea. Children are treated at both the puskesmas and the government hospital where they are given "intravenous feeding" and an "appropriate diet" until they are strong enough to return home.
- e. KMS and "village immunization books" are used to monitor children who have incomplete immunization for age. A TBA and/or CHV visit the child's home to remind and encourage mothers to come to Posyandu where they can get immunization services free of charge. In some cases, however, immunization services for children who miss the monthly Posyandu session are available at the Public Health Center.

### 1.3 Staffing

There have not been any changes to the organizational chart. The one chart which was submitted with the DIP still applies for PCI/Riau.

Four new staff were hired in mid 1992: One assistant program manager, two social marketing officers, and one secretary.

#### 1.3.1 **Mohammad Saleh:** A former primary school teacher with extensive experience in training, in both formal and informal settings. He speaks and writes English well.

Saleh's responsibilities are to provide general assistance to the three district program managers, e.g., to help design training curricula, compile training materials, and distribute project supplies and materials to the project areas. Saleh also assists the district program managers during implementation of various training courses.

#### 1.3.2 **Harliyanti Jhon:** Harliyanti has a Masters degree in Law from the University of Andalas, West Sumatra. Prior to joining PCI, she worked for a profit-making company in Riau as a business executive, a position similar to a sales supervisor.

Harliyanti is assigned to the design, development, testing, implementation, and monitoring of all social marketing activities. She is responsible for the Posyandu radio quiz, crossword puzzle, newspaper articles, development of the Posyandu school program curriculum for junior high schools, and revision of the Posyandu curriculum for primary school students.

At present, we are still seeking a social marketing consultant who can provide further expertise and training to PCI, especially Harliyanti Jhon, in the area of social marketing.

1.3.3 **Herlina:** Herlina has a Masters degree in Business Management from the Islamic University of Riau. Prior to joining PCI, she worked for three years in different business companies as a sales representative. Herlina is assigned to assist Harliyanti in the design, development, testing, implementation and monitoring of all social marketing activities.

1.3.4 **R. Dian Afrina Linda (27):** Dian has a Bachelors degree in English literature. Prior to joining PCI, Dian served as secretary in two different companies for three years. Dian speaks and writes English well.

Dian is responsible for performing general secretarial tasks including typing, filing, reception works, and general correspondence. In addition, Dian is also responsible for compilation and translation of village profiles and some project documents.

#### 1.4. Continuing Education for Project Staff

- a. All program staff (except one) participated in two training courses in the Johns Hopkins PVO Child Survival Support Program baseline survey methodology. Two staff were trained in the utilization of EPI Info software. Both activities were conducted in October 1991. These activities were organized with technical assistance from JHU-CSSP (Mr. William Weiss).
- b. One staff member attended a PVO Child Survival workshop on income generation organized by Catholic Relief Services in Yogyakarta, in October 1991.
- c. All program staff attend a one week training on "Adult Education" concepts, principles, and methods/techniques in December 1991.
- d. One staff member traveled to India in March 1992 to attend the Asia Regional Workshop on "Rapid Survey Techniques" implemented by CARE and JHU-CSSP.
- e. The Project Director participated in the "Child Survival Lessons Learned" Conference held in June 1992 in New Mexico.

- f. Two staff members travelled to West Java and Central Java in July 1992 for a comparative study of UNICEF's PST development project which has proven to be highly successful in increasing Posyandu attendance and immunization coverage in two key Javanese districts.
- g. Three sessions on HIV/AIDS were conducted by the Project Director for all PCI/Riau staff. The training was meant to increase staff awareness about HIV/AIDS.
- h. Two program staff also participated in a nutrition training course held by the provincial Ministry of Health in August 1992.
- i. Various on-the-job training in the utilization of computer software (Word Perfect, Lotus 123, EPI-Info) have been provided to current and new staff.
- j. Two training sessions on accounting and financial management were given to the accountant and office manager of PCI/Riau by PCI/Indonesia's Chief Accountant from Jakarta.

#### 1.5 Technical Support

During Year 1, PCI/Riau received technical support from PCI/Jakarta, PCI/Maluku, PCI/HQ in San Diego, JHU-CSSP, and USAID/Jakarta. Details of technical support visits are as follows

- **David Prettyman**, PCI/Indonesia Deputy Country Director, visited PCI/Riau in September 1991 to help with the administration of the project, i.e. reporting procedures, personnel management and accounting. David provides continual support to the project from Jakarta.
- **William Weiss**, JHU-CSSP, came to Riau in September - October 1991 to help with the preparation, training and implementation of the baseline survey. He also trained two staff in basic utilization of the EPI Info software.
- **Shari Cohen**, PCI/San Diego, came to Riau in October 1991 to train PCI staff in project documentation.
- **Stephen Robinson**, PCI/Indonesia Country Director visited Riau in November 1991 to review program planning, training curricula, personnel issues, and provide on-the-job training in the WHO 30-cluster sampling technique, additional training in Epi-Info, and in further defining the EPI strategies.
- **Julie McLaughlin**, Program Officer from PCI/Headquarters in San Diego came to Riau in March 1992 to assist with preparation of the Detailed Implementation Plan.
- **Nurmalina D. Suprianto**, USAID/Jakarta Child Survival Coordinator, visited Riau in April to observe TBA training and to meet with the

Provincial Ministry of Health and other local government agencies. She provided PCI with feedback for improvement of TBA training and maintain the good relations with the government which have already been made by PCI/Riau.

**David Prettyman**, came in May 1992 to help PCI/Riau's staff who were interested in forming a local NGO. He advised on the preparation of organizational by-laws; relations between founders, board of directors, and staff; and fund raising strategies.

## **1.6 Community Participation**

### **1.6.1 Village Level Committee**

In each village there is a village general committee called LKMD. One section of the LKMD deals with health programs. This section of the village committee has cooperated with PCI by encouraging and selecting TBAs, CHVs and members of PKK (A women's movement for improvement of Family Welfare) for participation in TBA and PST training. During village level PST training, and during various training courses, village leaders are also involved in organizing meals and arranging lodging for participants and trainers.

Most importantly, these committees are responsible for implementation of the Posyandu. As a result of their increased involvement since the start of CSVII, Posyandu sessions are now being held regularly in 70% of the project villages. Although not directly involved in implementing the Posyandu, PCI's endeavors in training public health center midwives, village TBAs, CHVs, and village leaders contribute significantly to the sustainability of Posyandu sessions in those villages.

### **1.6.2 Sub-district Level Committee**

The Sub-district PST is an integrated child survival committee at sub-district level. The 27 sub-district committees established and trained with the assistance of PCI are active in the following areas: monitoring Posyandu activities and achievements, providing feedback and supervision, organizing various training courses related to attainment of project targets, and submitting monthly Posyandu indicators report (the F1/POKJANAL/90 form) to their respective District PSTs. At least two meetings were held by each of the PSTs in the last two months.

### **1.6.3 District Level Committee**

All four district level PSTs are active and have met at least once a month in the last three months. In these monthly meetings they review and discuss data

from F1/POKJANAL/90 reports submitted by Sub-district PSTs, compile and analyze these reports for submission to the provincial PST, and give feedback to the respective sub-district on how to solve Posyandu implementation problems. The District PSTs have each met with PCI at least six times in the last three months to plan for implementation of various training courses and workshops.

#### **1.6.4 . Province Level Committee**

The Provincial PST has become increasingly active over the past year. PCI has fully involved the Provincial PST in all aspects of the project including planning, implementation, finances, monitoring, supervision and evaluation, in order to gain the maximum support from the government.

Within the last three months, at least 6 meetings were held by the provincial committees. Two meetings were held to discuss social marketing programs. One meeting was held concerning the Comparative Study Tour to Java. Three meetings were held to discuss monthly reports submitted by the four district level committees.

#### **1.7 Linkages to other Health and Development Activities**

PCI implements this project in collaboration with government related agencies through the mechanism of the multisectoral Posyandu Supervision Teams at the Provincial, District, Sub-district and Village levels. The PST at each level consists of representatives from the Ministry of Health, Family Planning Board, Ministry of Education and Culture, Ministry of Information, Ministry of Religious Affairs, Bureau of Statistics, Rural Development Affairs, and Ministry of Agriculture.

In 1990, PCI pioneered the formation of a network consisting of international PVOs implementing child survival programs in Indonesia, and has participated in all of the workshops held by this group. During these workshops PVOs share their experiences in implementing CS-projects, education materials used by their respective projects, etc.

PCI also works with a province-wide radio station and newspaper in disseminating child survival messages which include topics on CDD/MDD, immunization, nutrition, MCH, and family planning.

## **2. CONSTRAINTS, UNEXPECTED BENEFITS, AND LESSONS LEARNED**

### **2.1 Constraints**

- a. One difficulty arose at the time PCI/Riau presented the findings of the baseline survey to MOH officials. Many of them were not pleased because

the baseline survey found very low immunization coverage compared to officially reported figures for the entire province. We explained that the findings of the baseline survey did not represent the entire province of Riau as it had covered only 429 villages within 27 sub-districts in the four districts of the project (representing only about 35% of the provincial population, albeit a random sample). Furthermore, we pointed out that this sub-population tended to be in the more difficult-access areas of the province.

Five months later, in March the CDC in MOH/Jakarta assisted in a province-wide immunization coverage survey utilizing the 30-cluster sampling technique because of concerns about the validity of previous coverage data. As a result, it was discovered that immunization coverage in Riau was lower than officially reported, due largely to reporting problems. This helped convince MOH/Riau of the accuracy of the CS VII baseline survey results.

- b. Some Public health centers (we found two, at least) were reducing the length of TBA training sessions thereby diminishing the amount of time available for practical exercise. PCI staff decided to observe the last 2-3 days of all TBA trainings (programmed to last 6 days) in order to make sure that demonstration and practices were given satisfactorily, and that everyone had the opportunity to perform all practical exercises, such as cutting the umbilical cord, washing hands before helping delivery, sterilizing equipment, and washing newborn babies.
- c. The project had great difficulty in finding qualified any local people for the Social Marketing position. It took eight months to find the right candidates for the social marketing officers, but we believe that hiring local residents will make a greater contribution to the sustainability of the project.
- d. Training skills of midwives at district and sub-district level were not as strong as originally assumed. Many trainings of TBAs were being conducted by untrained personnel. As a result, 1-2 days were scheduled prior to the beginning of each training to confirm the readiness of each trainer and to conduct rehearsals.
- e. PCI project managers and government training officers, though relatively participatory in their attitude towards training courses of the project, were found to be lacking in adult education techniques. A workshop in adult education skills was conducted for PCI staff by the Project Director. MOH trainers were also invited to participate in this workshop and paid their own expenses to come and to stay during this one week training. Their extensive experience in facilitating various training courses (both strengths and weaknesses) were used as resources to this training course.

- f. TBAs attending the trainings had differing skill levels and experience. As a result, the TBA training curriculum has been made more flexible to allow for the different skill levels and experiences of participants. Furthermore, monthly meetings with regular refresher training is being promoted by PCI as an alternative to skilled TBAs attending the full 6-day TBA trainings. TBA trainings have been rescheduled so that all trainings can be completed by the middle of Year 2. This will give PCI the opportunity during the final 18 months of the project to concentrate on increasing the skills of midwives to supervise TBAs and to promote the concept of monthly TBA meetings and refresher trainings.

## 2.2 Unexpected Benefits:

- a. Funding was not sufficient to cover all seven districts as proposed in the project proposal. Therefore, PCI decided to concentrate its CS VII project activities on four districts within the main island of Sumatra (this revision is detailed in the DIP). At the same time, however, the total number of project participants (target groups) and villages is greater than originally proposed which means that the cost per beneficiary has been reduced.
- b. Due to the success of PCI's TBA training program, the MOH -- with its own funding -- has trained more than 300 additional TBAs utilizing technical training assistance from PCI.
- c. Coordination with a UNICEF program in 12 other provinces provided PCI with an opportunity to organize an exchange visit between the Provincial and District PSTs to West Java and Central Java. The participants considered the exchange visit very useful. They learned many lessons for development of PST and Posyandu in their respective districts and province. Results of this exchange visit have been reported to their respective district heads and the governor in order to get the financial, political, and moral support required for sustainability of the Posyandu Supervision Team concept.
- d. Because of PCI/Riau's openness to both the provincial and district government about its project management and finances, the government at both provincial and district levels have pledged matching funds for project implementation. The provincial government allocated \$16,000 in 1991/1992 fiscal year for supervisory activities and training of PST members. Meanwhile, three districts (Indragiri Hilir, Indragiri Hulu, and Bengkalis) have together contributed a combined total of \$13,500 for similar purposes.
- e. The potential of already existing local NGOs and the interest on the part of PCI staff as well as other local citizens to form NGOs has turned out to be much higher than originally expected. As a result, PCI is collaborating with a local NGO in Indragiri Hulu District (*Yayasan Pengembangan Masyarakat*) for the implementation of TBA training courses, training of village leaders,

project monitoring and evaluation. Meanwhile, several members of PCI's staff, some from CSIV and others only recently hired have decided to form their own local NGO. similar to that in Southeast Sulawesi where PCI employees formed the local NGO *Sintesa*. The decision to create this local NGO named *Yayasan Utama* became official in July. Registration with a Public Notary and the Government will take place in October.

### 2.3 Institutionalization of Lessons Learned

- a. PCI staff usually spent 1-2 days observing TBA training which lasts for six days. Of late this was considered to be insufficient to assure quality training. Hence, it was decided to lengthen the observation period to 2-3 days for each training course.
- b. Submitting semester reports on project activities and expenses to government counterparts has increased financial contribution and involvement of the government in project implementation.
- c. Promotion of "training of adult education trainers" has significantly increased credibility of PCI. The organization received many requests to facilitate and/or design various training courses held by the government and communities, i.e. for training of trainers, AIDS education, and community extension techniques.
- d. Due to the lack of funding to cover all seven districts, activities are concentrated on four priority districts and the MOH has been encouraged to "buy into" activities in the other districts. Demonstration of the success of PCI's model has led to the MOH adopting the model and providing funding of its own. In the District of Kepulauan Riau, for example, where PCI is not working, the local government is continuing child survival support activities begun during CSIV by providing \$6,500 for training of Sub-district and Village PSTs, and for supervisory activities. The same has also happened in Batam District.
- e. Monthly meetings for TBAs organized by midwives is being institutionalized by PCI in all project sites as an effective means of refresher training of TBAs and supervision by midwives and public health center doctors. This was already happening in some areas and PCI has encouraged its adoption in all areas.

## 3. **CHANGES IN PROJECT DESIGN**

### 3.1 Change in Perceived Health Needs

There has been no change in health needs since the DIP which was submitted less than three months ago in June 1992.

**3.2 Change in Project Objectives**

None

**3.3 Change in Planned Interventions**

None

**3.4 Change in Potential and Priority Beneficiaries**

None

**4. PROGRESS IN HEALTH INFORMATION DATA COLLECTION**

**4.1 Characteristics of the HIS**

- 4.1.1. There are several reporting forms used in the health information system at the community level. Each child under five years old should have a KMS Balita card. This card used to record bio data, immunizations, distribution of vitamin A, and growth monitoring data. Each pregnant woman should have a KMS Ibu Hamil (maternal health card) used to record biodata, pregnancy and/or delivery history, weight monitoring, TT immunization status, visits to a midwife or a doctor, and distribution of iron tablets.

Data for these two cards are recorded during the monthly sessions of Posyandu in each community. Posyandu kaders (CHVs) record them on each KMS, and also in Posyandu recording books.

- 4.1.2. The above system is useful for identification of and delivery of services to high risk children and women. The project does not (and has no intention to) change this system. Instead, the project will enhance the institutionalization of this government system, through promotion of monthly supervision of Posyandu. Recently, Indonesia streamlined its health information reporting nation wide. The new system is appropriate for most project information needs.
- 4.1.3. The form numbered F1/POKJANAL/90, and also the MOH form LB3 utilized in this project report all necessary indicators and implementation of activities by both Posyandu and public health centers. Examples of these report forms have been sent along with the DIP. LB3 has been utilized by the MOH for years. PCI enhances its institutionalization.

The form F1/POKJANAL/90 which reports main project indicators was introduced by PCI. This form, which during its initiation period was provided by PCI, now has been produced adequately by the provincial government. It is now being utilized provincially, even beyond CSVII project areas.

4.1.4. The above forms also report CHV/CHW activities. Feedback on the reports are provided by Sub-district PST and public health center doctors/supervisors of CHV/CHW during the proceeding month's Posyandu session. At the district level, PCI also monitors attainment of project indicators, and achievement of project activity targets.

4.2. Special Capacities of HIS

4.2.1. Every month the project monitors Posyandu sessions held by the local communities utilizing the F1/POKJANAL/90 form. One of the indicators of this report is the "total number and percentage of active Posyandu" (Posyandu held during the reporting month).

4.2.2. The project mainly trains TBAs, coordinators of CHW/CHV who are responsible for each Posyandu, and chairpersons of PKK who are responsible for making sure that CHWs/CHVs (who are also members of PKK) are active in implementing Posyandu every month. TBA activities are monitored through monthly meetings held in each public health center, as promoted by PCI. In some public health centers (we found at least in three public health centers), even untrained TBAs came to this monthly meeting.

Although the project does not directly monitor individual CHW/CHV activity, F1/POKJANAL/90 reports the number and percentage of active Posyandu which indirectly indicate whether or not PCI-trained coordinators of CHVs/CHWs are active.

4.2.3. Currently the project does not detect and investigate cases of acute paralysis in children less than age 15. In April 1992 PCI asked the MOH to cooperate in designing a CDC surveillance system. Due to other priorities, the plan to hold a workshop on designing disease surveillance systems has been postponed to November or December 1992. Meanwhile, we depend on reports from public health center paramedics and doctors who are stationed and/or visit local communities at least once in a month.

4.2.4. TBAs and CHVs/CHWs selected to attend a training course are usually those who have been identified as not receiving any training, or have received training but still need additional training. Upon completion of training courses, they are monitored by public health centers and/or PST. For CHWs/CHVs, the monthly Posyandu session is an opportunity for them learn new lessons, and at the same time to ask for advice from health center paramedics. TBAs attending monthly meetings at public health centers also have the opportunity to get advice from the public health center midwife if they encounter difficulties in delivering services, or in identification of high

risk pregnancies. These two approaches are continuing education for TBAs and CHVs/CHWs.

- 4.2.5 There are some data which have been difficult to collect, i.e. acute paralysis and measles cases. One reason is the lack of an appropriate disease surveillance system. Another reason is carelessness in tabulation of data and/or low adherence to the monthly submission of F1/POKJANAL/90 report by some Sub-district PSTs.

### 4.3. Management of the Health Information System

- 4.3.1. About 20% of the budget in Year 1 was spent for the Health Information System. The major proportion was for: (a) the baseline survey; (b) printing of reporting forms (i.e. pictorial delivery report form, maternal health cards, local area monitoring forms, etc); (3) training of government officials, TBAs, VHVs/VHVs, and village leaders in utilization of those forms.

- 4.3.2. Almost every month PCI staff attend District PST meetings and/or monthly meetings of MOH staff which monitor project indicators, i.e. immunization coverage. Based on the data presented in July, we found that the progress was encouraging. PCI has therefore decided to support continuation of this monthly monitoring of project indicators, e.g., through provision of funds for its implementation, and facilitation of monitoring techniques. For future support of this activity, PCI has asked local government to provide matching funds. Responses from three of the four district areas have been positive.

- 4.3.3 On completion of the baseline survey, PCI (accompanied by the consultant from the JHU-CSSP) shared the results with the Provincial MOH, Provincial PST, USAID/Indonesia and the National PST, and the Central Ministry of Health. Several months later, each district manager shared results of the baseline survey with PSTs at both Sub-district and District Level. During recent training of village leaders, results of this baseline survey were also shared.

PST at the district and sub-district levels submitting F1/POKJANAL/90 reports obtain feedback from their respective higher level PSTs. Public health center doctors attending MOH monthly meetings also receive feedback from the head of the District MOH and from PCI district managers.

Feedback to CHWs/CHVs and TBAs is given during Posyandu sessions and TBA monthly meetings, respectively.

- 4.3.4. Each PCI/Riau district manager is responsible to monitor, collect, maintain, and tabulate data from the monthly reports submitted within his district. Yufrizal Putra, with supervision from the Project Director, is responsible for the overall monitoring, data collection and tabulation.

Yufrizal Putra cooperates with the secretary of the Provincial PST, heads of each section within the Provincial MOH, and Provincial Health Service Office to confirm all data, and provide feedback.

4.3.5 PCI/Riau program staff are already familiar with Lotus 123, and therefore have the minimum skills required to perform data tabulation. Yufrizal Putra has been trained in the utilization of EPI Info Software. The rest of program staff will be trained soon by Yufrizal. Simple training sessions have also been given to all the new program staff on how to fill out all forms used by the project, so that they were able to provide training to PSTs and villagers.

## **5. SUSTAINABILITY**

### **5.1 Recurrent Costs**

5.1.1 Recurrent costs associated with this project are:

- Printing of 27,000 Mother Health Cards and their plastic covers (\$2,674);
- Printing of pictorial birth reporting forms: 1,600 sets (\$791);
- Costs for supervision visits by the higher level of PST to the next lower level of PST (about \$5,000);
- the training courses and TBA supplies (each TBA about \$40-50);
- School Social Marketing Programs (about \$7,000)

5.1.2 The government is committed to gradually providing all funds for the above mentioned printed materials, supervision, social marketing activities and some proportions of costs for TBA training.

### **5.2 Strategies for Increasing Post-Project Sustainability**

5.2.1 PCI is utilizing several mutually supporting approaches to promoting sustainability of health programs, outputs, or benefits in local communities. Following are some of the key approaches:

- a. PCI collaborates with a local NGO in one of the four districts for implementing the training of TBAs, training of village leaders, plus the monitoring, supervision and evaluation of child survival activities. Several more local NGOs, one in each remaining district, may also collaborate with PCI in order to maintain the momentum of child survival activities which have been promoted by PCI over the past three years.

- b. Some of PCI staff members have just formed an NGO which will take over PCI's role in promoting child survival activities in Riau (see Section 2.2d).
- c. The Posyandu radio quiz which provides cash prizes invites both mothers and CHWs/TBAs to participate. This approach provides incentive to local communities and community health workers.
- d. Communities pay for the services provided given by PCI-trained TBAs. This allows TBAs to provide adequate supplies and continue to give their service to local communities.
- e. The local government (both at the district and province level) have begun to finance expenses for this project, and is committed to continue funding the activities once PCI leaves the province.
- f. The Provincial Ministry of Education has agreed to continue the School Posyandu Programs after PCI leaves.
- g. The Provincial Ministries of Information, Health, Religious Affairs, Family Planning, and the public radio station have all agreed to continue the Posyandu Radio Quiz initiated by PCI.
- h. "*The Riau Post*", with support of the Provincial PST, has agreed to continue the Posyandu Crossword Puzzle and the Social Services Advertisement programs.
- i. Some Posyandu have begun to charge for services.
- j. All patients who come to public health centers pay for services based on the rate decided by each district government, in support to costs recovery.

**5.2.2** There are several project activities and materials for which costs have begun to be paid by the government:

- a. Production of F1/POKJANAL/90 forms have been fully financed by the government.
- b. Costs for the monthly meeting of PSTs in all districts have been provided by the district government.
- c. Some proportions of costs for PST supervisory visits are being paid by both provincial and district government.

- d. Half of costs for District PST workshops in three of the four districts was provided by the respective district government.
- e. Most health education materials used at Posyandu sessions are provided by the MOH.
- f. Some social marketing activities are beginning to be paid by both the government and private sectors (Riau Post and PT. Unilever).

### 5.3 Cost Recovery

- 5.3.1 This project has not initiated any direct cost recovery activities. It does, however, promote cost recovery activities by local communities and the MOH for health care activities. For instance, TBAs are encouraged to continue the practice of charging appropriate fees for their services. Participation in TBA training makes the TBAs more marketable and has resulted in increased incomes for trained vs. untrained TBAs (data available on request).
- 5.3.2 Fees charged by TBAs are normally dictated by local customs and adjusted according to the ability to pay. Potential inequities in delivery are controlled by community pressures.
- 5.3.3 Several training sessions have been provided to program staff to increase staff understanding of the mechanisms of cost recovery and its relation to this project. Implementation of cost recovery activities may occur in the second year, i.e. through the introduction of the village drug post program.

## 6. **PROJECT EXPENDITURES AND JUSTIFICATION FOR BUDGET CHANGES**

### 6.1 Pipeline Analysis

Please refer to Pipeline spreadsheet.

### 6.2. Justification of Budget Changes

There have not been any major changes in the budget. There are minor changes, however, as follows:

Social marketing activities required more funds than the original proposed project which did not foresee the emphasis needed on this important aspect of the project. Additional social marketing activities which were not originally planned in the project proposal have been implemented.

## 7. **1992/1993 WORK SCHEDULE AND BUDGET**

## **7.1. Work Schedule**

### **7.1.1. PST Development**

- a. Complete PST training in two more districts by October 1992.
- b. Complete PST training at all 27 sub-districts by end of December 1992.
- c. Complete training of 439 village level PSTs (to be participated by at least 1,317 village leaders and CHVs/CHWs) by June 1993.
- d. All-level PSTs are operational by August 1993.
- e. First quarter supervisory visits of PST by November 1992.
- f. Second quarter supervisory visits of PST by March 1993.
- g. Third quarter supervisory visits of PST by August 1993.
- h. All-districts PST "Lessons learned workshop" held in by August 1993.

### **7.1.2. TBA Training and Supports**

- a. Complete training of at least 500 additional TBAs by July 1993.
- b. Monthly meetings of TBAs are held by at least 50% of all public health centers by August 1993.
- c. Provision of additional "pictorial birth reporting forms" to all train TBAs by end of March 1993.
- d. Deliver all weighing scales to all trained TBAs for monitoring of low birth weight of newborn babies by the end of January 1993.

### **7.1.3. Health Information System**

- a. Print and distribute 30,000 maternal health cards to 439 villages through 1,320 trained TBAs and 33 public health centers by end of March 1993
- b. Print and distribute "pictorial birth reporting forms" needed for the second year.
- c. Print and distribute "TBA Manual" by end of August 1993.
- d. Continue to monitor and tabulate health data submitted by District PSTs.
- e. Conduct a workshop on communicable disease surveillance techniques by December 1992, and implement a system by February 1993.
- f. Make an assessment on deliveries assisted by PCI-trained TBAs by March 1993
- g. Conduct a mid-term evaluation by March 1993.

### **7.1.4. Cooperation With and Development of NGOs**

- a. Provide on-the-job training for two staff members of *Yayasan Pengabdian Masyarakat* (YPM), and one staff member of the District Development Planning Board of Indragiri Hulu for three months, beginning in September 1992.

- b. Register *Utama*, the foundation formed by existing staff members of PCI/Riau, by October 1992.
- c. Assist both YPM and *Utama* in preparing and submitting at least two project proposals to international donors and private sector companies within year two period.

#### 7.1.5. Social Marketing Activities

- a. Continue the publication of the Posyandu Crossword Puzzle in *The Riau Post* (free of charge);
- b. Continue to prepare and publish child survival education articles in *The Riau Post* biweekly (free of charge);
- c. Continue to prepare and publish child survival social services advertisements biweekly in *The Riau Pos* (free of charge).
- d. Continue to prepare and broadcast the Posyandu Radio Quiz biweekly on the provincial government's radio station, with possible expansion to radio stations at the district level by August 1993.
- e. Make at least two supervisory visits to all schools implementing the Posyandu School Program by June 1993.
- f. Evaluate the Posyandu School Program in Phase One pilot areas by July 1993.
- h. Develop at least four child survival education publications (leaflets and/or booklets) about CDD, immunization, MCH, nutrition, and family planning in cooperation with the Provincial Ministry of Religious Affairs, issuing at least one every two months beginning September 1992.

#### 7.2. Budget

Please see attached spreadsheet.

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PVO/COUNTRY: PC/INDONESIA-RIAU

	Year 1		Year 2		Year 3		TOTAL - Years 1-3		
	(a) A.I.D.	(b) PVO	(c) A.I.D.	(d) PVO	(e) A.I.D.	(f) PVO	(g) A.I.D.	(h) PVO	(i) TOTAL
<b>I. PROCUREMENT</b>									
<b>A. Office Equipment (specify)</b>									
1. Office							0	19000	19000
2. EPI							0	0	0
3. ORT							0	0	0
4. Other							0	0	0
<b>SUBTOTAL</b>	0	19000	0	0	0	0	0	19000	19000
<b>B. Supplies</b>									
1. Office							3896	0	3896
2. EPI							0	0	0
3. ORT							0	0	0
4. Other							0	3000	3000
<b>SUBTOTAL</b>	1200	1000	1200	1000	1400	1000	3896	3000	6896
<b>C. Consultants (exclude evaluation costs)</b>									
1. Local							1000	0	1000
2. External							1000	0	1000
<b>SUBTOTAL</b>	1000	0	0	0	1000	0	2000	0	2000
<b>D. Services (exclude evaluation costs)</b>									
1. Manpower Services							0	6493	6493
2. Lectures/Talent Fees							0	0	0
3. General Contractual Services							0	0	0
<b>SUBTOTAL</b>	0	2000	0	2160	0	2333	0	6493	6493

PVO/COUNTRY: PC/INDONESIA-RIAU

	Year 1		Year 2		Year 3		TOTAL - Years 1-3		
	(a) A.I.D.	(b) PVO	(c) A.I.D.	(d) PVO	(e) A.I.D.	(f) PVO	(g) A.I.D.	(h) PVO	(i) TOTAL
<b>II. EVALUATION (specify)</b>									
<b>A. Baseline Survey</b>							0	0	0
1. Consultant/Contract							4000	0	4000
2. Staff Support							4000	0	4000
3. Other							2050	0	2050
<b>SUBTOTAL</b>	10650	0	0	0	0	0	10650	0	10650
<b>B. Mid-term</b>									
1. Consultant/Contract							3000	0	3000
2. Staff Support							3000	0	3000
3. Other							1000	0	1000
<b>SUBTOTAL</b>	0	0	7000	0	0	0	7000	0	7000
<b>C. Final</b>									
1. Consultant/Contract							3000	0	3000
2. Staff Support							3000	0	3000
3. Other							1000	0	1000
<b>SUBTOTAL</b>	0	0	0	0	20150	0	20150	0	7000
<b>III. PERSONNEL</b>									
<b>A. Technical</b>							186129	73200	259329
<b>B. Administration</b>							17823	0	17823
<b>C. Clerical</b>							7202	0	7202
<b>D. Temporary</b>							0	0	0
<b>SUBTOTAL</b>	65680	25040	70278	23311	75198	24841	211154	73200	284354

PVO/COUNTRY: PCI/INDONESIA-PIAU

	Year 1		Year 2		Year 3		TOTAL - Years 1-3		
	(a) A.I.D.	(b) PVO	(c) A.I.D.	(d) PVO	(e) A.I.D.	(f) PVO	(g) A.I.D.	(h) PVO	(i) TOTAL
<b>IV. TRAVEL/PER DIEM</b>									
A. Domestic							24558	0	24558
B. International							22051	0	22051
SUBTOTAL	22888	0	13018	0	10005	0	46600	0	46600
<b>V. COMMUNICATIONS</b>									
A. Printing/Reproduction							4500	4500	9000
B. Postage/Delivery system							812	0	812
C. Telephone							6000	0	6000
D. FAX/Telex							1800	0	1800
SUBTOTAL	4350	1000	4370	1000	4392	2500	13112	4500	17612
<b>VI. FACILITIES</b>									
A. Equipment Rentals							0	0	0
B. Facilities Rentals							37569	10600	48369
C. Other							0	4500	4500
SUBTOTAL	7440	5100	14786	5100	15343	5100	37569	15300	52609
<b>VII. OTHER DIRECT COSTS</b>									
SUBTOTAL	7300	400	6858	400	9186	400	23322	1200	24522
<b>VIII. INDIRECT COSTS</b>									
A. Overhead/Administration							90910	32832	132742
B. Other							0	0	0
SUBTOTAL	32014	14433	31533	6774	36363	9626	99910	32832	132742
<b>TOTAL</b>	152322	66671	150035	41745	173014	45800	475372	156215	631566

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