

# MotherCare

**TRIP REPORT:**  
**INDONESIA**

**September 17 to October 2, 1991**

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**DRAFT**

Report prepared for  
Agency for International Development  
Contract # DPE-5966-Z-00-8083-00  
Project # 936-5966

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## I. EXECUTIVE SUMMARY

The purpose of this trip to Indonesia was to monitor on-going projects (Low Birth Weight project; Regionalization Project; Indramayu Project) and assist in the development of those with proposals in progress (BV and LBW; Slow Release Iron Tablets; Maternal Mortality Reduction; Cost-Effectiveness).

### A. Present Status of Projects:

#### 1. Low Birth Weight Project (UNPAD - Dr. Anna Alisjahbana)

This project was to end September, 1991. All data have been collected but are presently being processed for final tables by Mike Linnan, USAID/Jakarta. These data should be ready by December 1991. Dr. Anna will then need one month to write the report.

#### 2. Regionalization Project (UNPAD - Dr. Anna Alisjahbana)

All equipment has been ordered, initial meetings with officials at all levels have been held, social marketing efforts are beginning (Giselle Maynard-Tucker, MotherCare/Manoff IEC Consultant, was there training in focus group and depth interview techniques), the control area has been selected; MCH Director hired and 3 maternity huts are already functioning. Next steps focus around training needs assessment and training of staff at all levels in ob/neonatal emergency management.

#### 3. Indramayu Project (UI-CCS, Dr. Budi Utomo)

Discussions focused on the monitoring of Phase I (the TBA depot for iron/folate tablets) and validation possibilities for confirming women's self report.

#### 4. Slow Release Iron Tablets

The proposal and budget were finalized for further review in Washington.

#### 5. Maternal Mortality Reduction (Surabaya - Dr. Poedje)

The proposal is presently being cleared by local government officials prior to it being reviewed further.

#### 6. BV and LBW (UI, CHR - Dr. Budi Utomo)

The draft subcontract was handed to Mission staff. Minor changes in the proposal and budget were made. The proposal is ready for final review in Washington prior to being sent to the AID Contracts Office.

7. Cost-effectiveness (Western Consortium)

Carl Serrato, working through the Western Consortium, is assisting Glen Melnick also with the Western Consortium, to prepare a proposal for developing the means to do cost-effectiveness studies in both the Regionalization and Maternal Mortality Reduction projects. This proposal should be available to MotherCare and AID staff by October 15th.

B. Administrative Issues

Financial Backstopping

UNPAD requires assistance as a new accountant has just been hired. Saipin Vongkitbuncha, MotherCare Administrative Officer, will provide this assistance in her up-coming visit. She will also review the accounting backup for the Maternal Mortality Reduction Project, Slow Release Iron Tablets, and Cost-effectiveness. An audit of the LBW Project will be set up during Saipin's visit.

C. Personnel Issues:

Gour Dasvarma, who has been providing research assistance to the Indramayu Project, is leaving The Population Council in February, 1992. Already his activities with MotherCare are less.

A scope of work was drafted for a MotherCare position(s) to fulfill the administrative, monitoring, research and advocacy needs of the Indonesian projects. Four candidates were interviewed and preliminary selection made, pending discussions in Washington.

## II. FIELD ACTIVITIES

### A. USAID Discussions - Joy Riggs-Perla/Mike Linnan

1. There are now seven projects in progress or in development in Indonesia:
  - LBW/Perinatal Mortality, UNPAD - to finish December, 1991.
  - Regionalization Project, UNPAD - initiated January, 1991 through September, 1993.
  - Indramayu, UI, CCS - initiated October, 1990 through June, 1992.
  - Maternal Mortality Reduction - Airlangga University - to be initiated, February, 1992.
  - Cost-effectiveness Study - to be initiated as soon as possible; draft proposal in development by Glen Melnick.
  - Slow Release Iron Study, Surabaya - to be initiated as soon as possible; draft proposal - Appendix 4.
  - BV and Prematurity/LBW - to be initiated as soon as possible; draft proposal in final discussions, subcontract to go to Budi Utomo, Center for Health Research, UI.

The projects already underway require substantial financial backstopping by Anne Helveston, MotherCare Program Assistant, and Saipin Vongkitbuncha. There are noted problems in cash flow at UNPAD that require further investigation. An accountant has just been hired there to replace the previous one. This accountant will require extensive training by Saipin in mid-October-November. Mr. Marwan Tanjung, Administrator at Center for Child Survival, UI, and Administrator for the Indramayu Project, is doing extremely well and we agreed that he should be involved in overseeing the costs for the BV study (to be coordinated via Center for Health Research also of UI). However, with the addition of new projects, it was felt by all that it would be most useful to hire locally an administrator to backstop MotherCare's projects in Indonesia.

2. The surprising news is that Gour Dasvarma will be leaving The Population Council as of February although his involvement in the projects is already curtailed. (Note: He was unable to work with Mike on the LBW data set.) This presents a major gap in research resources in-country. Gour works very effectively with his counterparts according to all accounts here--he will be sorely missed.
3. It was decided to interview local candidates for MotherCare needs which include the following:

Administrative:

- Ensure the vouchers are in order monthly for each project and that cash continues to flow in accordance with project's budgets, records and needs.
- Assist with proposal writing as needed.
- Ensure timely input of deliverables, including both financial and substantive progress reports.
- Write a Monthly Progress Report of projects (one or two paragraphs that we can use for our own monthly progress report.)
- Coordinate arrangements for consultants and MotherCare staff with projects.

Monitoring:

- Ensure that projects are progressing as outlined in the proposal or as modified in discussions. This could include discussions with PIs only, visits to the field to ensure field progress, follow up on progress of specific interventions (e.g. Phase I of Indramayu project requires monitoring in the field now), observations of workers, and development of monitoring means for project interventions.

Research:

- Assist staff of the Mission and MotherCare staff with addressing research needs. This would be in collaboration with the principal investigator and her/his colleagues and not as a separate activity.

Advocacy:

- Assist USAID, MotherCare and project staff to advocate for improved maternal health care at national, regional and international level through coordinating the write-up of project summaries, by organizing and coordinating local seminars, and by meeting with appropriate officials as directed by USAID and MotherCare.

Four candidates were interviewed (CVs, biodata attached - Appendix I):

- Carrie Hessler-Radelet
- Kelly Lou O'Hanley
- Joy Polluck
- Mary Jo Hansell

In discussion with Joy Riggs-Perla and Mike Linnan, it was felt that the following arrangements would fulfill our needs best:

- Joy Polluck become the MotherCare Administrative, starting at 66% of time initially.
- Mary Jo for 25% to assist with research, replacing Gour Dasvarma with Mike Linnan's guidance.
- Carrie Hessler-Radlet will continue as a consultant to MotherCare for IEC.
- Kelly Lou O'Hanley could become a consultant for us, specifically for training in obstetrical care.

The above was determined based on language ability, inter-personal skills, desire to travel, and appropriate background for the work.

The candidates will be reviewed again in Washington, D.C. with MotherCare and AID/Washington staff prior to being offering positions.

If we proceed as outlined above, Joy Polluck would join early November and be briefed by Saipin during her upcoming visit.

**B. Indramayu Project (Dr. Budi Utomo, Dr. Pandhu, Mr. Teguh and Ms. Rindi)**

This project is now one year old although the SRS part of it was initiated earlier through consultancies with David Leon of The Population Council. Unfortunately funding for the project from USAID via the BKKBN will end in December. Dr. Budi, Principal Investigator, is assured of continued funding via BKKBN from The World Bank but at a level much lower than requested (\$20,000/year versus the \$70,000 requested.) He will have to renew his funding request yearly. The gap in the amount needed versus amount committed is a problem with BKKBN, not the Bank, but will be pursued through Dr. Budi's discussions with both sources.

Dr. Budi may leave for Ph.D. studies at ANU beginning in June, 1992; this departure is still questionable depending on availability of funds for his children's schooling. He should know the answer to this by end of October.

**Interventions:**

1. TBA distribution of iron/folate tablets began in June, 1991. Thirty of the 41 TBAs in Gebus Wetan, the treatment area, were trained during their monthly June meeting by the doctor and bidan of the Puskesmas, using materials developed with Richard Pollard, MotherCare/Manoff IEC Consultant, (Appendix 2a). It is not clear to me that the remainder of the TBAs were trained.
2. At monthly meetings at the Puskesmas, TBAs receive 150 tablets each which they then package into little bags with 30 tabs each. Recording of supply distribution is done at the Puskesmas by the bidan. Should TBAs run out of supplies, or not make it to the monthly meeting to receive supplies, they can pick them up at the Puskesmas, Posyandu, or local

- leaders's house. It is not clear to me how many TBAs have consistently received monthly supplies, although I saw one report from June/July.
3. Are these supplies enough? What is the coverage? The TBAs only have enough tablets for 5 women each month unless they are motivated to go get more tablets. From the June/July list of women who had received tablets from TBAs, it appears that most TBAs report distributing all their tablets. Whether they could distribute more is unknown although Mr. Pandhu states he could get the names of pregnant women in each TBA's area through field reports. He pursued this with Dr. Budi who seemed amenable to the idea. As it is important to know if the intervention is working to its best ability without social marketing, the logistics and coverage systems should be known. According to Mr. Teguh about half the pregnant women are receiving supplies. It is not clear why.
  4. Is there a monitoring system in place? This is not clear; the answer depended on whom I spoke with. Ms. Rinda, the anthropologist, stated that she had interviewed 4 dukuns regarding the iron tablet distribution, and spoken to more at the monthly meeting, but she was obviously unclear as to the coverage of the system (as was Mr. Pandhu). Dr. Budi stated that a monitoring system is in place. Mr. Hiru, the field coordinator, he states, visits 15 dukuns periodically to assess logistics and coverage, but there was no report available as to the outcome.
  5. Women supposedly visit the TBA at month 3 to 4 to confirm pregnancy, at month 7 and then again at delivery. Whether women are getting the prescribed 90 iron tablets during pregnancy appears unlikely if this visitation pattern is accurate. While investigators felt this could be checked via the SRS, it cannot as yet as the Module D data have not been entered into the computer. This should be checked on a sample of pregnant women in the field notes of SRS interviewers.
  6. IEC: Saatchi and Saatchi, the advertising firm contracted by MotherCare to assist on the communications component, will give Carrie Hessler-Radalet, MotherCare IEC Consultant and Mr. Teguh their budget October 7. Counselling cards, posters radio spots and banners have been developed and will be pretested in an area adjacent to the study areas, one culturally similar, states Dr. Budi. Although Nancy Sloan and Beverly Winikoff, Population Council, have requested that social marketing training be minimal in the control area, it is not clear why this should differ from the treatment area. Drafts of the materials are being hand carried to Marcia Griffiths, MotherCare/Manoff IEC Advisor, for Manoff's review prior to the pretesting (Appendix 2b).

Research:

1. Changes from the proposal:
  - Every pregnant woman is weighed by an interviewer monthly; there are no prepregnant weights as of yet.

- Height of every pregnant woman is recorded once by the interviewer.
  - Hemoglobin is taken by the Puskesmas bidan two times during pregnancy and once within 7 days of postpartum.
  - Maternal complications are asked on a monthly basis during pregnancy and at days 7, and 42 after delivery.
  - Prenatal care use, drug use, iron folate supplementation, are asked monthly.
  - Delivery practices - within 7 days postpartum.
  - Neonatal morbidity/mortality - at 42 days.
2. To date there is no cross-sectional survey of women nor is there likely to be. Hence, pregnancy weight, height and anaemia status should be measured on a sample of non-pregnant women (How many? When? By whom?)
  3. Tables of deaths (maternal, perinatal, neonatal, infant) immigration in-out, and marital status have been compiled and rates determined. The control/treatment areas are different regarding IMR and other rates as has been noted previously, due to health services according to Budi.

By having these rates, does this mean the SRS is running? or are these rates only cross-sectional.

4. Pregnancy Module D: David Leon, Population Council, will have programs ready by October 7, for data entry, consistency and range checks. He proposes to visit UI the end of October to work out the bugs with Dr. Budi's staff. Data entry could begin perhaps by mid-October. David also suggests they use SPSS for analysis, and he will design analytical software only if needed beyond that. It appears that Nancy Sloan has sent them a proposed analytical plan; Dr. Budi and CCS staff have developed another and they are merging the two. Once done, they will send it to Nancy Sloan and Beverly Winikoff and to David Leon for comments. At this point, I think we will tend toward SPSS for analysis until convinced. (How was David's time covered?)
5. A 10% sample of pregnant women is rechecked by the field supervisors (1 in each area). They meet with the 5 MC interviewers to discuss problems of the questionnaire twice per week.
6. Difficulties/opportunities mentioned:
  - Interviewers are now weighing the newborns as the bidans were not always prompt in getting birth weights.
  - Hemocues are much in demand.
  - Women do not mind giving blood to bidans in their home; previously they had to pay for blood-Hb at the Puskesmas.

- The Pregnancy Module D interviews only take about 30 minutes/interview as they can skip many parts if no maternal complications are named.
- Lists of foods in the Pregnancy Module prove laborious and difficult. I will give them Nancy's marked up list.
- Women's scales (Phillips, Detecto) are working well now that they have placed a board under them.

7. Validation (Re: my letter August 2, 1991, appendix 2C):

Dr. Budi and Mr. Pandhu are not clear about the validation needed. We determined that they would validate women's responses on seven counts:

- Excess bleeding (soak through 2 sarongs, what does this mean?)
- Women will be asked about their perception of weight gain at end of pregnancy which will be compared to the actual recorded.
- Women's sense of anemia (see # 30 in pregnancy module) will be checked against hemoglobin status.
- Mother's perception of gestational age (short, average, long) will be checked with that determined by LMP/delivery dates.
- The best means to determine obstructed labor, duration of labor (#16 and #17 in Intrapartum questionnaire) will be determined through discussions with women.
- To the questionnaire will be added mother's perception of the weight of the live birth; this can be validated against known weight.
- Prenatal care use as stated by the mother and recorded in the SRS will be checked on a sample of women against Puskesmas/Posyandu records.

8. Verbal/Social Autopsy

For a meeting in early December, maternal, perinatal and neonatal deaths are being followed up for causes/reasons for deaths. I will send the case control Al Bartlett's work from Bolivia and Bangladesh. No pictorial aids are being used to discuss cause of death.

9. The Government is now interested in the distribution and acceptance of iron. Budi is meeting with them regularly to help design studies. They will test UNICEF tablet versus new tablet (iron sulphate/folic acid+glucose) in hopes of improving compliance, and 3 month supply of pills versus 1 month.

10. Follow up - A letter was sent to Budi and Pandhu while I was still in Indonesia putting in writing my concerns re monitoring and the validation possibilities. (Appendix 2c.)

C. Low Birth Weight Project (Dr. Anna Alisjahbana, Dr. Soeprapti Thaib)

1. The activities of this project came to a close this month with a one day workshop following the Perinasia Conference on developing intervention proposals. All staff but from one site, Surabaya, were able to attend. Five proposals were developed, three on management of the neonate (specifically the low birth weight infant), one on determining a means of predicting prolonged labor (Ujang Pandang), and one on the impact of women's physical activity during pregnancy on gestational age/low birth weight. These proposals require further development for the most part and then should be submitted to donors, such as IDRC. As the proposal on prolonged labor may be quite small (hospital study of 100 women suffering prolonged labor), it may be possible for MotherCare to fund it. Anna will send the proposal to us after further work.
2. At the May 18th, 1991 seminar for government officials, Table 1 was presented. It shows that the range for LBW is limited, but the still birth rates and maternal mortality rates vary widely. Dr. Soeprapti will translate the summary of each report presented and forward them to us as part of the progress report.
3. All centers have now submitted their data, and Mike Linnan is processing these data; a month after Dr. Anna receives the tables, she will send us the final report (anticipate it the end of December.)
4. In all sites, prenatal care is provided by a bidan, but 70-80% of the deliveries are carried out by TBAs.
5. Financial: All vouchers have been submitted to us with the exception of those from Bali - approximately 1.5 million Rp will be requested from Bali.

D. Regionalization Project

Dr. A. Alisjahbana

Dr. James Thouw

Dr. Heddy - MCH Coordinator (50% of time; she is also MCH Director for the District.)

Dr. Soeprapti - Administrator

1. Dr. Anna and Dr. James share responsibility for the intervention while Dr. Hadyana and Mr. Sutidya are in charge of developing and implementing the monitoring/evaluation system.

2. Meetings: National, provincial and district level meetings have been conducted. National level meetings will be conducted on a yearly basis, provincial meetings every 6 months, and district level meetings are held monthly. Every Wednesday, the staff meet to review problems.

There has been one meeting of the heads of all 27 villages in the study area. As a result 3 MCH Huts are already functioning and a fourth is in development. The second meeting of village heads is scheduled for the first week of October. These meetings are aimed at increasing awareness and participation of villagers in the project - building and maintaining the huts and paying for their expenses (e.g. electricity).

3. An executive committee as described in the proposal (p 18) has been established and meets yearly rather than monthly. This obviously changes the mandate of this committee from giving it oversight of the project, to a more ceremonial, informational type of meeting. It was anticipated that such a committee would give government officials more ownership of the project. Are the meetings scheduled in 1 above now enough to accomplish this?
4. A control area has been selected: Cilasek is in the neighboring district of Subang. Its characteristics vis-a-vis Tanjungsari are given in Table 2 in Appendix 3. Its geography and use of health services are similar to Tanjungsari--hilly, difficult terrain with 80% TBA deliveries with poor referral possibilities.
5. The TBA screening tool remains the MCH card which may be modified slightly--removing maternal weight gain as TBAs have trouble using the graph and understanding the resulting curves. MUAC is used and is far more comprehensible for TBAs (22cm cut-off is used as developed in Ujang Berung study). The uterine growth is important and Mike Linnan, USAID/Jakarta, and Dr. Anna will analyze past efforts to ensure that it can be well done by TBAs. Screening tools with scoring systems will be developed for both Puskesmas and hospital staff. Anna will use others available in Indonesia, e.g., Dr. Poedje's tools; when will this be done?
6. Radios and vehicles are being ordered (see Financial) to enhance the referral system. While bidan--desa's will use them in the MCH Huts in which they will be present (5), TBAs or cadres will have to be trained in their use in the other MCH Huts.
7. The meeting of the village heads coming up in early October will establish the sites for the remaining 6 MCH Huts. Equipment has been ordered to equip them all although in some cases this equipment has proved unacceptable (e.g., women/TBAs prefer the ground over the bed for delivery in one of the huts.)
8. TBA and women cadre selection criteria will be established at the village heads meeting.

9. Training Needs Assessment:

- As a recent KAP has been conducted of TBAs, it is not felt that more studies are needed concerning the remaining needs of TBAs.
- Puskesmas staff (GPs+bidans) - I gave Dr. Anna and Dr. James the needs assessment used in Guatemala. They may use this for their staff. Anna will develop the neonatal part; James the ob part. This should happen in October or early November, as training is scheduled for November.
- Hospital staff - Dr. James will work with the Hospital Obstetrician to assess skills, perhaps verbally. I gave him the report on neonatal care management for hospital in Guatemala written by Dr. Roberto Sosa, MotherCare Consultant; equipment assessment is not needed according to Dr. James as he knows what they have.
- There is an assessment of the referral system from the RAS Study which shows very limited referral by either the TBAs trained in the RAS, or those in a conventional program. (see Tables 3 and 4)
- There is no evaluation of the transportation, communication, or reporting/recording systems; there appeared to be limited interest in doing this.

9. Guidelines for managing obstetrical/neonatal cases are being collected from the MOH (which is in the process of developing them), WHO (Marge Koblinsky to follow-up with Godfrey Walker, WHO); they are also available in Guatemala reports by R. Sosa (hospital) Pam Putney and Diana Beck, MotherCare Consultants (clinic level). I shall also send Dr. Nabarro's report on management of obstetrical problems at hospital level. Especially needed are guidelines for staff at the hospital during the absence of the obstetrician. Note that without an Executive Committee, UNPAD researchers are developing guidelines alone to be used by government staff.

10. Training Modules: It is not clear to me that these will be developed as many training materials are available. What is clear is that the 3 Puskesmas doctors will go to the district hospital for refresher training when an emergency case arises. To do this radios are needed. What the basic training of all levels with the exception of the TBA (which have had a 2 week training by bidans), is not clear. Are the hospital staff to be trained and if so where and by whom?

11. The equipment for the Puskesmas and hospital has been ordered.

12. Hospital data collection: A perinatal form already exists and has been computerized (in the RAS study?); no maternal mortality form exists but will need to be developed.

13. Communications: Giselle Maynard-Tucker, MotherCare/Manoff Consultant, is now working with staff to develop guides and questions for focus groups and depth interviews on danger signs during the maternal period and use of MCH huts for normal births. While research will go on for the next 2 months, it is quite clear that materials will not be available until March. Minuk and Udo, plus 5 others are receiving Giselle's training; Ms. Nanette will supervise all of them during the research. Anna then mentioned videos and religious ceremonies as a need in the communications strategy. This needs to be further explored.
14. Monitoring: The TBA form developed in the RAS is now used by government throughout Indonesia for the reporting of birth/deaths. Unfortunately supply is limited and hence the births/deaths are rarely recorded. A supply of these forms will be purchased for use in study areas; Puskesmas staff will train the TBAs in their use. Anna would like the monitoring system to build on that in place at the Puskesmas/hospital levels as then it would be sustainable; how, however, is not clear.
15. Evaluation: The RAS questionnaires may be used for the evaluation with some modification to include the use of MCH Huts. Interviewers will be hired for sweeps or continuous recording triggered by TBA reports of births/deaths in both areas.

Dr. Hadjane ad Suteja will go to Lombok and Jogja to view the evaluation and monitoring systems next month.

15. Follow-up: A letter was sent to Anna while I was still Indonesia outlining my concerns, specifically regarding the Executive Committee and the training efforts (Appendix 4). I will talk with her this coming week from Washington. We might consider technical assistance if it is welcomed. Mike Linnan is unfortunately out-of-country over the next two months.

#### **E. Bacterial Vaginosis/LBW Study**

1. I had hand carried a draft of the subcontract for this project for Mike Linnan and Dr. Budi's review.
2. Mike had made some changes in the proposal that affect the budget; these were faxed to Anne Helveston, MotherCare Program Assistant, who will incorporate them into the proposal.
3. Alex Papilya, Center for Child Survival, approved that Marwan Tanjung, Administrative Officer for the Center for Child Survival, could serve as financial overseer of this project (agreement-Appendix 5).
4. Saipin will hand carry the revised subcontract for Budi's staff to review.

**F. Maternal Morbidity Reduction Project (Surabaya)**

1. Unfortunately, Dr. Poedje, Principal Investigator of the project, is in Jakarta for a government training course. She returns to Surabaya in November. I could not meet with her or her staff (our trip to Surabaya was cancelled unfortunately).
2. Mike Linnan and Dr. Poedje have been working on a draft proposal which is presently being cleared by the various levels of government involved in the project.
3. Project Summary: The women of the PKK refer pregnant women located in their area (how is this defined?) to trained midwives at Puskesmas level for management. Referral is based on a risk scoring system that was pilot tested in a previous project. The prenatal mortality rate in this pilot study area dropped from 38/1000 births to 22/1000 over a two year period. (This study is Dr. Poedje's Ph.D. thesis which is in the process of being translated into English).

The new project will take place in 2 Kabupatans totaling 3.2 million people. The number of pregnancies expected in these two districts is 28,000 and 40,000 respectively, resulting in approximately 57,000 live births (.85 x total pregnancies).

Referrals will be made to the district hospital in each Kabupaten. Continuous training with house staff will take place through the Type A hospital/medical school in Surabaya.

The governor of the province, plus the heads of government and health in the two districts have been involved in discussions about this project. Dr. Karjadi of the Type A hospital has been instrumental in clearing the governmental channels. (Dr. Poedje is Assistant Director of the hospital).

4. Mike is hopeful to have a draft proposal that has received government approval in the province plus a budget when he returns December 4, to Jakarta. He is giving Joy Riggs-Perla a draft of the proposal prior to his home leave beginning October 6. She will forward it to us for input. It is anticipated that a baseline could be made in February, 1992, with intervention activities commencing after the Indonesian national elections in May or June, 1992.

**G. Cost-Effectiveness Study**

1. Carl Serrato, Western Consortium, is beginning discussions with Dr. Anna about building costs into their surveillance system. His concern appears to be on measures of effectiveness of the interventions. However, we all cautioned him that the Tanjungsuri experiment is not a place to carry out extra surveys on provider utilization, quality of care, interactions between informal/formal sections and the like - "indicators" that are too

distant from the outcomes - PMR, specific complication rates, referrals by complication rates.

Surveys used previously by Dr. Anna in the RAS Study will be slightly modified to ensure we capture use of the MCH Huts, and there may be improvements in questions on obstructed labor and hemorrhage, but further modifications are not likely. Sweeps with these questionnaires which will be used to question women in pregnancy (when? only one time?), within two days of delivery, and at days 7, 28, 42, and 360 of life will be made quarterly.

2. Glen Melnick has developed a proposal that is being sent to MotherCare via the Western Consortium. Carl's CV and biodata form are attached, (Appendix 3).
3. Carl, Mike Linnan, Joy Riggs-Perla, Cathy Melvin and I met with Anne Tinker of The World Bank to discuss shared interests in cost/effectiveness studies of maternal care, and give comments on draft study guidelines developed by Bank consultant, Larry Forges.

H. Slow Release Iron Study:

1. Mike Linnan had prepared the proposal with his colleagues in Surabaya (Appendix 6.) With Anne Helveston's help, we also prepared the budget (at end of the proposal).
2. Comments on the proposal from Sam Kahn, S&T/N, were solicited (Appendix 6). His issues with the proposal will be discussed in a conference call October 8 or 9th between Mike, Sam and I. Issues include the objective of the study--compliance and effectiveness vs. effectiveness only, and the numbers of women or length of time per study. Mike feels clinical effectiveness has already been achieved through the Jamaica study and this study must focus on compliance. Sam is opposed to questions of compliance being addressed to the women as he feels it may bias the study. With regard to the limits on tablets mentioned by Sam, Mike would prefer to cut down on the numbers of women as versus the time of each study.
3. As this is a 23 months study, we need to proceed rapidly to contracts.
4. Saipin Vongkitbuncha will need to visit Surabaya to determine through what facilities this project will be administered.

October 28, 1991

University of Indonesia  
Gedung LPUI  
Depok West Java  
Indonesia

Dear Budi and Pandhu,

I thank you so much for meeting with me on Saturday and really enjoyed our evening together. In the future, I'll be sure to inform you sooner of my dates in-country as I know your schedules are tight.

On reflection of our discussions, I have the following comments.

1. Overall, the progress is very good. We are all very excited about the social marketing aspects and look forward to further understanding of the maternal morbidity/perinatal outcomes interaction through the SRS.
2. Where I need further clarification is in the monitoring of the Phase I intervention.
  - How many TBAs have been trained to distribute iron/folate capsules?
  - How many TBAs have received capsules monthly since the initiation of the intervention in June?
  - Are these supplies enough? Are there pregnant women in the TBAs' area who are not receiving supplies? Do the TBAs need to receive more iron/folate capsules?
  - What is the coverage of this iron/folate distribution system (% pregnant women receiving capsules on a monthly basis)?
  - Do pregnant women return monthly to get capsules? If you followed pregnant women, do they receive the 90 capsules they are supposed to?
  - What kind of messages do TBAs give to women when they give them the capsules?

October 28, 1991  
Budi and Pandhu

I would appreciate seeing your monitoring system written up as it is most important ensure that the intervention is optimally implemented-before adding in the social marketing scheme.

3. I understand no cross-sectional survey of non-pregnant women is planned. However, we discussed getting a sample of non-pregnant women to get a mean weight/height and anemia status. Obviously, best would be of women who then become pregnant. Your sample might select for just married young women who state they want to get pregnant.
4. Validation: We agreed that; with a sample of pregnant women, you would ask:
  - their perception of weight gain during pregnancy and compare it with measured weight gain,
  - their perception of pallor, compare it with measured hemoglobin (also #30, pregnancy questionnaire will be compared with hemoglobin),
  - perception of gestational age against time from LMP to delivery date.

Also, you will add to the questionnaire about mother's perception of the weight of the live born infant. (You now only have that question for still-birth).

On a sample of women, you will determine how to ask about duration of labor (obstructed labor) and about excess bleeding.

You could also check stated prenatal care use with Puskesmas records on a sample of women. Validation of women's report is becoming a most important objective--and one in which the literature says little. Your contribution in this area would be most helpful.

5. I attach Nancy Sloan's marked up page re foods to ask about/not to ask about. She feels that many other items of the questionnaire could be deleted as well (attached is her marked up version of the questionnaire). Keeping the questionnaire short may save on drop-outs among women and on data processing. Let us know how you proceed with this.

October 28, 1991  
Budi and Pandhu

I was very happy to be able to spend some time with you and thank you for your efforts to explain your project. I'm pleased and look forward to hearing from you about the above issues.

Warm wishes.

Sincerely,

Marjorie A. Koblinsky, Ph.D.  
Director

cc: Nancy L. Sloan  
Marcia Griffiths

## INDIVIDUALS AND ORGANIZATIONS

Country Telephone Code: 62  
Jakarta City Telephone Code: 21

### GOVERNMENT

1. Ministry of Health (Depkas)  
Jl. Rasunan Said, Kuningan

Directorate General of Community Health  
Jl. Prapatan 10  
Telephone 377-697

Dr. Lemeina--DG  
Dr. Nardo Gunawan--FH  
Pesawat 3200  
Telephone: 5201595/8/9

(Dr. Suaina--ex; new appointment not yet made--Puskesmas)  
Dr. Bidi Astuti--Posyandu

Sonia Roharjo Integrated Health/Family Planning  
Directorate Gizi (Nutrition)  
23A Jl Percetakan Negara  
Telephone: 414-705  
414-609  
414-693

Litbangkes  
Jl. Percetakan Negara 29  
P.O. Box 1226  
Jakarta Pusat

Dr. Sumarmo--Director  
Telephone: 414-214  
414-266-228

Dr. S. Gunawan--Secretary, NIHRD  
Telephone: 413-933

2. BKKBN (National Family Planning Coordinating Board)  
Jl. M.T. Haryono #9-10  
P.O. Box 186  
Jakarta 10002  
Telephone: 819-1308  
Telex: 48181 BKKBN IA

Dr. Haryono Suyono  
Telephone 819-4650 or 3083

Dr. Ny S. P. Pandi--Deputy Director for Research and Development

Dr. Andrew Kantnor (ext. 266)  
Telephone: [REDACTED] [REDACTED]

DONOR AGENCIES

1. USAID  
Jl. Medan Merdeka Selatan 3  
Jakarta Pusat  
Telephone: 360360

Mike Linnan  
Jl. Jambu 28  
Menteng-jakarta  
Telephone: [REDACTED] [REDACTED]

Joy Riggs-Perla (ext. 2143)  
Telephone: 21-780-6319

Jennifer Brinch--PVO Coordinator  
Telephone: [REDACTED] [REDACTED]

2. Ford Foundation  
Jl. Tama Kebon Sirih I/4  
Telephone: 336-705

David Winder--Representative  
Jl. Wijaya 9/15  
Kebayoran Baru  
Telephone: 711-914

Cynthia Myntti  
Jl. Hang Lekiu III/10 (near Mira Sera Restaurant, across from Triguna  
school)  
Kebayaron Baru  
Telephone: 773-152

3. UNICEF  
Wisma Metropolitan 11, 10th floor  
Kav 31, Jl. Jend. Sadirman  
P.O. Box 1202/JKT  
Jakarta 10012  
Telephone: 5705816  
5781366

Mr. Anthony A. Kennedy  
Representative  
Telephone: 570-5514 (direct)  
[REDACTED] [REDACTED]

Dr. A. Samhari Baswedan  
Programmed Coordinator--Health  
Jl. Ale Raya #5  
Rempoa, Aputat  
Jakarta [REDACTED] [REDACTED]

4. UNFPA  
Jl. Thamrin 14  
Telephone: 312308

Dr. Jay Parsons  
Telephone: [REDACTED] [REDACTED]

5. WHO  
Jl. Thamrin 14  
P.O. Box 302  
Jakarta  
Telephone: 321308

Dr. Mona Khenna (ext. 270, 272)  
Telephone: [REDACTED] [REDACTED]  
549-2619

#### ORGANIZATIONS

1. BKS-Penfin (Coordinating Board of Indonesia Fertility Research)  
Jl. Makmur No. 24  
Bandung 40161  
Telephone: (022) 87825  
Fax: 62-022-87825
2. Pusat Penelitian Pembangunan Gizi (CDRN)  
Jl. Dr. Semern (Semboja)  
Bogor, Java  
Telephone: (0251)-21763  
  
Dr. Darwin Karyadi  
Telephone: [REDACTED] [REDACTED]
3. Perkumpulan Perinatologi Indonesia (Perinasia) (The Indonesian Society for Perinatology)  
Jl. Tebet Dalam I G/10  
Jakarta 12810  
Telephone: 829-9179  
Telex: 46024 Public IA Attn: Hadi  
Fax: (62) 21-341-534

Dr. Gulardi--First Chairman

Telephone: [REDACTED] [REDACTED]  
334-009 (hospital)

Dr. Hadi Pratomo--Project Director (Peggy--wife)

Telephone: [REDACTED] [REDACTED]

4. PATH  
Tifa Building, 11th Floor, Suite 1102  
Jl. Kunigan Barat No. 26  
Jakarta 12710  
Telephone: (021) 5200737  
Fax: (021) 5200621  
Telex: 62581 FIFA IA

Leona D'Agnes--County Representative

Telephone: [REDACTED] [REDACTED]

5. Yasasan Kusuma Buana (YKB)  
Jl. Asem Baris Raya Blok A/3  
Gudang Perluru--Tebet  
Jakarta Selatan

Mailing Address: P.O. Box 25/KBYTT  
Jakarta Selatan

Firman Lubis--Executive Director

Telephone: 829-5337 (work)  
[REDACTED]

6. The Population Council  
Gedua\* Jaya  
Jl. M. H. Thamrin 12  
Jakarta  
Telephone: 327508  
Fax: 328051

Mailing Address: P.O. Box 20/JKSA  
Jakarta 10350 A

Gouranga Dasvarma--Associate

Jl. Duta Indah III/TL-10

Pondok Indah

Jakarta

Telephone: [REDACTED] [REDACTED]  
327-992 (work)  
331-844

Bangkok

Telephone: 662-253-9166 or 251-7066

Fax: 662-253-6318

7. Center for Child Survival (CCS)  
Dr. Alex Papilaya

University of Indonesia  
Kampus FKMI  
Depok, Indonesia  
Telephone: (021) 727-0014 / 727-0037

Dr. Budi Tomo (Fidah--Secretary)  
Telephone: 727-0154 (Center for Health Research)  
Fax: 727-0153

8. Save the Children Federation

Jl. Sumenep 7  
Jakarta 10310  
Telephone: (021) 331471  
Telex: 46024 INDSAT IA

Donna Sillan--Program Manager (consultant)  
Telephone: 769-6945 (home)

9. Dr. Michael Dibley  
Gadja Mada University

P.O. Box 236  
Jogyakarta 55001  
Telephone: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
(0274) 5088 (work)  
Fax: 0274-5039

10. Dr. Anna Alisjahbana  
Direktur Bagian Penelitian University of Padjadjaran  
Fakultas Kedokteran Department of Child Health  
University of Padjadjaran  
Jl. Pasir Kaliki 190 (behind Nuclear Medicine)  
Bandung, Java Barat

Telephone: (022) 87218 (Direct)  
(022) 849543 ext. 262 Padiadjaran University  
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Fax: (022) 434297

Home address: Jl. Sulanjana 11A  
Bandung

Telephone: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

11. Pengurus Pusat Ikatan Bidan Indonesia  
(Indonesia Midwives Association)

Jl. Johar Baru V/13D  
Kayuawet  
Jakarta Pusat  
Telephone: 4142114

12. Mrs. Samiarti Martosewojo (Past President)  
F. A. Moeloek, M.D., Ph.D.  
Vice President  
Indonesian Society of Obstetrics and Gynecology  
Tromol Pos 3180

Jakarta Pusat  
Indonesia  
Telephone: 320286

13. Professor Sulaiman Sastrawinata  
Executive Director  
Coordinating Board of Indonesian Fertility Research  
Jalan Makmur No. 24  
Bandung 40161  
Telephone: 87825  
Fax: (022) 87825
14. Azrul Azwar  
IDI (Indonesia Association of Physicians)  
Samratulangi No. 29  
Jakarta  
Telephone: 321066  
337499
15. Jim Dillard  
Jl. Hang Jebat IV/1A  
Kebayan Baru  
Jakarta Selatan  
Telephone: 720-3425
16. Jim Woodcock  
Telephone:
17. Carrie Hessler-Radelet  
Jl. Bangka 8B  
Hs A/2  
Kebayaran Baru  
Telephone:
18. Maryjo\* Henzel/Carl Serrato  
Jl. Rasamala No. 35  
Mentens Dalan, Jakarta Selatan  
Telephone: [REDACTED] [REDACTED]  
829-5241 (Fax) manual
19. Kelly O'Hanley  
Telephone: 799-9275
20. Saatchiad Saatchi  
Jl. Sungai Sampas 3  
#12 House No.  
Telephone: 739-3364
21. Sentosa Jaya  
(photocopy)  
Jl. K.H. Wahid  
Hasyim No. 133A  
Telephone: 380-1429  
(Jenny)

22. Joy Polluck

62-21-333-729

Jl. Tehik Betung 8

Menteng, Jakarta

10310

APPENDIX 1

CANDIDATES FOR MOTHERCARE POSITIONS

# CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

(SEE PRIVACY ACT STATEMENT ON REVERSE)

**INSTRUCTIONS:**  
 Submit in triplicate to  
 contracting officer.  
 See reverse for Contract  
 Certification.

1. Name (Last, First, Middle) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input checked="" type="checkbox"/> Ms. HANSELL, MARY JO		2. Contractor's Name	
3. Address (include ZIP Code) Jl Rasamala No. 35 Menteng Dalam, Jakarta Selatan INDONESIA		4. Contract No.	5. Position Under Contract
9. Telephone Number (include area code) 29-829-5241	10. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other (specify)	6. Proposed Salary	7. Country of Assignment INDONESIA
12. Date of Birth	15. Place of Birth	8. Duration of Assignment	
14. Citizenship (if non-U.S. citizen, give visa status) U.S.A.		11. Names and Ages of Dependents to Accompany Individual (if applicable) Serrato, Ian Hansell ... 5 years 0 Serrato, Aaron Hansell ... 2 years 0	

## 15. EDUCATION (include all secondary, business college or university training)

NAME AND LOCATION OF INSTITUTION	MAJOR SUBJECTS	Credits Completed		Type of Degree	Date of Degree
		Semester Hours	Quarter Hours		
University of California, Los Angeles	Public Health			Dr. P.H.	12 /
University of California, Los Angeles	Public Health			M.P.H.	12 /
Humboldt State University, Arcata, California	Nursing			B.S.N.	6 /

## 16. EMPLOYMENT HISTORY

- Give last three (3) years. Continue on reverse to list all employment related to duties of proposed assignment.
- Salary definition - basic periodic payment for services rendered.  
 Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters cost of living or dependent education allowances.

POSITION TITLE	EMPLOYER'S NAME AND ADDRESS	Dates of Employment (Mo., Yr.)		Salary	
		From	To	Dollars	Per
Assistant Professor of Nursing Consultant	Columbia University in the City of New York, CUNY, 617 W. 168 <sup>th</sup> St., NY, NY 10032	3/1/90	6/30/91	4200	mo
Principal Investigator	Los Angeles Homeless Health Care Project, 1010 S. Flower, 5 <sup>th</sup> Floor, L.A., CA. 90015	11/1/89	12/15/89	150	da
Medical Program Coordinator	U.C.L.A., Los Angeles, CA, site of NCHSR - funded dissertation research	7/1/88	6/30/89	1000	mo
	United Support of Artists for Africa, 9920 S. La Cienega Blvd. # 510, L.A., CA	9/15/87	10/31/88	1350	mo

## 17. SPECIFIC CONSULTANT SERVICES (give last three (3) years)

SERVICE PERFORMED	EMPLOYER'S NAME AND ADDRESS	Dates of Employment (Mo., Day)		DAILY RATE
		From	To	

## 18. LANGUAGE PROFICIENCY

LANGUAGE	Speaking			Reading			Writing			Understanding		
	Fair	Good	Excl.	Fair	Good	Excl.	Fair	Good	Excl.	Fair	Good	Excl.
English			✓			✓			✓			✓
Indonesian (Beginning Study)												

19. Special Qualifications (honors, professional societies, special licenses, publications, research, special skills, and relevant education not previously mentioned; use reverse side of form, if necessary)  
 Please see attached.

20. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.

Signature of Employee  
 Mary Jo Hansell

Date  
 Oct. 2, 1991

16. (cont.)

Teaching Assistant ... University of California, L.A. ... Spring 1987 ... \$16 per hr.  
Subject: Analysis of Family Health and Fertility Data

Research Assistant ... U C L A ... 1984 - 1986 ... \$12 per hr.  
Worked on large data set

Graduate Intern ... Los Angeles Regional Family Planning Council ... Summer 1984 ... \$1000 / mo.

Registered Nurse ... Woodland Memorial Hospital, Woodland, CA ... 7/79 to 8/82 ... \$10.50 / hr

**CONTRACTOR'S CERTIFICATION** (To be completed by responsible representative of Contractor)

I hereby certify that ('X' appropriate box):

- The initial salary proposed herein meets the salary standards prescribed in the contract.
- The salary increase proposed herein conforms to the customary policy and practice for this organization for periodic salary increases.

Justification or Remarks

Signature	Title	Date
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**PRIVACY ACT STATEMENT**

The following statement is required by the Privacy Act of 1974 (Public Law 93-579; 88 Statute 1896).

The information requested on this form is needed by AID to evaluate your suitability for the position for which you have been nominated as a contract employee. It is necessary that you provide the information for AID to consider your nomination. The Foreign Assistance Act of 1961, as amended, constitutes authority for its collection.

Employers and educational institutions you list may be contacted for verification of the information provided. Disclosure may otherwise be made in whole or in part to any (a) foreign government concerned if required by that government in connection with their review of your nomination and (b) pursuant to any other applicable routine use listed under AID's Civil Service Employee Office Personnel Record System, AID-2 in AID's Notice of Systems of Records or implementing the Privacy Act as published in the Federal Register, or (c) when disclosure without the employee's consent is authorized by the Privacy Act and provided for in AID Regulation 15. (A copy of the Regulation and Notice of System of Records is available from AID Distribution on request.)

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## CURRICULUM VITAE

MARY JO HANSELL

Columbia University  
School of Nursing  
630 West 168 Street  
New York, NY 10032  
(212) 305-6937

### EDUCATION:

- 1989 Doctor of Public Health, University of California, Los Angeles.  
Dissertation topic: The Adequacy and Effectiveness of Prenatal Care.
- 1983 Master of Public Health, University of California, Los Angeles.  
Division: Population, Family and International Health.  
Research topic: Factors Affecting Duration of Breastfeeding.
- 1979 Bachelor of Science, Nursing, Humboldt State University,  
Arcata, California. Emphasis phase of General Education: Third World Development.

### PROFESSIONAL CERTIFICATION:

Registered Nurse, California and New York.  
Public Health Nursing Certification, California

### HONORS AND AWARDS:

- 1990-1991 The Rudin Family Postdoctoral Research Fellowship.
- 1988-1989 National Center for Health Services Research  
Dissertation Research Grant. Ms. Hansell utilized nationally representative data to examine first, the adequacy of prenatal care for pregnant women at different levels of medical risk for poor birth outcomes, and second, the effect of prenatal care on pregnancy and birth outcomes.
- 1986-1988 Fred H. Bixby Doctoral Fellowship.
- 1983-1987 United States Public Health Service Formula Grant  
Traineeship.
- 1984-1986 National Defense Education Act, Title VI, Foreign Language Fellowship.  
Ms. Hansell studied Swahili at UCLA.

**PROFESSIONAL EXPERIENCE:**

1990-1991 **Assistant Professor of Nursing**, Columbia University in the City of New York.

- Dr. Hansell taught three graduate courses in the School of Nursing. Subjects: Introductory and Intermediate Research, and Advanced Professional Role Development.

1989 **Consultant**, Los Angeles Homeless Health Care Project.

- Dr. Hansell assisted with the development of a health and social services program for pregnant, homeless women in Los Angeles.

1987-1988 **Medical Program Coordinator**, United Support of Artists for Africa, Los Angeles, CA.

- Ms. Hansell administered over four million dollars in grants for 50 health and development projects in Africa. Among her specific responsibilities were evaluating project plans and budgets, monitoring the progress of projects conducted by some 30 development organizations, arranging for procurement of supplies, and disbursing grant funds.
- Ms. Hansell coordinated a funding round for Women in Integrated Development projects that targeted indigenous African non-governmental organizations. The assignment included development of review guidelines, assessment of the capabilities of indigenous organizations, and management of the review process. Ms. Hansell was also involved in the proposal review process for the Development Education funding round.

1987 **Teaching Assistant**, University of California, Los Angeles,  
Subject: Analysis of Family Health and Fertility Data.

1984-1986 **Research Assistant**, University of California, Los Angeles.  
Study: The Epidemiology of Depression and Help-Seeking Behavior.

- Ms. Hansell processed and analyzed data, reviewed the literature on gender and stress, and prepared manuscripts.

1985 **Consultant**, UCLA African Development Institute.

- Ms. Hansell led two seminars for African development workers on Family Planning and Maternal and Child Health in East Africa.

- 1984           **Graduate Intern**, Executive Department, Los Angeles Regional Family Planning Council.
- Ms. Hansell wrote and edited the LARFPC annual report, and reviewed program proposals.
- 1983-1984   **Bibliographer and Research Assistant** positions, School of Public Health, University of California, Los Angeles.
- 1983           **Field Placement**, The Association of Free and Community Clinics of Los Angeles County.
- Ms. Hansell carried out coalition-building activities among community clinics.
- 1981-1982   **Volunteer**, Planned Parenthood of Yolo County, Davis, California.
- Ms. Hansell co-designed and implemented a sex education program for parents, and led group sessions for clinic patients on contraceptive options.
- 1979-1982   **Registered Nurse**, Woodland Memorial Hospital, Woodland, California.
- Ms. Hansell worked as a staff nurse in the Labor and Delivery, Post Partum, Newborn Nursery and Medical Units.

**PUBLICATIONS AND PRESENTATIONS:**

- Weiss, Jerelyn and Hansell, Mary Jo. Substance Abuse during Pregnancy: Legal and Ethical Considerations. In preparation for Nursing Outlook.
- Hansell, Mary Jo. Sociodemographic Factors and the Quality of Prenatal Care. Scheduled for publication in the August 1991 issue of The American Journal of Public Health.
- Hansell, Mary Jo. Maternal and Child Health Policy. Presented at the Obstetric Anesthesiology Conference, sponsored by Maimonides Medical Center, New York, NY, November 1990.
- Hansell, Mary Jo. Prenatal Care and Maternal Behavior. Presented at the Annual Meeting of the American Public Health Association, New York, NY, October, 1990.
- Hansell, Mary Jo. The Content of Prenatal Care and Social Class. Presented at the Annual Meeting of The American Public Health Association, Chicago, IL, October 1989.
- Aneshensel, Carol S., Estrada, Antonio L., Hansell, Mary Jo, and Clark, Virginia A. (1987) Social Psychological Aspects of Reporting Behavior: Lifetime Depressive Episode Reports. Journal of Health and Social Behavior 28(3).

**ACADEMIC SERVICE:**

1990-1991 Member, Research Committee, Columbia University School of Nursing.  
Chair, Nominating Committee, Columbia University School of Nursing.

1984-1985 Vice-President of Internal Affairs, National Public Health Student Caucus of the American Public Health Association. Ms. Hansell was the Editor of the Caucus' Newsletter.

Vice-President of External Affairs, UCLA Public Health Students Association. Ms. Hansell acted as liaison between the students and the administration of the School of Public Health, represented UCLA to the National Public Health Student Caucus, and organized student activities.

**MEMBERSHIPS:**

American Public Health Association.  
Delta Omega Society membership for achievement in Public Health.  
Women's International Public Health Network.

**LANGUAGES:**

Swahili: Fair Speaking, Writing and Reading  
Spanish: Fair Speaking, Writing and Reading

**PERSONAL DATA:**

**JOY SARGENT POLLOCK**

**PROFESSIONAL EXPERIENCE**

**P.T. HAY MANAGEMENT CONSULTANTS INDONESIA, JAKARTA, INDONESIA:  
PRINCIPAL CONSULTANT**

April 1991 - Present

Provides Human Resources Development consulting services to private industry in the areas of employee attitude surveys, performance management, and organizational analysis. Participates in marketing and project implementation activities in compensation and reward management consulting to public and private sector organizations in the areas of job analysis, job evaluation, and compensation surveys.

**THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)**

**USAID INDONESIA: PROJECT IMPLEMENTATION SPECIALIST**

January 1989 - March 1991

Consultant to the Office of Population and Health as Project Implementation Specialist for the Health Sector Financing Project. Liaison between donor agency, technical assistance contract team, and Indonesian Ministry of Health counterparts to facilitate implementation of \$20 million project to implement major health sector financing reforms, develop innovative managed care alternatives, and restructure organizational systems.

Reviewed project implementation plans and budgets, and monitored progress and achievement of annual targets in accordance with the project grant agreement. Developed and refined financial information systems and project monitoring systems with host country counterparts to meet changing information requirements. Facilitated project training activities, and expedited the procurement and use of project technical resources.

**USAID EGYPT: PUBLIC ADMINISTRATION ADVISOR**

June 1984 - May 1988

Consultant to the Program Development and Support Division, Office of Project Support as the Manpower/Institutional Development Advisor and Technical Manager for the design and implementation of the Mission's human resources and institutional development programs for the \$2.2 billion Urban Development portfolio. Monitored and reported to Mission on host country progress on sector policy dialogue issues. Developed and authored major human resources and institutional development components for four urban water and sanitation projects. Served as

the technical manager for the urban sector's \$20 million water resources utility management and manpower systems/training development project components. Responsible for all aspects of design and implementation, including liaison with national and municipal utility counterparts, the drafting of implementation letters and contractor scopes of work, and the evaluation of proposals, implementation plans and final deliverables. Monitored utility/contractor performance and compliance with project objectives and USAID regulations. Supervised the activities of one local professional employee.

**AMERICAN CONSORTIUM FOR INTERNATIONAL PUBLIC ADMINISTRATION,  
WASHINGTON, DC: PROGRAM ASSISTANT**

November 1983 - March 1984

Assisted Executive Director with the planning and development of programs and exchanges linking public administration professionals with international organizations worldwide. Facilitated communication with organizational membership, and managed the production of a quarterly newsletter and the administration of the Consortium Secretariat.

**VOLUNTEER ACTION CENTER OF INFORMATION AND VOLUNTEER SERVICES,  
PITTSBURGH, PA: ASSISTANT PROJECT DIRECTOR/GRADUATE INTERN**

August - December 1982

Designed, authored and submitted original grant proposal for ACTION federal funding for a youth volunteer, regional development project serving Allegheny County's low-income social service recipients. Following the award of the ACTION grant, managed volunteer recruitment, identified volunteer service opportunities, and developed the project management information systems.

**CHARLES RIVER ASSOCIATES, BOSTON, MA: ECONOMICS RESEARCH ASSISTANT**

January 1980 - August 1981

Provided market structure research, competitive analysis research and prepared economic data for litigation support to high-technology, multinational firms. Drafted economic literature reviews for private litigation support and US Government contract feasibility studies.

**FOREIGN BUSINESS OFFICE, DEPARTMENT OF COMMERCE AND DEVELOPMENT,  
COMMONWEALTH OF MASSACHUSETTS, BOSTON, MA: UNDERGRADUATE INTERN**

January - May 1979

Conducted an original research study, analysis, and evaluation of regional economic development incentives for direct foreign investment in the Commonwealth of Massachusetts and other US economic regions.

23

EDUCATION

UNIVERSITY OF PITTSBURGH, GRADUATE SCHOOL OF PUBLIC AND  
INTERNATIONAL AFFAIRS, PITTSBURGH, PENNSYLVANIA

<u>Degree</u>	Master of Public and International Affairs (MPIA), 1982
<u>Major</u>	Economic and Social Development
<u>Concentrations</u>	Project Planning and Management

SIMMONS COLLEGE, BOSTON, MASSACHUSETTS

<u>Degree</u>	Bachelor of Arts, 1979
<u>Majors</u>	Economics and Political Science

COMMUNICATIONS

- Bahasa Indonesia US Foreign Service Institute examination score of S3/R3 (general professional proficiency).
- Personal Computer WordPerfect/MultiMate/Wang/Lotus 1-2-3.

AWARDS

- Fellowship Award Full Tuition Fellowship granted by the University of Pittsburgh, 1981-82.

References Available Upon Request  
September 1991

## Kelly Lou O'Hanley

### Education Background

- M.P.H. University of California at Berkeley,  
School of Public Health, Maternal Child Health/  
Family Planning focus, 1985
- M.D. Medical University of South Carolina  
Charleston, South Carolina, 1977
- B.A. Pomona College  
Claremont, California, Psychology, 1973

### Clinical Training

- Resident University of Oregon Health Sciences,  
Portland, Oregon, Obstetrics and Gynecology, 1978-1981
- Intern University of Oregon Health Sciences,  
Portland, Oregon, Obstetrics and Gynecology, 1977-1978

### Professional Experience

- September 1988 to present: John Snow Inc.  
210 Lincoln Street  
Boston, MA

Program Manager & Medical Advisor to the Private Sector component of the Nigerian Family Health Services Project. Provides technical assistance in medicine and management areas to 20 private sector subprojects including nursing associations, market vendors, parastatal organizations, and university health services. Assists in developing subprojects, supervises in-country staff, develops medical monitoring protocols in family planning, and monitors progress of subprojects. Spends 3-4 months per year in country.

Medical Advisor for Enterprise Project. Develops and monitors the medical monitoring protocols for all subprojects. Has also conducted consultancies on the following Enterprise projects:

- Liberia (Aug. 1989) Trained physicians, nurses and outreach workers in family planning for private sector clinics on plantations.
- Egypt (Dec. 1989) Developed & introduced service guidelines in family planning for large government employee insurance program.

Dominican Republic (May 1989) Executed medical monitoring for and evaluation of training program for doctors and beauticians in clinical family planning for private sector clinics.

Consultant for St. Lucia Victoria Hospital Cost Recovery project. Consulted for OB-GYN hospital services, evaluated and analyzed cost-effectiveness of OB-GYN services.

1985 to present: Kaiser Permanente Hospital  
Hayward, CA

Staff Physician part-time clinical staff of outpatient clinic, covers labor and delivery, provides back-up to emergency room, conducts minor and major surgery in the Department of Obstetrics and Gynecology.

April 1988: Stanford University  
Stanford, CA

Researcher in field research on Ascariasis in Chiapas State, Mexico.

#### OTHER CONSULTING WORK:

March 1988 to present: Association for Voluntary Surgical  
Contraception (AVSC)  
New York, NY

Consultant. Conducted survey research on laproscopic tubal occlusion techniques in Canada; conducted literature research on postpartum IUD insertion. Assisted in drafting training materials for service providers for post-partum IUD insertion (1991). Consulted on the following projects:

Nigeria Presented talk on post-partum IUD insertion at National Conference sponsored by A.V.S.C. (1990).

Ecuador Helped develop operations research protocols for multi-center study on post-partum IUD insertion (1990).

May 1991: The Center for Development and  
Population Activities (CEDPA)  
Washington, D.C.

Consultant. Conducted medical monitoring at clinics, evaluated commodities logistics, and developed internal monitoring system for private sector family planning

serves sponsored by the Coptic Church in Egypt. Developed service guidelines, history and physical forms, medical complications reporting system, infection control guidelines and IEC materials for physicians, nurses and outreach workers.

1986-1987:                      International Health Programs  
   University of California  
   San Francisco, CA

Trainer. Conducted a Management and Supervision Workshop in Family Planning for state level managers in Gongola State, Nigeria (Sept. 1987).

Consultant. Provided technical assistance to the Lagos State Training Team as they conducted a Clinical Skills Workshop in Family Planning and ORT (May 1987).

Trainer. Conducted a Clinical Skills Workshop in Family Planning and ORT for the Lagos State Training Team in Lagos State, Nigeria (Jan. 1987).

Trainer and Evaluator. Conducted a review and follow-up of the Kwara State Family Planning and ORT Project with the Kwara State Training Team in Kwara State, Nigeria (Sept. 1986).

Trainer and Evaluator. Conducted a review and follow-up of the Imo State Family Planning and ORT Project with the Imo State Training Team in Imo State, Nigeria (June 1986).

Consultant. Provided technical assistance to the Imo State Training Team as they conducted a Clinical Workshop in Family Planning and ORT in Imo State, Nigeria (Jan. 1986).

1983 to 1985:

Private Physician in private Obstetrics and Gynecology practice in Palo Alto, California.

1981 to 1983:                      Kaiser Permanente Hospital  
   Hayward, CA

Staff Physician in the Department of Obstetrics and Gynecology.

**Presentations:**

American Public Health Association Meeting October 4, 1990  
Post-Partum Intrauterine Devices: Techniques for Insertion and Effectiveness.

**Language Skills:**

Primary Language: English

	<u>Speaking</u>	<u>Reading</u>	<u>Writing</u>	<u>Understanding</u>
Spanish	excellent	excellent	excellent	excellent

**Country Experience:**

Nigeria (5 years), Dominican Republic, Ecuador, Egypt, Liberia, Mexico, St. Lucia

## CAROLYN HESSLER RADELET

### EDUCATIONAL BACKGROUND

- S.M. Master of Science in Health Policy and Management  
Harvard University  
School of Public Health (1990)  
Concentration in International Health and Marketing
- B.A. Bachelor of Arts, Magna cum laude  
Boston University  
College of Liberal Arts (1979)  
Political Science and Economics

### PROFESSIONAL EXPERIENCE

September 1990 - Present

John Snow, Inc.  
210 Lincoln Street  
Boston, MA 02111

Manager of the Boston International Group. Manages operations of the International Division staff in Boston. Directs administrative and financial support to Division's long- and short-term contracts, develops new business, coordinates public relations activities and liases with USAID and other clients. Supervises all aspects of implementation and support of project activities, including contract administration, recruitment and fielding of personnel, subcontract negotiation, financial analysis and project accounts. Manages proposal and project workplan development process. Supervises twelve International Group staff members and directs staff development activities.

June 1989 - Present

Staff Associate in JSI's Marketing Division. Provides consultation in the areas of social marketing, public relations and communications, market research and program management. Designs and analyzes surveys, moderates focus group discussions, conducts interviews, designs and pre-tests messages, plans and executes I, E, & C campaigns, conducts market audits and develops strategic marketing plans. Selected consultancies are described below:

Consultant - For Action for Boston Community Development (ABCD). Conducted a market audit of two community health centers to determine reasons for decline in utilization of family planning services.

Consultant - For the Eastern Caribbean Population and Development Project, funded by USAID. Designed the evaluation of a multi-service medical/family planning/child care center on an industrial estate in Grenada. Analyzed baseline data. Developed communications strategy documents and workplans for the Grenada Planned Parenthood Association and Grenada Save the Children. Developed IEC materials. Assisted in the procurement of supplies for the child care center.

Consultant - For Victoria Hospital in St. Lucia, funded by USAID. Developed a public relations strategy and communications plan of action for promotion of new fee schedules.

Consultant - For the Family Health Services Project, funded by USAID. Using multi-variate techniques, analyzed results of a contraceptive market study performed in Nigeria, published results, and developed a marketing plan for contraceptive sales. Designed educational and promotional brochures and leaflets.

Consultant - For JSI. Conducted market research study on the demand for corporate child care in New England.

November 1986 - September 1988  
(periodically)

Gambia Family Planning Association  
Kanifing, The Gambia

Communications Consultant to this private family planning association. Provided technical assistance in the planning and design of contraceptive marketing strategies. Authored a training manual for Village Health Workers. Responsible for concept and message development and pre-testing of brochures and posters for literate and non-literate target audiences. Moderated focus group discussions to determine family planning attitudes and practices.

December 1986 - September 1988

Special Olympics/The Gambia  
Banjul, The Gambia

Executive Director and Founder of Special Olympics/The Gambia, a program for the mentally retarded. Established the organization as a tax-exempt, non-profit corporation. Negotiated with the Government of The Gambia for financial and staff support from the Ministry of Social Welfare and the Ministry of Youth, Sports and Culture. Recruited National Board of Directors. Directed staff of six. Developed budget and dispersed funds. Developed and conducted an extensive public awareness campaign to inform people about mental retardation and Special Olympics, culminating in a national event attended by over 5000 persons, including the Vice-President, ministers, ambassadors, and numerous public officials. Developed a three year strategic plan. Led fundraising activities.

June 1987 - September 1988

Gambia Agricultural Research and  
Diversification Project  
Banjul, The Gambia

Communications Specialist for this \$18 million project funded by USAID and implemented by the University of Wisconsin. Created a photographic portfolio of the Project and developed a slide-tape presentation for promotional purposes. Edited quarterly reports. Designed and developed communications materials.

December 1986 - September 1988

Peace Corps/The Gambia  
Fajara, the Gambia

Training Consultant for the Completion of Service Training Program to facilitate Volunteer re-entry into the United States.

June 1984 - September 1986

New England Area Peace Corps Office  
10 Causeway Street  
Boston, MA 02114

Public Affairs Manager for the New England Peace Corps recruiting office. Directed all public relations, marketing and advertising activities for staff of twelve. Administered yearly communications budget. Coordinated all promotional activities in celebration of the twenty-fifth anniversary of Peace Corps. Analyzed demographics to ascertain publicity needs. Developed annual workplans and a three-year communications strategic plan. Interviewed and photographed Volunteers in the field and developed communications materials for use in national promotional campaigns.

November 1981 - January 1984

Peace Corps/Western Samoa  
Apia, W. Samoa

Peace Corps Volunteer Teacher in a rural secondary school. Taught history, population sciences and English as a Second Language.

December 1981 - January 1984

Western Samoa Red Cross  
Apia, W. Samoa

Public Education Coordinator for the Voluntary Organizations Disaster Relief and Preparedness Committee (VODRPC). Designed, organized and directed a national public awareness campaign on disaster preparedness. Coordinated mass media programming and advertising. Wrote and pre-tested educational brochures and posters. Developed curricula on disaster preparedness that was used in all primary and secondary schools in Western Samoa for a period exceeding three years. Authored instructional manuals for teachers in primary and secondary schools. Directed teacher training programs.

August 1980 - November 1981

Shawnee Development Inc.  
P.O. Box 93  
Shawnee-on-Delaware, PA

Executive Assistant to the President of the corporation. Conducted feasibility studies on various real estate ventures. Designed and implemented marketing strategies by analyzing and identifying target groups.

June 1979 - August 1980

Government Education Division  
Secretary of State  
State House  
Boston, MA

Administrative Assistant to the Director of the Government Education Division. Developed curricula on Massachusetts history and the legislative process for school children of all ages. Designed and wrote brochures and posters to publicize events sponsored by the Secretary of State's Office. Translated The Voter's Guide into Spanish. Conducted tours of the State House in Spanish.

**LANGUAGE SKILLS**

	<u>Speaking</u>	<u>Reading</u>	<u>Writing</u>	<u>Understanding</u>
Spanish	excellent	excellent	excellent	excellent
Samoan	excellent	excellent	excellent	excellent
French	fair	good	fair	good
Mandarin Chinese	fair	poor	poor	fair

# CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

(SEE PRIVACY ACT STATEMENT ON REVERSE)

**INSTRUCTIONS:**  
 Submit in triplicate to contracting officer.  
 See reverse for Contractor Certification.

1. Name (Last, First, Middle) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input checked="" type="checkbox"/> Ms. <b>RADELET CAROLYN HESSLER</b>		2. Contractor's Name	
3. Address (include ZIP Code) <b>Jl. Bangka VIII B/A2          Jakarta, Indonesia</b>		4. Contract No.	5. Position Under Contract
9. Telephone Number (include area code) <b>21-2990124</b>		6. Proposed Salary	7. Country of Assignment
10. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other (specify)		8. Duration of Assignment	
12. Date of Birth		11. Names and Ages of Dependents to Accompany Individual (if applicable)	
14. Citizenship (if non-U.S. citizen, give visa status) <b>USA</b>		13. Place of Birth	

## 15. EDUCATION (include all secondary, business college or university training)

NAME AND LOCATION OF INSTITUTION	MAJOR SUBJECTS	Credits Completed		Type of Degree	Date of Degree
		Summer Term	Quarter Term		
Harvard School of Public Health Boston University	Policy & Mgmt. Pol. Science		80	S.M.	6/90
		140		B.A.	4/79

## 16. EMPLOYMENT HISTORY

1. Give last three (3) years. Continue on reverse to list all employment related to duties of proposed assignment.  
 2. Salary definition - basic periodic payment for services rendered.  
 Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overcost differential, or quarters, cost of living or dependent education allowances.

POSITION TITLE	EMPLOYER'S NAME AND ADDRESS	Dates of Employment (Mo., Yr.)		Salary	
		From	To	Dollar	Per.
anager, Int'l Group (Boston)	John Snow Inc.	9/90	7/91	\$30,000	yr.
staff Associate	John Snow Inc.	6/89	9/90	\$25,000	yr.

## 17. SPECIFIC CONSULTANT SERVICES (give last three (3) years)

SERVICE PERFORMED	EMPLOYER'S NAME AND ADDRESS	Dates of Employment (Mo., Yr., Day)		DAILY RATE
		From	To	

## 18. LANGUAGE PROFICIENCY

LANGUAGE	Speaking			Reading			Writing			Understanding		
	Fair	Good	Excl.	Fair	Good	Excl.	Fair	Good	Excl.	Fair	Good	Excl.
	spanish						X			X		
amban			Y						X			X
ndonesian	X			Y			X			Y		X
rench	Y			X			Y			Y		

19. Special Qualifications (honors, professional societies, special licenses, publications, research, special skills and relevant education not previously mentioned; use reverse side of form, if necessary)

**CERTIFICATION:** To the best of my knowledge, the above facts as stated are true and correct.

Signature of Employee <b>Carolyn Hessler Radelit</b> ID 1420-17(3-80)	Date <b>3 October 1991</b>
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**CONTRACTOR'S CERTIFICATION** (To be completed by responsible representative of Contractor)

A. I hereby certify that ('X' appropriate box):

- The initial salary proposed herein meets the salary standards prescribed in the contract.
- The salary increase proposed herein conforms to the customary policy and practice for this organization for periodic salary increases.

B. Justification or Remarks

Signature	Title	Date
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**PRIVACY ACT STATEMENT**

The following statement is required by the Privacy Act of 1974 (Public Law 93-579; 88 Statute 1896).

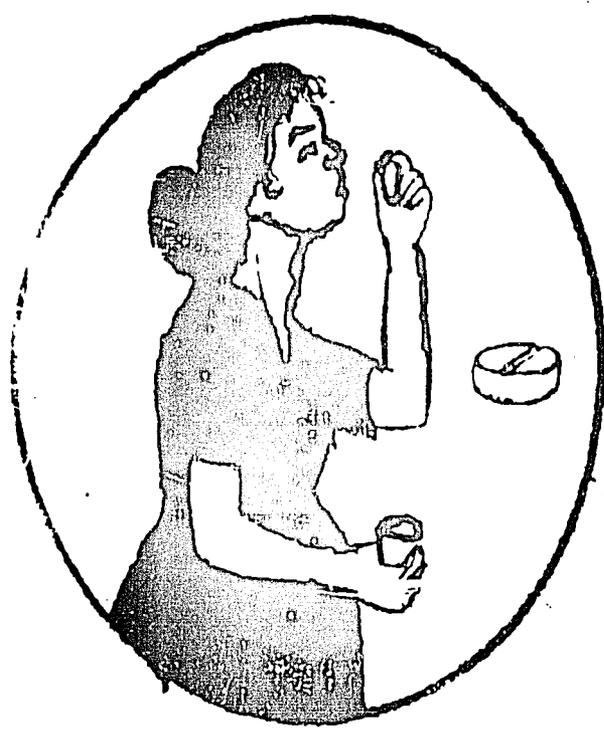
The information requested on this form is needed by AID to evaluate your suitability for the position for which you have been nominated as a contract employee. It is necessary that you provide the information for AID to consider your nomination. The Foreign Assistance Act of 1961, as amended, constitutes authority for its collection.

Employers and educational institutions you list may be contacted for verification of the information provided. Disclosure may otherwise be made in whole or in part to any (a) foreign government concerned if required by that government in connection with their review of your nomination and (b) pursuant to any other applicable routine use listed under AID's Civil Service Employee Office Personnel Record System, AID-2 in AID's Notice of Systems of Records for implementing the Privacy Act as published in the Federal Register, or (c) when disclosure without the employee's consent is authorized by the Privacy Act and provided for in AID Regulation 15. (A copy of the Regulation and Notice of System of Records is available from AID Distribution on request.)

APPENDIX 2

INDRAMAYU MATERIALS

Materials for training TBAs  
IEC materials developed with Saatchi and Saatchi  
MK letter with follow-up of visit



### DUKUN BAYI

- ◆ The Puskesmas bidan has given me these tablet besi for you
- ◆ It is very important that all pregnant women take one of these tablet every day.
- ◆ You should take one every day.
- ◆ If you do this it will help you feel stronger and healthier.
- ◆ It is best if you take this tablet with some water after eating.
- ◆ Some pregnant mothers can feel nausea or suffer from constipation when they take these tablets. If you feel like this taking some banana or other food with the tablet will help. Also ~~persevere~~, later you will fell stronger and healthier.  
*persevere*
- ◆ Please take this tablet every day  
Will you do it?  
How often should you take this tablet?  
Here is enough tablet for one month.  
Please come again after one month and I will give you more.  
Will you come again in one month?



**PUSAT KELANGSUNGAN HIDUP ANAK  
UNIVERSITAS INDONESIA  
(PUSKA - UI)**

Center for Child Survival, University of Indonesia

Address : Fakultas Kesehatan Masyarakat, Kampus Universitas Indonesia, DEPOK Jawa Barat, INDONESIA Tel. 727.0014

August 27, 1991

To : Marcia Griffiths

From: Budi Utomo/ Teguh Budiono/Gour Das Varma

Re : Social marketing strategy of the Indramayu MotherCare Project

Fax No. (202) 745-1961

Dear Marcia,

Please apologize us for not immediately responding your two letters. We have not got yet the concept materials and the corresponding budget from the agency. In addition, we have to also visit the field to meet with the key field related persons, such as the head of the PKK (Family Welfare Movement), the health authority in the study areas, radio stations, puskesmas doctors, explaining about the iron tablet social marketing plan. We have also to document about the TBA iron folate distribution activities. All of these, we considered important for maturing the iron folate social marketing plan.

Here is how things stand at present and with the advertising agency:

1. Radio

There are three popular radio stations (two privates and one government owned radio station) broadcasting into Indramayu including the two study areas. They have agreed to participate in the campaign by broadcasting the iron folate message at preferable time: 8 - 9 am, and 4 - 6 pm. They will give us only 20 % discount, but we can get 40 % of the time spot free of cost. The rate depends on how long the message would be broadcast, they charge Rp. 60,- per second. But from the the government radio we might get 50 % discount or get free of charge broadcast if we get recommendation letter from local government. From the radio stations we also obtained many in-puts regarding favorite programmes that the people in the villages like best.

Beside radio spots and reminder spots, we will also interview some doctors, midwives, and women who have experience with iron tablet. Every radio station has a special programme for each government institution; we can use that programme by free of charge.

## 2. Letters

We have prepared three different letters:

- o The letter from regent's wife to all the PKK kader in both the sites. The draft of the letter has been approved by the regent's wife, and she has agreed to sign it.
- o The letter from Directorate General of Health to all Posyandu kader in both the sites. The draft of this letter is a waiting approval.

Richard suggested us to regard PKK kader and Posyandu kader as two different institutions.

- o The credibility card from head of the Puskesmas to dukun bayi. The draft of the card has been approved by the doctor of the Puskesmas.

## 3. Dukun bayi box

From our monitoring, we found that usually the dukun bayi keep her supply of iron tablet in a tin and puts that inside the TBA Kit (from the UNICEF). Only one dukun bayi, were reported damage of iron tablets. We still don't know yet who made mistake, the dukun bayi who is very old, or the respondent who blamed the iron tablet from the Puskesmas was not fresh. We cannot clarify this problem because the iron tablet at dukun bayi was already finished.

We think that we rather give them a bag instead of a box, because box is too heavy for old dukun bayi. Beside they have already got a good place (TBA kit) to put those iron tablets.

## 4. Logo

We will use picture of Gatotkacha as in the logo. Gatotkacha is a well known warrior in the Javanese mythology. When he was still a baby, he was asked by the Gods in Heaven to fight the evil Giant. Only he could defeat the giant. So the Gods threw this young baby into the caldera (cauldron) and with him every God threw their weapons. The iron and the power of the weapons then got into his body, and made him very powerful. We could make this story as a trigger for the campaign. The caldera will be the womb of the mother, and the weapon will be iron tablets. How does

this idea strike you? Please let us know if a better idea can be found.

The logo will be in all printing material, such as: sticker, action poster for pregnant woman, banner (the agency suggested banner for our first launch), leaflet, counseling card, and poster for dukun bayi. All printing materials will be made by the agency.

Regarding Mona's suggestion for using Anna's monitoring card: David Warrior from the agency plans to make the reminder cards in the form of small wall hangings with a small calendar, a small box to put the pills in, and a pencil to cross out the date of tablet consumption. On the top, there will be the logo and a reminder: Have you swallow the iron tablet today?.

#### 5. Training material

As suggested by Richard, we will formally train the kader through PKK and Puskesmas. The training module will be as follow:

- o Leaflet for the PKK and the Posyandu Kader. The training will be done in both area with the same information. The difference will be only on the distribution in the intervention area pregnant women will get the iron tablets from the dukun bayi. The trainer for this training will be the Puskesmas doctor, the bidan, the PKK leaders from the Regency and sub-district level who are capable.
- o Counseling card will be in a folder, with several lose cards. Every card will have a picture of every items and simple word for explanation. This card will be used by the dukun bayi to explain the information to pregnant women. The training for using this card will be done by the doctor and midwife.

#### 6. Next consultant assistance

We will be very happy if Carry Hessler-Radelet could assist us in the next step. We think the task that was drafted on July 2, 1991 for Carrie is still relevant. However, she could assist us with reviewing the draft of prototype material prior to pretest and assist us finalize the budget.

#### 7. Budget.

The agency has not prepared the budget yet. We will fax the budget as soon as we receive it from the agency.

Warm regards to all,

*Regu Budisus*

LETTER FROM THE RESEARCHER WIFE  
TO ALL PKK KADER IN  
STUDY SITES

PEMBINAAN KESEJAHTERAAN KELUARGA

PKK  
Tim Penggerak Kabupaten

HIMBAUAN  
Ketua Umum Tim Penggerak PKK Kabupaten  
Kepada Yth:

---

Kader Posyandu

Demi kesehatan ibu hamil dan juga bayi yang dikandungnya, yang diharapkan kelak dapat menjadi putra/putri bangsa yang sehat, kepada para kader PKK, saya menghimbau supaya:

- o Setiap bulan secara aktif anda melaksanakan pembagian tablet besi pada semua ibu hamil di Posyandu di wilayah anda.
- o Mengajak ibu hamil agar rajin memeriksakan kandungannya ke Posyandu untuk menjaga kesehatan dirinya dan anak yang dikandungnya, dan juga untuk mendapatkan persediaan tablet besi untuk sebulan mendatang.

Saya yakin apa yang anda kerjakan sekarang ini akan membawa manfaat bagi tumbuhnya generasi Indonesia yang sehat dan cerdas untuk hari esok

Semoga Tuhan YME membalas ketulusan amal bakti anda.

Indramayu, Agustus 1991  
Ketua Umum Tim Penggerak PKK Kabupaten

CREDIBILITY CARD

SURAT KETERANGAN TUGAS

Kepala Puskesmas kecamatan Gabus Wetan dengan ini menerangkan bahwa dukun bayi yang namanya tertera di bawah ini:

Nama : \_\_\_\_\_

Alamat : \_\_\_\_\_

\_\_\_\_\_

Bertugas mendistribusikan tablet besi kepada ibu hamil di wilayah kecamatan Gabus Wetan. Diberitahukan juga bahwa tablet besi yang ada pada Mak dukun yang namanya tertera di atas, adalah sama dengan yang ada di Puskesmas.

Demikian surat keterangan tugas ini, semoga dapat digunakan sebagaimana mestinya.

Gabus Wetan, xx/xx/1991

Mengetahui,

Tertanda,

Drs. H. Nurdjali Aziz

dr. Ima Culatawaty

Camat Gabus Wetan

Kepala Puskesmas Gabus Wetan

STICKER

Dari Ibu yang sehat dan kuat  
lahir anak yang sehat, kuat, seperti Gatot kaca...



PEMBINAAN KESEJAHTERAAN KELUARGA

~~DIKEMENTERIAN~~

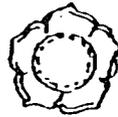
~~KASUPATEN INDRAMAYU~~

ORIGINAL SIZE = 11,5 x 16,5

STICKER (ALTERNATIF)



Dari Ibu yang sehat dan kuat  
lahir anak yang sehat, kuat, seperti Gatot kaca...



PEMBWAAN KESEJAUHATAN KELUARGA  
TIM PENGGERAK  
KABUPATEN INDRAMAYU

ORIGINAL SIZE 21 x 7

ORIGINAL SIZE 63 x 47

ACTION POSTER FOR PREGNANT WOMEN

# OTOT KAWAT, BALUNG WESI

Blond, blue-eyed and standing 1.93 m tall, the Emperor was an imposing figure who liked to mix with his subjects. "He detested protocol and formality," says La combe. "Not only could people see and talk to him, but they could touch him and shake his hand." He was also a humble



blue-eyed and standing 1.9 man: Laconthe tall emperor was an imposing figure; emperor traveled to mix with his subjects. "He detested protocol and formality," says tired; when Hug "Not only could people see ferred to Dom Pedro him, but they could touch him Emperor replied, his hand." He was also a humble Victor Hugo.

From 1865 to 1870 he waged wars—though eventually victorious against Paraguay that cost \$300 million enormous sum at the time.

and never before been a emperor. After Dom Pedro's government abolished slavery in 1850, the military spiraled with angry landowners.

Little more than a century after death, his descendants are struggling a possible succession. There are a imperial relatives who could be the king, but the leading contenders.

Pedro inherited the imperial throne when he was five, after his death. Pedro I, who was named Emperor of Brazil declared his independence.



Dari Ibu yang sehat dan kuat, akan lahir anak yang sehat, kuat, seperti Gatot kaca...

## POSTER

**Headline** : OTOT KAWAT BALUNG WESI

**Sub.Headline:** Ibu-ibu dalam cerita pewayangan disebutkan Gatot Kaca setelah digodok dalam kawah candra dimuka, dan lahir kembali sebagai anak yang kuat, dan dijuluki otot kawat balung wesi. Tentu Ibu-Ibu ingin mempunyai anak seperti itu .....

**Copy** : Ibu-Ibu dalam masa kehamilan, badan memerlukan zat besi yang lebih dari biasanya, dengan minum zat besi, 1 x 1 tablet setiap hari selama masa hamil. Ibu-Ibu akan lebih sehat, kuat, jauh dari rasa malas bahkan badan akan lebih bergairah.

Pada tahap awal, Ibu akan merasakan perut muai-muai seperti mau muntah, susah buang air, itu bukan berarti kita tidak cocok dengan pil itu, tapi ini akibat penolakan tubuh kita karena belum biasa, setelah minum 3 atau 4 hari kita akan merasakan manfaatnya.

Dengan minum pil besi 1 tablet setiap hari, selama masa kehamilan, kita akan merasa badan lebih sehat kuat, bertenaga dan tetap bergairah mengerjakan pekerjaan sehari-hari.

Ibu-Ibu dengan kondisi yang demikian pasti akan lahir pula anak yang sehat, kuat, cerdas seperti Gatot Kaca.

Dapatkan pil zat besi ini secara cuma-cuma di Puskesmas, Posyandu atau Dukun-Dukun bayi.

# LEAFLET

UNTUK WANITA HAMIL



Dari ibu yang sehat dan kuat, akan lahir anak yang sehat, kuat, seperti Gatot kaca...

## Dari ibu yang sehat dan kuat, akan lahir anak yang sehat, kuat, seperti Gatot kaca

Blond, blue-eyed and standing tall, the Emperor was an imposing figure who liked to mix with his subjects. "He defied protocol and formality," says Lacombe. "Not only could people see him, but they could touch his hand." He was also

Lacombe tells the story of how the Emperor traveled to France to meet Victor Hugo, whom he greatly admired; when Hugo's granddaughter asked Dom Pedro as "His Majesty the Emperor" replied, "The only majesty I respect is Victor Hugo."

The Emperor was as adept in the management of state as he was in the strict exercise of power alternately with the military. Conservative parties but kept Dom Pedro on the administrative machine. It was his moral standing and his ability to bring compromise that Abrah



Blond, blue-eyed and standing tall, the Emperor was an imposing figure who liked to mix with his subjects. "He defied protocol and formality," says Lacombe. "Not only could people see him, but they could touch his hand." He was also a humo

griculture and science, he oversaw rapid expansion of the economy. During his reign, Brazil reduced its dependence on sugarcane exports and expanded into coffee, cotton, rubber, tobacco and diamonds. Dom Pedro built railroads, telegraph lines and roads to make the vast interior more accessible. He promoted education, fought



ORIGINAL SIZE 30 x 20

**Judul Leaflet: Apa yang harus anda ketahui  
Tentang tablet besi.**

(draft: 13 Agustus 1991)

**1. Apa itu Anemia?**

Anemia adalah berkurangnya sel darah merah (haemoglobin) atau volume darah. Anemia bukanlah suatu penyakit, ia lebih menyerupai suatu gejala dari berbagai penyakit. Oleh karena itu, pengobatan harus lebih ditunjukkan pada penyebabnya. (MotherCare: Working Paper No.4, th 1990)

**2. Tanda-tanda anemia pada kehamilan**

Anemia menyebabkan letih, lesu, dan turunnya produktivitas kerja, khususnya pada wanita selama kehamilan. Kulit menjadi pucat, demikian pula kuku, gusi, dan pada kelopak mata. Ibu hamil yang mempunyai tanda-tanda demikian dapat dipastikan menderita anemia.

**3. Penyebab anemia**

Ada tiga hal yang menyebabkan ibu hamil menderita anemia.

Pertama, Kurangnya masukan makanan pada tubuh untuk bahan baku pembentuk sel darah merah, terutama makanan yang kaya akan zat besi, contoh: sayuran yang berwarna hijau.

Kedua, Gangguan penyerapan di usus. Ini dapat terjadi jika misalnya ibu menderita gangguan pencernaan. Namun demikian, telah diketahui ada beberapa makanan yang dapat mengganggu terserapnya zat besi oleh usus, contohnya: kopi dan teh. Karena itu, kurangilah kedua jenis minuman itu jika ibu sedang mengandung. Akan tetapi jika ibu mengurangi kedua minuman tersebut, jangan lupa untuk menggantikannya dengan minuman lainnya, karena ibu hamil perlu banyak minum. Ibu misalnya, dapat menggantikan dengan banyak minum sari buah jeruk atau makan buah jeruk. Air buah jeruk ini sangat baik bagi penyerapan zat besi, vitamin c yang terdapat dalam buah jeruk diketahui dapat membantu penyerapan zat besi.

Ketiga, Keluaran yang berlebihan akibat pendarahan yang berlebihan, misalnya: sering melahirkan, terserang penyakit yang disebabkan oleh parasit (contoh: cacing tambang), Malaria, atau karena kebutuhan yang meningkat akibat kehamilan.

**4. Pengaruh anemia terhadap kehamilan, baik terhadap kesehatan ibu maupun bayi yang dikandungnya.**

Ibu yang menderita anemia umumnya melahirkan bayi yang kecil yaitu dengan berat badan rendah. Bayi kecil ini mudah terserang penyakit sehingga mempunyai kemungkinan yang lebih besar untuk meninggal sebelum mencapai hari ulang tahunnya yang pertama, atau mengalami keterlambatan dalam pertumbuhannya, dan kemungkinan mengalami hambatan dalam perkembangan mentalnya. Anemia juga merupakan salah satu penyumbang kematian ibu. Ibu hamil yang menderita anemia dapat mengalami kegagalan fungsi jantung, dan meninggal sebelum atau sewaktu melahirkan. Bahkan suatu kehilangan darah yang "normal" sewaktu melahirkan sekalipun dapat menyebabkan kejadian yang fatal bagi seorang wanita yang menderita anemia berat ( < 8 gram/dl )

Karena itu, wanita hamil dan ibu menyusui membutuhkan lebih banyak makanan yang mengandung zat besi atau tambahan zat besi dan asam folic. Mengingat makanan yang biasa dimakan jarang yang mencukupi akan zat-zat ini, maka ibu hamil perlu dibantu dengan tablet besi. Agar tablet ada efeknya maka ibu hamil perlu minum secara teratur satu tablet besi setiap hari.

**5. Apa itu Tablet Besi.**

Tablet besi adalah tablet yang mengandung ferrous sulphate dan folic acid. Kedua zat tersebut merupakan bahan baku untuk membentuk sel darah merah yang diperlukan tubuh. Tablet berwarna putih abu-abu, berbentuk kecil agar mudah ditelan.

**6. Kapan sebaiknya ibu hamil mulai minum tablet besi**

Ibu sebaiknya minum tablet besi sedini mungkin, begitu ibu diketahui hamil. Walaupun biasanya ada efek sampingan berupa mual-mual, kotoran berwarna hitam, dan sembelit. Namun ibu tidak perlu cemas karena itu tidak berbahaya, itu menandakan tablet bekerja dengan baik .

Untuk menghindari efek sampingan itu, ibu sebaiknya meminum tablet besi disela makan, atau dengan menggunakan buah buahan sebagai pembantu untuk menelan (misalnya dengan pisang). Dan untuk menghindari rasa mual, minumlah tablet besi pada malam hari sebelum tidur atau sewaktu makan malam.

**7. Kemana mencari informasi tentang tablet besi?**

Jika ibu ingin mengetahui lebih banyak tentang tablet besi atau mengalami masalah dengan tablet besi, hubungi segera: Dokter Puskesmas, Bidan Praktek, ibu PKK, ibu Kader Posyandu, dan Mak Dukan (khusus jika ibu tinggal di kecamatan Gabus Wetan).

BANNERS

ORIGINAL SIZE 0,90m x 4,75m



**Dari Ibu yang sehat dan kuat lahir anak yang sehat, kuat, seperti Gatot kaca....**

**UNTUK WANITA HAMIL**

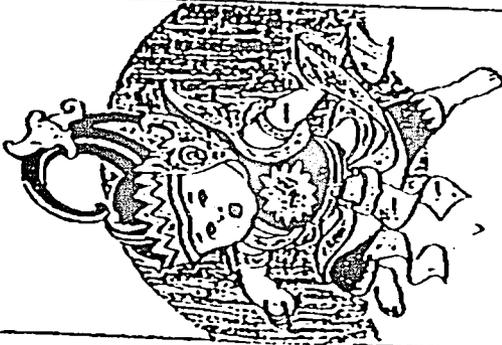
Dapatkan pil zat besi sekarang juga di Posyandu, Puskesmas atau dukun bayi

**PII ZAT BESI**

PERIKAWAN KEHATI-HATIAN KUNYU. TELPUNGKURAN KAWATEN ATYAMAYU.

ORIGINAL SIZE 0,90 x 4,70m

**Dari Ibu yang sehat dan kuat lahir anak yang sehat, kuat, seperti...**



**Gatot kaca**

Dapatkan pil zat besi sekarang juga di Posyandu, Puskesmas atau dukun bayi

**UNTUK WANITA HAMIL**

**PII ZAT BESI**

# MotherCare™

October 28, 1991

University of Indonesia  
Gedung LPUI  
Depok West Java  
Indonesia

Dear Budi and Pandhu,

I thank you so much for meeting with me on Saturday and really enjoyed our evening together. In the future, I'll be sure to inform you sooner of my dates in-country as I know your schedules are tight.

On reflection of our discussions, I have the following comments.

1. Overall, the progress is very good. We are all very excited about the social marketing aspects and look forward to further understanding of the maternal morbidity/perinatal outcomes interaction through the SRS.
2. Where I need further clarification is in the monitoring of the Phase I intervention.
  - How many TBAs have been trained to distribute iron/folate capsules?
  - How many TBAs have received capsules monthly since the initiation of the intervention in June?
  - Are these supplies enough? Are there pregnant women in the TBAs' area who are not receiving supplies? Do the TBAs need to receive more iron/folate capsules?
  - What is the coverage of this iron/folate distribution system (% pregnant women receiving capsules on a monthly basis)?
  - Do pregnant women return monthly to get capsules? If you followed pregnant women, do they receive the 90 capsules they are supposed to?
  - What kind of messages do TBAs give to women when they give them the capsules?

October 28, 1991  
Budi and Pandhu

I would appreciate seeing your monitoring system written up as it is most important ensure that the intervention is optimally implemented-before adding in the social marketing scheme.

3. I understand no cross-sectional survey of non-pregnant women is planned. However, we discussed getting a sample of non-pregnant women to get a mean weight/height and anemia status. Obviously, best would be of women who then become pregnant. Your sample might select for just married young women who state they want to get pregnant.
4. Validation: We agreed that; with a sample of pregnant women, you would ask:
  - their perception of weight gain during pregnancy and compare it with measured weight gain,
  - their perception of pallor, compare it with measured hemoglobin (also #30, pregnancy questionnaire will be compared with hemoglobin),
  - perception of gestational age against time from LMP to delivery date.

Also, you will add to the questionnaire about mother's perception of the weight of the live born infant. (You now only have that question for still-birth).

On a sample of women, you will determine how to ask about duration of labor (obstructed labor) and about excess bleeding.

You could also check stated prenatal care use with Puskesmas records on a sample of women. Validation of women's report is becoming a most important objective--and one in which the literature says little. Your contribution in this area would be most helpful.

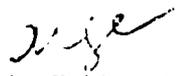
5. I attach Nancy Sloan's marked up page re foods to ask about/not to ask about. She feels that many other items of the questionnaire could be deleted as well (attached is her marked up version of the questionnaire). Keeping the questionnaire short may save on drop-outs among women and on data processing. Let us know how you proceed with this.

October 28, 1991  
Budi and Pandhu

I was very happy to be able to spend some time with you and thank you for your efforts to explain your project. I'm pleased and look forward to hearing from you about the above issues.

Warm wishes.

Sincerely,

  
Marjorie A. Koblinsky, Ph.D.  
Director

cc: Nancy L. Sloan  
Marcia Griffiths

**APPENDIX 3**

**REGIONALIZATION PROJECT**

**Table 2: Characteristics of Tanjungsari and the Control Area, Cisalak**

Table 2: Characteristics of  
Tanjungsari and the Control  
Area, Cisalak

yang dipilih

Append

DATA DASAR : TH 1990

SUMEDANG :

SUBANG :

Kecamatan	Tanjungsari	Cisalak	Jalancagak
1. Luas (km <sup>2</sup> )	122,26	103,65	122,25
2. Jumlah Rumah Tangga	25084	10521	17743
3. Kepadatan/km <sup>2</sup>	749	428	510
4. Penduduk :			
- Laki-laki	45808	21999	30458
- Perempuan	45733	22376	31912
Total	91541	44375	62370
Penduduk Dewasa (15 +):			
- Laki-laki	29389	14413	20921
- Perempuan	29666	14655	22094
Penduduk anak :			
- Laki-laki	16419	7586	9537
- Perempuan	16067	7721	9818
5. Sex Ratio	100,2	98,3	98,6
6. Jumlah desa	27	13	17
7. Jumlah RW/RT	165/741	68/246	86/363
8. Klasifikasi desa :			
- Swadaya	3	swakarya 4	
- Swasembada	24	9	17
9. PUS	12974	6927	10852
10. UU/PUS (%)	65,4	74,3	73,8
11. Pekerjaan Kepala Keluarga (%) :			
Petani	58,9	47,4	50,0
Buruh tani	8,02	3,2	15,0
Pedagang/pengusaha	16,1	4,9	9,7
Buruh	8,1	2,5	10,2
Peg.Nagri	5,6	4,7	3,45
Wiraswasta/peternakan	3,4	37,3	11,4
12. Jumlah Puskesmas	3	1	2
Jumlah Puskesmas Pembantu	2	3	6
Jumlah Puskesmas keliling	1	-	-
Jumlah Posyandu	169	77	97

1. Rasio Penduduk thd			
- Puskesmas	15257	11094	7796
- Posyandu	541	576	643
14. Kematian			
CDR/1000	668	158	473
IMR	7,3	3,56	7,58
Perahiran	47,9	33,65	31,2
CDR/1000	2077	208	482
	22,84	4,69	7,72
15. Jumlah dukun paraji :			
	----	43	59
Jml dukun paraji yg dilatih	----	--	--

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**APPENDIX 4**

**REGIONALIZATION PROJECT**

Marge Koblinsky's letter to Dr. Anna Alisjahbana with follow-up visit  
Dr. Anna's reponses

# MotherCare™

October 7, 1991

Dr. Anna Alisjahbana  
School of Medicine  
University of Padjadjaran  
Jl. Pasirkaliki 190  
Bandung  
Indonesia

Dear Anna,

I thank you and your colleagues for my few hours in Bandung. It is really depressing to have spent so little time there as I learn so much from you all. Also as my time opened up with the Surabaya trip being cancelled, I could have seen your birth huts after all! Always next time!

I have now written up my notes, and hasten to send you my comments while I'm here so that we can discuss them on the phone:

1. **Re: LBW Study**

No new thoughts here; I look forward to receiving the progress report from Dr. Soeprapti with English summaries of papers presented in May, plus any useful, explanatory tables of data. Mike hopefully will get the data to you by November and then I'll look forward to your report sometime in December. Saipin will be out in mid-October to help close the accounts on this project and prepare for an audit (as well as help train your new accountant.)

2. **Re: Regionalization Project**

As I reviewed the proposal and your progress to date, I was struck by two areas where I need more clarification:

a) Executive Committee (p 18, # B in the proposal)

The original idea of the Executive Committee was to involve the local district officials (government and of the hospital, local leaders) in the decision-making that guides the project--hence a monthly meeting was stipulated in the proposal. Presently, I understand they will meet with you yearly, not for decision making about the project, but more for information dissemination. I like

Anna Alisjahbana  
10.07.91

the idea of local officials being more involved and feel some ownership for the project. Perhaps it would make it more sustainable in the future. What is your thinking on this? Would it be possible to re-instate this original intent by holding a monthly meeting at MCH Director's Office (instead of one of your Wednesday meetings in Bandung?), and get them more involved in future directions of the project? I realize this may slow you down, but it may be worthwhile in the long run. Let me know what you think.

b) Training (p 19-24, # H-L)

H. Training Needs Assessments:

- TBA level: Your RAS KAP will act as baseline for Regionalization Project.
- GPs and bidans of the Puskesmas level: A written assessment will be undertaken perhaps similar to that carried out in Guatemala (see Trip Report by Pam Putney and Diana Beck left with Dr. James.)
- Hospital Staff: It was not clear to me how the staffs' skills will be assessed. Perhaps this could be done through discussions, but it may be possible to do a written assessment with the Obstetrician presiding over the assessment. (Dr. R. Sosa's trip report left with Dr. James gives the neonatal care guidelines developed in Guatemala during his assessment visit to their hospital.)
- What is the evaluation of the referral system? This could be from your final data of the RAS study, although you do not have hospital data here if my understanding is correct??
- What is the evaluation of the transportation, communication, reporting and recording of births/deaths? This may be again from the RAS if you have the data.

I. Guidelines for Screening/Management and Referral:

I understand you will develop these based on the MOH Guidelines, those from WHO (re PPH, other?), plus you could use those available in R. Sosa's Trip Report, and Putney and Beck's Trip Report.

Anna Alisjahbana  
10.07.91

As stated in the proposal, this is a major exercise and could be strengthened through working with the Executive Committee, and even national officials--if you would feel comfortable with this--and if it would be productive, let me know what you think.

**J. Training Modules:**

Two types of training are envisioned in the proposal - one on clinical content, the other on supervision. Is this still what you plan to do?

Who will do the training of each level--hospital, puskesmas, TBA/Posyandu?

While we discussed refresher clinical training for the GPs of the Puskesmas at the district hospital, what about the bidans? And how will hospital staff be trained? We had originally planned on their coming to Hasan Sadikan at periodic intervals; is this still the plan?

What is the content of the training? Who will develop your training modules?

**L. Hospital Staff training in use of information system.**

While you have a perinatal audit form already in use at the hospital, you stated you need to develop a maternal mortality form. Are monthly audits already on-going for hospital staff on maternal/perinatal mortality? Is this possible? How/who could organize them?

Anna, sorry for this lengthy list of questions but I'd like to get clearer on how you could proceed with training and your thoughts on the Executive Committee. Truly enjoyed seeing you again.

Warm wishes,

  
Marjorie Koblinsky, Ph.D.  
Director  
MotherCare Project



## U.K.K. NEONATOLOGI IKATAN DOKTER ANAK INDONESIA

Sekretariat : Lab/UPF Ilmu Kesehatan Anak FKUP/RSHS - Jl. Pasteur No. 38

Unit Penelitian FK UNPAD - Jl. Pasirkaiki 180 Tlpon 87218 (022)

B a n d u n g

Bandung, October 7, 1991

Dr. Marge Koblinsky  
John Snow Inc.  
Washington DC.  
Fax no. (703)-5287480

Dear Marge,

I hope you survived the trip back to the US. It is a pity that you could not come again to Bandung, from your fax we find out that we had amper time to talk in more detail but now I will try to answer some of your questions.

1. We just came back from Tanjungsari for the monthly meeting with the village head, the subdistrict head and the HC. doctors. The discussion was about the birthing huts, its development, the participation of the community and the most important issues were the cost for delivery, the linkage between the TBA and the management of the birthing hut. There was some misunderstanding, the village head were pushing the women to deliver at the birthing huts, there was even a competitive attitude, which BH has the most deliveries. Anyway it was very interesting to hear them discuss those issues, because one birthing hut put really high cost for the midwife, maintenance and TBAs and there was another one who planned to use it to make money. Today there are 5 birthing huts ready, but only four had reported deliveries. Health center Cilembu have 3 BH, and altogether more than 24 deliveries and there are 3 more in developing states. Next month we plan to discuss progress and complaints. One thing is very nice, the subdistrict head is very supportive.
2. On October 12, we will have a meeting with the obstetrician and the pediatricians in district hospital Sumedang, to discuss training modules.  
October 14 is scheduled for a training needs assessment of all Health center doctors for the whole district (25 participants). On October 16th. a training need assessment for all HC midwives, and Oct. 19 we will meet the Obstetrician & Pediatrician again to discuss obstetric and neonatal guidelines in relation to the HC



## U.K.K. NEONATOLOGI IKATAN DOKTER ANAK INDONESIA

Sekretariat : Lab/UPF Ilmu Kesehatan Anak FKUP/RGHS - Jl Pasteur No. 38

Unit Penelitian FK UNPAD - Jl Pasirkaiki 190 Tilpon 67218 (022)

B a n d u n g

MD/Mw. training needs. We plan to develop a supervision (refreshing) model for the HC by the hospital, an a model for birthing huts by HC doctors. This will include an evaluation of the referral system and the monthly perinatal audit of the hospital and HC.

I have read the policies and norms of neonatal management in Guatemala, I am not very sure that we will do exactly the same and I prefer to do a lot with less sophisticated equipment using more appropriate technology. It also depends on what are the priorities, which may not be the same as in Guatemala.

3. By the end of October we will start with the training of TBAs, in November we will start with the training of health personnel. Training will include the district hospital and health center. If we do not have enough patients, we plan to include GH Hasan Sadikin for training site.
4. The administrative procedures for the control area is underway, it may take some time, we hope not more than one month. Then the census will follow, the census questionnaire is finalized. A retrospective survey to collect data on the previous reproductive history of the married women is planned on a sample of about 500 married women (25%).
5. The evaluation team is designing the questionnaires, many questionnaires will be taken from the RAS study, but we will put additional questions on the BH, and health economics (after we met Dr. Serrato).
6. For institutional building, we will asked the Faculty of Economics for persons who is interested to work together in health economics with Dr. Serrato. Dr. Serrato plan to make a budget request for the health component of the study. Who will finance this?
7. Marge about the computer, to avoid problems bringing the computer in the country, is it possible that you pay for an IBM laptop in the US, and I can purchase it in Jakarta (IBM head office). We prefer a IBM because of the after service. A compact computer is less popular here.



## U.K.K. NEONATOLOGI IKATAN DOKTER ANAK INDONESIA

Sekretariat : Lab/UPF Ilmu Kesehatan Anak FKUP/RSMS - Jl Pasteur No. 38  
Unit Penelitian FK UNPAD - Jl. Padjadjaran 190 Telp. 07210 (022)  
B a n d u n g

8. The Social marketing workshop is going well, I see the participants enjoyed the exercises, they already collect a lot of new informations. My respect to Gisella Tucker. She mentioned about Mrs. Carrie Hessler Radelot in Jakarta (?), who could supervise the Social marketing component, because Mrs. Tucker was not very sure whether the Social marketing group is able enough to work.
9. Concerning the executive committee:  
We consider it best not to have too many persons involved, as this would make it more difficult to make important decisions.  
The most important persons to be involved in our opinion should be:
  1. District Health official (represented by dr. Hedy S)
  2. Subdistrict head (Camat)
  3. Village head
  4. HC doctors
  5. Research unit staff members.
10. I hope discuss all your questions, or at least most of them? We are looking forward to see Saipin in Bandung.

Yours sincerely,

dr. Anna Allsjabana

**APPENDIX 5**

**BV/LBW STUDY**

Letter of agreement from Alex Papilaya, Center for Child Survival, UI  
Proposal



PUSAT KELANGSUNGAN HIDUP ANAK  
UNIVERSITAS INDONESIA  
(PUSKA - UI)

-ipendi  
5

Center for Child Survival, University of Indonesia

Address : Fakultas Kesehatan Masyarakat, Kampus Universitas Indonesia, DEPOK Jawa Barat, INDONESIA Tel. 727.0014

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Urgent MEMO

TO : Borobudur Hotel Fax No. : 380 9595  
Attn : Ms. Marge Koblinsky, Guest Borobudur Hotel Room: 838  
From : Dr. Alex Papilaya, DTPH, CCS-UI  
Date : 4/10/91

Re : Hiring Marwan as Financial Overseer for MCH

Further to your Fax and letter of October 3, 91 re above mentioned subject.

It is agree for Dr. Alex if Marwan acts as Financial Overseer for MotherCare Project.

Trusting our confirmation could meet your requirement.

With kind regards,

pp. *Site*

Dr. Alex Papilaya, DTPH

/s/

Call: NirsatMC/009

78

**SCOPE OF WORK**

**I. BACKGROUND**

In recent years, studies have shown that bacterial vaginosis (a condition in which vaginal flora has been replaced by an increase prevalence of G. vaginalis, anaerobic bacteria, and M. hominis) may be associated with low birth weight (LBW). This study will evaluate if treatment of bacterial vaginosis (BV) in pregnant women with clindamycin vaginal cream will decrease the incidence of LBW. This study is a multicenter, double blinded randomized controlled trial comparing clindamycin vaginal cream 2% with placebo cream to treat BV and to evaluate its effect on LBW. Bacterial vaginosis will be ascertained by Gram stain and gestational age by ultrasound. Each woman will be evaluated three times: 1) at initial visit (16-26 weeks of gestational age); 2) two to six weeks after completion of the treatment; and 3) after 34 weeks of gestational age. At each visit, a medical interview, examination and laboratory tests will be conducted. Information on delivery and postpartum outcome for the mother and her child will be abstracted from the medical chart and other records.

**II. OBJECTIVES**

Primary Objective

- \* To determine if treatment with clindamycin cream will decrease the incidence of prematurity or low birth weight (LBW) in pregnant women with BV.

Secondary Objectives

- \* To determine if treatment with clindamycin cream will decrease the incidence of endometritis and amniotic fluid infection in pregnant women with BV.
- \* To determine the prevalence of treatable sexually transmitted diseases (STDs) in pregnant women and its impact on maternal and child health.

**III. ORGANIZATION**

Three institutions will be involved in the development and execution of this study. The Center for Health Research, University of Indonesia, through whom this study is contracted, will coordinate and supervise all activities concerning data management and analysis at the data center and data flow from the medical centers to the data center. The Center for Health Research will also assist with report and journal writing, in addition to advanced data analysis. The medical centers include The Department of Obstetrics and Gynecology, School of Medicine, University of Indonesia and the University of Airlangga. These two centers will coordinate and supervise all activities at the health clinics as well as assist in report and journal writing.

The Centers for Disease Control, the University of Washington, Seattle, and USAID/Jakarta will assist the project in protocol development and revision, laboratory and medical consultation, report writing and data analysis.

#### **IV. STUDY OUTLINE**

Three clinics in Jakarta (RSBK, RSCM, and RSP) and four clinics in Surabaya (to be determined later) will participate in the study as their infrastructure, facilities, and number of patients are adequate to carry out this study.

Pregnant women coming for prenatal care at the participating health clinics will be examined by a study coordinator for diagnosis of bacterial vaginosis (pH of vaginal fluid > 4.5, positive clue cells, and score of BV gram stain >6) and for calculation of gestation age based on a sonogram and the date of her last menstrual period. Women who meet the following criteria will be asked to participate in the study:

- gestational age of 16-26 weeks.
- presence of BV as diagnosed by Gram stain and clinical assessment.
- Written informed consent of patient or guardian.

Women who may meet the above criteria will be excluded from the study if they suffer from any of the following:

- Allergy to clindamycin.
- Diabetes requiring insulin, hypertension requiring medication, diseases requiring corticosteroids, and severe liver, kidney, or heart disease.
- Cervical incompetence.
- Multiple gestation.
- Uterine or known fetal abnormality.
- Systemic or vaginal antimicrobial therapy within previous two weeks.
- Age less than 15 years.

Sample size needed on the basis of prematurity rates of 7.5% in treated group and 15% in control group, is 780 pregnant women. With an estimated 15% of participants lost to follow-up, the project will need to enroll approximately 900 pregnant women.

#### **V. PROJECT ACTIVITIES**

##### **A. Recruit and Training (month 1)**

During the first month of activities, four clinics in Surabaya will be selected to participate in the study with the clinics RSBK, RSCM, and RSP in Jakarta. From each of the seven clinics, the following personnel will be identified:

- Study Coordinator: will conduct the medical examinations of pregnant women and supervise the activities of other clinic staff involved in the study.
- Lab Technician: will read all BV and STD tests conducted on the pregnant women.
- Prenatal Clinic Nurse: will conduct prenatal interviews and ensure that women are seen by the study coordinator and lab specimens are delivered to the lab technician.
- Labor and Delivery Nurse: will identify study women who are in labor or have delivered prior to hospital discharge and will identify women who are overdue for delivery.

Study coordinators will participate in a three day training course in conducting medical examinations for the presence of BV. Study coordinators will also receive training in the procedures for conducting interviews on medical, sexual and social history using the questionnaires previously developed and tested. The study coordinators will then train the prenatal clinic nurses and labor and delivery room nurses in the process of conducting these interviews.

Lab technicians will participate in an 8 day training course in reading gram stains and wet mounts of vaginal discharge.

B. Initial Prenatal Exam (months 4-19)

If the patient is eligible to participate in this study, the following evaluation will be conducted:

1. Interview

Women will be screened for eligibility. Upon diagnosis for bacterial vaginosis, the woman will be asked to participate in the Clindamycin trial study. If she agrees, a pretested questionnaire on medical, sexual, and social history will be administered to obtain the following information:

- a. Age, socio-economic status, education, occupation, smoking, alcohol drinking, douching habit, current medications, etc.
- b. Parity, gravidity, abortions, stillbirth, premature delivery, low birth weight, C-sections, sexual intercourse in the last month, use of birth control, pre-pregnant weight, etc.

2. Genital Examination

The genital examination includes the following:

- a. Vagina appearance--discharge, inflammation, etc.
- b. Cervix appearance--discharge, inflammation, erosion, etc.

3. Testing for Bacterial Vaginosis

Testing for BV will include the following:

- a. Description of discharge.
- b. Smear of vaginal fluid for clue cells
- c. Test of vaginal fluid for fishy amine odor after addition of 10% KOH.
- d. PH of vaginal fluid.

Patients will be randomly assigned to a treatment regimen of Clindamycin phosphate vaginal cream 2% or placebo (vehicle for clindamycin vaginal cream). Half of the patients will receive clindamycin cream and the other half will receive placebo. Neither the patient nor the investigator will know whether the patient has received the clindamycin or placebo cream and a computer will randomly assign the allocation of the drug through use of patient numbers.

4. Testing for STDs

Tests will be conducted to determine the presence of STDs. Tests include the following:

- a. Culture for T. vaginalis and N. gonorrhoea.
- b. MicroTrak testing for C. trachomatis.
- c. Serologic testing for syphilis (VDRL) and Chancroid.

Patients who have positive results for n. gonorrhoea, chancroid, or C. trachomatis will be treated with ceftriaxone (for gonorrhoea) or erythromycin (for chancroid or chlamydia). Patients who have a positive VDRL and who have not previously been treated for syphilis will be offered treatment with penicillin. Husbands of infected patients will be offered appropriate treatment as well. These patients will be evaluated again after two weeks of treatment completion.

5. Hematocrit.

A hematocrit test will be conducted to determine whether a pregnant woman is anemic. If found to be anemic, she will be advised to visit a local health center begin and obtain iron-folate tablets for treatment.

6. Additional tests will include blood pressure, height, weight and maternal upper-arm circumference, as well as ultrasound for gestational age.

C. Follow-Up Visit (months 5-21)

## 1. First Follow-Up Visit

Two to six weeks after completion of BV treatment, women will be tested for BV as at the initial visit. Women who tested positive on the initial visit for N. gonorrhoea, Chlamydia trachomatis, chancroid, or syphilis will receive lab tests after two weeks of treatment. Women will also receive a genital exam to determine the presence of vaginal discharge, clue cells, fishy amine odor after addition of 10% of KOH, and pH. Furthermore, BV gram stains will be conducted as well.

A second medical interview will be conducted to determine whether adverse reactions to treatment were experienced. In addition, a second physical exam will be conducted with blood pressure, weight and maternal upper-arm circumference taken.

## 2. Second Follow-Up Visit

After 34 weeks of gestational age, a third BV gram stain and genital examination for vaginal discharge, clue cells, fishy amine odor after addition of 10% of KOH and pH will be conducted. A third physical exam will also be conducted with blood pressure, weight and maternal upper-arm circumference taken.

## D. Delivery and Postpartum evaluation of Mother and Newborn (months 7-22)

Upon arrival for delivery, each woman will be asked whether she is a study participant or to show her study participant card. Her response will be matched with the roster. If she is a study participant, her clinic record will be labelled as such and the following information will be abstracted from the medical records:

- Mother--premature labor, PROM, type of delivery, clinical evidence of amnionitis and postpartum endometritis, etc.
- Newborn--date of birth, birth weight, apgar score, gestational age at delivery by Dubowitz score, weight of placenta, gross appearance of cord and placenta, in addition to histopathologic exam.

Delivery log will be reviewed once each day to determine whether any subjects have delivered in the previous 24 hours, or were expected to have delivered. Special efforts (i.e., home visits by field workers) will be made to trace subjects on whom there is no record of delivery 2-3 weeks past the expected date of delivery.

If the patient does not deliver in the study hospital, information on delivery and newborn from other clinic, doctor, or midwife will be obtained.

## E. Data Management, Processing and Analysis (months 2-23)

The Center for Health Research, University of Indonesia, assisted by the USAID/Jakarta Medical Epidemiologist, will coordinate and supervise data collection, entry, editing, and verification. A biostatistician familiar with reproductive health research will be responsible for coordinating and supervising the data processing.

The analysis will be conducted in two stages, univariate and multivariate analyses.

- **Univariate Analysis:** includes evaluation of treatment (clindamycin/placebo effect) on outcome variables (gestational age, birth weight, clinical amniotic infections) and on other pregnancy complications as continuous or categorical variables. Comparability of the two treatment regimens for characteristics of the women such as maternal age, socio-economic status, tobacco use, alcohol use, duration of labor, history of previous pregnancy, etc., will be evaluated by Chi-square test or Fisher's test. In addition, the BV cure rate will be computed after treatment also using Chi-square or Fisher exact test when appropriate.

**Multivariate Analysis:** the association between treatment regimen and outcome variables will be adjusted for a priori confounding variables such as maternal age, smoking, alcohol drinking, and douching habits, socio-economic variables, sexually transmitted diseases, nutritional status, disorders of placentation, other medication after treatment, center, etc.

In both univariate and multivariate analyses, the relative risk and its 95% confidence interval will be computed.

#### **VI. STEERING COMMITTEE (months 1-24)**

A Steering Committee will be formed and will include representatives from the institutions participating in this study. Members of the Steering Committee will meet monthly with the study coordinators they supervise to provide scientific direction, monitor the overall activities, and make decisions regarding protocol modification and problems arising during the study.

#### **VII. TREATMENT EFFECTS MONITORING COMMITTEE (months 12 and 18)**

Due to the ethical issues and complexity of the proposed study, a Treatment Effects Monitoring Committee (TEMC) will be established to assist with the management and direction of this study. The TEMC will be composed of three senior scientists not involved in the study. The scientists will be familiar in the subject matter and have appropriate data analysis skills. One member should be an Indonesian scientist and the other two members should be a US scientist and a non-US scientist. The TEMC will meet one time each year of the study to assess whether any undesirable side effects or clinically beneficial effects of clindamycin treatment can be identified and to determine whether these results would necessitate modification or early termination of the study.

VIII. **FINAL SEMINAR (month 24)**

A final seminar will be conducted to disseminate the findings of the project. Participants will include representatives from the participating institutions, government officials, and other representatives from local PVOs and NGOs. The report of the findings will be published in journal form and may also be distributed to other USAID missions and governments as seen fit.

(BU)

Budget changes:

Sonogram costs decreased to 20,000 (average of SBA and JKT)  
Placental exam added (10,000 rps)

personnel for Surabaya decreased from 5 (one each site) to 4  
since we are only using 4 sites

Administrator dropped (function taken over by MotherCare  
Coordinator)

Consultant per diem cut from 105 days to 98 days

About the pharmaceuticals- I checked here with Joy and she  
said that it will not be a problem using pharmaceuticals  
purchased here in Indonesia as long as they are US produced  
and imported here. So, leave things as they are, and if we  
can get a special price from Upjohn then we will take it; if  
not, then we will buy them here. The prices as stated are a  
bit high, but this will allow for inflation.

This should do it- it should be ready for contracts.

15

PREVENTION OF PREMATUREITY IN PREGNANT WOMEN  
Rp 1957/US\$1.00  
WITH BACTERIAL VAGINOSIS IN INDONESIA

DGET

	NO. OF UNITS	COST PER UNIT (RP)	TOTALCOST RP	TOTAL COST US\$
<b>LABORATORY SERVICES</b>				
- Gonococcal Culture 1.05 tests/woman	945 tests	20,000	18,900,000	9,657.64
- Chlamydia DFA Test 1.05 tests/woman	945 tests	4,501	4,253,540	2,173.50
- VDRL Test 1.05 tests/woman	945 tests	4,000	3,780,000	1,931.53
- Chancroid Serologic Test 1.05 tests/woman	945 tests	20,000	18,900,000	9,657.64
- HIV Collection Kit 1 kit/woman	900 kits	378	340,200	173.84
- Sonogram Testing - 1 test/woman	900 tests	20,000	18,000,000	9,197.76
- Hematocrit 1 test/woman	900 tests	1,500	1,350,000	689.83
- Placental exam -	900 tests	10,000	9,000,000	4,598.88
<b>TOTAL COSTS FOR LABORATORY SERVICES</b>				<b>38,080.62</b>
<b>TRAINING</b>				
- 8 Lab Technicians; 8 days Transportation	5 techs	333,000	1,665,000	850.79
Per Diem	5 techs	68,000	340,000	173.74
- 8 Study Coordntrs; 3 days Transportation	5 coord.	470,000		
Per Diem	5 coord.	80,000		
<b>TOTAL COST FOR TRAINING</b>				<b>1,024.53</b>
<b>QUALITY CONTROL</b>				
- BV Gram Stain 10% of tests	780 tests	19,570	15,264,600	7,800.00
- Mailing Costs			978,500	500.00
<b>TOTAL COST FOR QUALITY CONTROL</b>				<b>8,300.00</b>

PREVENTION OF PREMATUREITY IN PREGNANT WOMEN  
Rp 1957/US\$1.00  
WITH BACTERIAL VAGINOSIS IN INDONESIA

## BUDGET

	NO. OF UNITS	COST PER UNIT (RP)	TOTALCOST RP	TOTAL COST US\$
<b>D. EQUIPMENT AND SUPPLIES</b>				
- PH Indicator				
Screening	6000 tests	235	1,411,200	721.10
Testing	1800 tests	235	423,360	216.33
- Administrative/Reagent Supply				
Potassium Hydroxide	1 kilo	69,600	69,600	35.56
Gram Stain	packs	357,600	0	0.00
Iodine	1 kilo	879,600	879,600	449.46
Acetone	3 litres	33,600	100,800	51.51
Ethynal Alcohol	3 litres	33,600	100,800	51.51
Slides	2835 slides	158	449,064	229.47
- Trichomonad Culture	900 tests	4,697	4,227,120	2,160.00
1 test/woman				
- Microscopes	8	3,914,000	?1,312,000	16,000.00
- Infant Weighing Scales	8	97,850	782,800	400.00
<b>TOTAL COST FOR EQUIPMENT AND SUPPLIES</b>				<b>20,314.94</b>
<b>E. TRANSPORTATION COSTS</b>				
- Home Visits by Field Workers	450 visits	9,800	4,410,000	2,253.45
2 visits/woman; 25% of women exepcted to deliver at home				
- Biostatistician: Field Trips				
4 trips/year	8 trips	333,000	2,664,000	1,361.27
2 days/trip;	8 trips 16 days	80,000	1,280,000	654.06
- Mailing Costs	384 mailings	9,785	3,757,440	1,920.00
<b>TOTAL COSTS FOR TRANSPORTATION</b>				<b>6,188.78</b>
<b>F. DRUG SUPPLY</b>				
- Ceftriaxone	90 gram	35,000	3,150,000	1,609.61
1 gram/woman; 1 gram/husband				
- Erythromycin	7200 250mg pill	350	2,520,000	1,287.69
2 250mg pills, 4x/day for 10 days; wife & husband				
- Benzathine Penicillin	90 vials	4,200	378,000	193.15
1 vial/woman; 1 vial/husband				
<b>TOTAL COSTS FOR DRUG SUPPLY</b>				<b>3,090.44</b>
<b>G. TEMC MEETINGS 1 mtg/year; 3 participants</b>				
- Transportation				
Surabaya	2 trips	333,000	666,000	340.32
Yogjakarta	2 trips	130,000	260,000	132.86
- Per Diem	4 days	85,000	340,000	173.74
<b>TOTAL COSTS FOR TEMC MEETINGS</b>				<b>646.91</b>

PREVENTION OF PREMATURITY IN PREGNANT WOMEN  
Rp 1957/US\$1.00  
WITH BACTERIAL VAGINOSIS IN INDONESIA

BUDGET

	NO. OF UNITS	COST PER UNIT (RP)	TOTALCOST RP	TOTAL COST US\$
<b>SALARY</b>				
- Site-Principal Investigators (2 investigators; part-time)	48 months	146,775	7,045,200	3,600.00
- Study Coordinators (7 coordinators; full time)	168 months	587,100	98,632,800	50,400.00
- Laboratory Technicians (7 techs; full time)	168 months	150,000	25,200,000	12,876.86
- Prenatal Clinic Nurses (7 nurses; part-time)	168 months	48,925	8,219,400	4,200.00
- Delivery Nurses (7 nurses; part-time)	168 months	48,925	8,219,400	4,200.00
- Biostatistician (half time)	1/2 x 24 months	587,100	7,045,200	3,600.00
- Data Entry Clerk (2 clerks; part-time)	48 months	97,850	4,696,800	2,400.00
TOTAL COSTS FOR SALARY				81,276.86
DATA PROCESSING/COMPUTER SUPPLY			1,467,750	750.00
<b>COMMUNICATION</b>				
- Telephone Costs	24 months	43,710	1,049,040	536.04
- Meetings 1 mtg/month; 10 participants	24 mtngs	19,570	469,680	240.00
TOTAL COSTS FOR COMMUNICATIONS				776.04
<b>REPORTING</b>				
- Questionnaire (printing)	19800 pages	25	495,000	252.94
- Final Report (printing)	1000 pages	25	25,000	12.77
- Translation of Report			489,250	250.00
- Seminar for Findings			489,250	250.00
TOTAL COSTS FOR REPORTING				765.71
<b>CONSULTANTS</b>				
- Transportation	6 trips	3,522,600	21,135,600	10,800.00
- Per Diem	98 days	323,000	31,654,000	16,174.76
TOTAL COSTS FOR CONSULTANTS				26,974.76
SUBTOTAL				188,189.59
INDIRECT COSTS				18,818.95
TOTAL PROJECT EXPENSES				207,008.54

**APPENDIX 6**

**SLOW RELEASE IRON STUDY**

Proposal and Budget  
Comments from Sam Kahn, S&T/N

## GASTRIC DELIVERY SYSTEM IRON TRIAL

### Introduction:

Maternal mortality in Indonesia is high (MMRatio= 250-718/100,000 LB). As in most developing countries, the major causes of maternal mortality are hemorrhage, sepsis and toxemia. Maternal anemia is a recognized risk factor for maternal death due to hemorrhage. In one study in Indonesia, the maternal mortality ratio for anemic women was substantially higher (700/100,000) than for non-anemic women (190/100,000). In a study noted in World Health Statistics 1982, pregnant women in Indonesia had the lowest average hemoglobin levels among women in 5 countries in the region. The National Household Health Survey of 1985/86 showed a prevalence rate of over 73% of anemia in women of childbearing ages.

There has not been sufficient research to document the etiology of the problem of anemia in Indonesia; however, poor absorption of dietary iron due to rice-based diets appears to be an important contributing factor. In other countries in the region, supplementation of dietary iron with iron sulfate has achieved reductions of anemia of fifty percent. However, there appears to be many obstacles to widespread acceptance of iron sulfate supplementation as a public health strategy for reduction of the prevalence of anemia. Among the problems are the lack of availability in all areas, the awareness of the need for and benefit from these iron tablets among women, and the problems of continued compliance where the tablets are available. Many women who have access to the tablets simply do not want to take them because of the perception that the side-effects (nausea, constipation, etc) outweigh the potential benefits of taking them.

Recently, a new formulation and delivery system for iron has been tested, and in trials in Jamaica, appears to significantly lower the rate of adverse effects while still reducing anemia. If true, this method of iron delivery would significantly decrease problems with compliance. This new delivery system is called the Gastric Delivery System for Iron (GDS Iron). This study proposes to examine two questions:

Is the GDS Iron pill as effective in anemic pregnant women at raising hemoglobin levels as the standard Ferrous Sulfate tablets, and is it better tolerated?

Is compliance less of a problem with the GDS Iron tablet when compared to a standard ferrous sulfate formulation and a placebo that contains no iron?

These questions will be answered by two separate trials in different study populations. The studies will be done in Surabaya, Indonesia by the research group at RS Dr Sutomo

(2)

Hospital. Additional laboratory support will be provided by experts from the University of Kansas. Logistic support and technical assistance will also be provided by the MotherCare Project through the USAID/Jakarta TAACS Adviser.

## TRIAL 1

### Summary:

The first trial will take place in a group of anemic pregnant women and will involve two groups of women. The first group will be given the GDS Iron pill for a period of 120 days during the last four months of their pregnancy. The second group will be given the standard ferrous sulfate therapy for the same time period during the last 4 months of their pregnancy.

After obtaining informed consent, the women in the two groups will be randomly allocated to each group following screening to determine that they meet the criteria for gestational age and anemia. Both groups will be treated identically, seen every 30 days and given pills in packets of 30 pills for a total of 120 days (5 visits prior to birth, at birth and a final time 30 days following birth). They will have hemoglobin, ferritin and transferrin levels measured at three points during the pregnancy (entry, 60 days and at 120 days) and at birth (both mother and infant) and 90 days (mother and infant). The analysis will compare biochemical parameters with reports of compliance and side effects in the two groups to determine if the GDS Iron formulation is as efficacious as ferrous sulfate, and if it has a higher compliance rate.

### Sample size and study length:

Two groups of pregnant women with hemoglobins between 8.0 and 10.9 g/dl will be enrolled, with 300 women in each group. The women will be recruited from 2 prenatal care clinics. Each clinic sees an average of 20 women per day, and estimates are that each week 25 anemic pregnant women will be enrolled per clinic, for a total of 50 women per week. All the women will be enrolled by the end of the 6th week of the study. Allowing 90 days for the duration of the pregnancy, and 30 days for the required follow-up period, two weeks for data entry and cleaning, and four weeks for data analysis and report writing, the study will be completed by the end of the 7th month.

### Enrollment:

Pregnant women aged 15-45 attending the prenatal clinics will be enrolled. The goals of the study will be explained to them, and they will be asked to participate in a screening process to

determine their eligibility. They will have a fingerstick hemoglobin determination done, and if anemic (8.0-10.9 gm/dl) will be asked to participate in the study. Following receipt of written informed consent, two vacutainers of blood will be taken, baseline social, demographic, nutritional, family planning and previous pregnancy/birth data will be taken. Women screened and found to be anemic but not choosing to enter the study will be told that they are anemic and counseled regarding taking iron.

#### **Data gathering:**

Following the first clinic visit where baseline data will be gathered, the women will be seen at intervals of 30 days. A social worker will interview the women and record answers to questions concerning compliance and side effects. Following the interview, women will be given a 30 day supply of pills and asked to return in 30 days. Women in the study will have transportation paid for when returning to the clinic for visits. Women who do not return for the clinic visits will be visited by the social workers at home if possible. At the second, fourth, sixth and seventh return visit (60 days, 120 days, birth and 30 days after birth) blood will be taken for hemoglobin, transferrin receptor and ferritin. Weight and MUAC will be taken also. The hemoglobin and ferritin will be determined at Dr Sutomo Hospital. Frozen samples will be sent to the University of Kansas for determination of transferrin receptor. Ten percent of samples will also have hemoglobin and ferritin checked for quality control. Data will be entered in a database using Epi-Info by a data entry person.

#### **Data Analysis:**

The data will be analyzed first with descriptive statistics and then by stratified analysis. Following this, logistic regression will be done if the stratified analysis is not sufficiently powerful. Socio-demographic variables (age, religion, education, occupation, number of persons in household, number of children); reports of compliance and side effects (diarrhea, nausea, loss of appetite, heartburn, abdominal cramps, constipation, color of stool); biochemical and physical parameters (height, weight, MUAC, hemoglobin, ferritin, transferrin receptor) and others (abbreviated nutritional history, menstrual history, etc.) will be determined for the two groups to see if there are significant differences between the GDS Iron group, the ferrous sulfate group and the placebo group. Data for infants will be compared using birth (cord blood) and 30 day samples.

#### **Ethical considerations:**

The study does not expose any of the women, fetuses or babies to health risks. Rather, it provides the pregnant women with a

major health benefit as it identifies them as being anemic during their pregnancy (which they would not have known) and offers therapy for this. Any women who are anemic at the end of the study (non-responders) will be given a supply of iron sulfate and counseled regarding its appropriate use. Women whose biochemical parameters indicate that the anemia is probably not the result of iron deficiency will be counseled regarding seeking the appropriate treatment. The major risks in the study are those resulting from the drawing of blood for biochemical tests. These risks are minimal.

## **TRIAL 2**

### **Summary:**

The second trial will take place in anemic non-pregnant women and will involve three groups of non-pregnant, anemic women. The first group will be given the GDS Iron pill for a period of 90 days. The second group will be given ferrous sulfate therapy in an identical appearing capsule for the same time period. The third group will receive an identical appearing placebo containing biologically inert ingredients for the same time period. The study will be double blinded with neither the women nor the researchers knowing who is in which group. After obtaining informed consent, the women in the three groups will be randomly allocated to each group following screening to determine that they meet the criteria for anemia. All three groups will be treated identically, seen every 30 days and given pills in packets of 30 pills for a total of 90 days (3 visits including final). They will have hemoglobin, ferritin and transferrin levels measured at the three points and the analysis will compare biochemical parameters with reports of compliance and side effects in the three groups. This data will be used to draw conclusions as to whether the GDS Iron pill is significantly better (less side effects, higher degree of compliance, decreases rates of anemia) than the standard ferrous sulfate pill or the placebo.

### **Sample size and study length:**

Three groups of non-pregnant women with hemoglobins between 8.0 and 10.9 g/dl will be enrolled, with 100 women in each group. The women will be enrolled from two busy family planning clinics. Each clinic sees approximately 50 patients per day and it is estimated that each week 25 women meeting the criteria will be enrolled, for a total of 50 women for the two clinics. Thus, the three groups of 100 women will require 6 weeks to enroll. Allowing 90 days for the duration of the study, 2 weeks for data entry/cleaning, four weeks for analysis and report writing, it will require 6 months to finish the study.

### **Enrollment:**

Menstruating women aged 15-45 attending the family planning clinics who are not pregnant or breast-feeding will be enrolled. The goals of the study will be explained to them, and they will be asked to participate in a screening process to determine their eligibility. They will have a fingerstick hemoglobin determination done, and if anemic (8.0-10.9 gm/dl) will be asked to participate in the study. Following receipt of written informed consent, two vacutainers of blood will be taken, baseline social, demographic, nutritional, family planning and previous pregnancy/birth data will be taken. Women screened and found to be anemic but not choosing to enter the study will be told that they are anemic and counseled regarding taking iron.

### **Data gathering:**

Following the first clinic visit where baseline data will be gathered, the women will be seen at intervals of 30 days. A social worker will interview the women and record answers to questions concerning compliance and side effects. Women in the study will have transportation paid for when returning to the clinic for visits. Women who do not return for the clinic visits will be visited by the social workers at home if possible. At the second and fourth follow-up visits (45 days and 90 days) blood will be taken for hemoglobin, transferrin receptor and ferritin. Weight and MUAC will be taken at each visit also. The hemoglobin and ferritin will be determined at Dr Sutomo Hospital. Frozen samples will be sent to the University of Kansas for determination of transferrin receptor. Ten percent of samples will also have hemoglobin and ferritin checked for quality control. Data will be entered in a database using Epi-Info by a data entry person.

### **Analysis:**

The data will be analyzed first with descriptive statistics and then by stratified analysis. Following this, logistic regression will be done if the stratified analysis is not sufficiently powerful. Socio-demographic variables (age, religion, education, occupation, number of persons in household, number of children, etc.); reports of compliance and side effects (diarrhea, nausea, loss of appetite, heartburn, abdominal cramps, constipation, color of stool, menstrual history, etc.); biochemical and physical parameters (height, weight, MUAC, hemoglobin, ferritin, transferrin receptor) and others (abbreviated nutritional history, menstrual history, history of other drugs/medicines, etc.) will be determined for the three groups to see if there are significant differences between the GDS Iron group, the ferrous sulfate group and the placebo group.

### **Ethical considerations:**

The study does not expose any of the women to health risks. In reality, it provides them with a major health service, as it identifies them as being anemic (which they would not have known) and offers therapy for this. Any women who are anemic at the end of the study (placebo group, non-responders) will be given a supply of iron sulfate and counseled regarding its appropriate use. Women whose biochemical parameters indicate that the anemia is probably not the result of iron deficiency will be counseled regarding seeking the appropriate treatment. The major risks in the study those resulting from the drawing of blood for biochemical tests. These risks are minimal.

### **Personnel and Logistics:**

Both studies will be done by the Research Group at RS Dr Sutomo Hospital. The studies will be done concurrently, but with staggered starting points to avoid logistic and personnel problems. The Research Group will have a Study Coordinator, and each study will have a Principal Investigator and Co-investigators. The studies will share ancillary personnel who are two social workers (one for each clinic), two blood drawing technicians (one for each clinic), and a data entry/secretary/computer operator.

A computer with hard disk, monitor and printer will be purchased for data entry and analysis. The specialized software for data input and analysis will be provided. Two Hemocue machines with sufficient cuvetts for all samples will be provided. Other equipment such as vacutainers/bleeding equipment, laboratory supplies, computer paper and diskettes will be purchased locally with money provided from the budget. The budget will provide funds for transport of the women to the clinic appointments, and for the social workers to visit women who have missed appointments. Funds will also be provided for training, for communications and mailing and for publication of the final report.

Samples will be taken in duplicate (two vacutainers). One will be used to determine hemoglobin and ferritin at RS Dr Sutomo. The other will be frozen and periodically collected by the AID TAACS Adviser and sent to the University of Kansas for determination of transferrin receptor. Ten percent of those sent to Kansas will have hemoglobin and ferritin values checked for quality control purposes.

Data analysis will be done by the principal investigators with the help of the AID TAACS Adviser.

GDS IRON STUDIES (BOTH)

200 women in the study  
(100, 100, 100)  
600 women in total  
(300, 300)

	NO. OF UNITS	COST PER UNIT (USD)	TOTAL COST US\$
<b>TRAINING</b>			
- 2 Lab Technicians; 1 days Transportation	2 techs	5.00	10.00
- 2 Study Coordinators; 2 days Transportation	2 coord.	5.00	20.00
<b>EQUIPMENT AND SUPPLIES</b>			
- Hemocue - one per clinic	2	1,000.00	2,000.00
- Cuvets (Hgb test)	5,000	0.25	1,250.00
- Computer/printer	2	3,000.00	6,000.00
- Lancets, bandaids, etc			200.00
- Vacutainers	8,000	0.20	1,600.00
- Vacutainer seals	2	45.00	90.00
<b>TRANSPORTATION COSTS</b>			
- Home Visits by social workers 2 visits/woman; 25% of women	550 visits	2.00	1,100.00
- Return clinic visits	4,500 visits	2.00	9,000.00
- Mailing Costs (specimens to US)			1,500.00
<b>LABORATORY TESTS</b>			
- Ferritin	3,900 tests	5.00	19,500.00
- CBC - men, women	900	5.00	4,500.00
<b>SALARY</b>			
- Site-Principal Investigators (2 part-time)	10 months	75.00	750.00
- Study Coordinators (2 full time)	10 months	150.00	1,500.00
- Laboratory Technicians (2 part-time)	10 months	50.00	500.00
- Prenatal Clinic Nurses (2 part-time)	10 months	25.00	250.00
- Data Entry Clerk (2 part-time)	10 months	50.00	1,000.00
- <i>Researcher/program 10 months</i>			3,000.00
<b>DATA PROCESSING/COMPUTER SUPPLY</b>			
			250.00
<b>REPORTING</b>			
- Questionnaire (printing)	25000 pages	0.015	375.00
- Final Report (printing)	1000 pages	0.015	15.00
- Seminar for Findings			250.00
- <i>Travel</i>			500.00
<b>CONSULTANTS</b>			
- MotherCare project manager			
- Transportation 2X/mo, 8 mos	16 trips	230.00	3,680.00
- Per diem 2 days/visit	32 days	135.00	4,320.00
<b>TOTAL PROJECT EXPENSES</b>			<b>58,220.00</b>

add communication  
add meetings 1x/mo @ \$C + 10 mos  
add overhead 10%

2,000.00  
500.00

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FAX MACHINE TRANSMISSION RECORD

DATE: October 1, 1991  
URGENT MESSAGE: yes  
NUMBER OF PAGES, INCLUDING THIS PAGE:

FROM: Anne Helveston  
PROJECT: MotherCare  
PROJECT NO.: 1659

TO:

FAX PHONE NO.: 011  
NAME/ADDRESS : Marge Koblinsky  
Borobodur Hotel

Dear Marge,

Below are comments I received from Dr. Sam Kahn regarding iron study:

Trial 1

1. The proposal states that pregnant women will receive iron tablets for 120 days. However, Dr. Kahn states that there is not enough tablets to treat women for 120 days and that treatment should be for 90 days. Treatment for 90 days should suffice for this trial.
2. The proposal states that it will take 6 weeks to recruit the 600 women (300 for each group). However, if both clinics can recruit 50 women per week, it will take 12 weeks to recruit these women.
3. With regards to looking at compliance and efficacy, Dr. Kahn understood earlier that these questions would be dropped from the study. He believes that results from these questionnaires will be biased and he refers back to the Jamaican study which he had sent Mike Linnan earlier. He explains that the study could be influenced from these questionnaires.
4. If the trial is shortened to 90 days of treatment, the number of bleedings would also decrease. Furthermore, bleeding at 90 days could also be the same time as birth.
5. Under analysis of the trial, it states that there would be a placebo group. However, this group is not mentioned anywhere else for trial 1. Please clarify.

Trial 2

1. Again, Dr. Kahn believes that there is not enough tablets to treat non-pregnant women for 90 days. He states that 60 days is more than enough

Page 2

2. In regards to frequency of measurement, the proposal states that blood will be taken at 45 days. However, if women are coming to the clinic every 30 days to pick up new tablets, would it not make more sense to take the blood then instead of having the women come in an extra time?
3. Regarding compliance, again Dr. Kahn states that this will be difficult to study. If women are going to drop from the study, they will do so in first or second week--women with self-motivation will remain in the study. Therefore, in order to measure compliance, women would have to be followed up relatively quickly. Dr. Kahn does state that it may be possible to study efficacy after 45-60 days.

For both trials

1. Extra blood should be taken in the event that some samples go bad, are lost, etc.
2. Dr. Kahn needs to be advised of the type of ferritin kit that will be used, so he can advise the Univ. of Kansas. Also, the Univ. of Kansas would prefer that the samples which will be sent to them for quality control be sent at the end of the study, at one time. They prefer to do the control in one big batch as it will be easier to complete the tests under the same condition.

cc: Dr. Sam Kahn

Page 2

- 10 months for the clinical trials
- 1 month for data entry and analysis
- 1 month for preparation and training

It is my understanding that the second trial will run at the same time and as it is a shorter trial, it should be over about the same time as the first trial.

I did not include an administrator in the salary line item, though at a minimum, we will need a clerk to keep track of the receipts and send the invoices to the MotherCare Indonesia Administrator (if we can get one) to complete and/or review. For laboratory services, I calculated the number of tests in accordance to the proposal. What kind of test will the pregnant/nonpregnant women receive to determine whether they are anemic? Will it be a hematocrit test? I have calculated it that way in the budget. I really do not know what type of supplies (reagents, syringes, etc.) they will need, but all that needs to be priced. Anyway, this is a start.

Let me know if there is anything else I can do. I would like to thank you for sending me the info for my paper. I really appreciated it Marge! Take care, looking forward to your return. It sure is quiet around here with everyone gone!

Best wishes.

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GASTRIC DELIVERY SYSTEM (ROB TRIAL)

SI/Rp1958  
12 month study

BUDGET

	NO. OF UNITS	COST PER UNIT (RP)	TOTAL COST RP	TOTAL COST US\$
<b>A. SALARIES</b>				
1 Study Coordinator (part-time)	12 months		0	0.00
2 Principal Investigators (part-time)	24 months		0	0.00
2 Co-Investigators (full-time)	24 months		0	0.00
2 Social Workers (part-time)	24 months		0	0.00
2 Lab Technicians (full-time)	24 months		0	0.00
1 Data Entry Clerk (part-time)	12 months		0	0.00
<b>B. LABORATORY SERVICES</b>				
Sonogram (1 test/woman)	300 tests	20,000	6,000,000	3,064.35
Hematocrit screening	4,400 tests	1,500	6,600,000	3,370.79
- testing (6 tests per part.)	2,200 tests	1,500	3,300,000	1,685.39
Transferrin Receptor	2,200 tests		0	0.00
Quality Control Hemoglobin	220 tests		0	0.00
Forriten	220 tests		0	0.00
<b>C. EQUIPMENT</b>				
1 Computer	1 unit	3,916,000	3,916,000	2,000.00
1 Hard Disk	1 unit	1,566,400	1,566,400	800.00
1 Printer	1 unit	587,400	587,400	300.00
Vacuainers/Bleeding Equipment			0	0.00
Reagents			0	0.00
slides			0	0.00
Microscopes	2 scopes	3,916,000	7,832,000	4,000.00
Weighing Scales (maternal)	2 scales		0	0.00
Maternal Arm Circumference Tapes	2 tapes		0	0.00
Data Processing/Computer Supply			0	0.00
<b>D. TRANSPORTATION/MAILING COSTS</b>				
Clinic/Home Visits			0	0.00
Mailing costs			0	0.00
<b>E. TRAINING</b>				
<b>F. MEETINGS</b>				
<b>G. REPORTING</b>				

*not needed*

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Questionnaire (printing)  
Final Report (printing)  
Translation of Report  
Seminar of Findings

pages

25

0

0.00

pages

25

0

0.00

169,500

250.00

169,500

250.00

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APPENDIX 7  
CONTACT LIST

CONTACT LIST  
INDIVIDUALS AND ORGANIZATIONS

Country Telephone Code: 62  
Jakarta City Telephone Code: 21

GOVERNMENT

1. Ministry of Health (Depkas)  
Jl. Rasunan Said, Kuningan

Directorate General of Community Health  
Jl. Prapatan 10  
Telephone 377-697

Dr. Lemeina--DG  
Dr. Nardo Gunawan--FH  
Pesawat 3200  
Telephone: 5201595/8/9  
[REDACTED] [REDACTED]

(Dr. Suaina--ex; new appointment not yet made--Puskesmas)  
Dr. Bidi Astuti--Posyandu

Sonia Roharjo Integrated Health/Family Planning  
Directorate Gizi (Nutrition)  
23A Jl Percetakan Negara  
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414-609  
414-693

Litbangkes  
Jl. Percetakan Negara 29  
P.O. Box 1226  
Jakarta Pusat

Dr. Sumarmo--Director  
Telephone: 414-214  
414-266-228

Dr. S. Gunawan--Secretary, NIHRD  
Telephone: 413-933

2. BKKBN (National Family Planning Coordinating Board)  
Jl. M.T. Haryono #9-10  
P.O. Box 186  
Jakarta 10002  
Telephone: 819-1308  
Telex: 48181 BKKBN IA

100

Dr. Haryono Suyono  
Telephone 819-4650 or 3083

Dr. Ny S. P. Pandi--Deputy Director for Research and Development

Dr. Andrew Kantnor (ext. 266)  
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DONOR AGENCIES

1. USAID

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Joy Riggs-Perla (ext. 2143)  
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2. Ford Foundation

Jl. Tama Kebon Sirih I/4  
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David Winder--Representative  
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Cynthia Myntti  
Jl. Hang Lekiu III/10 (near Mira Sera Restaurant, across from Triguna  
school)  
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Telephone: 773-152

3. UNICEF

Wisma Metropolitan 11, 10th floor  
Kav 31, Jl. Jend. Sadirman  
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5781366

Mr. Anthony A. Kennedy  
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Dr. A. Samhari Baswedan  
Programmed Coordinator--Health  
Jl. Ale Raya #5  
Rempoa, Aputat  
Jakarta

4. UNFPA  
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Telephone: 312308

Dr. Jay Parsons  
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5. WHO  
Jl. Thamrin 14  
P.O. Box 302  
Jakarta  
Telephone: 321308

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Telephone: 549-2619

#### ORGANIZATIONS

1. BKS-Penfin (Coordinating Board of Indonesia Fertility Research)  
Jl. Makmur No. 24  
Bandung 40161  
Telephone: (022) 87825  
Fax: 62-022-87825
2. Pusat Penelitian Pembangunan Gizi (CDRN)  
Jl. Dr. Semern (Semboja)  
Bogor, Java  
Telephone: (0251)-21763  
  
Dr. Darwin Karyadi  
Telephone:
3. Perkumpulan Perinatologi Indonesia (Perinasia) (The Indonesian Society for Perinatology)  
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Jakarta 12810  
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7. Center for Child Survival (CCS)  
Dr. Alex Papilaya

University of Indonesia  
Kampus FKMUI  
Depok, Indonesia  
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Dr. Budi Tomo (Fidah--Secretary)  
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8. Save the Children Federation

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10. Dr. Anna Alisjahbana  
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11. Pengurus Pusat Ikatan Bidan Indonesia  
(Indonesia Midwives Association)  
Jl. Johar Baru V/13D  
Kayuawet  
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12. Mrs. Samiarti Martosewojo (Past President)  
F. A. Moeloek, M.D., Ph.D.  
Vice President  
Indonesian Society of Obstetrics and Gynecology  
Tromol Pos 3180

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13. Professor Sulaiman Sastrawinata  
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