

PD-ABH-433

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**REINFORCEMENT OF
NUTRITION COMMUNICATION
THROUGH SUPERVISION**

RIAU, INDONESIA

Final activity report

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NUTRITION COMMUNICATION PROJECT

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in collaboration with

PROJECT CONCERN INTERNATIONAL

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LIST OF ABBREVIATIONS/INDONESIAN WORDS

AED	Academy for Educational Development
<i>kader</i>	health post worker
MOH	Ministry of Health
NCP	Nutrition Communication Project
PCI	Project Concern International
<i>posyandu</i>	monthly community health post, including vaccination, family planning, health education and growth monitoring session
<i>puskesmas</i>	Health center

HUMAN INTEREST STORY "BE HAPPY TOGETHER"

(by PCI/Riau)

One of Posyandu kader who participate in this program is Mrs. Sri Ningsih of Swadaya Posyandu, Selat Baru village, Bengkalis district in Bengkalis municipal. She is very much actively involved in the program by trying all what she thinks it's new for her.

To evaluate the benefit of this training, at every posyandu day a kader is obligated practising 5 steps method when communicate with 10 mothers of children under five whose their children's nutrition are not good. This activity is evaluated by supervisor.

At the beginning, Mrs. Sri Ningsih practiced all steps to 10 mothers. Maybe because of her high motivation, she tried to practice it to all visitors at posyandu every month. This makes her confused to solve so many visitors' problems because mothers who came sometimes tell her about their children's sickness e.g. skin disease or their child won't sleep, etc. It's lucky that she always been accompanied by puskesmas midwife so that all the difficult problems can be solved.

Asking her why she served all visitors, she explained that all visitors at posyandu wanted to be equally served. The first experience before this methods is conducted, mothers did not get well services and feel to be set aside and also they wanted to be involved.

Although consuming much time compared to regular acitivity, all mothers and kader feels happy because kaders feels they are needed and community feel that kader considerate their needs. Thanks to understanding each other, visitor who comes to posyandu is increased. The importance is all need to be happy together.

But, now the problem is who is going to replace Mrs. Sri Ningsih if she can not attend to posyandu?

EXECUTIVE SUMMARY

Background/Objectives

NCP has been collaborating with PCI (Project Concern International) in Indonesia to reinforce communications skills of *kader* (health post workers) during growth promotion sessions at *posyandu* (monthly community health session) and to strengthen the overall supervision of *kader*.

In late January 1993, PCI trained six *kader* from the Bengkalis sub-district, Riau Province, Indonesia in interpersonal communication skills using NCP's model "Learning to Listen to Mothers." After this training, these *kader's* supervisors (health center staff) worked with PCI staff and NCP Consultant Dr. Huan Wan Linnan to design a simple observation form to assess the *kader's* interpersonal communication skills when talking to mothers at *posyandu*.

From February to early April (which included Ramadan), supervisors were to fieldtest the observation activity and form. From April 8 to 11, 1993, Dr. Linnan returned to Riau to examine the results of this trial and work with PCI staff, *kader* and their supervisors to determine next steps. She examined the results of this first field trial which indicated that both *kader* and supervisors felt they had benefitted from the activity, but only three of the *kader* had been observed more than once and supervisors had not provided much feedback. She also obtained comments and suggestions for improvement from both *kader* and supervisors, trained supervisors how to provide feedback to *kader* to help them improve their interpersonal communication skills, explored the value of adding a *kader* "self-assessment" step to the activity, and helped supervisors and sub-district MOH supervisors revise the observation forms (adding feedback and self-assessment elements) and develop an implementation plan for the next three months.

PCI conducted three followup visits to the field in July and August 1993 to:

1. Observe actual supervisor-*kader* and *kader*-mother interactions at *posyandu*.
2. Review the completed revised observation/feedback forms.
3. Conduct another round of discussions with *kader* and supervisors to determine their impressions of the activity and ways it could be improved.
4. Conduct interview with mothers to assess how they have benefitted from *kader's* counseling training and on-the-job supervision.

Key Results

This activity has achieved a certain success: mothers have responded positively to the new counseling approach through changing feeding behavior and becoming more concerned and curious about their child's health; *kader* have learned how to listen to and help address mothers' specific problems; supervisors have learned how to listen to and help *kader* deal with their specific problems through providing feedback on performance; and senior district level Ministry of Health staff have found the counseling approach effective with their own clients, both public and private, and believe it should be extended throughout the health system.

There are several obstacles to better performance by *kader*, mainly lack of commitment to the activity, problems communicating in the same language as the mothers, lack of technical knowledge, and lack of ability to provide this service to all mothers at each *posyandu* given the other tasks they must execute.

The main obstacle, other than commitment to the activity, keeping supervisors from providing more effective input/feedback is that they do not have enough time during *posyandu*. The implementation plan developed in April, designed to overcome this time problem, did not appear to have been effectively executed. Extending this reinforcement activity throughout the health system is currently limited by the absence of an effective supervisory mechanism for monitoring *posyandu*.

I. BACKGROUND/INTRODUCTION

NCP has been collaborating with PCI (Project Concern International) in Indonesia to reinforce communications skills of *kader* (health post workers) during growth promotion sessions at *posyandu* and to strengthen the overall supervision of *kader*.

In late January 1993, PCI trained six *kader* from the Bengkalis sub-district, Riau Province, Indonesia in interpersonal communication skills using NCP's model "Learning to Listen to Mothers." After this training, these *kader's* supervisors (health center staff) worked with PCI staff and NCP Consultant Dr. Huan Wan Linnan to design a simple observation form to assess the *kader's* interpersonal communication skills when talking to mothers at *posyandu*. (This interpersonal counselling training and supervisor workshop is described in Dr. Linnan's January, 1993 trip report.)

From February to early April (which included Ramadan), supervisors were to fieldtest the observation activity and form. From April 8 to 11, 1993, Dr. Linnan returned to Riau to examine the results of this trial and work with PCI staff (Mr. Chandra and Mr. Ismail), *kader* and their supervisors to determine next steps. The objectives of this trip were to: examine the results of the first field trial of the supervisor observation activity and form; obtain comments and suggestions for improvement from *kader* and supervisors; train supervisors how to provide feedback to *kader* to help them improve their interpersonal communication skills; explore the value of adding a *kader* "self-assessment" step to the activity; revise the observation forms, adding feedback and self-assessment elements as necessary, in collaboration with supervisors and sub-district MOH staff and train the supervisors to use the revised forms; develop an implementation plan for the next three months to continue testing the supervision/feedback strategy using the revised form.

During this April visit, group discussions were held, one with three *kader* and one with all six supervisors. The *kader* felt that they had benefitted from the activity, but were not getting enough specific feedback from their supervisors and that they lacked some of the basic nutrition knowledge necessary to counsel mothers with specific problems. They offered several specific recommendations for improving communication with mothers given the constraints they face. In April, the supervisors received training on how to provide feedback and agreed that they needed to give more feedback on performance to *kader*, but felt that they lacked the time. Based on these and other input from *kader* and supervisors, the observation/feedback forms were revised to include self-assessment and an implementation plan, with one focus on scheduling, was drawn up to improve the effectiveness of supervision to improve nutrition counseling over the next months. (See Dr. Linnan's April 1993 trip report.)

PCI conducted three followup visits to the field in July and August 1993 to:

1. Observe actual supervisor-*kader* and *kader*-mother interactions at *posyandu*.
2. Review the completed revised observation/feedback forms.

3. Conduct another round of discussions with *kader* and supervisors to determine their impressions of the activity and ways it could be improved.
4. Conduct interview with mothers to assess how they have benefitted from *kader's* counseling training and on-the-job supervision.

II. SUMMARY OF JULY/AUGUST FOLLOW-UP ACTIVITIES AND FINDINGS

A. Observations of *posyandu* sessions

Two sessions were observed in July by PCI staff, at Durian and Swadaya *posyandu*. The *kader* at the former did not have enough time to serve all the mothers using the five steps, especially steps 4 and 5, in addition to her tasks of recording baby-weighing results, as there were too many mothers (40-50). The mothers had to wait in a long line to talk to the *kader* because of the time the counseling took. In addition, the supervisor came to the *posyandu* late and immediately provided immunization services; she did not have time to observe most of the *kader's* performance and therefore was unable to provide proper feedback.

The observers at *posyandu* Swadaya describe a similar situation: too many mothers, waiting a long time which caused a rearrangement of normal *posyandu* procedure coupled with the supervisor not having sufficient time to observe. However, the supervisor here did help the *kader* answer questions asked by specific mothers that the *kader* herself could not answer.

The counseling activity could not be observed at *posyandu* Rambutan as the trained *kader*, a traditional birth attendant, was assisting with a delivery in another hamlet. The *posyandu* Kacang Panjang was also unable to be observed because the trained *kader* (the village government secretary) had to attend an agricultural training in Bengkalis. He said that since the beginning of the activity he had only once been able to implement what he'd learned in January.

The fifth *posyandu*, Rambai, was also not observed and the sixth trained *kader* left her post earlier in the year, after completing one observed *posyandu*, to become a school teacher in another area.

B. Review of observation/feedback forms

13 *kader*-mother observation/feedback forms were completed by the five supervisors since the last field visit in early April, with two supervisors completing four each, two completing two and one completing one (see Appendix C for observation score summary). Overall, the skills for which *kader* were rated highest were "Asking mothers open-ended questions," and "giving specific and practical information". While the rank order of skills is the same as during the first phase (ending in April), the overall scores by *kader* have improved somewhat over time, with those of the two regularly observed *kader* reaching 100% of possible and the others in the 70-80% range.

C. Mothers' reactions to activity

PCI staff held discussions with groups 6 to 8 mothers in four of the five *posyandu*. In general, mothers noted an improvement in the counseling skills of the *kader* over the past few months and liked the way the *kader* listens to them without interrupting, asks open-ended questions and then provides good, appropriate advice specific to their problem in a polite, friendly way. They appeared to like the two-way communication and having their specific problems addressed. Some *kader* always asked the mother to repeat the plan, others didn't. Mothers felt they had learned a lot in the past few months since the *kader*'s face-to-face counseling has replaced the group talks performed by *puskesmas* doctors or local officials. One group of mothers, though, indicated that their *kader* continued to provide group talks rather than individual counseling.

The other groups complained that the interpersonal exchange took too long and that many had to wait a long time for their chance to discuss their problems with the *kader*. Some mothers suggested that while group education is less effective, they would prefer this method for expediency, especially during planting and harvesting time when they have less time to spend at *posyandu*. Mothers also commented that the trained counseling *kader* should provide more information on areas other than nutrition, such as immunization and family planning.

Mothers' definition of good communication was to learn something new through the sharing of information in a relaxing, non-threatening, friendly atmosphere that encourages question-asking. They said they liked to come to and stay at the *posyandu* because of the food supplements, *arisan* (lottery), children's toys, and the opportunity to socialize with neighbors.

D. *Kader*'s reactions to activity

Four of the five trained *kader* were interviewed individually in July following the *posyandu* and all were part of a group discussion held in Bengkalis in August. PCI staff note that only three could repeat the five steps well and that the other two, who hadn't done much individual counseling since being trained, didn't participate much in the discussion.

As a group, the *kader* indicated that the first step, asking open-ended questions was the easiest because they could use the growth-monitoring chart to easily determine what question to ask. On the other hand, the step "giving specific practical information" was the hardest because they didn't have enough depth in nutrition and little knowledge of other health areas and often had to ask their supervisor's assistance. Another reason given was that, because the villagers didn't understand Bahasa Indonesia fluently, they had to repeat the information multiple times.

They indicated that they received positive reinforcement for this activity from their increased responsibility and scope of work as well as from mothers' pleasure in responding to personal questions, asking additional questions each time they visited, and implementing the advice they received. They explained that the supervisors generally asked them about problems (self-evaluation) which they helped them solve prior to showing them their score on the observation/feedback form and discussing improvements and weaknesses.

On an individual basis, the *kader* generally indicated that they had problems implementing the new activity due to their lack of health knowledge and to the amount of time the counseling took, having too many other tasks. They requested additional information and training in nutrition and other topics (the *posyandu* includes five interventions and the mothers ask questions about all five), and a desire for teaching aids to improve the effectiveness of the messages. One, to deal with the time constraint, plans to limit individual counseling to 10-15 mothers per session, chosen based on nutritional status and when they last received counseling.

Several mentioned that mothers were reluctant to repeat the plan when asked, due to shyness, problems speaking Bahasa, or believing the *kader* was testing their memory. One indicated it was hard to make a plan together since the mothers were used to being told what to do. PCI staff noted that two of the *kader* did not have good communication skills and concluded that "the activity has been a total failure in one *posyandu*" where the *kader* has only performed the activity once due to other responsibilities.

The other inarticulate *kader*, who "managed to communicate her messages due to her friendly demeanor", complained that her supervisor had only come three times rather than every month and had not provided specific guidance or feedback, just praised her for her efforts. On the positive side, she indicated that she conducted follow-up visits to mothers at home and was encouraged to see them implementing the plans they had made together about feeding the correct quantity and quality of foods.

Another *kader*, with consistently high scores, said she visited mothers who didn't come to *posyandu* to find out why and invite them to come in the future. She was encouraged to continue the counseling approach because more mothers are coming, they now stay to ask questions, and she's observed improvement in the nutritional status of certain children whose mothers she counseled.

E. Supervisor's reactions to activity

PCI staff spoke with four of the supervisors individually in July after *posyandu* and in a group along with health center staff in both July and August at Bengkalis *puskesmas* (health center). During the group, they reported having closely observed the *kader's* activity, scored the form, asked the *kader* about their problems and helped them resolve them. They saw "giving specific practical advice" as the most difficult step due to the limitations of *kader's* technical knowledge. To alleviate this shortcoming they suggest the *kader* get more information and read up on the problems the mothers raise. They also thought the *kader* would benefit from training in topics in addition to nutrition.

The supervisors found the forms easy to use and effective, but suggested another column be added at the end for any remarks they might want to make after scoring.

They remarked that since this intervention mothers know more about nutrition, are willing to do what they've planned with the *kader*, and encourage other mothers to come, thus increasing

attendance at *posyandu*. They mentioned that mothers are being more attentive to their child's nutritional status and that some reported to them that they followed their action plan and it worked.

Supervisors claim their main constraint is the limited time they have to execute this activity since they must attend three *posyandu* a day and there are too many tasks with only two to three *kader* per *posyandu*. Currently, if the trained *kader* did not have enough time to serve all the mothers, the supervisor had to provide counseling and suggested that all *posyandu kader* be trained in this technique, so that they can cover for each other. Teaching aids as well as reference materials - manuals, posters, flipcharts, etc. - were also seen as useful for the *kader*.

Supervisors thought they could continue this activity, even without external funding, as long supplies were provided by the district MOH and the policy made officially part of their responsibilities.

F. Administrator reactions to activity

The head of the Bengkalis *puskesmas* in the district has said he is very interested in expanding this counseling reinforcement activity; he's been using it in the *puskesmas* and his private practice and finds that the patients like it so much that his patient load has been increasing.

He believed that better-educated people, with at least a high school education, would be better able to perform these communication skills. Other MOH staff mentioned some weaknesses they noted in the field including that the *kader* were too rigid in following the five steps and that there's no monitoring chain to check whether the mother follow the plan they made with the *kader*.

They observed that some mothers with kids older than five have started attending the *posyandu* because they like the new approach. The MOH staff noted that mothers have become more assertive and demanding, have been asking more questions, are less satisfied with simple answers and are willing to change their behavior.

They believe that *kader* need more training in communication skills and in how to study technical references as well as more knowledge about medicines and child psychology and development. They were surprised at the courage of the *kader* in the group discussion to request that supervisors should come more regularly and that the doctor should come because the mothers were waiting for him.

They think it is important for the trained *kader* to continue this approach and hoped to promote this activity to other *posyandu*. They recommend that those with the best potential be selected, that at least one or two *kader* from each *posyandu* be responsible for counseling and that the supervisor must allocate a certain amount of time to help the *kader* improve their skills; it should be part of their job responsibilities. not something tangential.

G. Comments/suggestions from PCI staff

1. The mothers appreciated the *kader* who applied the steps toward good communication because they get personal attention based on their individual problems in a positive way ("kekeluargaan" -like a family). Consequently, mothers' attendance at these *posyandu* has increased since the intervention.
2. Mothers generally felt that face-to-face counseling was better than group education, despite the time it takes.
3. *Kader's* self-confidence and their image among community members have increased due to the effects of this program.
4. Selecting *kader* should be done more rigorously, applying specific criteria (see Appendix H for specific suggestions).
5. The limited number of *kader* trained has resulted in heavy dependence on these *kader* to fulfill this task along with many others. At least two *kader* per *posyandu* should attend this training in the future.
6. Lack of general health knowledge has hampered the *kader* in responding to mother's problems. Materials with basic health information would be useful for the *kader* to use as a reference guide.
7. Appropriate observation of *kader* counseling feedback by supervisors is inconsistent.

III. CONCLUSIONS

This limited activity has achieved a certain success: mothers have responded positively to the new counseling approach through changing feeding behavior and becoming more concerned and curious about their child's health; *kader* have learned how to listen to and help address mothers' specific problems; supervisors have learned how to listen to and help *kader* deal with their specific problems through providing feedback on performance; and senior district level Ministry of Health staff have found the counseling approach effective with their own clients, both public and private and believe it should be extended through the health system.

There are several obstacles to better performance by *kader*, mainly lack of commitment to the activity, problems communicating in the same language as the mothers, lack of technical knowledge, and lack of ability to provide this service to all mothers at each *posyandu* given the other tasks they must execute. Until more *kader* are trained, perhaps, as one *kader* suggested, only a limited number of mothers should receive individual counseling during each *posyandu* session based on nutritional status, last counseling session, etc. The others can stay afterwards to ask questions if they want or the *kader* can provide counseling during home visits.

The main obstacle, other than commitment to the activity, keeping supervisors from providing more effective input/feedback is that they do not have enough time during *posyandu*. The implementation plan developed in April, designed to overcome this time problem, did not appear to have been effectively executed. Extending this reinforcement activity throughout the health system is currently limited by the absence of an effective supervisory mechanism for monitoring *posyandu*.

IV. LESSONS LEARNED

The following are a set of recommendations to improve and expand this effort within Indonesia or to implement it elsewhere:

1. This observation/feedback system should support the interpersonal communication skills of all *kader*, not just those responsible for nutrition education. At least two health workers per unit should be trained how to listen to mothers. This way, if the nutrition *kader* is absent or busy, another will be available to listen to mothers' concerns and help them to make positive changes for their children's health status.

The five interpersonal communication skills selected from "Learning to Listen to Mothers" for inclusion in the supervisor's observation form for nutritional counseling can be applied to other community health activities such as home visits and health center patient education.

2. Supervisors should be trained in interpersonal communication and feedback skills and empowered to provide effective feedback to *posyandu kader* through providing counseling, supervision and feedback training and on-the-job practice to all supervisors. Providing effective feedback should be incorporated into the supervisor job descriptions and included when rating supervisor's performance during performance evaluations.
3. Criteria should be set to select *kader* and supervisor pairs most likely to effectively discharge these activities. These should include education level, personality, speaking ability, appropriate language ability, availability, technical knowledge, and commitment to concept.
4. Determine what type and depth of nutrition training is needed, so that *kader* can confidently counsel mothers. Some *kader* feel that they lack the knowledge to "give information to mothers" and "help mothers make a plan" to improve their child's nutritional status. The "Learning to Listen to Mothers" workshop could be expanded to teach more about "technical" nutrition issues. Reference materials that can be used on-the-job would also be useful.
5. District level health staff could promote greater interest and involvement in the activity on the part of supervisors by promulgating policy guidelines, revising job descriptions and

responsibilities to include effective supervising of *kader*, implementing similar activities at health centers, and by guiding and monitoring supervisor's activities at *posyandu*.

6. Efforts should be made to financially support the training of *kader* in interpersonal communication and/or supervisors in feedback skills, as recommended by Riau field staff and desired by district health officials.
7. The expanded activity should be monitored and evaluated for refinement and impact. In addition to the qualitative tools used during this limited field activity (group and individual interviews and observations), quantitative methods would be helpful in measuring the effect of the intervention.

APPENDIX A

Activities Schedule

July 11-17 - PCI staff Yufrizal Putra and Edy Guntur:

- Conducted observation, interviewed *kader* and supervisor, and held group discussion with mothers at *posyandu* Durian.
- Interviewed supervisor and conducted group discussion with mothers of *posyandu* Rambutan.
- Interviewed *kader* and supervisor of *posyandu* Kacang Panjang.

July 23-27 - PCI staff Indro Wirastro and Muhamad Saleh:

- Conducted observation, interviewed *kader* and supervisor, and held group discussion with mothers at *posyandu* Swadaya.
- Interviewed *kader* and held group discussion with mothers of *posyandu* Rambai.
- Interviewed supervisors and district health staff at *puskesmas* Bengkalis.

August 11-12 - PCI staff Nurul Fazrie and Yufrizal Putra conducted a group discussions with *kader* and one with supervisors and interviewed the head district health officer at Bengkalis.

APPENDIX B

List of Contacts

(1) *Kader*

Ms. Mariatun, Ms. Ramnah, Mr. Sanget, Ms. Sri Ningsih, and Ms. Maria.

(2) Supervisors

Mr. Perwira, Vaccinator, Supervisor.

Ms. Sufniwati, Nurse, Supervisor.

Ms. Aryanti, Nurse, Supervisor.

Mr. Chalid, Sanitation Worker, Supervisor.

Ms. Faridah Eriani, Midwife, Supervisor.

Ms. Rohani, Family Planning Field Worker, PKK member, Supervisor.

(3) Sub-district MOH

Dr. Fatah Lingga, Head of Ministry of Health, Bengkalis district

Mr. Ismail Mahyuddin, Head of MCH division, Bengkalis Sub-district MOH

Dr. Ery Christian, Public Health Center Doctor, Head

Dr. Sonny Hendra, Public Health Center Doctor, Supervisor.

Mrs. Maria Umar, District Health Center

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APPENDIX C

**Observation Checklist Score Summary
April to July, 1993**

SCORESHEET SUMMARY OF SUPERVISOR OBSERVATIONS

POSYANDU INDIKATOR	Durian				Rambutan				Kacang Pajang				Rambai				Swadaya				Crosstotal	
	APRIL	MAY	JUNI	JULI	APRIL	MAY	JUNI	JULI	APRIL	MAY	JUNI	JULI	APRIL	MAY	JUNI	JULI	APRIL	MAY	JUNI	JULI		
- Ask mothers open questions	10	10	10	10	7	9				9				5	10			10	10	10	10	120
- Listen to mothers without interruptions	10	10	10	10	8	9				7				8	10			9	10	10	10	121
- Give specific and practical information	8	9	10	10	7	8				9				7	10			10	7	8	10	113
- Help mothers make a plan	7	9	10	10	8	9				7				7	10			9	6	8	10	110
- Ask mother to repeat plan	8	9	10	10	6	8				7				8	10			10	10	10	10	116
Total score per episode by kader	43	47	50	50	36	35				39				35	50			48	43	48	50	

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APPENDIX D

Individual Observations Checklists in Indonesian

8-8-93

FORMULIR PERHATAPAN, PELAJARAN DIRI AND MEMAHALIK
UNTUK MEMPERKAPKAN KETAHANILAN KOMUNIKASI KADER

POSYANDU : Swadawa DESA : S. Boreu POKRESMAS : S. Boreu

PEMTELIA : _____ KADER : Sei Ningsih TANGGAL : 25/7/93

ASPEK- ASPEK YANG DIAMATI	TIDAK									
	1	2	3	4	5	6	7	8	9	10
1. MENGAJUKAN PERKATAAN TERBUKA	+	+	+	+	+	+	+	+	+	+
2. MENGAJUKAN PARAFRASE	+	+	+	+	+	+	+	+	+	+
3. BERKAITAN DENGAN BAHASA & PRAKTIK	+	+	+	+	+	+	+	+	+	+
4. BAHASA YANG MEMERIKAKAN BERKAITAN DENGAN BAHASA LAIN ATAU BAHASA LAIN YANG MEMERIKAKAN BAHASA LAIN	+	+	+	+	+	+	+	+	+	+
5. MENGAJUKAN PARAFRASE BERKAITAN DENGAN BAHASA LAIN	+	+	+	+	+	+	+	+	+	+

URUT-URUTAN DALAM MENGGUNAKAN FORMULIR INI :

1. Pengamatan Penyelidikan

Beri tanda " + " jika Kader memperlihatkan keterampilan komunikasi yang baik, dan beri tanda " - " jika tidak. Tanda " 0 " tidak diperbolehkan. Bila kegiatan di Posyandu selesai, tambahkan tanda " + " pada setiap baris dan tuliskan jumlahnya pada kolom TOTAL.

2. Peninjauan Diri Kader

Pada saat kegiatan di Posyandu selesai, tanyakan kepada kader apa yang mereka capai untuk setiap aspek.

1.
2.

- 3.
- 4.
- 5.

Hasil yang dihadapi ? carilah para ibu yang sedang keca-
na itu sudah mulai dilaburisasi, para ibu sudah
mulai meneliti.

Apakah yang akan mereka lakukan bila mengalami situasi yang sama lagi :

Terus memberikan pengabdian.

3. Penyelia memberi umpanbalik kepada kader.

2 aspek terbaik yang telah dilakukannya hari ini :

- (1) Sejalan informasi secara umum dan pribadi
- (2) Batu para ibu membuat rencana dgn 162 orang yg positif

Cek jumlah total tanda " + " ditiap baris dan bandingkan dengan jumlah " + " pada baris yang sama. Katakan kepada kader aspek-aspek apa yang menunjukkan peningkatan.

Orbanding dgn bulan lalu sudah cukup bagus

Aspek - aspek yang perlu ditingkatkan selanjutnya :

Sudah memuaskan ke lima aspek.

Saran - saran tentang bagaimana cara melakukan peningkatan berdasarkan pengamatan yang spesifik :

Cukup.

Waktu rata-rata yang diperlukan untuk umpanbalik kader / penyelia 5 menit.

Penyelia hadim Kader 

Diketahui oleh

Petugas

BEST AVAILABLE COPY

FORMULIR PENGAMATAN, PELAJIAGAN DIRI AND UMBALAN
UNTUK MENINGKATKAN KETRAMPILAN KOMUNIKASI KADER

PELAYAN : 25-06-1975 DESA : 25-06-1975 DISTRIK : 25-06-1975

PENYELIA : 25-06-1975 KADER : 25-06-1975 TANGGAL : 25-06-1975

DIRI - DIRI YANG BERBICARA											TOTAL
ASPEK- ASPEK YANG DIAMATI	1	2	3	4	5	6	7	8	9	10	
1. MENGAJUKAN PERTANYAAN TERBUKA	+	+	+	+	+	+	+	+	+	+	10
2. MENJAWAB TANPA DE HAYONG	+	-	+	+	+	+	+	+	+	+	10
3. BERKAITAN IN FORMASI DE CARA BERTUKAR & PARTISIPASI	-	+	-	+	+	+	+	+	+	+	8
4. BERTUKAR DIRI MEMBUAT BERKAITAN DE NGAH BERTUKAR DIRI PERUBAHAN YG MEMBERI ARAH POSITIF	+	+	-	+	+	-	+	+	+	+	9
5. PERMILIKAN DIRI MENJAWAB BERKAITAN TERBUKA	+	+	+	+	+	+	+	+	+	+	10

URUT - URUTAN DALAM MENGGUNAKAN FORMULIR INI :

1. Pengamatan Penyelia

Beri tanda " + " jika Kader menunjukkan kemampuan komunikasi yang baik. Beri tanda " - " jika tidak. Tanda " + " tidak diperbolehkan bila kegiatan di Penyelia selesai. Tambahkan tanda - tanda " - " pada setiap baris dan total jumlahnya pada kolom TOTAL.

2. Pengamatan Diri Kader

Tanda " + " bertanda di Penyelia tersebut. Tambahkan tanda " + " dan " - " pada baris tersebut untuk setiap aspek.

1. Mengajukan pertanyaan terbuka

2. Menjawab tanpa de hayong

BEST AVAILABLE COPY

1. Berikan informasi secara lisan dan praktis
2. Bantu para ibu membuat rencana dg satu atau dua perubahan yg memberi arah positif
3. Persuade para ibu menadungi rencana tersebut.

Harilah yang dihadapi ibu-ibu sewaktu dilatih untuk menadungi kembali rencana banyak yang merasa malu atau kurang mampu

Ada yang akan mereka lakukan bila mengalami situasi yang sama lagi :
 berusaha mempertahankan pengetahuan yang sudah dimilikinya
 dalam berkomunikasi jangan merasa malu-malu, sehingga untuk yg selanjutnya masalah ini bisa diatasi.

3. Penyelia memberi umpanbalik kepada kader :
 2 aspek terbaik yang telah dilakukannya hari ini :

- [1] memberikan informasi secara lisan dan praktis
- [2] Bantu para ibu membuat rencana dg satu atau dua perubahan yg memberi arah positif

Cek jumlah total huruf " + " di tiap baris dan bandingkan dengan jumlah huruf pada baris yang sama. Katakan kepada kader aspek-aspek apa yang merupakan peningkatan

Aspek aspek yang perlu ditingkatkan selanjutnya :

- Berikan informasi secara lisan dan praktis
- Bantu para ibu membuat rencana dg satu atau dua perubahan yg memberi arah positif

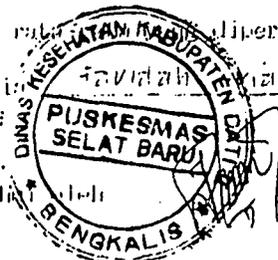
Saran - saran tentang bagaimana cara melakukan peningkatan berdasarkan peningkatan yang spesifik :

Di dalam berkomunikasi kader sudah berusaha semampunya, namun teknik masih ada sedikit kekurangannya dalam aspek no 3 dan 4 namun dibanding bulan sebelumnya sudah ada peningkatan, untuk itu kader diminta membaca buku pegangan kader

Maka itu diharapkan untuk umpanbalik kader, penyelia

Penyelia: Faridah Kurni Kader: Sulungsih

Diketahui oleh: _____ Kader: _____



FORMULIR PENGAMATAN, PENAJARAN DIRI AND UMBANBALIK
UNTUK MENINGKATKAN KETRAMPILAN KOMUNIKASI IAL IBU

POSYANDU : Sumpang DESA : Dist. Sura KABUPATEN : Dist. Sura
PENYELIA : Dr. Janny H. H. KADER : Sumpang TAMBAH : 9/5-1990

IBU - IBU YANG BERBICARA											
ASPEK- ASPEK YANG DIAMATI	1	2	3	4	5	6	7	8	9	10	TOTAL
1. MENGAJUKAN PERTANYAAN TERBUKA	+	+	+	+	+	+	+	+	+	+	10
2. DENGARKAN TANPA MEMOTONG	+	+	+	+	+	+	+	+	+	+	10
3. BERIKAN INFORMASI SECARA RINCI & PRAKTIS	+	+	-	-	+	-	-	+	+	-	7
4. BANTU PARA IBU MEMBUAT RENCANA DENGAN SATU ATAU DUA PERUBAHAN YANG MEMBERI ARAH POSITIF	+	+	-	+	+	-	-	+	+	-	6
5. PERSILAKAN PARA IBU MENGULANG RENCANA TERSEBUT	+	+	+	+	+	+	+	+	+	+	10

URUT - URUTAN DALAM MENGGUNAKAN FORMULIR INI :

1. Pengamatan Penyelia

Beri tanda "+" jika Kader menampilkan ketrampilan komunikasi yang baik. Beri tanda "-" jika tidak. Tanda "+" tidak diperbolehkan. Bila pengamatan di Posyandu selesai, tambahkan tanda-tanda pada setiap aspek dan total jumlahnyanya pada kolom TOTAL.

2. Penajarkan Diri Kader

Pada saat register di Posyandu selesai, sampaikan kepada kader-kader mereka capai untuk setiap aspek.

1. Mengucapkan terima kasih
2. Mendengarkan

3. Memberi informasi secara rinci dan praktis
4. Membantu ibu membuat rencana dgn satu atau dua pilihan ^{kec} yang _{perlu}
5. _____

Masalah yang dihadapi Sewaktu mempersiapkan para ibu untuk mengikuti
kembali rencana, banyak para ibu yang tidak mampu

Apa yang akan mereka lakukan bila mengalami situasi yang sama lagi :
Berusaha melakukan komunikasi yang lebih baik melalui
Saran² / feedback dari penyelia, sehingga untuk kesempatan
yang akan datang masalah yang sama bisa diatasi

3. Penyelia memberi umpanbalik kepada kader
 2 aspek terbaik yang telah dilakukannya hari ini :

- [1] Mengajukan pertanyaan terbuka
- [2] Mengingatkan tanpa memotong

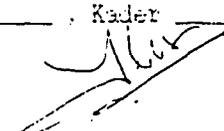
Cek jumlah total tanda " + " di tiap baris dan bandingkan dengan frekuensi nilai.
 lalu pada baris yang sama. Katakan kepada kader aspek-aspek apa yang mengalami peningkatan

- Aspek - aspek yang perlu ditingkatkan selanjutnya : _____
- Memberikan informasi secara rinci dan praktis
 - Membantu ibu membuat rencana dengan satu atau dua pilihan yang ^{perlu} _{perlu} ^{perlu} _{perlu}

Saran - saran tentang bagaimana cara melakukan peningkatan berdasarkan pengamatan yang spesifik :

Karena dinilai kader punya kekurangan dalam aspek no 4 dan no 5
diharap kader banyak membaca buku² kesehatan atau berkonsultasi
dgn petugas kesehatan shg kader dapat memberi informasi yang rinci &
praktis sesuai keadaan masing² ibu, shg tidak bingung dan ngambur
suatunya dan rencana yang disarankan pada ibu juga mengenai

Waktu rata-rata yang diperlukan untuk umpanbalik kader / penyelia 45 menit.
 Penyelia Dr Sunny Hndra , Kader Selanjutnya

Diketahui oleh  
 (Dr Sunny Hndra)

FORMULIR PENGAMATAN, PENJAJAGAN DIRI AND UMPANBALIK
UNTUK MENINGKATKAN KETRAMPILAN KOMUNIKASI KADER

POSYANDU : Swazaya DESA : Selai Baru PUSKESMAS : Selai Baru

PENYELIA : Izudinah Ertawi KADER : Sri Angsih TANGGAL : 25-4-1993

IBU - IBU YANG BERBICARA											TOTAL
ASPEK- ASPEK YANG DIAMATI	1	2	3	4	5	6	7	8	9	10	
1. MENGAJUKAN PERTANYAAN TERBUKA	+	+	+	+	+	+	+	+	+	+	10
2. DENGARKAN TANPA ME- MOTONG	+	+	+	+	+	-	+	+	+	+	9
3. BERIKAN IN FORMASI SE CARA RINCI & PRAKTIS	+	+	+	+	+	+	+	+	+	+	10
4. BANTU PARA IBU MEMBUAT RENCANA DE- NGAN SATU ATAU DUA PE- RUBAHAN YG MEMBERI ARAH POSITIF	+	-	+	+	+	+	+	+	+	+	9
5. PERSILAKAN PARA IBU MENGULANG RENCANA TER- SEBUT	+	+	+	+	+	+	+	+	+	+	10

URUT - URUTAN DALAM MENGGUNAKAN FORMULIR INI :

1. Pengamatan Penyelia

Beri tanda " + " jika Kader menampilkan ketrampilan komunikasi yang sesuai. Beri tanda " - " jika tidak. Tanda " + " tidak diperbolehkan. Bila kegiatan di Posyandu selesai, tambahkan tanda " + " pada setiap basis data tatalah jumlahnya pada kolom TOTAL.

2. Penajajaran Diri Kader

Pada saat kegiatan di Posyandu selesai, tanyakan kepada kader apa yang mereka capai untuk setiap aspek.

1. Mengajukan Pertanyaan Terbuka
2. Mendengar tanpa memotong

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3. Berikan informasi secara rinci dan faktis
4. Bantu para ibu membuat rencana dg satu atau dua perubahan yg men beri arah positif
5. Persilakan para ibu mengulang rencana tersebut

Masalah yang dihadapi persilakan para ibu mengulang rencana tersebut

Apa yang akan mereka lakukan bila mengalami situasi yang sama lagi ?

Memberikan pengujian kepada para ibu supaya dalam berkomunikasi jangan merasa malu-malu.

3. Penyelia memberi umpanbalik kepada kader

2 aspek terbaik yang telah dilakukannya hari ini :

[1] Sudah mencakup kelima aspek

[2] Masih perlu meningkatkan lagi

Cek jumlah total tanda " + " di tiap baris dan bandingkan dengan formalis lalu pada baris yang sama. Katakan kepada kader aspek-aspek apa yang mengah peningkatkan

Di dalam memberikan penyuluhan sudah cukup baik serta sudah mencakup kelima aspek, namun dibanding bulan lalu masih sama. Tidak ada peningkatan.

Aspek - aspek yang perlu ditingkatkan selanjutnya :

- Mendengar dengan baik masih perlu peningkatan lagi

- Bantu para ibu membuat rencana dg satu atau dua perubahan yang memberi arah positif

Saran - saran tentang bagaimana cara melakukan peningkatan berdasarkan pengamatan yang spesifik :

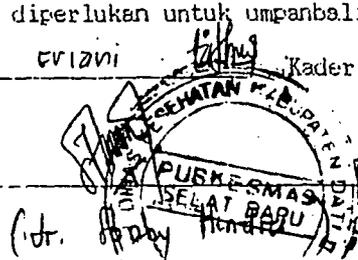
sudah baik serta telah mencakup kelima aspek

Namun masih perlu meningkatkan lagi karena masih ada aspek yang masih kurang serta harus banyak membaca buku pedangan kader

Waktu rata-rata yang diperlukan untuk umpanbalik kader penyelia 50

Penyelia Faridah Erizni Kader [Signature]

Diketahui oleh



Diketahui oleh

[Signature]

FORMULIR PENGAMATAN, PENJAJAGAN DIRI AND UMPANBALIK
UNTUK MENINGKATKAN KETRAMPILAN KOMUNIKASI KADER

POSYANDU : Durian DESA : P. Batang PUKESMAS : Bangkalis

PENYELIA : ARIANTI KADER : Maria Yun TANGGAL : 12-2-1993

IBU - IBU YANG BERPICARA											
ASPEK ASPEK YANG DIAMATI	1	2	3	4	5	6	7	8	9	10	TOTAL
1. MENGAJUKAN PERTANYAAN TERBUKA	+	+	+	+	+	+	+	+	+	+	10
2. DENGARKAN TANPA MEMOTONG	+	+	+	+	+	+	+	+	+	+	10
3. BERIKAN INFORMASI SECARA RINCI & PRAKTIS	+	+	+	+	+	+	+	+	+	7	10
4. BANTU PARA IBU MEMBUAT RENCANA DENGAN SATU ATAU DUA PERUBAHAN YG MEMBERI ARAH POSITIF	+	+	+	+	+	+	+	+	+	+	10
5. PERSILAKAN PARA IBU MENGULANG RENCANA TERSEBUT	+	+	+	+	+	+	+	+	+	+	10

URUT - URUTAN DALAM MENGGUNAKAN FORMULIR INI :

1. Pengamatan Penyelia

Beri tanda " + " jika Kader menampilkan ketrampilan komunikasi yang baik. Beri tanda " - " jika tidak. Tanda " + " tidak diperbolehkan. Bila kegiatan di Posyandu selesai, tambahkan tanda - tanda " + " pada setiap kolom. Jumlahlah jumlahnya pada kolom TOTAL.

2. Penajiskan Diri Kader

Pada saat kegiatan di Posyandu selesai, tanyakan kepada kader bagaimana mereka capai untuk setiap aspek.

1. Merasa puas dan adanya timbul balikan
2. Merasa senang karena dapat memajukan dan memberi alasan yg baik

3. Merasa senang
4. Merasa bangga
5. Merasa senang

Masalah yang dihadapi TIDAK ADA

Apa yang akan mereka lakukan bila mengalami situasi yang sama lagi ?

Memberi penyuluhan perorangan atau kelompok.

3. Penyelia memberi umpanbalik kepada kader
2 aspek terbaik yang telah dilakukannya hari ini :

- [1] Mengajukan pertanyaan terbuka.
- [2] Perhatian para ibu mengenai rencana tersebut.

Cek jumlah total tanda " + " di tiap baris dan bandingkan dengan formulir yang sama lalu pada baris yang sama. Katakan kepada kader aspek-aspek apa yang mungkin meningkatkan

Berikan Informasi secara rinci & Faktis.

Bantu para ibu membuat rencana dgn satu atau dua perubahan yg memberi arah positif.

Aspek - aspek yang perlu ditingkatkan selanjutnya :

Bantu para ibu membuat rencana dgn satu atau dua perubahan yg memberi arah positif.

Saran - saran tentang bagaimana cara melakukan peningkatan berdasarkan pengamatan yang spesifik :

- Supaya bulan-bulan selanjutnya 5 Aspek tetap ditekankan dan lebih ditingkatkan lagi.

Waktu rata-rata yang diperlukan untuk umpanbalik kader / penyelia
Penyelia Arenth Kader Mariatus

Diketahui oleh CHRISTINA Doktor

FORMULIR PENGAMATAN, PENJAJAGAN DIRI AND UMPANBALIK
UNTUK MENINGKATKAN KETRAMPILAN KOMUNIKASI KADER

FOSYANDU : DURIAN DESA P. Batang PUSKESMAS : Bengcalis
PENYELIA : ARIANTI KADER : MARIATUN TANGGAL : 12 - 6 - 1993

IBU - IBU YANG BERHICABA											TOTAL
	1	2	3	4	5	6	7	8	9	10	
1. MENGAJUKAN PERTANYAAN TERBUKA	+	+	+	+	+	+	+	+	+	+	10
2. DENGARKAN TANPA ME- MOTONG	+	+	+	+	+	+	+	+	+	+	10
3. BERIKAN IN FORMASI SE CARA RINCI & PRAKTIS	+	+	+	+	+	+	+	+	+	+	10
4. BANTU PARA IBU MEMBUAT RENCANA DE- NGAN SATU ATAU DUA PE- RUBAHAN YG MEMBERI ARAH POSITIF	+	+	+	+	+	+	+	+	+	+	10
5. PERSILAKAN PARA IBU MENGULANG RENCANA TER- SEBUT	+	+	+	+	+	+	+	+	+	+	10

URUT - URUTAN DALAM MENGGUNAKAN FORMULIR INI :

1. Pengamatan Penyelia

Beri tanda " + " jika Kader menampilkan ketrampilan komunikasi yang baik. Beri tanda " - " jika tidak. Tanda " + " tidak diperbolehkan. Bila kegiatan di Posyandu selesai, tambahkan tanda - tanda " + " pada setiap baris dan catatlah jumlahnya pada kolom TOTAL.

2. Penajagan ... Diri Kader

Pada saat kegiatan di Posyandu selesai, tanyakan kepada kader apa yang mereka capai untuk setiap aspek.

1. Memberi peningkatan
2. Ada peningkatan

3. Adn. peningkatan
4. Adn. peningkatan
5. Adn. peningkatan

Masalah yang dihadapi tidak ada

Apa yang akan mereka lakukan bila mengalami situasi yang sama lagi ?

Memberikan penyuluhan tanpa bosan.

3. Penyelia memberi umpanbalik kepada kader
2 aspek terbaik yang telah dilakukannya hari ini :

- [1] Mengajukan pertanyaan terbuka.
- [2] Bantu para ibu membuat rencana dgn arah positif.

Cek jumlah total tanda " + " di tiap baris dan bandingkan dengan formula lalu pada baris yang sama. Katakan kepada kader aspek-aspek apa yang ada peningkatan

Semua Aspek yang 5 memberi peningkatan dari bulan yang lalu.

Aspek - aspek yang perlu ditingkatkan selanjutnya : TIDAK Ada.

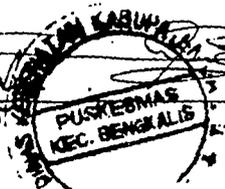
Saran - saran tentang bagaimana cara melakukan peningkatan berdasar pengalaman yang spesifik :

- Kita harus berkerjasama untuk mencapai yang lebih mantap di setiap aspek.

Waktu rata-rata yang diperlukan untuk umpanbalik kader / penyelia 20 menit

Penyelia Arizanti, Kader MARIATUN

Diketahui oleh Dr Christian Sarung, Dokter



FORMULIR PENGAMATAN, PENJAJAGAN DIRI AND UMPANBALIK
UNTUK MENINGKATKAN KETRAMPILAN KOMUNIKASI KADER

POSYANDU : Durian DESA : Pangkalan Batang PUSKESMAS : Bengalis
PENYELIA : ARIANTI KADER : MARIATUN TANGGAL : 12 - 5 - 1993

IBU - IBU YANG BERBICARA											TOTAL
ASPEK- ASPEK YANG DIAMATI	1	2	3	4	5	6	7	8	9	10	
1. MENGAJUKAN PERTANYAAN TERBUKA	+	+	+	+	+	+	+	+	+	+	10
2. DENGARKAN TANPA MEMOTONG	+	+	+	+	+	+	+	+	+	+	10
3. BERIKAN INFORMASI SE CARA RINCI & PRAKTIS	+	+	+	+	+	+	+	+	+	-	9
4. BANTU PARA IBU MEMBUAT RENCANA DENGAN SATU ATAU DUA PERUBAHAN YG MEMBERI ARAH POSITIF	+	+	+	+	+	-	+	+	+	+	9
5. PERSILAKAN PARA IBU MENGULANG RENCANA TERSEBUT	+	+	+	-	+	+	+	+	+	+	9

URUT - URUTAN DALAM MENGGUNAKAN FORMULIR INI :

1. Pengamatan Penyelia

Beri tanda "+" jika Kader menampilkan ketrampilan komunikasi yang baik. Beri tanda "-" jika tidak. Tanda "+" tidak diperbolehkan. Bila pengamatan di Posyandu selesai, tambahkan tanda "+" pada setiap baris. Jumlahkan totalnya pada kolom TOTAL.

2. Peninjauan Diri Kader

Pada saat kegiatan di Posyandu selesai, tanyakan kepada kader apakah mereka capai untuk setiap aspek.

- Komunikasi lancar serta akrab.
- Dapat Mendengarkan masalah yang di hadapi.

fb

3. Rasa bangga karena liffa-man dapat diterima dengan ba
4. Adanya peningkatan
5. Dapat membantu didalam membuat Rencana Kerja

Masalah yang dihadapi Tidak ada masalah

Apa yang akan mereka lakukan bila mengalami situasi yang sama lagi ?

Usahakan terus Aspek - Aspek yang diamati

3. Penyelia memberi umpanbalik kepada kader
2 aspek terbaik yang telah dilakukannya hari ini :

- [1] Memberikan Informasi yang praktis
- [2] Membuat Rencana Kerja yang memberi arah positif

Cek jumlah total tanda " + " di tiap baris dan bandingkan dengan formulir yang sama lalu pada baris yang sama. Katakan kepada kader aspek-aspek apa yang mereka sukai dan peningkatan

Ditalkan Aspek yang 5 tersebut ; semuanya ada peningkatan.

Aspek - aspek yang perlu ditingkatkan selanjutnya :

Aspek 3, Aspek 4, Aspek 5.

Saran : saran tentang bagaimana cara melakukan peningkatan lebih lanjut dan pengamatan yang spesifik :

- Dapat memberikan kerja sama yang baik
- Memberikan pujian kepada kader
- Informasi yang jelas

Waktu rata-rata yang diperlukan untuk umpanbalik kader / penyelia

Penyelia ARIANTI, Kader MARYATUN

Diketahui oleh

DR. CHRISTIAN ERY

Dokter Pembina

FORMULIR PENGAMATAN, PENJAJAGAN DIRI AND UMPANBALIK
UNTUK MENINGKATKAN KETRAMPILAN KOMUNIKASI KADER

POSYANDU : DURIAN DESA : Pangkalannya Butang BUKESMAS : BENGKALIS

PENYELIA : Arianti KADER : MARIZATUN TANGGAL : 12-4-1993

IBU IBU YANG BERBICARA	URUTAN										TOTAL
	1	2	3	4	5	6	7	8	9	10	
1. MENGAJUKAN PERTANYAAN TERBUKA	+	+	+	+	+	+	+	+	+	+	10
2. DENGARKAN TANPA ME- MOTONG	+	+	+	+	+	+	+	+	+	+	10
3. BERIKAN IN- FORMASI SE- CARA RINCI & PRAKTIS	+	+	+	+	+	+	-	-	+	+	8
4. BANTU PARA IBU MEMBUAT RENCANA DE- NGAN SATU ATAU DUA PE- RUBAHAN YG MEMBERI ARAH POSITIF	+	+	+	-	+	-	+	-	+	+	7
5. PERSILAKAN PARA IBU MENGULANG RENCANA TER- SEBUT	+	+	+	+	+	+	-	-	+	+	8

URUT - URUTAN DALAM MENGGUNAKAN FORMULIR INI :

1. Pengamatan Penyelia

Beri tanda " + " jika Kader menampilkan ketrampilan komunikasi yang baik. Beri tanda " - " jika tidak. Tanda " + " tidak diperbolehkan. Bila kegiatan di Posyandu selesai, tambahkan tanda - tanda " + " pada setiap baris. Catatlah jumlahnya pada kolom TOTAL.

2. Penajajaran Diri Kader

Pada saat kegiatan di Posyandu selesai, tanyakan kepada kader apa yang mereka capai untuk setiap aspek.

1. Dapat mendengarkan keluhan si ibu dgn terbuka serta.
2. Adanya kerjasama

3. Ada perasaan semangat serta kebanggaan pd diri kader
4. Ada perasaan dekat dgn Ibu-Ibu tersebut
5. Di dalam membuat Rencana kerja, kader masih kurang (menurut di bandingkan di dalam bulan yang lalu)

Masalah yang dihadapi Kader kelurahan mengerti cara membicarakan Rangsangan Kpd Anak supaya mau makan, serta membantu Ibu membantu Rencana. (Aspek 2 & 4).

Apa yang akan mereka lakukan bila mengalami situasi yang sama lagi.

Akan menerangkan fokus kepada Ibu Cara-cara membicarakan Rangsangan kepada Anak supaya mau makan.

3. Penyelia memberi umpanbalik kepada kader
2 aspek terbaik yang telah dilakukannya hari ini :

[1] ADA RASA keterbukaan.

[2] ADA RASA Aman. di dlm mengadakan umpan balik.

Cek jumlah total tanda " + " di tiap baris dan bandingkan dengan formulir lain lalu pada baris yang sama. Katakan kepada kader aspek-aspek apa yang meningkatkan

Di dlm 5 Aspek yang Ada peningkatan yaitu Aspek 1, Aspek 2, Aspek 3, Aspek 5.

Aspek - aspek yang perlu ditingkatkan selanjutnya : Tingkatkan penyuluhan serta adakan pendidikan kpd Ibu baik di rumah maupun di tempat pertemuan (cara peningkatan gizi anak.

Saran - saran tentang bagaimana cara melakukan peningkatan berdasarkan pengamatan yang spesifik :

- Berikan gizi anak sesuai dgn umurnya. serta jangan bosan" membicarakan Rangsangan unt anak supaya mau makan seperti: Cara membawa anak "jalan" di muka rumah sambil membawa makanan anak.

Dgn makanan hewani/sayurnya di rumah.
Waktu rata-rata yang diperlukan untuk umpanbalik kader pendekatan 20
Penyelia ARIANTI (ARIANTI) , Kader MARIATUN (MARIATUN)

Diketahui oleh DR. CHRISTIAN ERY Dokter

FORMULIR PENGAMATAN, PENJAJAGAN DIRI AND UMPANBALIK
UNTUK MENINGKATKAN KETRAMPILAN KOMUNIKASI KADER

POSYANDU : Kecamatan Parigi DESA : MEKAM PUSKESMAS : MENGKALIS

PENYELIA : Chalid M KADER : SUBET TANGGAL : 16-5-1993

IBU - IBU YANG BERBICARA											TOTAL
	ASPEK- ASPEK YANG DIAMATI										
	1	2	3	4	5	6	7	8	9	10	
1. MENGAJUKAN PERTANYAAN TERBUKA	+	+	+	+	+	+	+	+	+	+	9
2. DENGARKAN TANPA ME- MOTONG	+	-	+	+	+	-	-	+	+	+	7
3. BERIKAN IN- FORMASI SE- CARA RINCI & PRAKTIS	+	+	+	+	+	+	+	+	+	+	9
4. BANTU PARA IBU MEMBUAT RENCANA DE- NGAN SATU ATAU DUA PE- RUBAHAN YG MEMBERI ARAH POSITIF	+	+	-	+	-	+	-	+	+	+	7
5. PERSILAKAN PARA IBU MENGULANG RENCANA TER- SEBUT	+	-	+	+	+	-	+	+	+	-	7
	5	3	4	5	4	3	3	5	5	4	41

URUT - URUTAN DALAM MENGGUNAKAN FORMULIR INI :

1. Pengamatan Penyelia

Beri tanda "+" jika Kader menampilkan ketrampilan komunikasi yang baik, beri tanda "-" jika tidak. Tanda "+" tidak diperbolehkan. Bila Kader di Posyandu selesai, tambahkan tanda - tanda "+" pada setiap baris dan total jumlah pada kolom TOTAL.

2. Penajajaran Diri Kader

Pada saat registrasi di Posyandu selesai, tanyakan kepada Kader apa yang mereka capai untuk setiap aspek.

Ada. —
Miri dan ketrampilan dan bertanya kekeluargaan

3. *Ada.*
4. *Persepsi dan konsep di bagian lain masalah Utk. untuk pemantauan praktik.*
5. *Pada ilmu di wawancara beberapa aspek lupa.*
- Masalah yang dihadapi *tidak ada masalah.*

Apa yang akan mereka lakukan bila mengalami situasi yang sama lagi ?

3. Penyelia memberi umpanbalik kepada kader
2 aspek terbaik yang telah dilakukannya hari ini :

- [1] *Menggunakan Pantangan Terbalik.*
- [2] *Memberikan umpanbalik yang praktis.*

Cek jumlah total tanda " + " ditiap baris dan bandingkan dengan formalir lain. lalu pada baris yang sama. Katakan kepada kader aspek-aspek apa yang mengakibatkan peningkatan

Aspek - aspek yang perlu ditingkatkan selanjutnya : *Aspek No 2, 4, 5.*

Juran saran tentang bagaimana cara melakukan peningkatan berdasarkan pengalaman yang spesifik :

Supaya ilmu yang lupa harus kembali dan umpanbalik yang selang selang, untuk mengingat dan belajar.

Waktu rata-rata yang diperlukan untuk umpanbalik kader / penyelia

Penyelia: *NR (2001)*, Kader: *SMAS (S. G.)*

Diketahui oleh *AN KRISTIAN ERY*) Dekter Puskesmas *34*

FORMULIR PENGAMATAN, PENJAJAGAN DIRI AND UMPANBALIK
UNTUK MENINGKATKAN KETRAMPILAN KOMUNIKASI KADER

POSYANDU : RAMBAI DESA : PEDEKIK KECERAMAH : KEC. BENGKALIS
PENYELIA : ROHANI KADER : MARIA.S TANGGAL : 2 - 6 - 1993

IBU - IBU YANG BERBICARA											TOTAL
	1	2	3	4	5	6	7	8	9	10	
1. MENGAJUKAN PERTANYAAN TERBUKA	+	x	+	+	+	+	+	+	+	+	10
2. DENGARKAN TANPA ME- MOTONG	+	+	+	+	+	+	+	+	+	+	10
3. BERIKAN IN FORMASI SE CARA RINCI & PRAKTIS	+	+	+	+	+	+	+	+	+	+	10
4. BANTU PARA IBU MEMBUAT RENCANA DE- NGAN SATU ATAU DUA PE- RUBAHAN YG MEMBERI ARAH POSITIF	+	+	+	+	+	+	+	+	+	+	10
5. PERSILAKAN PARA IBU MENGULANG RENCANA TER- SEBUT	+	+	+	+	+	+	+	+	+	+	10

URUT-URUTAN DALAM MENGGUNAKAN FORMULIR INI :

1. Pengamatan Penyelia

Beri tanda " + " jika Kader menampilkan ketrampilan komunikasi yang baik. Beri tanda " - " jika tidak. Tanda " + " tidak diperbolehkan. Bila kegiatan di Posyandu selesai, tambahkan tanda - tanda " + " pada setiap baris dan catatlah jumlahnya pada kolom TOTAL.

2. Penajajaran Diri Kader

Pada saat kegiatan di Posyandu selesai, tanyakan kepada kader apa yang mereka capai untuk setiap aspek.

1. _____
2. _____

3. _____
4. _____
5. _____

Masalah yang dihadapi TIDAK ADA

Apa yang akan mereka lakukan bila mengalami situasi yang sama lagi ?

MEREKA BISA MENGATASI SENDIRI

3. Penyelia memberi umpanbalik kepada kader
2 aspek terbaik yang telah dilakukannya hari ini :

- [1] MEMBANTU PARA KADER MEMBUAT RENCANA DENGAN SATU ATAU DUA PERUBAHAN YANG MEMBERI ARAH POSITIF.
- [2] MENGULANGI RENCANA TERSEBUT DENGAN BAIK

Cek jumlah total tanda " + " di tiap baris dan bandingkan dengan formulir lain lalu pada baris yang sama. Katakan kepada kader aspek-aspek apa yang mengalami peningkatan

5 ASPEK SUDAH ADA PENINGKATAN

Aspek - aspek yang perlu ditingkatkan selanjutnya :

SEMUA ASPEK DAPAT DI PERTAHANKAN.

Saran - saran tentang bagaimana cara melakukan peningkatan berdasarkan pengamatan yang spesifik :

PENYELIA MENGHARAPKAN UNTUK LEBIH DITINGKAT KAN LAGI DIMASA MENDATANG.

Waktu rata-rata yang diperlukan untuk umpanbalik kader / penyelia _____

Penyelia ROHANI, Kader MARIA . S.

Diketahui oleh DR. CHRISTIAN ERY Dokter Puskesmas
NIP. 5140854951

FORMULIR PENGAMATAN, PENJAJAGAN DIRI AND UMPANBALIK
UNTUK MENINGKATKAN KETRAMPILAN KOMUNIKASI KADER

POSYANDU : Rambutan DESA : Pelapa ms. PUSKESMAS : Bengkalis
PENYELIA : Syafriana KADER : Ramual TANGGAL : 14-5-1993

IBU - IBU YANG BERCICARA											
ASPEK- ASPEK YANG DIAMATI	1	2	3	4	5	6	7	8	9	10	TOTAL
1. MENGAJUKAN PERTANYAAN TERBUKA	+	+	-	+	+	+	-	+	+	+	9
2. MENJAWAB TANPA HE MOTONG	+	+	-	+	+	+	+	+	+	+	9
3. BERIKAN IN FORMASI SE CARA RINCI & PRAKTIS	+	+	+	+	-	-	+	+	+	-	8
4. BANTU PARA IBU MEMBUAT RENCANA DENGAN SATU ATAU DUA PERUBAHAN YG MEMBERI ARAH POSITIF	+	+	+	-	-	+	+	+	+	+	9
5. PERSILAKAN PARA IBU MENGULANG RENCANA TERSEBUT	+	+	-	+	+	+	+	+	+	+	8
	5	5	3	5	7	7	7	5	7	7	23

URUT - URUTAN DALAM MENGGUNAKAN FORMULIR INI :

1. Pengamatan Penyelia

Beri tanda " + " jika Kader menampilkan ketrampilan komunikasi yang baik. Beri tanda " - " jika tidak. Tanda " + " tidak diperbolehkan. Bila Kader di Posyandu selesai, tambahkan tanda - tanda " + " pada setiap baris. Ditotalilah jumlahnya pada kolom TOTAL.

2. Penjajagan Diri Kader

Pada saat kegiatan di Posyandu selesai, tanyakan kepada Kader apa yang mereka capai untuk setiap aspek.

1. Ala

2. Ala

3. Ada
4. Ada
5. Ada

Masalah yang dihadapi tidak ada masalah.

Apakah yang akan mereka lakukan bila mengalami situasi yang sama lagi :

3. Penyelia memberi umpanbalik kepada kader
 2 aspek terbaik yang telah dilakukannya hari ini :

- [1] Mengajukan pertanyaan terbuka
- [2] Menanyakan tanpa memotong

Cek jumlah total tanda " + " di tiap baris dan bandingkan dengan formulir pada baris yang sama. Katakan kepada kader aspek-aspek apa yang memerlukan peningkatan

- ① 7-9. ② 8-9. ③ 7-8. ④ 8-9. ⑤ 6-8.

Aspek - aspek yang perlu ditingkatkan selanjutnya : Aspek no 3 dan Aspek no 5

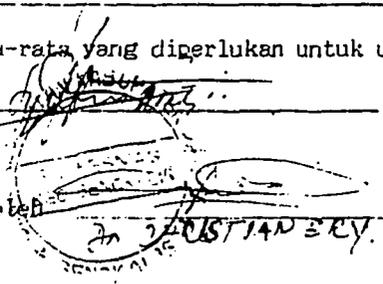
Saran - saran tentang bagaimana cara melakukan peningkatan berdasarkan pengamatan yang spesifik :

Sarankan ke kader jangan lupa untuk memberikan informasi secara akurat dan menyoroti kebalikan untuk meningkatkan kualitas kerja yang telah dibuat.

Waktu rata-rata yang diperlukan untuk umpanbalik kader / penyelia 20 menit.

Penyelia [Signature], Kader Rennas

Diketahui oleh [Signature] Dekster [Signature]



FORMULIR PENGAMATAN, PENJAJAGAN DIRI AND UMPANBALIK
UNTUK MENINGKATKAN KETRAMPILAN KOMUNIKASI KADER

POSYANDU.: Rambitan DESA : Negeri PUSKESMAS : Bengkalis

PENYELIA : Syufri KADER : Ramsal TANGGAL : 14 - April 1993

IBU - IBU YANG BERBICARA											TOTAL
	1	2	3	4	5	6	7	8	9	10	
1. MENGAJUKAN PERTANYAAN TERBUKA	+	+	-	+	-	+	+	-	+	+	7
2. DENGARKAN TANPA ME- MONTONG	+	+	+	-	-	+	+	+	+	+	8
3. BERIKAN IN- FORMASI SE- CARA RINCI & PRAKTIS	+	-	-	+	+	-	+	+	+	+	7
4. BANTU PARA IBU MEMBUAT RENCANA DE- NGAN SATU ATAU DUA PE- RUBAHAN YG MEMBERI ARAH POSITIF	+	+	+	+	+	-	+	+	+	-	8
5. PERSILAKAN PARA IBU MENGULANG RENCANA TER- SEBUT	-	+	+	-	+	-	+	+	+	-	6
	4	4	3	3	3	2	5	4	5	3	36

URUT - URUTAN DALAM MENGGUNAKAN FORMULIR INI :

1. Pengamatan Penyelia

Beri tanda "+" jika Kader menampilkan ketrampilan komunikasi yang baik. Beri tanda "-" jika tidak. Tanda "+" tidak diperbolehkan. Bila kegiatan di Posyandu selesai, tambahkan tanda - tanda "+" pada setiap baris dan tuliskan jumlahnya pada kolom TOTAL.

2. Penajajaran Diri Kader

Pada saat kegiatan di Posyandu selesai, tanyakan kepada kader apa yang mereka capai untuk setiap aspek.

1. Sudah dilakukan

2. Sudah dilakukan

128

3. Sudah dilakukan.
4. Sudah dilakukan.
5. ~~Cup~~ Menyusun ibu utk mengulang; urusan kerja

Masalah yang dihadapi Ibu' kurang dalam memberi kon. masalah
Cambuhan / bagi'lah ada hambatan

Apa yang akan mereka lakukan bila mengalami situasi yang sama lagi.

Memb'as' an kpt B' perbaiki.

3. Penyelia memberi umpanbalik kepada kader
 2 aspek terbaik yang telah dilakukannya hari ini :

- [1] M. mengemukakan tanpa memotong
- [2] Memantau diri membuat rencana kerja

Cek jumlah total tanda " + " ditiap baris dan bandingkan dengan formulir lain, lalu pada baris yang sama. Katakan kepada kader aspek-aspek apa yang mengalami peningkatan

1) lalu 6-7. 2) lalu 7-8. 3) lalu 6-8. 4) lalu 4-6

Aspek - aspek yang perlu ditingkatkan selanjutnya : Menyusun Ibu utk
mengulang; urusan kerja

Saran - saran tentang bagaimana cara melakukan peningkatan berdasarkan pengamatan yang spesifik :

Aspek yang ke 5 - Menyusun Ibu utk mengulang; urusan
kerja, supaya Ibu' itu mengingatkannya.

Waktu rata-rata yang diperlukan untuk umpanbalik kader / penyelia 30 m.

Penyelia [Signature], Kader RAMPAH

Diketahui oleh [Signature] Dokter Pendidikan



APPENDIX E

**PCI Trip Report
July 11 - 17, 1993**

TRIP REPORT

**Supervisors' Package Development
Indonesia**

**Yufrizal Putra and Edy Guntur
July 11-17, 1993**

NUTRITION COMMUNICATION PROJECT

**Academy for Educational Development
1255 23rd Street, N.W.
Washington, DC 20037**

This activity was carried out through support from the United States Agency for International Development, Office of Nutrition, under contract DAN-5113-Z-00-7031-00 (Project 936-5113) with funding from the Vitamin A earmark.

TRIP REPORT

SUPERVISOR'S PACKAGE DEVELOPMENT

Purpose of the trip: To assess impacts of the LLM training within selected Posyandu and villages.

Person in charge: Yufrizal Putra and Edy Guntur.

Date : July 11 - 17, 1993 *ls 4*

Main Activities: : 1. Observe kader-mother and kader-supervisor interactions at Posyandu Durian, in Pangkalan Batang village.

2. Hold Focus Group Discussions with mothers in Posyandu Rambutan in Kelapa Pati village, and Posyandu Durian in Pangkalan Batang.

3. Individual interview with kader at Posyandu Durian (Pangkalan Batang), and Posyandu Kacang Panjang (Meskom village).

Summary of the findings:

1. Observation at Posyandu Durian.

The trained kader, Maryatun, was trying hard to apply what she has learned from the LLM workshop, although she also had to perform other tasks at the Posyandu, i.e. recording results of baby weighing. From the observation we found that Maryatun did not have enough time to serve all mothers using the five steps, especially steps 4 and 5. There were too many mothers (40-50) at the Posyandu, and she needed between 200 - 500 minutes if she treated the mothers the way LLM recommended. This was excluding the time she needed to record results of the baby weighing. The mothers also did not have that much time to wait for their respective turn to talk to the kader. This process had made a long line-up at Posyandu.

The supervisor also did not perform her part as we expected. She came to the Posyandu when baby weighing session was completed, and she directly provided immunization services (her main responsibility). She did not have the time to observe most parts of the kader's performance. She therefore could not give the proper feedback to the kader.

2. Discussion with the kader (Maryatun) and the Supervisor (Arianti) found that:

- The trained kader (Maryatun) was too busy during Posyandu session, because she had to perform other tasks of the five tables (1. registration, 2. weighing, 3. recording, 4. health extension/education/consultation, and 5. health services: immunization, family planning, treatment of sickness). There was lack of active kader at this Posyandu.
- The kader is lacking in health knowledge. Posyandu deals with five interventions/programs, i.e. immunization,

nutrition, prevention and treatment of diarrhoea, maternal and child health, and family planning. Mothers come with different problems, not only nutrition. Therefore, a kader needs other information, not just nutrition. (Previously, we assume that the existing kaders whom we invited to the LLM had the basic knowledge about those five interventions).

- Maryatun admitted although she has learned about nutrition during the LLM workshop and other types of kader training, she did not feel that she has enough knowledge about nutrition. Therefore she was not able to address all problems or concerns of mothers. She asked if PCI could provide more literatures on nutrition and other topics related to Posyandu intervention, i.e. diarrhoea, immunization, etc. (This has been discussed by PCI staff with head of Puskesmas and officials at the district MOH).
- According to Maryatun, most mothers were reluctant to repeat their plan of actions, they felt that this showed the kader does not trust the mother's memory.
- Lack of teaching or demonstration aids which can support effectiveness of the message being delivered to the mothers.
- Arianti (the Supervisor) could not come on time because she had to serve two other Posyandus on the same day. It is not because lack of personnel, mostly because the other two Posyandu changed their schedule in that month, and that this nurse could not refuse. She thought as long as her main responsibility (read: immunization) could be perform, it was O.K. for her.
- Supervisors could only provide feedbacks based on the complains of the kader after the Posyandu session.
- According to Arianti, the success of this activity depends largely on the part of the kader's education level. If the kader is better educated, a better success can be achieved.

3. FGD with mothers of Posyandu Durian

The FGD was held with 7 mothers who voluntarily willing to be involved. The FGD found that:

In general, the mothers felt that there has been a recent improvement in the way the kader provided her health consultation at table-4, especially in the last six month. They like the way Maryatun responded to their questions and problems, and the fact that she provided time for them to individually talk to her. The mothers felt that this type of extension is much better because their needs and problems were appropriately responded.

This was especially true for the health extension she provided about "how to feed children". Before she advise anything to the

mothers, she looked at the growth monitoring cards, and explain to the mothers what that meant. If the children did not gain weight, she would asked: "What do you think that has made your child did not gain weight this time?". Or: "Why she/he lost weight this month?". This indicated that the kader was willing to listen to the mothers concerns. This was never happened before, it was unusual. Previously, many mothers felt bad, because the kaders often gave the following comments: "Your child lost her/his weight! She/he is malnourished! Give her/him more foods!"

The mothers also felt that Maryatun advised many good solutions to their problems. She always reminded the mothers to come to the next month's Posyandu session at the end of the face-to-face discussion. However, the mothers felt that the time they took to talk with Maryatun was too long, and many mothers had to wait for a long time. This was not good as they have to perform other duties at home, or in their farms.

4. Posyandu Rambutan.

Edi and Yufrizal was not able to observe kader-mother and kader-supervisor interactions because when the Posyandu session was held, the trained kader (Ramnah) was in another hamlet assisting delivery. Ramnah is a PCI trained traditional birth attendant (TBA). Therefore, Edi and Yufrizal was only able to hold individual interview with the supervisor (Sufniwati) and a focus group discussion with 8 mothers.

a. Interview with Sufniwati

According to Sufniwati, Ramnah has shown progress in then way she provided health extension services to the mothers. This was based on her previous two months observations (April and May). She tried to apply all the steps, however, time is also a constrain in this Posyandu which has always been attended by more than 40 mothers. She wanted to perform well, but she did not want to make the mothers uneasy waiting for her turn too long. In general, Ramnah was passion, humble, and friendly to every mothers. Sufniwati thought this was important.

b. Focus Group Discussion with 8 mothers

The mother felt that there has been significant change in the way Ramnah provided health extension to them. They were treated individually for consultation. They also thought that the health information/advice they received was more appropriate to their situation and problems. They were interested most at the way Ramnah listen to their complains or concerns. She would listen until the mothers finished with her complains, and then gave them solutions. She now never interrupt the mothers explanation or questions. She also reminded mothers to come to the next Posyandu session.

Edy and Yufrizal, however found that Ramnah did not asked the

mothers to repeat their plan of actions, because she was not used to it. The mothers also thought that Ramnah know much about nutrition, but lacking in maternal and child health care which they needed the most.

5. Posyandu Kacang Panjang, Meskom Village.

The Posyandu was scheduled for 14:00 on July 15. The team arrived in the morning and met with Sanget, the trained kader. According to him, since February 1993, he only performed once what he had learned from Posyandu. On that day, he was not able to participate in the Posyandu session again, because he had to attend an agricultural training at the district capital (bengkalis). Sanget is the secretary of the village government. He is often assigned by the village head to attend various training programs, meetings, etc. Sanget was not the right person to be involved in this project.

Based on the above judgement, the team decided not to hold FGD with the mothers. However, they were able to hold discussion with Sanget and Perwira (the Supervisor) separately.

a. Discussion with Sanget (the kader)

- Sanget was only able to perform the 5 steps once during these last five months. He was often too busy with other government related activities so that he was not able to serve the Posyandu, or the Posyandu sessions were canceled due to many wedding parties being held by the villagers.
- He did not seem to have the communication/speaking ability, because he could not express his idea well.
- He did not seem to show interest in the activity. To him, it was more a burden than a voluntary task.
- In this Posyandu, this project was a total failure.

b. Discussion with the Supervisor (Perwira)

According to him, he was trying hard to encourage Sanget to participate in the Posyandu, to perform the communication skills, and to avoid cancellation of the Posyandu sessions. But it was not happened. He could not observe, except one kader-mothers interactions. No observations was performed in the last four months.

CONCLUSIONS AND RECOMMENDATIONS OF THE TEAM

1. Two kaders perform the communication skills adequately. It was found that where kaders applied the steps toward good communications, the mothers appreciated.

Maryatun has done it almost perfectly. The mothers she served felt very pleased. The impact to mothers attendance

at Posyandu was excellent as we can see from the following data:

- November 1992: 30 children under five (with mothers) attended from the total of 50 children under five within the Posyandu areas.
- December 1992: 27/50.
- January 1993: 23/50.
- February 1993: 20/50 (when the practice was started)
- March 1993: 27/50 -- April
- April 1993: { No Posyandu session was held due to Ramadan and Idul Fitri. -- March
- May 1993: 32/50.
- June 1993: 36/50.
- July 1993: 44/50.

What a significant increase within five months.

2. It is evident that observation by supervisors is still a weak point. Supervisor did not give appropriate feedback, nor come on time to observe the kader-mother interactions so that feedback can be given more appropriately.
3. Mothers felt that, despite the time they had to take, face-to-face health consultation is better than group extension/education.
4. Be careful in selecting a kader. It is better to ask a group of kader about who is most appropriate to represent the group for the LLM training, than depending largely on the part of the village head.

WHAT THE PUSKESMAS DOCTOR SAID:

Dr. Christian Ery is the head^{of} Puskesmas Bengkalis. He was involved in all process of this project. He started to apply the five steps toward good communications, both in the Puskesmas and his private practice. He found that his patients like this way very much, and the number of his patients was increasing every month. (His income, I am sure has also been increasing).

Prepared by: **Edy Guntur**

File: FGDLLM.NF

APPENDIX F

**PCI Trip Report
July 23 - 27, 1993**

TRIP REPORT
SUPERVISOR'S PACKAGE DEVELOPMENT

Purpose of the trip: To monitor the implementation of five steps toward good communication, and to assess its impacts.

Person in charge: Indro Wirastro and Muhamad Saleh.

Date: 23 - 27 July 1993.

Summary of the findings:

1. Observations:

The first observation was held at Posyandu Swadaya, in Selatbaru village. The kader was , and the supervisor was Faridah Eriani (a midwife).

Prior to giving any advice to mothers, started with interpreting the growth monitoring chart with the mothers. She then asked mothers with open questions, gave the mothers opportunity to share their problems, and she listen attentively. She then gave advice according to the mother's needs, and helped the mothers in making their respective plans.

She advised mothers politely, friendly, and with passion. The average time she spent with each mother was 5 minutes on average.

However, since she had 30 - 40 mothers whom she had to treat equally, many mothers had to wait for a long time until they got their turn to talk to . This may be the main constrain of this method if this is applied at Posyandu. The five steps of good communication may be more appropriate for home visit. Because the line-up was very long, the arrangement of Posyandu 5 tables/desks was changed unexpectedly. Many mothers took immunization and other treatments first at desk five, then meet with at desk four for consultation. The normal route is table 1, 2, 3, 4 (health extension services), then desk 5 for health treatments by Puskesmas personnel.

When we observed the supervisors activities, she was too busy with her own service activities, i.e. giving and recording results of immunization. Therefore, her attention was focused more on her own main duties. However, when asked something that she could not explained to a particular mother, the supervisors helped the kader explained to the mother concerned. (We do not know whether or not it is intentionally arranged they way by the supervisor to avoid the kader from feeling nervous if the supervisor too focused on observing the kader's performance).

2. FGD with Supervisors and Kaders

2.1. FGD with supervisors at Puskesmas Bengkalis

Prior to the focus group discussion, we were able to talk to Dr. Christian Ery. He told us that the items/aspect of supervision for good communications is simple and good enough. No need for a change. He already practiced it himself at the Puskesmas and her own private practice. The impact has been excellent. "Two ways communication is better and needed so that messages can be delivered too, and be understood better by the receiver", he added. However, good communication skills required better educated people to perform. He thought that a person should first have adequate basic knowledge to perform specific skills. The person to perform this should at least possess a high school education.

After this discussion, we held the FGD with four supervisors from Puskesmas Bengkalis, and two other MOH staff who have been involved in this project.

Basically, the supervisors did not see any problem with the design and performing the observation. The main constraint has been limited time, because there are cases where they have to serve three Posyandus in one to three villages within one day (Perwira reported). In most Posyandu, there are only 2-3 active kaders, so each of them had to perform more than tasks (Chalid reported). Other supervisors mentioned that kaders were not able to provide complete and appropriate health information because of limited knowledge and frame of references.

Benefits of this practice has however been felt, such as mothers who reported to supervisors that they were able to follow their plan of actions and it worked! There are increasing awareness of mother to be more attentive to their children's nutritional status every month.

In general, the supervision form is adequate. The form is simple, easy to fill in, and can effectively monitor the performance of kaders in communicating to mothers. Should revision be made, they only suggested an additional of one column after the total column. Here the supervisor can put remarks, such as comments for comparison between the previous month's and the current month's achievement, whether there is a progress or not.

The supervisors thought that it would be ideal if all Posyandu kaders be trained in LLM, so that if one trained kader is sick, out of the village, or has to do other duties, another trained kader can take over her/his role at table four (extension services). With the current situation, once the trained kaders did not have enough time to serve all the mothers, supervisor took part in extension services.

Face to face extension services are felt to be appropriate by the supervisors. It would be ideal if the Posyandu has teaching aids. This method of extension, however, needs much more time than the group extension services.

Should PCI and/or AED no longer financing this type of activity, the supervisors thought that they will be able to do it on their own resources, although it may not be as intensive. In doing so, they will need from the MOH supplies of the forms, letter of instruction from the head of the District MOH, and then the MOH will consider this activity for credit point of the staff.

The supervisors also observed that mothers know much more about nutrition, and they are willing to perform what have been advised by, and planned together with the kaders. In fact, many mothers who encouraged other mothers to come to Posyandu, and they did come!

The supervisors also recommended adequate supplies of reference materials, such as a kader manual, posters, flip-chart, and other teaching aids.

2.2. Individual Interview with the supervisor at Selatbaru.

The interview was held at the house of Faridah Eriani, the midwife of Puskesmas Selatbaru who supervises. According to her, in general there is no big problem in implementing this activity. Sometime, she observed that could not give practical information -- but only once in a while. According to her, mothers felt more comfortable and closer to the kader, and thus made it easier for the kader in giving her advice. Monitoring of the kader's performance has been adequate, because she is also being monitored and supervised by Dr. Sony, the head of Puskesmas Selatbaru. She felt however, that the time that each kader-mother interaction took was too long, and this created a new problem at Posyandu. If all mothers should get their turn, each of them will only have 5 - 10 minutes. This is not adequate for applying the five steps properly, and that adequate and appropriate information may not be delivered. The kader also still need support in basic skills of practical speaking and face-to-face communications.

3. Individual Interviews with Kaders

3.1. Individual Interview with Maria, the kader of Posyandu Rambai, in Pedekik village.

The team found that Maria does not have the basic speaking ability. She could not perform the "sharing practical information" part of the 5 steps. However, she is friendly and is now closer to the mothers. With this condition, one way or another she can still communicate with the mothers at

Posyandu, although she does not follow the steps accordingly. She is got at her own way of giving extension services.

During the six month of practice, the supervisor only observed the kader performance for three times. The kader expect that the supervisor can come every month, so that if she needs help, the supervisor is there to help. And if she does not perform well, the supervisor can criticize her, and gives recommendations for improvement. To date, no guidance or supervision from the supervisor, she only praised the kader.

When the activity started in February, Maria felt that it was very difficult to accept this experimentation activity, because she was the only kader in her Posyandu. She had to run all the four desks on her own. Recently, there are new kaders, so that she can now concentrate more on applying the five steps of good communication skills. Maria is willing to continue with this activity, even without PCI support. However, she wanted that supervisors from the Puskesmas will give more attention to her Posyandu, and willing to supervise her continuously.

Maria went on site visits to the mothers she had given advises, and found that most mothers implemented their work plan, most specifically they followed the correct way of giving foods to children, both in quality and quantity.

Maria thought that messages about nutrition have been adequate. However, she still want to learn more about family planning because many mothers asked about this and she could not provide specific answers. Some mothers asked various questions about side effects of each contraceptive, and what other alternatives do they have once a method is not suitable for them.

3.2. Individual interview with kader of Posyandu Swadaya in Selatbaru District

Found that the most difficult thing to perform was asking the mother to repeat the work plan. Most mothers were shy, not willing, or felt being not trusted when she asked them to repeat the plan. This new way is something unusual for this area. Most villagers speak Javanese, and they are not fluent in Indonesian. When they were asked to repeat the plan in Indonesian, they did not feel comfortable because they do not speak well. On the other hand, they also shy to repeat the plan in Javanese because it would show that they do not speak the national language.

It was also difficult to ask mother to make a plan, because they used to being told on what to do. Another constraint she also found when she tried to advise locally available menu. In Selat baru fish is easy to get, but there is a local belief that when a child eat much fish, he/she will get worm in

her/his stomach. Another problem she faced was a case where the mother had followed her advice, but the child did not gain weight for several months. The mother "trust" upon the kader was almost disappeared.

The kader felt that she is now able to provide health advises based on priority and needs of her clients. Previously, she never thought about this, and just gave the health education in groups. The training of LLM has made her change. She said this to the interviewer.

The kader also explained that mothers have been very happy with the way she treated them at Posyandu, especially they felt that they have all the opportunities to talk about problems of their children with her. Every month, mothers expressed new problems, it made the kader excited and encouraged her to seek other relevant information.

Other than the time its consumed, the face-to-face communication has no more weakness. Therefore, there is nothing to change related to the five steps of good communication. Has nothing to suggest for a change, because the LLM way is already good. She is worried that a change can create more problems.

With or without supervision, will continue with the use of five steps of good communication. She felt that it is her obligation to always improve communication skills to serve mothers at Posyandu. She also felt that using the new communication skills has been helping her in gaining new experience, and her relations with mother become more intimate.

Should PCI continue to support this activity, she would like to learn other knowledge (not only nutrition). Because, with more knowledge she can provide more solutions to mother's problems, or satisfies mother's needs.

In order to solve the time constrain, every Posyandu session she will try to limit the kader-mother session to 10 - 15 mothers only, based on priority. Mothers who did not have face-to-face communication with her during the previous Posyandu session, and/or those who have children with poor nutritional status will be given the priority.

According to Sri Ningsih, before she applied this new skills most mother went home as they finished with baby weighing and immunization. Now, most mothers stayed for consultation with her. And more mothers asked questions to her. She also saw that some mothers who previously did not come to Posyandu are now coming because they were informed by their neighbor about the new situation at the Posyandu. She also tried to visit mothers who were not willing to come to Posyandu, and asked their reasons for not coming. Then she give them

encouragement to come. The interviewer also saw that in April there were four children with poor nutritional status, but in May there was only one. These children have gained weight.

She suggested that the Posyandu be provided with adequate health references and teaching/demonstration aids, and also its kaders should be given refresher training so that they will gain more knowledge, skills, horizon, in order to serve the mothers better.

4. FGD with mothers who attended the Posyandu.

4.1. FGD with mothers at Posyandu Swadaya, in Selatbaru village.

Six mothers involved in this FGD voluntarily. All have joined the face-to-face communications with the kader. According to the mothers, there have been two types of extension services provided at the Posyandu, one in group and another one face-to-face. The latter has only been given in the last several months. Both were done by the trained kader.

During the recent planting and harvest time, face-to-face consultation was only given to a limited number of mothers in each Posyandu session. Most mothers were given extension services in group, because they wanted to go to their fields immediately after weighing their babies and/or getting immunization. The mother admitted that the group extension services are not effective, because they were shy to ask questions in the front of many people. Question-and-answer seldom happened because the group was too noisy with children and mother's voices. Therefore, mothers prefer the face-to-face consultations which have been practiced in these past six months, when they have time.

According to the mothers, the kader has been very polite, willing to answer to any questions they asked, especially related to nutrition of the children. They learned a lot from the kader, because they can ask any questions. Once the kader could not answer, usually Faridah (her supervisor from the Puskesmas) provided the answer sufficiently. The mothers felt that their individual problems were being adequately addressed. However, they do not like the time they had to take to wait for their turn.

Types of questions the kader often asked the mothers are relatively open: i.e.

- Why do you think your child does not gain adequate weight?
- How do you feed your child? What kinds of foods? How often, etc.

Most of the time, listen very attentively to the mothers explanation, and she never cut it.

Concerns or problems which were often raised by the mothers are nutritional, diseases (such as difficulty in defecating because the feces was too hard, or diarrhoea). And mothers thought that has given the appropriate advises.

Mother also observed that is not only polite, she also gave encouragement to the mothers, praised them, and still can give friendly attention to the children.

Previously, according to the mothers, extension services were given in group by officers from the Puskesmas, Family Planning Board, Sub-District Government, Family Welfare Movement, etc. But in the last several months, has been doing it her self, and face-to-face.

The mothers like most at the following:

- Two ways communication;
- Individual problems or concerns were being addressed;
- They got adequate answer;
- Advises were suited to their needs;
- Friendly, closer relationship between mothers and the kader;
- They are not afraid, so that they can share the problems or needs freely.

They don't like, however, the time they had to take to get their turn to talk to the kader for consultation.

Was there listening to the mothers discussion. She responded to the mothers inputs very wisely, and the mothers were very pleased.

According to the mothers, Sri Ningsih always asked the mother to repeat their plan, encouraged and reminded the mothers to come to Posyandu next month.

The mothers expected that the kader can add more knowledge and horizon, and continue to improve her services to mothers at the Posyandu, and encourages other mothers to come to Posyandu. They also hope that more people can provide this type of extension services, especially people with more knowledge and experiences.

The mothers shared their definition of good communication: To give or to share information or advises, so that what mothers

previously did not know become knowledgeable, be given an a relaxing atmosphere, so that spontaneous question-and -answer can happen.

The followings are things that made mothers like to come to, and to be at the Posyandu:

- The arisan (the rotational drawing) among attendants of Posyandu.
- Supplementary feeding program;
- Meet with other mothers, and talk socially with them.

4.2. FGD with mothers at Posyandu Rambai, Pedekik village.

There were 7 mothers who voluntarily participated in the FGD. In this village, there are three Posyandus, and all are managed by Maria, the trained kader. Maria did not have enough time and energy to serve the Posyandus in the way she should be taking.

The mothers informed that until today, extension services are still being provided in group. Therefore, it was difficult to ask them about the strengths and weaknesses of the LLM methods. However, in order to know better about the Posyandu and the local situation, the team continue the discussion with the mothers.

Although the extension services were given in a group, in the last three months Maria has been the one who give the extension services. Previously, the extension services were provided by Puskesmas officers, or official from sub-district government. The mothers think that group extension services can still give them various knowledge, and allow them to meet socially with other mothers. According to them, the topics covered in the group extension services were nutrition, family planning and immunization.

The mothers hoped that kader can provide regular extension services during Posyandu sessions, and conduct site visits, especially to those who don't come to Posyandu.

The mother's definition of a good communication is: Share something that they do not know before, in order to add knowledge and experience, be given in an enthusiastic manner, looking bright (happy and smile), and talk in a good structure.

According to the mothers, most answers from the kader during the group extension were not adequate. The answer were not specific. The mothers thought that the kader is still lacking in health related knowledge.

The mothers like to come to, and be at Posyandu because of the: Supplementary feeding, availability of simulative toys for children, and meet with friends.

5. FGD with the staff of MOH of Bengkalis District.

The team held an additional FGD with two staff of the District MOH who have been involved in the organization and facilitation of this activity, namely Mr. Ismail Mahyuddin and Mrs. Maria Umar.

They said there has been no major problems in the implementation of this project. However, they saw some weaknesses in the field, i.e. kaders were too rigid in following the five steps; also there is no monitoring chain to check whether the mothers have followed the plan they made together with the kaders.

Concerning follow-up of this activity, he will try hard to continue through the cooperation with NGOs (i.e. Utama), and will talk with the boss to issue an instruction letter for follow-up.

Improvement to be made:

- Select the real kaders who have the most potential;
- At least one or two kader per each Posyandu who would be responsible for giving extension services;
- The supervisor has to allocate a certain amount of time for helping the kaders in improving their skills. It should not be just a side work.

The MOH observed that:

- Many mothers are now becoming critical. Mothers face new issues and problems every day, and because they have the opportunity to ask, they asked questions not only the kader, but also to the puskesmas doctor, etc.
- Felt needs of knowledge of mothers increases;
- There is willingness to change;
- Mothers demands to the kaders increased.
- Mothers are not satisfied with simple answers.

Therefore, kaders need the following:

- More training on communications;
- Training on "how to study" technical references;

- Learn about medicines that they can give to mothers;
- Learn about child psychology and development.

Prepared by: Indro Wirasto.

APPENDIX G

**PCI Trip Report
August 11 - 12, 1993**

TRIP REPORT

SUPERVISOR'S PACKAGE DEVELOPMENT

Purpose of the trip: To hold FGDs with kaders and with supervisors, and wrap-up the project.

Person in charge: Nurul Fazrie and Yufrisal Putra (Chandra).

Date: 11 - 12 ^{AUG}~~JAN~~ 1993.

Introduction.

The focus group discussions were participated by five kaders and six supervisors respectively. Dr. Cristian Ery and Dr. Sonny Hendra were also participated. Four district MOH staff members and head of the District MOH also observed the FGDs. Nurul facilitated the FGDs and Chandra took the notes. Both FGDs were held for two and half hours. The FGDs which were planned to be held in different places were not possible. They were held in the same place, and only one hour different.

1. FGD with the kaders.

Of the total 6 kaders, one (Suryaningsih) dropped out because she got a job as a primary school teacher an another sub-district, far away from her home village. She is actually the best among the six kaders. This often happened in Indonesia, because a kader is a volunteer, when they get a job outside their village, they drops out of that particular Posyandu. However, we believed that she would become kader again in her new place.

There were five kaders involved in the FGD. Two have shown excellent achievement (Maryatun and Sri Ningsih), one was satisfactory (Ramnah), another one was fair (Maria), and the last one was poor (Sanget).

Results of the FGD are as follows:

In the implementation of 5 communication-steps with the Posyandu visitors, 3 out of 5 cadres who attended the FGD together with the team, were able to repeat them well, although they were not in order. The other 2 cadres were able to repeat part of them only, because they did not implement the private counseling activities continuously.

Almost all of the cadres agreed that the first step of the 5 communications-steps, i.e., provided open statement, is the easiest step. It was because when they asked questions, they could refer to the KMS graphic of children's weight results that they brought to the Posyandu. For example: If the KMS graphic shown that the children's weight in this month is lower than last month, then the Cadres were able to ask questions right-away such as: Why did your child's weight in this month lower than last month? Do you have any problem?

The cadres agreed that the third step of the 5 communication-steps is the most difficult one (Give detail clarification and practical information). It was because of the language barriers within the heterogeneous communities that urged the cadres to repeat the explanation in local language to the target group over and over again, although the cadres could not speak the local language well. Cadres had not enough information about healthy food and nutrition, and they do not have enough knowledge about health in other aspects. Cadres always need guidance and assistance from the supervisor in order to answer other aspects of health which were asked by the posyandu visitor.

The cadres explained that after the posyandu activities, the supervisor would ask them about the problems that they found in giving the counseling by implementing the 5 communication-steps, and then, the supervisor helped them in problem solving and asked them to improve their skills by applying the lesson learned. The supervisor will also show each evaluation score to and discussed with the concerned cadres about their improvements and weaknesses of the 5 aspects that have been monitored.

In the implementation process, Cadres would divide the visitors into several groups, depended on the needs and the limitation of time. The cadres usually referred to the KMS graphic and the record of drop-out visits from last month. According to Cadre's field supervision, since the effectiveness of these activities, there were some improvements in some aspects as follows:

1. Increasing of operation scopes in some posyandu
2. The visitors would do what the cadres advises to them
3. The visitors were pleased to respond and answer personal questions
4. The visitors asked different questions every visits.

2. FGD with the Supervisors:

All supervisors participated in the FGD. Perwira and Khalid who supervised Suryaningsih and Sanget could not give much inputs or comments because they only observed and supervised the kaders once in six month. However, much comments were provided by the rest of the supervisors.

Detailed results of the FGD with supervisors are as follows:

During the field monitoring activities, the supervisors always closely observed the implementation of 5 communication-steps between the cadres and visitors, gave evaluation scores to the cadres based on their ability in their evaluation form. Then, the supervisor will ask the cadres about their problems in implementing the 5 communication-steps program to the visitors and help them in solving the problems.

Based on the supervisor's experience, the cadres usually had problem in implementing the third step., and therefore, the supervisor suggested the cadres to

read books and look for information about the problems that they found.

After shown the evaluation scores to the concerned cadres, some of them would ask the supervisor to give them the suggestions on how to improve their skills, and at this occasion, the supervisor will facilitate them with more clarification and encourage them to build their self-confidence.

According to the supervisors, there were no difficulties in fill-out the forms, except a suggestion to add one more column beside the score, as a note or remark of any important information. They also suggested that the topic of discussion should be added with other than topics of nutrition, so that they can help the community in overcome their complains.

The supervisor also mentioned that there were some visitors who were not having under age (below 5 years) children, attended the program because they enjoy and like the new program.

3. Comments from the Head of the District MOH.

Dr. Fatah Lingga, the head of the MOH of Bengkalis district and Dr. Christian Ery, the head of Puskesmas Bengkalis commented that they have seen improvements in mothers curiosity about health knowledge. Mothers asked questions more than usual. After he observed the FGDs, he was surprised by the courage of the kaders in giving inputs and criticism, such as: The supervisor should come on every Posyandu day; Doctor should also come more often because mothers were waiting for you!

Dr. Fatah think that it is important for the trained kaders to continue with the LLM approach, while he will try to promote this to other Puskesmas. He expect that PCI and/or AED can help finance similar programs in other Puskesmas and Posyandu, and he will try to convince the district head to match such resources.

Dr. Fatah expressed his satisfaction and thank to PCI and AED for allowing Bengkalis to be the site for this experimentation.

4. Administrative notes:

Because not all supervisors preformed the observation and supervision of the kaders, Mrs. Maria Umar has returned the balance of the cash advance provided in the beginning of this project. The balance was Rp 75,000 or about US \$35. This will be used to deduct costs of the recently finished activities.

Prepared by:
Nurul Fazrie and Yufrizal Putra.

APPENDIX H

**Some Lessons Learned
PCI/Riau**

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LESSON LEARNED FROM THE LML & ITS SUPERVISORY PACKAGE DEVELOPMENT

The following are some lessons learned during the development of the supervisory package for trainees Listen to Mother, February - July 1993.

1. IT WORKS!

- 1.1 Maryatun is a school teacher in Pangkalan Batang village and also serves as a village voluntary health worker at Posyandu Durian in her village. She tried hard to apply the knowledge she learned during the 1991 LML workshop, at her Posyandu. She was surprised to find that more and more mothers came to Posyandu and they like the way Maryatun treated them. Attendant list of mothers and children has increased significantly by %!

Similarly in Selat Baru, Suryaningsih has been implementing her effective way of communications with mothers at her Posyandu. Although, there was only a little increase occurred in the attendance list, she found (and the FGD held by PCI staff also confirmed) that the mothers like her way of communicating and advising the them.

Both of these kaders were successful, not only they tried hard, but also because of the good and intensive support of their respective supervisors.

- 1.2 Dr. Christian Ery, who is one of the two experience doctors in Bengkalis, wanted to prove effectiveness of the approached offered by the LML manual. He tried it at his Puskesmas, and during his private practice in the evening. And it works! More patients came to visit him, and he found that all patient noticed the changes in his way of communicating with them, which they like it very much!

2. IT DID NOT WORK!

Sanget was one of the 1991 LML trainee. He was selected by his village head to represent his village because he is the secretary of the village administration who occasionally serves as Posyandu volunteer. He was actually not the best kader/volunteer, but because of his close relations with the village head, he was selected.

Because he was too busy with his day to day duties at the village administration office, and his assignment to represent his village to various meetings and training at sub-district, he was unable to serve Posyandu on a regular basis, nor able to perform the effective communication skills he has learned. He also did not receive a proper supervision from his supervisor. Therefore, it was not surprising to learn from the FGD

held by PCI staff that the mothers did not notice any change in the way Saget talk to them. There was no increase in the Posyandu attendance list either.

3. IT WORKED FAIRLY - EVEN WITH A LITTLE TRY

3.1 Maria is a voluntary health worker in Padekik village. She was the only active kader in the village. There are three Posyandu in this village. She has to serve all of them, running from one to another Posyandu one day in a month, because the Puskesmas team is only willing to come to the village once a month. Therefore, Maria did not have enough time to apply the effective way of communications properly, however she tried hard within her limited time.

As the results, a few mothers noticed the positive change in her way of advising to them, but the rest of the mothers did not. There was only a little increase in the attendance of mother or children in the Posyandu. The points are: (1) she did not have enough time; (2) she did not get the good support from the supervisor.

3.2 Ramnah is a TBA and a voluntary health worker in Kelapa Pati village. She tried hard to serve her Posyandu everymonth, but within January - July 1993 she was unable to serve the Posyandu because she needed to help two deliveries that days. Within her limited time, she tried hard to apply the LML skills, and the results were: (1) a few mothers observed the positive changes in her communications skills; (2) a few more mother did not notice it, but thought that she has always been good and nice/polite in talking to them; (3) a little increase in the attendance of mother/children occurred in the Posyandu.

She has all the support and supervision from the supervisor however she was unable to fully concentrate on Posyandu, due to her other function as a TBA.

4. THEY NEED MORE TECHNICAL KNOWLEDGE BEYOND NUTRITION

Four of the five kaders expressed one of their difficulties in consulting mothers, which was inadequate technical knowledge. The LLM only equipped them with technical knowledge about nutrition, whereas Posyandu deals with five interventions i.e. nutrition, immunization, CDD, family planning, and MCH care. once mothers asked them about technical information other than nutrition, they found that they were not sure about their answer. Once in a while they get satisfactory support from their supervisor, but sometime they also did not receive the proper answer. They said they need more training in technical knowledge beyond nutrition.

5. THE FORM

All the supervisors agreed that if the supervisory form and its explanatory sheet were properly used, it could help observe the kader and support them in the field. However, they suggested an additional remark column at the right hand side of the "5" steps observatory chart note "changes" in the performance of each communication skills.

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6. KADER SELECTION

The selection of kader has always been difficult in any village based on voluntary activities. This also happened within the LLM supervisory package development project. Sanget was selected by the village head because of his good relationship with the village head. although he was not one of the active kader in his village. Ramnah has a double function, a kader and a TBA. As a kader she does not earn income, but as a TBA she earn her major income, Once two activities like Posyandu session and assisting delivery occur in the same time, conflict of interest could not be avoided. She choose what she can benefit the most, in this case she choose assisting delivery the helping the Posyandu. Similarly with Maria. She did not have enough time and concentration because she has to serve three Posyandu in the same day.

Therefore, I suggested that the selection of the volunteer health workers for this type of activity should follow (but not lined to) the following criteria:

1. The most active or kader with best performance in the village or Posyandu.
2. The selected kader should only manage one Posyandu.
3. The selected kader should not have other functions which may conflict with the role as a volunteer.
4. Willingness to participate, not being instructed by her/his superior.
5. Able to read and write.
6. Has been active as a kader for at least one year.
7. Preferably has also learned (i.e. through Posyandu kader training) about other Posyandu interventions, beyond nutrition.
8. When possible, be selected by her/his colleagues kaders.

Jakarta, 29 September 1993.

Nurul Fazrie
Former Project Director
PCI/Riau

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