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TRIP REPORT

**Supervisors' Package Development
Indonesia**

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

NUTRITION COMMUNICATION PROJECT

**Academy for Educational Development
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Washington, DC 20037**

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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 *es 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

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