

AD-Ad-1993

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Child Survival VII

**ADRA Indonesia
Manado**

**Quarterly Report
OTR # PDC-0500-A-00-1097-00
(October - December 1993)**



ADRA

**Submitted to
Agency for International Development
Washington, D.C.**

**Submitted by
Adventist Development and Relief Agency
Silver Spring, Maryland**

ADRA-Ad-1993

**FHA/PVC CHILD SURVIVAL GRANT PROGRAM
QUARTERLY PERFORMANCE REPORT**

ADRA Indonesia Child Survival VII

Fourth Quarter 1993

OTR# 0500-A-00-1097-00

(PVO/COUNTRY PROJECT)

(# QUARTER/YEAR)

Page 1 of 2

OUTPUTS	PLANNED	ACTUAL	DEVIATION	OBSERVATIONS
ADRA-PATH Program report completion	October 7	November 15	1 month	Program extended to October
Sanger untrained TBAs investigation/identifying actual active TBAs	October 31	November 29	1 month	Transportation constraints and lack of personnel
Review government supervisory system	November 30	October 21	1 month	
Development of supervisory checklist	November 30	October 29	1 month	
Talk to MOH & DHO about Formal and informal leader orientation	November 30	November 4	1 month	
MCH and Health Promoters integrated activities orientation at district level to achieve the establishment of Village Delivery Hut and Drug Post	December 10	Not yet done		The tough program of the PKK and Department of Health at the district level, also because of X'mas vacation time
Field test revision of the Supervisory checklist	January 30			
Selection of target villages both in Minahasa and Sanger	January 30			
Establishment of Village Health Promotion Committee	January 30			
Establishment of a Village Delivery Hut Model	February 26			

**FHA/PVC CHILD SURVIVAL GRANT PROGRAM
 . QUARTERLY PERFORMANCE REPORT**

ADRA Child Survival VII Indonesia
 (PVO/COUNTRY PROJECT)

⁴
 First Quarter 1993
 (# QUARTER/YEAR)

EXPENDITURES	PLANNED How much planned expenses in dollars.	ACTUAL Actual expenses for quarter.	DEVIATION Difference between planned and actual.	OBSERVATIONS Observations or reasons for difference.
PVO	10,736	366	10,370	
A.I.D.	21,410	23,773	(2,363)	
TOTAL	32,146	24,139	8,007	

2

Proposed Activities for CSVII, for the duration of the project. October 1993.
As planned during the management visit, ADRA/I, FED, ADRA Indonesia, Project staff..

Topics	Objectives	Activities	Date	Where	Who
<p>A. Supervisory System for Bidan's and Bidan di Desa's</p> <p>Rationale The MOH has changed its focus of training TBA's. The emphasis is to train and construct village medicine huts/birthing centers, where a trained Bidan di Desas would be employed. Thus greater emphasis should be placed on training the Puskesmas Bidan's and the Bidan di Desa's, how the supervise the work of the Bidan's and Bidan di Desas to the Bidan's supervise the work of the TBA's, to ensure quality of service, especially the care of high risk mothers and infants and the need for referral, and the use of the "pictorial" report form.</p>	<p>1. Decrease the death rate of infants/mothers.</p> <p>2. Identify high risk mothers and low birth weight infants and establish referral system.</p> <p>3. Establishment of an accurate reporting system.</p>	<p>1. Review existing systems, talk with key officials in the MOH, Province, re the establishment of Supervisory system. MOH, Province. (Task done by the Project Director, November, 1993.)</p>	Nov 1993	Manado	Project Director
		<p>2. Orientate MOH, Province, District, Sub-District re Supervisory Plan. (1 Sangir, 1 Minahasa)</p>	Feb 1994	Manado Tahuna for Sangir Tomohon for Minahasa	Seconded Doctors for Minahasa & Sangir
		<p>3. Identify actual active TBA's. (Task completed by Seconded Doctors and Assistant MCH, October 1993.)</p>	Oct 4-1st week Nov 1993		
		<p>4. Development of Supervisory Checklist</p> <p>a. Review existing report forms. It is possible that there is a checklist for Diarrhoeal Disease.</p> <p>b. Modify or develop a supervisory checklist to use in conjunction with the high risk mother report forms, developed by the government.</p> <p>c. Ensure that there is consultation with the MOH and DHO before introducing the checklist. USAID has developed examples of supervisory checklists. Use this as a guide.</p> <p>e. Field test the checklist before printing numerous forms.</p> <p>(Task of developing the draft checklist, to be done by Project Director and 2 Seconded Doctors)</p>	1st week Nov 1993	Manado	Dr. Sinaya R. Raranta Debbie J. Project Director
			1st week Nov 1993	Manado	Seconded Doctors & MCH Assistants
			2nd week Nov 1993	Project Area	MOH, DHO, ADRA
			3rd week Nov 1993	Minahasa Sangir	
			Feb 1994		Seconded Doctors
				<p>5. Conduct training of Village Midwife, Bidans and Bidan di Desa's, in:</p> <p>a. Review the existing KIE curriculum (Community Information Education), with MOH and Seconded Doctors.</p> <p>b. Supervisory methods, using the KIE (8-10 days of training)</p> <p>c. Training methods, how to train TBA's.</p> <p>d. Importance of accurate record keeping.</p> <p>e. Use of TBA curriculum to focus on high risk mothers/referral system.</p> <p>f. Use and purpose of Supervisory Checklist</p> <p>Sangir - 1 session Minahasa - 4 sessions</p>	1st week Feb 1994

6

Topics	Objectives	Activities	Date	Where	Who
<p>B. Training of Formal and Informal Leaders to Establish Delivery Huts/Drug Post.</p> <p>Rationale The Government is aiming at establishing a Delivery Hut and Drug Post in each village. The village midwife would then have the total responsibility for the village, including the following activities: the immunization of infants and mothers, teaching nutrition and the preparation of foods, giving of simple medicines, monitoring and initiation of the village health insurance.</p> <p>The activities of the MCH and the Health Promoters has to be integrated, to achieve the establishment of the Delivery Hut and the Drug Post in the Villages. ADRA has selected ten target villages of 10 for each district.</p>	<p>To achieve the establishment of the Delivery Hut and the Drug Post in the villages.</p>	<p>1. Orientate and train the Community Leaders in the importance of Health Promotion, using the PKMD curriculum. (2 sessions on Sangir, 3 sessions on Minahasa)</p> <p>2. Establishment of a Village Health Promotion Committee in each Sub-District.</p> <p>Members should be selected from the following:</p> <p>Formal Leaders: Head of Village, Head of the Village Council, Women's Organization (PKK, mostly the wife of chief)</p> <p>Informal Leaders: Religious groups, Youth Associations</p> <p>a. Functions of the Village Health Promotion Committee should include the following: the training of Kaders, to help establish the Drug Post and establish the collection and monitoring of Health Insurance Plan (Dana - Sehat.)</p> <p>3. Selection of 20 Target Villages (ten in each district) where there are Bidan di Desas, to Establish Delivery Huts/Drug Post.</p> <p>a. The establishment of a sample demonstration Delivery Hut that can be used as a model to show other Bidans and Bidan de Desas. The hut should be of simple construction so that the village people can build these huts at low cost.</p> <p>b. The messages promoted in the villages: •Prevention is cheaper •The People are responsible to maintain their own Health. •The Village to develop a Village Health Insurance Plan. (Families pay into the fund, when medical is needed then money is drawn from the fund. The Village Council should monitor the Health Insurance Fund, The building and the maintenance of the Delivery Hut.)</p> <p>c. The mobilization of the target villages to construct Delivery Huts. Volunteer organizations, youth groups eg. Pathfinders, and other organization in the village, could help with the construction of these huts.</p> <p>d. Orient the village people, how to maintain their Delivery Hut/Drug Post.</p> <p>4. Train 5 Formal and Informal Leaders from the selected 10 target villages in each district, with a priority in Sangir.</p> <p>a. Identify the Health Promotion Messages based on the PKMD methods, and form a working team to formalize the PKKHP Committee in the Sub-District, which will meet monthly. All the Health Promoters in each Sub-District will meet monthly for a half day meeting.</p> <p>b. Orientate the PKK plus the PKMD, and the District and Sub-District, to the establishment of the role of the PKKPH.</p> <p>c. The Sub-District PKK appoint an coordinator for the PKKHP, in the Sub-District.</p> <p>5. Continue the Health Promotion activities using the other HP, and the inclusion of the promotion of the Delivery/Drug Post Hut, and also work with the PKK to correspond with the target approach.</p>	<p>1st week Feb 1994</p> <p>3rd week Nov 1993</p> <p>2nd week Feb 1994</p> <p>Jan 1994</p> <p>March 1994</p> <p>March 1994</p> <p>March 1994</p> <p>March 1994</p> <p>Jan 1994</p> <p>Jan 1994</p> <p>Feb 1994</p> <p>March 1994</p> <p>Feb 1994</p>	<p>Tahuna Minahasa</p> <p>Project Area</p>	<p>MOH, DHO, ADRA</p> <p>ADRA MCH & HP, DHO, Community</p> <p>DHO, PKK, HP</p> <p>DHO, PKK, HP</p> <p>PKK/HP, DHO, Community</p> <p>PKK/HP, ADRA, Community</p> <p>Community Leaders, PKK/HP, ADRA</p> <p>PKMD of MOH, DHO, PKK/HP</p> <p>District PKK</p> <p>PKK/HP, ADRA</p>

7

Topics	Objectives	Activities	Date	Where	Who
C. Continued Supervision of the Bidans and Bidan di Desas		1. Counsel with the MOH, DHO, MCH: <ul style="list-style-type: none"> • clarify role of Bidan in HIS, • role of TBA, • role of Puskesmas Doctors. • role of RR. 2. Make the "pictorial" report forms available to the TBA's. 3. Review and define the HIS system and define the flow of data. 4. Strengthen the supervisory and monitoring system of the government system by: <ul style="list-style-type: none"> • AT the DHO level, Seconded Doctors attend the monthly meetings. • At the Puskesmas, the Seconded Doctors attend every two months in Minahasa, and every month in Sangir. • At the Puskesmas, ADRA Assistant MCH and Bidans, Bidan di Desas attend monthly meeting with the TBA's. Monthly in Sangir and every second month in Minahasa. 	Nov 1993	Manado Tahuna Tondano	Seconded Doctors
			Oct 1993	Project Area	MCH Coordinator HIS Coordinator
			Oct 1993	Project Area	MCH Coordinator & Assistant
			Oct 1993	Project Area	

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HEALTH INFORMATION SYSTEM - Reporting and Surveillance Purpose The strengthening of the reporting and surveillance system within the government. Rationale At present, data received from the field is unrealistic. There is a reluctance to report some diseases such as Tetanus. Politically the government wants favorable results. The personnel giving the immunization for eg. get paid per number of injections, thus reports numbers are inflated. There is missed reporting of incidence of morbidity/mortality.	1. Develop an accurate data gathering network. 2. Define the role of Bidans, Bidan di Desa, TBA's in HIS. 3. Use the Data Collection for accurate interpretation of health trends and make appropriate management decisions ensure the ongoing delivery of quality health care to the village. 4. Supervise the TBA's to develop an accurate "pictorial" recording system, as part of the overall HIS.	1. Observe the existing RR system at DHO and Puskesmas, including: data flow, constraints skills and knowledge of RR, evidence of missed reporting. 2. Prepare a curriculum (MOH, DHO HIS and ADRA/HIS), that includes a problem statement, objectives for using data, definition of proposed data collection system, showing the reporting flow and the person responsible for forwarding the information; define the decision making needs of the government; identify suitable candidates to participate in an extensive training course focusing on reporting and surveillance. 3. Conduct the Field Epidemiology training at the District level. These people become the trainers of the Puskesmas Doctors and Reporting and Recording (RR, the HIS of the Puskesmas) This training should be conducted during April and May 1994, when the government is not busy. The length of the training will be 2 weeks class, and 1 week of field work: one session in Sangir and one in Minahasa.) Training will based on the Field Epidemiology Curriculum.	Oct 1993	Project Area	HIS Coordinator
			Nov 1993	Manado Tahuna Tondano	HIS Coordinator
			Apr 1994	Tahuna Minahasa	MOH MOH

5

Topics	Objectives	Activities	Date	Where	Who
MALARIA TECHNICAL TRAINING Rationale The government has a strong malaria prophylaxis program. The MOH has requested training in Assistant Entomologists who are based in the field. This training would be done in collaboration with the Sam Ratulangi University.	1. Increase the effectiveness of the identification of vectors and control methods, to improve the timing and accuracy of interventions.	1. Train representative for each of the 7 Districts, in identification of vectors, control and timing of methods, management of malaria.	Apr/May 1994	Manado	MOH

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NUTRITION IMPROVEMENT		1. Provide additional Ibu Hamil cards (5,000) to the Village midwives and TBA's. (Plots mother's weight and detects high risk mothers.)	Nov 1993	Project Area	DHO, ADRA

9