

- PD-ABJ-607
FSN-91116 -

HELEN KELLER INTERNATIONAL

ANNUAL REPORT

SEMARANG FIELD OFFICE

October 1988 - September 1989

ROVITA PROJECT

A DOUBLE INTERVENTION OF
ORAL REHYDRATION THERAPY AND VITAMIN A
IN TWO KABUPATEN IN CENTRAL JAVA

(PDC-0284-A-00-6131)

Prepared for:

Office for Private and Voluntary Cooperation
AID/Washington

Semarang
1989

TABLE OF CONTENTS

I.	PROJECT DESIGN SUMMARY	1
II.	LINKAGES	4
III.	HUMAN RESOURCES & TECHNICAL SUPPORT	5
IV.	PROJECT HEALTH INFORMATION SYSTEMS	6
V.	WORK PLAN AND CONSTRAINTS	13
VI.	PROJECT EXPENDITURES AND BUDGET REVISION	19
APPENDICES		
I.	ROVITA PROJECT ACTIVITIES AND OUTPUTS, October 1988 - September 1989	A2
II.	VITAMIN A CAPSULE COVERAGE RATES	A33
III.	ROVITA PROJECT PERSONNEL & TECHNICAL ASSISTANCE	A37
IV.	KAP STUDY QUESTIONNAIRE	A40
V.	MORBIDITY STUDY QUESTIONNAIRES, 1988/1989	A67
VI.	QUESTIONNAIRES FOR MONITORING COMMUNICATIONS	A83
VII.	REPORT OF MIDTERM EVALUATION OF ROVITA PROJECT	A87

I. PROJECT DESIGN SUMMARY

A. Statement of Rovita Project Objectives and Modifications

Major objectives for 1989 through the end of the project are marked with *. Specific 1988/1989 activities undertaken to reach these objectives are described in Appendix I.

1. Vitamin A Component Objectives

Major objective stated in DIP (1987):

To improve the distribution of megadose vitamin A in order to achieve a coverage of 90% of children 1 to 5 years old.

Revised 1989:

- * To improve the distribution of megadose vitamin A to children 1 to 5 years old in order to increase coverage.

Comments:

New information from project surveys suggests that actual baseline rates of capsule ingestion by eligible children may be less than 50%.

Distribution of capsules by Volunteers is done at the Village Health Posts (on the one day each month they are open). As for children who do not come to Health Posts, capsules are given to them at their homes by Volunteers, or capsules are sent to their families to give to them. Those capsules given outside of the Health Posts are nearly half of all reported capsule distribution figures. Coverage reported in the project target area is over 90%, approximately 50% in the Health Posts and 40% elsewhere. Reaching a coverage of 90% of the children who receive capsules in the Health Posts is very difficult.

Because actual coverage figures are still uncertain, we can no longer specify a percentage coverage rate as an attainable target.

Further background on the problems of determining actual coverage rates is discussed in Appendix II.

Vitamin A sub-objective stated in DIP (1987):

Strengthen the vitamin A nutrition education component of Posyandu teaching sessions.

Revised 1989:
dropped

Comments:

The need for intense work on capsule distribution has resulted in the decision not to attempt to attain any specific sub-objectives in the DIP which were related to vitamin-A-rich foods and nutrition education.

2. ORT Component Objectives

Major ORT objective stated in DIP (1987):

- * To improve diarrheal disease outcome in children less than 5 years old through improved case management and improved supply and distribution of oral rehydration salts.

Revised 1989:
no change

ORT Sub-objective stated in DIP:

Improve the logistics and supply system of ORALIT in order to provide adequate stocks at each level.

Revised 1989:

Increase supply of oralyte readily available to mothers of children under five.

Comments:

The original focus on "adequate stocks" of oralyte at each Health Department level is impossible to reach: it is not financially feasible for the Government of Indonesia to provide adequate oralyte stocks free of charge to mothers, and no system for charging mothers is in place. Therefore, stocks at the village level will be adequate only if mothers use commercial oralyte. Rovita's 1987 specific sub-objective of improving the government logistics and supply system for oralyte has been broadened to increasing the supply of oralyte at the village level.

3. Social Marketing Component Objectives

Major social marketing objective stated in DIP:

- * To apply social marketing techniques including systematic coordinated communications in order to achieve objectives for increasing vitamin A capsule

coverage and for improving diarrheal disease outcome.

Revised 1989:
no change

4. Evaluation Component Objectives

- Major Evaluation Component objective stated in DIP:
- * To measure the change in incidence and severity of diarrhea in a small cohort of children before and after vitamin A supplementation.

Revised 1989:
no change

B. Priority Population

The priority population targeted in the Rovita Project is children under 5 years old in two areas, Demak and Jepara, in Central Java province.

The estimates of the number of children under five years old targeted are as follows:

<u>February 1987 est.</u>		<u>August 1989 est.</u>	
Demak	114,067	Demak	116,360
Jepara	<u>113,176</u>	Jepara	<u>115,451</u>
TOTAL	227,243 children	TOTAL	231,811 children

C. Strategies for Identifying and Providing Follow-Up Service to People at Higher Risk:

no changes from the 1987-1988 annual report

D. Child Survival Interventions Provided/Promoted by the Project:

In general, the Project's child survival interventions remain the improvement of vitamin A capsule distribution, the increase in knowledge and use of oral rehydration therapy (ORT), the improvement of oralyte distribution, and the use of social marketing techniques (mass media and interpersonal communication) to promote both vitamin A capsules and ORT for children under 5.

E. Improvements

no changes

II. LINKAGES TO OTHER HEALTH AND DEVELOPMENT ACTIVITIES

Because this is an official Indonesian government project, with Helen Keller International taking a lead role, all levels of the current government **Department of Health** structure are active in the project's implementation, including the Health Education, diarrheal disease and nutrition programs of the central, provincial, regency [kabupaten], and district [kecamatan] levels. Major operational and technical responsibilities continue to be provided by the **Diponegoro University School of Medicine's Nutrition Department**. Technical assistance continues from the **Academy for Educational Development, Annenberg School of Communications**, and **San Diego State University**, funded by AED's HealthCom Project.

As part of a continuing exchange between HKI's East Java and Centra Java projects, three people from the **East Java Health Department** came to learn about Rovita's pretesting process, observing the field pretesting of banners for ORT.

Early in November 1988, several of the Rovita team attended **The Regional Meeting on Vitamin A**, an international conference held in Jakarta. The Head of Rovita's Social Marketing Component presented a paper on the Project's social marketing of vitamin A capsules.

In February, three Rovita team members went to West Java to attend a training by the USAID-funded **URO Project**. URO staff trained Village Health Post Volunteers in using counselling cards as a communications tool on diarrhea case management.

Gajah Mada University and **Johns Hopkins University** have been planning an intensive study ("**Morvita**") of the effects of vitamin A supplementation on morbidity. Data collection is to begin early in 1990. Members of the Morvita and Rovita teams have shared experiences throughout the year; Rovita has provided copies of its own Manual of Operations as well as all questionnaires to the Morvita team.

Several Rovita personnel have been associated with the **Indonesian Epidemiology Network ("JEN")**, a group established to develop the capability of various Indonesian institutions

to solve local public health problems using methodology from epidemiology, social science, and public health administration. Rovita personnel were involved in planning a social marketing methodology workshop as part of the second annual JEN meeting, which will focus on epidemiological research and its application to public health communications.

III. HUMAN RESOURCES

Rovita Project is a cooperative effort among the Indonesian Department of Health, Diponegoro University, and Helen Keller International. The Project is jointly managed and monitored by Helen Keller International (HKI administers all funds for the project through its Jakarta office) and the Directorate of Nutrition, Department of Health, with major operational and technical responsibilities being provided by the University of Diponegoro's School of Medicine. Technical support and assistance were provided by Academy for Educational Development.

There were no changes in provincial-level Rovita Project personnel; they are listed with full titles in Appendix III. They include one full-time expatriate, several senior specialists within the Indonesian government, direct hire support personnel, and one expatriate consultant. Rovita Project uses a rare model in its use of both national- and provincial-level committees whose members are considered vital contributors to the project.

Committees:

- (1) The Provincial Steering Committee in Semarang is responsible for the detailed planning and implementation of Rovita activities in the field. There are no changes in personnel, although the promotion of the Social Marketing Component Head from Health Education to Health Manpower Services has meant less time from him and more from his former assistant, who remains in Health Education.
- (2) Rovita Project's Central Steering Committee in Jakarta is responsible for overseeing project planning and implementation. In the past year, members from both the nutrition directorate and the communicable disease directorate have changed. Current committee members (with the new ones marked with *) are:

* Benny A. Kodyat
(Rovita Steering Committee Coordinator)
Head, Directorate of Community Nutrition Improvement
Central Ministry of Health, Jakarta

I.B. Mantra
Center for Community Health Education
Central Ministry of Health, Jakarta

* Sutoto
Head, Sub-directorate for Diarrhea, Helminths, and
Intestinal Parasites
Directorate for Communicable Disease Control and
Environmental Health
Central Ministry of Health, Jakarta

Asmira Soetarto
Directorate of Nutrition Improvement
Central Ministry of Health, Jakarta

Henny
Directorate of Nutrition Improvement
Central Ministry of Health, Jakarta

Steve Wilbur
Indonesia Country Director
Helen Keller International

AID-sponsored Technical Assistance

Rovita's long term social marketing consultant, Tom Reis, is supported primarily by the USAID funded HealthCom Project; approximately 10% of his support comes from Rovita funds.

As part of HealthCom Project's own evaluation, Judith McDivitt, a researcher from Annenberg School of Communications, made a second visit to Rovita to assist with the design of the KAP study one-year assessment questionnaire.

HealthCom funds also allowed Rovita to have the time and skills of John Elder, a behavioral psychologist from San Diego State University, who gave intensive assistance in the planning and data analysis for a small "Kader Behavior Study" looking at what motivates Health Post Volunteers and what leads them to drop out.

IV. PROJECT HEALTH INFORMATION SYSTEMS

A. Community Surveys

1. KAP Study

Data were collected on the knowledge, attitudes, and practices ("KAP") of 799 mothers regarding vitamin A capsules, oral rehydration, and the Rovita Project interventions of involving radio, banners, and Village Health Post Volunteers. This information forms the baseline against which to measure changes in mothers' KAP after one year of project interventions.

The 2 Rovita target regencies are considered similar enough that one was chosen as the site for evaluation activities. A second, non-Rovita, regency was selected as a control area. From each regency, 5 districts were selected using probability proportional to size (total population), and using PPS again, 30 villages were selected in Demak and 20 in the control area. Within each village, 2 Neighborhoods were selected as primary sampling units, one for the 1988 survey and one for the 1989 survey, and from each PSU 16 households with children under five were selected for interview. The final sample size was 485 households in Demak and 314 in the control area.

Questionnaire development took place over a period of one year, with input from 3 expatriate consultants as well as from the local personnel and mothers in villages. One of the most problematic items was which acceptable term or expression would cover mild, moderate, and severe diarrheas. The expression finally chosen after much pretesting was "frequent and watery stools," (literally, poo-poo which is watery and frequent), and this was repeated each time a question was asked about diarrhea generally. When the questions moved to the "most recent episode" of diarrhea, the mother was asked what she called it, and her specific term was then used by the interviewer. (In the end, we counted 48 different terms used by the mothers to name their child's most recent case of diarrhea.) A copy of the questionnaire is included in Appendix IV.

Data collection was organized and implemented by Survey Research Indonesia, a private firm in Jakarta, in collaboration with the Rovita team and consultants. SRI selected the interviewers; training was a collaborative effort; SRI then supervised all field work. Field work was completed by SRI's team of 15 interviewers in 4 weeks; each interview took about 1 hour.

SRI also coded and entered the data into their own program; analysis using SPSS is still being done by Annenberg School of Communications as one part of the evaluation of USAID's HealthCom Project. The collaborative effort among Rovita

Project/Survey Research Indonesia and HealthCom/Annenberg will continue for the second round of data to be collected in October 1989.

First results of analysis on capsule distribution have been reported informally to the Rovita team, but the full formal report has not yet been submitted by Annenberg. The final report including comparative data from one year to the next for target area and control area is expected in the spring of 1990.

Costs to Rovita for fieldwork, data coding, data editing, and the preparation of a data tape were rp29,662,500 (\$17,500 at rp1695/1US\$) for the baseline data; analysis costs were borne by AED's HealthCom Project.

2. Morbidity Study: general information

The Morbidity Study is an effort to study the impact of vitamin A capsule supplementation on diarrhea incidence and severity. This is a randomized clinical trial with eligible children divided into supplementation and control groups for diarrhea surveillance. Three villages were selected, and an attempt was made to include in the survey every child between the age of 6 months and 1 year. Information on prevalence, incidence, and severity of diarrhea was collected weekly; information related to possible confounding variables was also collected on individual children and on households, before, in the middle of, and after the surveillance year.

All questionnaires were almost self-coding, as can be seen in Appendix V. Each questionnaire was reviewed by the field coordinator before data were entered into an IBM personal computer using a new program, dSURVEY, which has a direct conversion of data into SPSS-PC+ files. The process of data analysis began after the first week's data were entered into an SPSS file and has continued since. Feedback to project staff has been continuous on an informal basis; it is too early for formal reports of results.

Technical consultants have not been used in this year of data collection, although assistance will be used to help with the analysis.

Total cost for this study is expected to be about \$50,000.

Surveillance Data. Weekly surveillance of 1235 children under 5 began in August 1988 and continued for one year. The surveillance questionnaire was developed in a process of planning in the office and field testing in a village located next to the study site. Because of the intended frequency of interviews, the questionnaire was deliberately made as short as possible and ended up with only 13 questions for the

respondent, taking less than 5 minutes. Interviewers were selected from the study villages; most were Village Health Post Volunteers who were supervised by 3 village coordinators (also Health Post Volunteers) and 2 Diponegoro University faculty members. Each of the 18 interviews spent about 3 days per week to record information on the 1,235 children.

Child and Household Data. Baseline data on all children and their households were collected in July 1988; mid-surveillance data on most of the same variables were collected in March 1989; post-surveillance data were collected in September 1989. Interviewers measured the height and weight of children in March 1988 and August 1989. Because diet determines nutritional (including vitamin A) status, in September 1989 after the surveillance, an attempt was made to catch the diet pattern of the subject children. Although this pattern cannot be a cause of prior diarrhea incidence or severity, it may suggest within the study population a relationship between food pattern and diarrhea that confounds the impact of vitamin A capsules on diarrhea.

3. Study of Village Health Post Volunteers

This "Kader Behavior Study" is an ethnographic and observational look at what Village Health Post Volunteers actually do at the Health Posts, at their reasons for continuing as Volunteers, and at the reasons for dropping out. Volunteers in 19 Health Posts were observed and interviewed.

The second phase of this study is planned to include a test of the effectiveness of one or two specific interventions to motivate Volunteers to continue working.

4. Department of Health Information

Other monitoring and evaluation systems are already in place through the Central Java Health Department as part of routine diarrhea surveillance, routine monitoring of the distribution systems for Oralit and vitamin A capsules, and routine monitoring of health education effectiveness. Rovita funding is permitting an increase in the time spent in monitoring activities and is encouraging improvements in the systems to obtain more reliable information for assessment and planning. Questionnaires for monitoring radio broadcasts and message effectiveness are in Appendix VI.

B. Indicators of Effectiveness.

Project indicators remain unchanged. The team will continue routine monitoring of interventions in order to assess capsule coverage rates and oralyte use rates. Final estimates of effectiveness will be based on this routine monitoring, on the completion of the study of distribution and coverage systems, and on the results of the one-year KAP Study which includes measures of the extent to which communications are reaching the target audience.

Estimated costs for project monitoring by provincial and regency personnel from October 1988 - September 1989 were approximately rp21,000,000 (\$12,000).

Tier One Indicators

Vitamin A Capsules

Health Department reports of numbers of children age 1-4 given megadose vitamin A:

	<u>Aug 87</u>	<u>Feb 88</u>	<u>Aug 88</u>	<u>Feb 89</u>	<u>Aug 89</u>
Demak	54,687	54,495	62,984	64,567	avail.Oct.
Jebara	48,325	50,321	55,810	60,045	avail.Oct.

(See Appendix 2.)

Training - Vitamin A and ORT

- 76 Health Center personnel were trained to be trainers.
- 2,182 Village Health Post Volunteers were trained.

Commercialization of Oralyte

- In 10 months, 395 village retailers reported selling 15,263 packets of oralyte-200.

Social Marketing Interventions

- 3,793 radio spots were broadcast during two 5-week campaigns for vitamin A capsules (1,680 spots in February and 2,113 in August).
- 600 banners were displayed in villages during the two 5-week campaigns for vitamin A capsules.

- 4,840 ORT radio spots ("Drink") were broadcast (2,400 spots, mid-January-March, and 2,440 spots, June-July).
- 1,500 ORT radio spots ("Drink and Eat") were broadcast in September.
- 573 ORT banners ("Drink!") were distributed to Health Posts for display on monthly clinic days.
- 340 radio spots to wish Volunteers a happy holiday were broadcast over 9 days at Idul Fitri, May 1989.

Evaluation

- Approximately 918 mothers were interviewed weekly by 21 Rovita-trained interviewers regarding diarrhea in their children under five.
- 799 mothers of children under five were interviewed in baseline assessment of KAP (knowledge, attitudes, and practices) regarding vitamin A capsules and diarrhea management.

Tier Two Indicators

Vitamin A

Percent of estimated children age 1-4 reported given megadose vitamin A (based on Health Department and Statistics Bureau figures):

	<u>Aug87</u>	<u>Feb88</u>	<u>Aug88</u>	<u>Feb89</u>	<u>Aug89</u>
Demak	71%	71%	82%	83%	?
Jepara	64%	66%	73%	78%	?

Preliminary analysis of KAP Study interviews with mothers indicates that August 88 rates of children who received a capsule may be as low as 25%. (Again, see Appendix 2.)

ORT

Reports of routine monitoring of ORT use are still being compiled, and the KAP Study analysis of ORT data is also in progress. Obtaining data on management of diarrhea cases occurring within the "last 2 weeks" will be difficult since Health Department oralyte data are compiled monthly.

Social Marketing

Results of monitoring message coverage rates are not completed yet. The project team will try to determine what percentage of target mothers have heard or seen project-sponsored messages.

Evaluation

No Tier Two Indicators.

C. Midterm Evaluation

In November 1988, a one-week site evaluation of Rovita Project was conducted by a team consisting of a U.S. Public Health Service consultant, an HKI headquarters Regional Coordinator, and a private-sector marketing consultant. They conducted in-depth interviews with a variety of project-connected persons from USAID, HKI, the national Ministry of Health, and the Demak Regency Health Department, as well as the provincial Rovita team. The cost was primarily borne by the JHU Technical Support Group, with approximately \$5,000 from the project.

The evaluation team reported that although there were start-up delays requiring a one-year extension of time, the project has adequate numbers of competent personnel and activities are progressing well.

[A one-year, no-cost extension was requested and granted.]

They agreed that Rovita should monitor radio broadcasts.

[The Social Marketing Component began to monitor radio broadcasts while continuing to monitor community understanding of all communications messages. The forms used are in Appendix VI.]

The evaluation team also reported that the project objective of a 90% capsule coverage rate was "overly ambitious" given an estimated starting point of 60% coverage. (Because Rovita's KAP study data had just been collected at the time of this midterm evaluation, the midterm evaluation team was not aware that the starting point might be much lower than 60%.)

[The goal was modified to the more realistic "increase coverage," as stated in section I.A.1.]

The team was very much interested in the use of village volunteers as health communicators. They cautioned against

assuming that positive results from Rovita Project in Volunteer-to-mother communications would work elsewhere since the Volunteer system is much better established in Central Java than in other parts of Indonesia. They recommended further work on the problem of health Volunteer attrition.

[Rovita's "Kader Behavior Study - Phase I" provided ideas for motivating and rewarding the Health Post Volunteers. Radio messages and a direct-mail intervention were developed and tested.]

The evaluation team also recommended continuing emphasis on development of skills to leave behind and on the documentation of activities to be shared with provincial and national Health Department personnel.

[Progress here is uneven and will require more attention from the Project Manager and the Principal Project Coordinator.]

V. WORK PLAN AND CONSTRAINTS

A. Activities Planned for 1989-1990

- work to improve the accuracy of information on capsule distribution, during and outside of Health Post clinic sessions
- continue monitoring village registration of children under five and distribution of capsules
- collect information on child registration and capsule distribution
- develop a compact nutrition training module for use after Rovita Project
- collect secondary data on xerophthalmia cases from Health Centers and hospitals
- assess effectiveness of Rovita's Volunteer training model (one trained Volunteer per Health Post to train others), and write report
- continue gathering information on reporting of diarrhea cases, and write report
- continue gathering information on use of oralyte, and write report
- gather information and write report on treatment of diarrhea in Health Centers and hospitals
- continue contact with commercial oralit producers
- write report on encouragement of retail sales
- plan, implement, and report on a Rovita social marketing workshop for regency-level personnel from Central Java, October 1989
- complete disseminate, evaluate, and report on Vitamin A Deficiency Guides
- complete the second edition of the ORT Manual for Health Volunteers and distribute one copy to each Village Health Post
- complete the development, production, and dissemination of a school poster
- continue monitoring and reporting on all communications efforts

- write short field notes for health educators on various interventions tried by Rovita Project
- KAP Study: data collection, analysis, and report
- continue analyzing Morbidity Study data
- write reports of Morbidity Study activities
- collect 1989/1990 data on the distribution and coverage of capsules and ORS from mothers, Volunteers, retailers, and Health Center staff
- analyze distribution and coverage study data
- write report of distribution and coverage study, comparing 1987 and 1989 data
- write final Rovita Project report

The new timeline for project completion in September 1990 can be seen on the following page.

xx [INSERT TIMELINE PAGE]

Timeline of Planned Activities
 Rovita Project
 October 89 - September 90

	1989			1990								
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
KAP EVALUATION												
Data Collection												
Analysis + Reports												
VITAMIN A TRAINING MODULE												
RADIO												
ORT												
Vita												
Volunteers												
PRINT												
Banners - Vita												
Banners - ORT												
Manuals - ORT												
Fliers												
Vit A Defic. Guide												
ORT Poster												
MORBIDITY STUDY												
Analysis + Reports												
DISTRIB./COVERAGE STUDY												
Data collection - mothers												
Data collection - others												
Analysis + Reports												
MONITORING: vit A												
MONITORING: diarrhea/ORT												
MONITORING: communications												
SOCIAL MKTG WORKSHOP												
DOCUMENTATION/REPORTS												

B. Constraints

High turnover of skilled Health Post Volunteers

The Health Post Volunteers are key persons for reinforcing health messages. Estimates of normal annual turnover are around 30-40%. In the last year, elections of Village Heads have meant particularly heavy losses of trained Volunteers, who were tied more strongly to the Village Heads who choose them than to the Health Department. An estimated 40-50% of the Volunteers that Rovita trained in June 1988 have been replaced by new ones.

This is a national problem. In June 1989, Rovita personnel tried a possible solution focused on selection of Volunteers for training and on having the trained Volunteers teach others. Instead of asking each Village Head to choose any 5 Volunteers from his village, the Rovita team asked Health Center staff and Village Head to work together to choose the single, most active "key" Volunteer from each Health Post in his village. Then, after Rovita training, each trained Volunteer would in turn teach the other current Volunteers at her Health Post as well as any new Volunteers who begin work. If successful, the skills in a Village Health Post can remain high even though individual Volunteers leave and are replaced. The effectiveness of this process of selecting and training key Volunteers to teach others will be assessed qualitatively.

In addition, in order to try to increase Volunteer status and motivation to continue working, Rovita Project will broadcast radio messages that praise Volunteers.

Capsule distribution outside the Health Posts

Many capsules are distributed outside the Village Health Post clinics, which are open only one day a month. Although these capsules are intended to be given by Volunteers directly to the target children, it is known that some are sent with neighbors of those children. More information is needed to determine the extent of the problem, which is closely related to the inconsistent figures on coverage rates.

This problem is also larger than Rovita. In order to obtain more precise information, Rovita will ask for separate numbers on capsules given out at the Health Posts and those given elsewhere. Rovita will also seek solutions from Volunteers themselves and from Health Center staff who work with them. Communications messages are urging mothers to take their children to the Health Posts.

End of financial bonuses may affect reported capsule coverage

Payments to Health Posts for each capsule reported to be distributed may have encouraged over-reporting. These per-capsule incentive payments were changed in August 1989 to lump sum Health Post assistance payments. No further incentive/assistance payments will be made by this project after August 1989. Depending on the connection between per-capsule payments and capsule reporting by Health Post Volunteers, the Health Department's reported coverage rates may change as of August 1989, due to the end of special payments.

Lack of information on diarrhea cases treated at home

Reports of diarrhea cases come from Volunteers, from Health Centers, and from hospitals. A relatively small factor in under-reporting is the result of unavoidable weaknesses in the overall Volunteer system -- it is not feasible for the Health Department to formally train and closely supervise all Volunteers.

Rovita's June 1989 training for one Volunteer from each Village Health Post included a special emphasis on the reporting process; the Volunteer trained was asked to teach the other Volunteers in his/her Health Post.

A more serious factor preventing knowledge of the real prevalence of diarrhea and knowledge of the home use of ORT is the uncounted cases which are never seen by anyone in the Health Department. Indeed, the more effective Rovita's ORT campaign, the higher the number of cases that will be treated at home without ever coming to the attention (and reports) of the Health Department -- whether Volunteers, Health Centers, or hospitals.

Continuing ORT policy changes at national level

There have been several diarrhea management policy changes at the national level since the beginning of the project which have required extended time to finalize communications materials. The team continues to revise messages during extended negotiations over specific applications of policy. Some of these issues are still not resolved, and materials development will continue to be delayed.

Nevertheless, the involvement of the policy-makers in the decisions of a small project is an excellent opportunity for sharing provincial-level "lessons learned" with national-level policy-makers.

Audience understanding of Rovita messages is not yet high enough

The Rovita Team will continue to refine all messages through field testing of both messages and media and will continue to disseminate these messages to the target audience.

Materials development requires more time than anticipated

The shortage of skilled artists available to work with Rovita has led to unexpectedly long periods needed for the development of printed materials. In addition, materials development time is further extended by the greater involvement of national-level Ministry of Health personnel.

Banners may not be sustainable for message communication

Although banners are popular, printing them in large numbers of good quality is a slow, technically difficult process. Obtaining good quality banners quickly, if possible at all, will be more expensive than anticipated.

Other printed media will be explored.

The effectiveness of on-going monitoring of messages is unclear

We don't know yet how good is our routine information gathering on the effectiveness of our campaigns: to what extent do the data reflect responses to the questions we think we are asking?

More effort will be given to this task.

Social marketing provincial personnel have decreasing time

The Rovita social marketing component head has been promoted to a new position; his own time for field work is extremely limited.

Rovita is accelerating its training of new people, including a planned social marketing workshop for regency-level health educators.

Attribution of changes in mortality or morbidity

Although changes in child mortality or morbidity in the Rovita Project area over the life of the Project could be measured by comparing government figures, any such changes could not be directly attributed to the Project's social marketing interventions.

"Morbidity Study" weaknesses

The Study team is investigating problems, particularly interviewer differences, to see if the differences in reported diarrhea incidence reflect reality or are a result of differences in the ways that interviewers collect the data.

Lack of written documentation of internal evaluation efforts

Although there have been planning, extensive data collection, and analysis on a number of research questions, without reports or documentation the studies will remain unfinished.

Part of the effort to leave behind important skills will be focused on the importance and the process of documenting information gathering.

VI. PROJECT EXPENDITURES AND BUDGET REVISIONS

See Form A, PVO Country Pipeline Analysis.

72

HELEN KELLEH INTERNATIONAL, INC.
 1989 ANNUAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS
 PVO / COUNTRY PROJECT- PDC-0354-A-00-6131-00

INDONESIA	ACTUAL EXPENSES TO DATE (9/30/86 to 9/30/89)			PROJECTED EXPENSES AGAINST REMAINING OBLIGATED FUNDS (10/1/89 to 9/29/90)			TOTAL AGREEMENT BUDGET (9/1/86 to 9/29/90)		
COST ELEMENTS	AID	HKI	TOTAL	AID	HKI	TOTAL	AID	HKI	TOTAL
PROGRAM	\$613,068	\$175,968	\$789,036	\$253,776	(\$968)	\$252,808	\$866,844	\$175,000	\$1,041,844
EQUIPMENT	\$14,492	\$15,167	\$29,659	(\$3,992)	\$12,833	\$8,841	\$10,500	\$28,000	\$38,500
TOTAL DIRECT COST	\$627,560	\$191,135	\$818,695	\$249,784	\$11,865	\$261,649	\$877,344	\$203,000	\$1,080,344
INDIRECT COST	\$61,032	\$34,022	\$95,054	\$11,624	\$488	\$12,112	\$72,656	\$34,510	\$107,166
TOTAL COST	\$688,592	\$225,157	\$913,749	\$261,408	\$12,353	\$273,761	\$950,000	\$237,510	\$1,187,510

12/06/89

APPENDICES

I. ROVITA PROJECT ACTIVITIES AND OUTPUTS,
October 1988 - September 1989 A2

II. VITAMIN A CAPSULE COVERAGE RATES' A33

III. ROVITA PROJECT PERSONNEL & TECHNICAL ASSISTANCE A37

IV. KAP STUDY QUESTIONNAIRE A40

V. MORBIDITY STUDY QUESTIONNAIRES, 1988/1989

 Surveillance A68

 Mid-surveillance data: child A70

 Mid-surveillance data: household A72

 Height and weight status #1 A80

 Height and weight status #2 A81

 Food pattern A82

VI. QUESTIONNAIRES FOR MONITORING COMMUNICATIONS

 Radio Broadcasting A84

 Message Effectiveness A85

VII. REPORT OF MIDTERM EVALUATION OF ROVITA PROJECT

APPENDIX I

ROVITA PROJECT
COMMUNICATIONS ACTIVITIES AND SAMPLE OUTPUTS
October 1988 - September 1989

Highlights	A3
Sketch of Banner for Vitamin A Capsules (displayed in February and August 1989)	A4
Translation of August 1989 Radio Messages for Vitamin A Capsules	A5
Flier/Miniposter for Health Post Volunteers	A8
Translation of Radio Messages for ORT, Phase I	A9
Sketch of Banner for ORT, Phase I	A11
Translation of Radio Messages for ORT, Phase II	A12
Training Module, Vitamin A + ORT	A15
Translation of Draft Radio Messages for Volunteer Motivation	A30

HIGHLIGHTS OF ROVITA PROJECT ACTIVITIES
October 1988 - September 1989

- Rovita's Vitamin A capsule banners were displayed again, one per village, during the two capsule distribution months for Central Java. These banners were produced and distributed in July 1988 and have been used for 3 rounds of capsule distribution so far.
- ORT Phase 1 ("Diarrhea? Drink!") radio spots were developed and produced; broadcast began January 1989. Next, ORT Phase 2 radio spots ("Diarrhea? Drink and eat!") were developed and produced; broadcast began in September 1989.
- ORT Phase 1 banner ("Diarrhea? Drink!") was developed; production, distribution, and display have begun.
- Provincial and regency staff trained 76 Health Center staff trainers, who in turn trained 2,182 Volunteers in June 1989.
- After the Vitamin A Volunteer manual was revised, copies were distributed to each Village Health Post Volunteer taking part in the Rovita Project training in June 1989. Since one Volunteer from each Health Post was selected for training, it is hoped that every Health Post now has access to a copy of the Manual.
- Village sales of oralyte seem to be increasing.
- New radio spots were developed and produced for vitamin A capsules; broadcast began at the end of July 1989.
- Vitamin A capsule fliers/miniposters were developed, printed, and mailed to 447 Village Heads for distribution to Health Post Volunteers in early August 1989.
- Based on results of a special study, new radio spots to motivate and reward Village Health Post Volunteers were drafted. Finalization, production, and broadcast are planned for 1990.
- Rovita's May 1988 ORT Manual has been in a long process of revision and is nearly ready for printing.
- Development continued on two complementary guides on managing vitamin A deficiency: Prevention and Referral Guide for Village Health Post Volunteers, and Prevention and Treatment Guide for Health Centers.
- Work began on developing an ORT poster for schools (with school children being a secondary audience).
- The year-long diarrhea surveillance of 1,235 children was completed, and mid- and post-surveillance information was collected on each child.
- Data on 799 mothers' knowledge, attitudes, and practices regarding vitamin A capsules and ORT were collected; analysis progresses.



KAPSUL VITAMIN A

UNTUK ANAK BALITA ANDA

T I A P
FEBRUARI & AGUSTUS

 KEMENTERIAN KESEHATAN REPUBLIK INDONESIA

DAPATKAN DI POSYANDU

FINAL SCRIPT

ROVITA - VITAMIN A CAMPAIGN
AUGUST 1989

Version I

Intro (music) - dangdut instrument

The sound of children playing.

Pakne: Well... seeing the kids healthy and cheerful, I feel happy and satisfied Bune.

Bune: Yes Pak, one reason, they are healthy and cheerful is that we take them to the Posyandu.

Pakne: You're right Bune, now we know the benefit of going to the Posyandu. Bune ... it's August; it's time for the kids to get vitamin A capsules so that they will have healthy eyes.

Bune: Oohh.. yes.. time goes fast, it's August already Pak. I'm going to the Posyandu with Cempluk.

Pakne: Bune... remember, even though she has healthy eyes, she still needs a vitamin A capsule that is distributed for free twice a year at the Posyandu.

Bune: Yes, Pakne, I know that vitamin A capsules are for healthy children as well as for sick children.

Pakne: Heh heh heh.

Bune: Okay Pakne, I'm going now.

Pakne: OK. Be careful now!

Smash

Annccr: Right!! Vitamin A protects the health of the eyes of children under five, so that they become healthy and cheerful. Get a vitamin A capsule at the Posyandu every August and February!!
Let's go to the Posyandu to keep children healthy!!

Extro

disk#sm5:VRadAg89.1
Jatayu recording
18juli89

FINAL SCRIPT

ROVITA - VITAMIN A CAMPAIGN
AUGUST 1989

Version II

Intro (music) - dangdut instrument

Kader I: Hello, how are you doing, Bu Kader, are you ready? Today is the Posyandu day.

Kader II: Wait...wait a minute, Bu, I have to get the vitamin A capsules and the children's register.

Kader I: Oohh...you're right; it's August; it's the time to give out vitamin A capsules to the under-fives at the Posyandu.

Kader II: Yes, vitamin A capsules are truly good for the health of the eyes of sick children as well as healthy children.

Kader I: Right, we can see now that our children are healthy, happy and lively.

Kader II: That's a reward for our hard work as volunteers who give them vitamin A capsules every August and February, isn't it?

Kader I: So that they are healthy and their eyes are bright.

Kader II: Come on, let's go, let's not be late.

Smash

Annor: Right!! Vitamin A protects the health of the eyes of children under five, so that they become healthy and cheerful. Get a vitamin A capsule at the Posyandu every August and February!!
Let's go to the Posyandu to keep children healthy!!

Extro

disk#sm5:VRadAg89.2
Jatayu recording
18juli89

SCRIPT
ROVITA VITAMIN A CAMPAIGN
August 1989

Version III

Bune: Oh yeah, Pakne, this is August, isn't? It's time for Cempluk to get a vitamin A capsule.

Pakne: Hey, you almost forgot. Don't forget: every August and February are the times for vitamin A capsule distribution at the Posyandu.

Bune: Well, If I forget please remind me, Pak.

Pakne: [laughing] Heh heh heh.

Bune: Vitamin A is good for children who are sick or children who are healthy.

Pakne: Vitamin A is beneficial. Look at Cempluk: she looks healthy and happy. Well, I feel happy Bune. [laughing] Heh heh heh.

Bune: Yes, that is because we've been taking her to the Posyandu, Pak.

Pakne: Well, off you go to the Posyandu. Take Cempluk along.

Smash

Annccr: Right!! Vitamin A protects the health of the eyes of children under five, so that they become healthy and happy. Get Vitamin A capsule at the Posyandu every August and February!!
Let's go to the Posyandu to keep children healthy.

Extro

disk#sm5:VRadAg89.3
Jatayu recording
18juli89



ROVITA

Rehidrasal Oral & Vitamin A

Kerjasama Kanwil Depkes Prop. Jateng — UNDP — HKI



Kader...
Seorang kader sedang membagikan kapsul vitamin A di Posyandu (Bandharung) Desa Kawitan I Kecamatan Bantrung, Jepara pada bulan distribusi kapsul vitamin A



Saudara kader

Ingat ... Tugas Anda dalam distribusi kapsul vitamin A

(Agustus & Februari) adalah:

- Registrasi balita di lingkungan anda sebulan sebelum distribusi
- Pemberian kapsul vitamin A di Posyandu atau di rumah balita
- Pencatatan dan pelaporan kegiatan

"... terima kasih dari anak-anak ..."

A kader giving a vitamin A capsule at the Health Post in Bantrung Village, Batealit District, Jepara Regency, in the vitamin A capsule distribution month.

Friend Volunteer

Remember ... Your tasks in the distribution of vitamin A capsules (August & February) are:

- Registration of children 45 in your area one month before distribution
- Giving vitamin A capsules at the Health Post or at the child's house
- Recording and reporting the activity

"... thank you from the children ..."



RADIO SCRIPT ROVITA

ORT
PHASE I: VERSION I
English

Intro: local "dangdut" music

Background: child crying 15 sec.

Pakne: The child keeps on crying, eh? Bune, Bune: why is Cempluk crying?

Bune: She's got diarrhea, Pakne.

Pakne: If that's what's the matter, don't give her anything to eat or drink, Bune - that would be dangerous.

Bune: Hey, that's wrong, Pakne. Diarrhea is dangerous because the body loses fluids, and the fluids need to be replaced.

Pakne: So, when children start to have diarrhea, we must give them a lot to drink right away??

Bune: That's right.

Pakne: So, go on: what kind of things to drink?

Bune: Anything! Plain water, tea, breastmilk, oralyte, or homemade sugar-salt solution.

Pakne: Do you know how to make oralyte or sugar-salt solution?

Bune: Not yet --

Pakne: Hey--

Bune: -- but I can ask our neighbor or a Health Post volunteer.

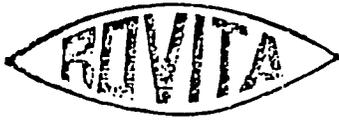
Pakne: Ohhhh.....yes, right!

Smashhh

Narrator: It's true! If your child under 5 is starting to have diarrhea, give him enough to drink right away. Foods and drinks will replace the body's fluids that are lost with the diarrhea.

Local "dangdut" music

#SM2:spotJa89.D1
final:23jan89



RADIO SCRIPT ROVITA

ORT
PHASE I: VERSION II
English

Intro: local "dangdut" music

Background: village atmosphere

Mom #1: Mrs. Renggo ... my goodness, Cempluk is pale and weak. Is she sick?

Mom #2: Yes. My daughter has diarrhea, so I'm not giving her anything to eat or drink. I'm afraid it will make her worse -- that would be dangerous.

Mom #1: Hey, that's wrong, Mrs. Renggo. Diarrhea is dangerous because the body loses fluids and those fluids need to be replaced.

Mom #2: Oh? so? what drinks should I give Cempluk?

Mom #1: Yeah, anything! Give her plain water, tea, breastmilk, oralyte, or homemade sugar-salt solution.

Mom #2: But ... I don't know how to make oralyte or sugar-salt solution.

Mom #1: If you don't know, just ask the Health Post Volunteer or your neighbor.

Mom #2: Oh, yes ... yes, right ... thanks, eh!

Smashhh

Narrator: It's true! If your child under 5 is starting to have diarrhea, give him enough to drink right away. Foods and drinks will replace the body's fluids that are lost with the diarrhea.

Local "dangdut" music

#SM2:spotJa89.D1
final:23jan89

ANAK ANDA
MULAI MENCRET?
SEGERA BERI
MINUM!!!

- AIR PUTIH, TEH
- AIR SUSU IBU
- LGG



FINAL SCRIPT
ROVITA PROJECT - RADIO SPOT
ORT - 2nd Phase

August 89

Version 1

Intro (Music - dangdut instrument)

Ibu: Are you hungry, Pak? I'll prepare your meal in a minute, I have to feed Cempluk - she's fussing; she's started diarrhea.

Bapak: Well, if she has diarrhea why do you feed her? You shouldn't give Cempluk anything at all to eat or drink so the diarrhea will get better fast.

Ibu: Ooo, that's wrong Pak!!! Diarrhea is dangerous. Food and drink should be given since food and drink will replace the body fluids and other essential things that are lost with the diarrhea.

Bapak: Oh really? Where did you learn about that?

Ibu: From the health volunteers, Pak!. They've been trained on how to manage diarrhea.

Bapak: Oh,.... so what kind of food should be given to Cempluk?

Ibu: The usual foods like rice or porridge, vegetables, et cetera.

Bapak: Ooo...I see.

Smash

Annccr: Right!!! When your children have diarrhea, give them food and drink. Food and drink will replace the body fluids and nutrition and essential things that are lost with the diarrhea.

Extro

#sm4:02Rad89.1
Jatayu recording
2sep89

FINAL SCRIPT

ROVITA PROJECT - RADIO SPOT
ORT - 2nd Phase

August 89

Version 2

Intro (Music - dang dut instrument)

Ibu: Assalammu'alaikum!!

Kader: Waalaikum salam .. ooh Bu Renggo, please com in.

Ibu: Sorry to disturb you. I want to ask you something: Cempluk had diarrhea this morning, and according to my husband I shouldn't give any food or drinks. Is that right, Bu kader?

Kader: Oh, that's wrong, Bu Renggo. A child who has diarrhea loses body fluids and nutrition and essential nutrients through the stools, and child will become weak.

Ibu: So should/must we continue giving food and drink as soon as a child gets diarrhea?

Kader: Yes, you're right!!

Ibu: What kind of food, Bu kader?

Kader: The usual food, or give her special food, such as porridge, rice porridge with vegetables, tofu or tempe.

Ibu: Oh.. Okay. Thank you, Bu kader, I have to go home now.

Kader: You're welcome, Bu Renggo ... If you need anything else, don't hesitate to ask.

Ibu: Okay, Bu.

Smash

Annor: Right!!! Drinks and food should be given continuously to children who have diarrhea, because food and drinks will replace the body fluids and nutrition and essential nutrients that are lost with the diarrhea.

Extro

disk:#am4:02Rad89.2
Jatayu recording
2sep89

FINAL SCRIPT
ROVITA PROJECT - RADIO SPOT
ORT - Phase 2

August 1989
Version 3

Intro (music - dang dut instrument)

Ibu: Doctor, my daughter Cempluk here has diarrhea.

Doctor: Well ... let me examine her. She just started to have diarrhea, right?

Ibu: Yes, Doctor.

Doctor: For a child who is starting diarrhea, you can actually treat her yourself. As soon as she has diarrhea, give her something to drink and food as usual.

Ibu: Oh, really?

Doctor: Right! You see, a child who has diarrhea will lose body fluids and the nutrition or essential things with the diarrhea. So...in order that the child will not become weak, you should/must give her food and drink.

Ibu: Oh, so what kind of foods can be given to Cempluk?

Doctor: Any kind of food, such as regular rice, porridge with vegetables, tofu, tempe, or other foods.

Smash

Annor: Right! Drink and food should continue to be given to children who have diarrhea, since food and drink will replace the body fluids and the nutrition or essential things that are thrown away with diarrhea.

Extro

#sm4:02Rad89.3
Jatayu recording
2sep89

PEDOMAN BAGI PELATIH
UNTUK LATIHAN ROVITA

JUNI 1989

MODUL 1: PENGERTIAN VITAMIN A

A. BAHAN/ALAT YANG DIPERLUKAN

1. Buku Pegangan Kader tentang Vitamin A.
2. Buku Pegangan Kader UFGK.
3. Kapsul Vitamin A dosis tinggi.
4. Sayuran yang ada setempat.
5. Buah-buahan yang ada setempat.

B. WAKTU: ... menit.

C. METODA LATIHAN

Langkah 1: Penjelasan

- 1.1. Pelatih menjelaskan arti dan kegunaan Vitamin A untuk anak balita.
- 1.2. Pelatih mengatakan bahwa pada akhir pelatihan ini, peserta diharapkan dapat menjelaskan arti dan kegunaan Vitamin A untuk anak balita.

Langkah 2: Curah pendapat

- 2.1. Pelatih menanyakan kepada peserta untuk menyebutkan sumber-sumber Vitamin A yang ada di daerahnya.
- 2.2. Pelatih mencatat semua jawaban di papan tulis/flipchart tanpa menyanggah jawaban tersebut. Kemudian pelatih membahas dan menyimpulkan sesuai dengan Buku Pegangan Kader Vitamin A (sayuran, buah-buahan, kapsul Vitamin A).
- 2.3. Pelatih menanyakan apakah akibat kekurangan Vitamin A pada anak balita.
- 2.4. Pelatih mencatat semua jawaban, kemudian membahas dan menyimpulkan sesuai Buku Pedoman Kader Vitamin A.
- 2.5. Pelatih menanyakan apakah peranan/tugas kader dalam mencegah akibat kekurangan Vitamin A.
- 2.6. Pelatih mencatat semua jawaban, kemudian membahas dan menyimpulkannya sesuai Buku Pedoman Kader Vitamin A, sambil menjelaskan bahwa:
 - Pemberian kapsul vitamin A oleh kader kepada anak umur 1-5 tahun setiap bulan Februari dan Agustus.
 - Kader dapat memberikan penyuluhan kesehatan mata dengan menganjurkan agar anak balita membiasakan makan sayuran setiap harinya.

Modul Vit. A - 2

- Mader menganjurkan untuk memeriksakan semua anak dengan gejala rabun senja.

Langkah 3: Peragaan

- 3.1. Pelatih menunjukkan sumber-sumber bahan makanan setempat yang merupakan sumber Vitamin A yaitu sayuran dan buah-buahan yang masih segar.
- 3.2. Pelatih menunjukkan kapsul Vitamin A dosis tinggi yang akan diberikan kepada anak 1-5 tahun.

Langkah 4: Penugasan

- 4.1. Peserta (semua) diminta untuk menuliskan sayuran dan buah-buahan yang mudah dan dapat ditanam di desanya serta sayuran dan buah-buahan yang mudah di beli di desanya.
- 4.2. Pelatih membahas dan menyimpulkan.

MODUL 2: REGISTRASI/PENDATAAN

A. BAHAN/ALAT YANG DIPERLUKAN .

- Papan tulis/Flipchart.
- Formulir Registrasi Balita.
- Buku Pedoman Kader tentang Vitamin A.

B. WAKTU: ... menit

C. METODA LATIHAN

Langkah 1: Penjelasan

1.1 Pelatih menjelaskan pentingnya Registrasi/Pendataan pada anak balita dalam rangka pemberian kapsul vitamin A, antara lain:

- Penting untuk mengetahui keberhasilan kita dalam distribusi kapsul nantinya.
- Semua anak balita yang ada di desa harus tercatat atau terdaftar dan umurnya dapat diketahui.
- Anak balita tersebut dikelompokkan per Posyandu.
- Anak umur 1-5 tahun dipisahkan, karena anak umur ini yang akan menerima kapsul.

Langkah 2: Curah Pendapat

- 2.1. Kader yang telah mendapat latihan vitamin A sebelumnya, diminta menyampaikan pengalamannya dalam hal registrasi/pendataan tersebut. Apabila mereka kesulitan menyampaikan pengalamannya, dapat dipancing dengan pertanyaan-pertanyaan sebagai berikut:
- 2.2. Bagaimana cara anda mendata/mencatat anak balita di daerah saudara dahulu?
- 2.3. Pelatih menulis semua jawaban tersebut, kemudian membahas dan menyimpulkan jawaban tersebut dan akhirnya pelatih menyampaikan penjelasan tentang cara mendata anak dengan betul sesuai Buku Pedoman Kader Vitamin A yaitu:
- Mendatangi rumah masing-masing anak.
 - Melihat register balita RDa (UPGK).
- 2.4. Apakah data anak balita tersebut sudah digolong-golongkan per Posyandu.
- 2.5. Pelatih menulis semua jawaban tersebut, kemudian membahas serta memberikan penjelasan, bahwa setiap Posyandu harus mempunyai daftar anak balita di wilayahnya.
- 2.6. Kesulitan apakah yang dijumpai dalam registrasi/pendataan tersebut.

Modul Vit. A - 4

- 2.7. Semua jawaban ditulis, kemudian pelatih mencoba membantu memecahkan kesulitan tersebut sesuai dengan situasi daerah.
- 2.8. Pelatih memberikan penjelasan bahwa oleh karena registrasi/pendataan yang akan datang merupakan lanjutan daripada kegiatan sebelumnya, maka anak balita yang didata adalah anak balita yang dahulu belum pernah didata yaitu anak yang baru lahir atau anak balita pendatang baru.

Langkah 3: Peragaan

- 3.1. Pelatih memperagakan cara mendaftarkan nama anak balita pada formulir yang telah tersedia.
- 3.2. Pelatih menjelaskan dan memperagakan cara menanya ibu balita (orang tuanya) tentang nama, umur, tanggal lahir dan sebagainya.

Langkah 4: Penugasan

- 4.1. Peserta dibagi dalam beberapa kelompok (satu kelompok maksimal 4 orang) dan masing-masing kelompok diberi tugas memperagakan cara menanya dan mendaftarkan anak balita pada formulir yang telah tersedia.

MODUL 3: PEMBAGIAN/DISTRIBUSI KAPSUL VITAMIN A

A. BAHAN/ALAT YANG PERLU DISEDIAKAN

1. Papan tulis/flipchart.
2. Buku Pegangan Kader Vitamin A.
3. Formulir registrasi yang telah diisi dengan nama balita.
4. Kapsul Vitamin A dosis tinggi.
5. Gunting/silet.
6. Gelas untuk minum anak.

B. WAKTU: ... menit

C. METODA LATIHAN

Langkah 1: Penjelasan

- 1.1. Pelatih menjelaskan bahwa pembagian kapsul vitamin A merupakan salah satu cara yang baik untuk menanggulangi akibat kekurangan vitamin A yaitu rabun ayam, mata keruh dan sebagainya, karena itu pembagian kapsul vitamin A harus dilaksanakan sebaik-baiknya.
- 1.2. Pelatih menjelaskan bahwa semua anak umur 1-5 tahun di wilayah Posyandu memperoleh kapsul vitamin A setahun 2 kali yaitu tiap enam bulan pada bulan Februari dan Agustus.

Langkah 2: Curah Pendapat

Peserta diminta menyampaikan pengalamannya dalam membagikan kapsul vitamin A kepada anak. Apabila mereka kesulitan atau malu menyampaikan, pelatih dapat mengajukan pertanyaan sebagai berikut:

- 2.1. Dimana anda memberikan kapsul vitamin a kepada anak-anak?
- 2.2. Semua jawaban ditulis di papan tulis tanpa disanggah tetapi perlu semacam pujian. Pelatih kemudian membahas dan memberi penjelasan bahwa pembagian kapsul vitamin A yang paling tepat/baik ialah di Posyandu. Apabila anak tidak datang ke Posyandu, kader dapat mengunjungi rumah anak dan memberikan kapsul vitamin A kepada anak. Apabila anak tak dapat dijumpai, kapsul tidak boleh dititipkan kepada ibunya, tetangganya atau siapapun.
- 2.3. Pelatih mengajukan pertanyaan: Setelah anak mendapat kapsul vitamin A, kemudian dicatat dimana?
- 2.4. Jawaban tanpa disanggah dan semuanya ditulis di papan tulis/flipchart. Pelatih membahas dan menyimpulkan jawaban tersebut, kemudian pelatih memberikan penjelasan

Modul Vit. A - 6

tentang cara mencatat anak yang telah mendapat kapsul vitamin A dengan betul yaitu:

- Anak yang telah mendapat kapsul vitamin A dicatat dalam formulir registrasi yaitu dengan menuliskan tanggal pada kolom yang tersedia (kolom bulan Februari dan Agustus).
- Selain dicatat di formulir registrasi, juga harus dicatat di KMS.

Langkah 3: Peragaan

- 3.1. Pelatih menjelaskan dan memperagakan cara memberikan kapsul vitamin A pada mulut anak, baik yang langsung ditelan maupun dengan cara menggunting dulu kapsul, kemudian memasukkannya ke mulut anak.
- 3.2. Pelatih memperagakan cara mencatat anak setelah mendapat kapsul vitamin A pada formulir registrasi.
- 3.3. Pelatih memperagakan cara mencatat anak setelah mendapat kapsul vitamin A pada KMS.

Langkah 4: Penugasan

- 4.1. Peserta dibagi dalam beberapa kelompok dan maksimal 5 orang pada tiap kelompok.
- 4.2. Masing-masing kelompok, dimana salah satu anggota kelompok diminta memperagakan cara memberikan kapsul vitamin A pada mulut anak. Peserta lain melihatnya dan memberikan komentar.
- 4.3. Masing-masing kelompok (5 orang), dimana semua anggota kelompok diminta memperagakan cara mencatat anak setelah mendapat kapsul vitamin A di:
 - Formulir registrasi.
 - KMS.

MODUL 4: PELAPORAN

A. BAHAN/ALAT YANG PERLU DISEDIAKAN

1. Formulir laporan distribusi kapsul Vitamin A.
2. Buku Pegangan Kader Vitamin A.
3. Papan tulis/flipchart.

B. WAKTU: ... menit

C. METODA LATIHAN

Langkah 1: Penjelasan

- 1.1. Pelatih menjelaskan bahwa laporan penting sekali dalam suatu kegiatan termasuk distribusi kapsul vitamin A
 - Laporan harus benar yaitu sesuai dengan kenyataan yang ada di lapangan.
 - Laporan tidak boleh ditambah atau dikurangi (harus apa adanya).
 - Laporan yang keliru dapat menyebabkan tindakan kita dimasa depan juga keliru.
- 1.2. Pelatih menjelaskan bahwa laporan harus dikirim:
 - Tepat pada waktunya dan jangan sampai terlambat.
 - Melalui jalur yang telah ditentukan.

Langkah 2: Curah Pendapat

- 2.1. Semua peserta (yang pernah dilatih) diminta menyampaikan pengalamannya dalam cara melaporkan hasil distribusi kapsul vitamin A. Bila mengalami kesulitan, pelatih dapat mengajukan pertanyaan sebagai berikut.
- 2.2. Setelah anak mendapat kapsul dan dicatat di register balita :
 - dari Posyandu laporan tersebut dikirim ke mana dan dengan formulir apa.
 - kapan laporan tersebut dikirimkan.
- 2.3. Semua jawaban ditulis dipapan tulis/flipchart, kemudian dibahas dan selanjutnya pelatih menjelaskan
 - Dengan formulir register balita, laporan tersebut dikirim ke desa (koordinator kader) pada akhir bulan (Februari dan Agustus).
- 2.4. Pelatih mengajukan pertanyaan lagi:
 - Di desa, laporan dari Posyandu tersebut dipindah ke formulir apa?
 - Dari desa laporan tersebut dikirim ke mana dan kapan laporan tersebut dikirimkan.

- 2.5. Semua jawaban ditulis, kemudian pelatih membahas dan selanjutnya memberi penjelasan sebagai berikut:
- Di desa, laporan dari Posyandu (rangkap 2) tersebut dipindah ke formulir laporan distribusi kapsul vitamin A (pelatih sambil menunjukkan formulir tersebut).
 - Formulir laporan tersebut yang merupakan rekap dari beberapa Posayandu kemudian dikirim ke Puskesmas paling lambat tanggal sepuluh bulan berikutnya (Maret dan September).

Langkah 3. Peragaan

- 3.1. Pelatih memperagakan cara memindah laporan dari Posyandu yang menggunakan formulir register balita ke formulir laporan distribusi kapsul vitamin A.

Langkah 4. Penugasan

- 4.1. Semua peserta diminta untuk memindahkan laporan dari Posyandu ke laporan distribusi kapsul vitamin A.

MODUL 5: PENYULUHAN KESEHATAN MATA

A. BAHAN/ALAT YANG PERLU DISEDIAKAN

1. Buku Pegangan Kader Vitamin A.
2. Kapsul vitamin A dan beberapa jenis sayuran berwarna hijau dan buah-buahan.
3. Papan tulis/flipchart.

B. WAKTU: ... menit

C. METODA LATIHAN

Langkah 1: Curah pendapat

1.1. Peserta yang pernah dilatih diminta menyampaikan pengalamannya dalam melakukan penyuluhan gizi. Semua jawaban ditulis di papan tulis.

Bila mengalami kesulitan, pelatih dapat mengajukan pertanyaan sebagai berikut:

- Siapa yang menjadi sasaran penyuluhan.
- Kapan dilaksanakan penyuluhan.
- Bahan/materi apa yang diberikan.

1.2. Semua jawaban ditulis di papan tulis, kemudian dibahas secukupnya oleh pelatih.

Langkah 2: Penjelasan

Pelatih menjelaskan bahwa penyuluhan kesehatan mata sangat diperlukan agar para ibu yang mempunyai anak balita memberikan kapsul vitamin A setiap 6 bulan sekali dan membiasakan memberikan sayuran dan buah-buahan sumber vitamin A.

- Sasaran penyuluhan ialah:
 - o Perorangan, yaitu ibu-ibu balita di meja 4 Posyandu.
 - o Kelompok, yaitu ibu-ibu pada waktu ada kesempatan berkumpul, misalnya arisan, kelompok dasa wisma PKK, dll.
- Materi atau bahan penyuluhan terdiri dari:
 - o Anak umur 1-5 tahun diberi kapsul vitamin A, tiap bulan Februari dan Agustus.
 - o Tempat mendapatkan kapsul vitamin A di Posyandu.
 - o Ibu-ibu agar rajin datang ke Posyandu setiap bulan sekali pada waktu buka.
 - o Anak-anak agar dibiasakan makan sayuran hijau dan buah-buahan setiap hari seperti bayam, kangkung, wortel, pepaya, pisang, jeruk, dll. (lihat buku Pegangan Kader tentang Vitamin A).

Modul Vit. A - 10

Langkah 3: Peragaan

Pelatih memperagakan cara melakukan penyuluhan secara perorangan dan secara kelompok. Pelatih bertindak sebagai kader dan kader sebagai ibu balita.

Langkah 4: Penugasan

- 4.1. Peserta dibagi menjadi 4 kelompok (setiap kelompok 1-5 orang) dan masing-masing kelompok diberi tugas memperagakan penyuluhan kesehatan mata.
- 4.2. Setiap peserta dalam kelompok secara bergiliran harus praktek melaksanakan penyuluhan, seorang menjadi kader yang lainnya menjadi ibu balita, demikian seterusnya bergantian.

PELATIHAN KADER ULANG DALAM P2 DIARE / ROVITA

- I. Waktu : 120 menit .
- II. Alat yang disiapkan :
 - a. papan tulis ,penghapus dan kapur
 - b. oralit 200 cc ,gelas 200 cc ,gelas dengan ukuran yang lain ,air matang , sendok teh.
 - c. garam halus dan gula pasir.
 - d. alat cuci tangan.
 - e. alat tulis yang lain (buku tulis/buku catatan, pensil/ballpoint.
 - f. buku catatan penderita diare.
 - g. Form F/I/Gizi/1987 dan F/II/Gizi/1987.
 - h. "Daftar penderita" diare untuk peragaan.

III. URUTAN PENYAJIAN :

UNTUK DIFERHATIKAN : apabila penatar memberikan pertanyaan ataupun tugas agar diberikan bergantian kepada kader yang berbeda desa asalnya.

1. PENDAHULUAN :

P E L A P O R A N. (mikro training)

Pelatih menguraikan :

Ibu ibu dan bapak bapak dari pencatatan dan pelaporan di Puskesmas, ternyata diare menempati urutan penyakit no 2 dikalangan masyarakat. Untuk mengurangi terjadinya kematian maka pelayanan terhadap diare harus diperluas. Saat ini hal tersebut sudah terjadi," bukan?"
Tujuannya ialah untuk menghindari terjadinya kematian karena penyakit yang sepele seperti diare ini akibat memberatnya gejala penyakit diare yang dibiarkan tanpa upaya penanggulangannya. Oleh karena itu cakupan pelayanan diare yang sudah meluas ini perlu dicatat dan dilaporkan agar dapat dievaluasi atau dinilai. Cakupan pelayanan diare di Puskesmas telah dapat diketahui karena selalu dicatat. Tetapi pelayanan diare yang dilakukan oleh para pemuka masyarakat seperti ibu/bapak disini belum tentu dapat diketahui karena lupa mencatat dan lupa melaporkan. Nah sekarang marilah kita latihan sedikit membuat catatan tentang jumlah penderita diare yang telah di "usadani" oleh masyarakat sendiri dan kemudian melaporkannya lewat jalur yang telah ada.

Berilah kesempatan agar peserta bertanya dan dijawab secukupnya.

Penatar memberikan contoh nama penderita diare yang seolah-olah telah mendapat pelayanan diare oleh keluarganya atau

ibu/bapak disini. Semua peserta dipersilahkan untuk mencatat semua penderita untuk dicatat di buku catatan penderita yang telah diterima. Penderita diare tersebut dicatat nama, umur, jumlah larutan oralit yang diminum, dirujuk ke Puskesmas atau tidak. Contoh tersebut berupa catatan tentang studi kasus yang telah dibagikan kepada kader

BAGILAH PESERTA MENJADI 4 KELOMPOK Penimbangan balita (A , B , C , D). Kelompok A dan B dianggap termasuk desa ATAS ANGIN dan kelompok C dan D dianggap termasuk desa SANGGA LANGIT. Semua anggota kelompok mencatat seluruh penderita dalam contoh tersebut yang seolah-olah sebagai penderita diare yang diketahui oleh kader ; kedalam buku catatan penderita yang telah diterima.

Setelah selesai mencatat, kelompok memasukkan penderita tersebut kedalam laporan F/II/GIZI/87. Periksalah adakah kesalahannya (> 5 th tidak masuk ! dll)

Koordinator Kader desa ATAS ANGIN dan SANGGA LANGIT memasukkan laporan tersebut kedalam form laporan F/II/GIZI/87.

Periksalah kebenarannya, berikanlah peserta untuk bertanya dan dijawab secukupnya.

2. P E R A G A A N .

- a. Salah seorang peserta diminta untuk memeragakan pembuatan oralit dan setelah selesai peserta dari desa yang lain membuat LGG.
- b. tulislah sanggahan dari peserta yang lain terhadap beberapa keterangan atau kesalahan pada pembuatan larutan oralit ataupun LGG.
- c. Kesimpulan yang diambil penatar :
 - cuci tangan terlebih dahulu. Berikanlah komentar seperlunya.
 - air 200 cc diperagakan, peragakan pula air dengan ukuran < 200 cc pada gelas 200 cc (juga air yang > 200 cc)
 - oralit harus dicurahkan semua dan kemudian diaduk sampai rata.
 - LGG : FERAGAKANLAH gula = 1 sendok teh munjung
garam dapur = 1/4 sendok teh peres
Masukkan kedalam air 200 cc dan diaduk sampai merata.
 - pelatih minum sedikit LGG dan oralit .
- d. Secara bergantian peserta mengulangi pernyataan tersebut. 1 Desa diwakili oleh 1 orang.

3. CURAH PENDAPAT.

Penatar menjelaskan :

Tadi telah dijelaskan bahwa diare masih tetap menjadi penyakit no 2 dikalangan masyarakat setelah penyakit saluran pernafasan bagian atas. Bila "dulu" masyarakat dianjurkan untuk membawa penderita diare ke Puskesmas, sekarang hal itu sudah tidak perlu lagi karena diare sebenarnya mudah ditanggulangi. Hanya pada keadaan tertentu saja penderita perlu dirujuk ke Puskesmas. Mengapa dikatakan "dirujuk" kok bukan "diobatkan" ke Puskesmas.

Penatar minta agar pertanyaan ini dijawab oleh kader.
Jawabannya :

"karena masyarakat sendiri sudah dapat memberikan pelayanan terhadap diare. Kalau keadaannya tidak memungkinkan barulah dibawa ke Puskesmas". Inilah yang disebut " dirujuk ", sudah mendapat pelayanan diare dirumahnya sendiri.

Penjelasan dilanjutkan lagi:

Mengapa dulu penderita diare dianjurkan berobat ke Puskesmas? Hal itu disebabkan karena masih sering terjadi, penderita diare yang sebenarnya ringan lalu menjadi penderita diare berat karena tidak ada upaya pelayanan yang diberikan kepadanya secara dini. Dengan menjadi beratnya diare maka akan terjadi

Kader diminta untuk meneruskannya. (.....= kematian)

Kader diberi kesempatan untuk bertanya dan dijawab seperlunya

- 3.1 a . Apakah yang disebut diare ringan dan diare berat?
- b . Jawaban ditulis dipapan tulis.
- c . kesimpulan yang diambil penatar :
- diare ringan : penderita diare yang masih mau bermain dan belum kelihatan acum/lemas. Cairan tubuh yang keluar karena diare masih relatif sedikit.
 - diare berat : penderita diare yang sudah acum/lemas. Tanda-tanda kekurangan cairan tubuh sudah jelas kelihatan seperti : mata cowong, kekenyalan kulitnya berkurang, suara parau atau sudah tidak keras lagi, air seninya berkurang dll.
- d. Salah seorang kader diminta untuk mengulangi batasan diare tersebut.

3.2.a. Apakah yang perlu dikerjakan kalau menghadapi anak diare?

b. Jawaban dari para peserta ditulis dipapan tulis.

c. Kesimpulan yang diambil penatar :

- penderita tidak boleh dipuasakan
- segera diberi minum oralit dan setiap kali diare berilah minum oralit secukupnya. Kalau tidak ada oralit berikanlah LGG atau cairan lainnya yang ada dirumah.
- bila keadaan tidak memungkinkan kalau perlu dirujuk ke Puskesmas.

d. Salah seorang kader diminta untuk mengulanginya.

3.3.a. Apakah upaya untuk pencegahan diare?

b. Semua jawaban peserta ditulis dipapan tulis.

c. Kesimpulan penatar :

- menggunakan air bersih untuk kehidupan sehari-hari.
- memasak makanan dan minuman.
- mencuci tangan sebelum menjamah/memegang makanan.
- hindarilah makanan yang tidak cocok.
- makan yang cukup dan bergizi.

d. Peserta diminta untuk mengulangi pernyataan tersebut.

4. PENUTUP.

- Berilah kesempatan terakhir kepada kader untuk bertanya segala sesuatu yang belum jelas dan dijawab seperlunya.
- Ucapan terima kasih
- Pekerjaan para pemuka masyarakat yang hadir disini amat mulia Tuhanlah yang akan membalas dunia akhirat. Insya Allah.
- Berdoalah untuk keselamatan kita semua.
- Ucapan salam berpisah dan ketemu lagi di kesempatan lain.

=====

#opra:RetrainK.89 (08jun89)

draft

KADER MOTIVATION

August 89

I

Intro (music dangdut)

Ibu I: "Well ... Cempluk looks cheerful, healthy and lively. She has recovered from diarrhea, hasn't she?"

Ibu II: "Alhamdulillah ... I continue giving her drink and nutritious food and Cempluk gets well".

Ibu I: "Hey ... who told you that a child who has diarrhea should be given food and drink?"

Ibu II: "Bu kader posyandu told me, bu Siti, who weighs children at the posyandu in our village. Well ...well those kader are really something, they know many things to keep our children healthy and they always willing to help us".

Ibu I: "Ooohh..well, I will listen to their advice, and take my children to the posyandu every month.

Music

Anncr: "Right!!, kader posyandu works voluntary for the future of our children, the future of our village, and the future of our nation without expecting rewards. We thank them and highly appreciate their efforts. Let's go to the posyandu to keep our children healthy.

Smash ... fade out

KADER MOTIVATION

Draft

II

Intro (music dangdut)

Pakne: "I wonder Bune ... how can Bu Siti weighs children every month at the posyandu and distribute vitamin A capsule every February and August. How much money does she make?"

Bune: "Well Pakne, Bu Siti the kader posyandu, works voluntary for the community, without expecting reward, for the future of our children, for the future of our nation. Do you remember Pakne, when Cempluk got diarrhea??? I don't know what would happen to Cempluk if she didn't help her."

Pakne: "Yeah, I know".

Bune: "So, don't be silly ...Kader posyandu can also be called as "heroes without medals".

Pakne: "Yes ... I agree!!

Music

Annncr: "Right!!, kader posyandu works voluntary for the future of our children, the future of our village, and the future of our nation without expecting rewards. We thank them and highly appreciate their efforts.
Let's go to the posyandu to keep our children healthy.

Smash ... fade out

KADER MOTIVATION
Draft
III

Intro (music dangdut)

Pak Lurah: "Hey bu kader, where are you going so early?"

Bu kader: "I'm going to the Posyandu, it is August and I have to prepare vitamin A capsules for the under fives children".

Pak Lurah: "Oh that! .. that is what I want to talk about, please sit down".

Bu kader: "What is it Pak Lurah, you make me nervous".

Pak Lurah: "Well bu kader, after I observe the activity of the kader at the posyandu in our village, I feel proud, the community owes you, you make children healthy. So, on behalf of the community I thank you and all of the kader posyandu. I promise I will always help you with your noble tasks, and I call you a "hero without a medal".

Bu kader: "Ooh Pak Lurah, what we've done is for the future of the children, and for the nation".

Pak Lurah: "Thank you, thank you bu kader".

Music

Anncr: "Right!!, kader posyandu works voluntary for the future of our children, the future of our village, and the future of our nation without expecting rewards. We thank them and highly appreciate their efforts. Let's go to the posyandu to keep our children healthy.

Smash ... fade out

disk#3d:KRad89.3
8jun89

APPENDIX II

VITAMIN A CAPSULE COVERAGE RATES

Background	A34
Table 1 - Project Area Coverage estimates	A35
Table 2 - Central Java Coverage estimates	A36

BACKGROUND ON CAPSULE COVERAGE RATES

Early estimates of vitamin A capsule coverage rates were 50-90%, based on coverage reported to Health Centers by Health Post Volunteer capsule distributors. Although it was felt that these Health Department figures were high, it wasn't until this project began investigations that the degree of inflation has begun to be revealed. For example, 1987 Rovita research on a sample of 240 mothers indicated that baseline coverage of children was no more than 60%. Later, preliminary analysis of the 1988 KAP survey of the knowledge, attitudes, and practices of 799 mothers (314 in control area) suggests even lower rates. Analysis is still in progress.

As the team has been investigating further the system of capsule distribution and record-keeping, they have learned that the government reports cover not only the capsules handed out directly to eligible children at the Health Post clinic, but also capsules which were to have been taken to individual houses of absent children by the Health Post Volunteers and capsules given to others for delivery to absent children.

TABLE 1.- Estimated coverage rates of vitamin A capsule distribution, Demak and Jepara Regencies, Central Java, February 1987 - February 1989*

	<i>Estimated Kids 1-4 (10% Total Popul'n)</i>	<i>Actual Kids 1-4 Registrd in Villages</i>	<i>Kids Reported Given Vit A</i>	<i>% Regis. Kids Reported Vit A</i>	<i>% Estim. Kids Reported Vit A</i>
----- D E M A K -----					
Feb 1987	76,045	64,824	53,238	82%	70%
Aug 1987	76,425	63,414	54,687	86%	72%
Feb 1988	76,805	62,437	54,495	87%	71%
Aug 1988	77,189	67,209	62,984	94%	82%
Feb 1989	77,573	68,163	64,567	95%	83%
----- J E P A R A -----					
Feb 1987	75,451	45,656	35,616	78%	47%
Aug 1987	75,828	57,284	48,325	84%	64%
Feb 1988	76,205	60,643	50,321	83%	66%
Aug 1988	76,586	60,812	55,810	92%	73%
Feb 1989	76,967	64,577	60,045	93%	78%

* Source for registration and distribution data = Central Java Department of Health; sources for population data = Biro Statistik, Central Java.

Population figures for August 1988 were calculated by multiplying the 1987 Biro Statistik figures by an estimated growth rate for Central Java.

e.g., Demak Aug88: $760,448 \times 1.01 \times 1.005 = 771,893$

Jepara Aug88: $754,506 \times 1.01 \times 1.005 = 765,861$

Children 1-4 years old are estimated as 10% of the total population.

5

TABLE 2.--Estimated vitamin A capsule coverage data in Central Java
(based on information reported by the Central Java Department of Health and Bureau of Statistics)
1987-1989

	Kabupaten with LOWEST reported coverage of children registered at Health Posts			Kabupaten with HIGHEST reported coverage of children registered at Health Posts			All Central Java		
	Estimated Children 1-4 yrs *	Reported Vit A Given	% Est. Kids 1-4 Given Vita	Estimated Children 1-4 yrs *	Reported Vit A Given	% Est. Kids 1-4 Given Vita	Estimated Children 1-4 yrs *	Reported Vit A Given	% Est. Kids 1-4 Given Vita
Feb 1987	Semarang City			Purworejo			2,759,189	1,437,290	52%
	112,971	37,917	34%	72,061	45,609	63%			
Aug 1987	Semarang City			Sukoharjo			2,772,985	1,422,479	51%
	113,535	37,939	33%	68,203	40,425	59%			
Feb 1988	Cilacap			Patang			2,786,780	1,368,980	49%
	144,649	49,721	34%	58,952	37,416	63%			
Aug 1988	Tegal			Demak			2,800,714	1,259,275	45%
	124,890	46,775	37%	77,187	62,984	82%			
Feb 1989	Semarang City			Demak			2,814,648	1,461,955	52%
	115,241	50,706	44%	77,573	64,574	83%			

* Based on 10% of total population registered in villages in 1987, Biro Statistik (29oct88)
Estimated multiplier for 6 months' increase is 1.005; for one year's increase, estimated multiplier is 1.01.

APPENDIX III

ROVITA PROJECT PERSONNEL AND CONSULTANT SUPPORT

Project Personnel	A38
Technical Assistance	A39

51

ROVITA PROJECT PERSONNEL
1988-1989

Anne Palmer	Project Manager	Helen Keller International Semarang Project Office
Dr. Satoto	Principal Project Coordinator	Lecturer Nutrition Department School of Medicine Diponegoro University
Drs. Soetarto	Field Coordinator	Head, Nutrition Section Regional Office
Drs. Sudaryono	Head, Vitamin A Component	Nutrition Section Regional Office Department of Health Central Java
Pratamahardja, B.Sc.	Head, ORT Component	Diarrhea Disease Control Provincial Office Department of Health Central Java
Drs. Sartono	Head, Social Marketing Comp.	Head, Health Manpower Services Provincial Office Department of Health Central Java
Dr. Wiratmo Haryoko	Head, Evaluation Component	Head, Nutrition Department School of Medicine Diponegoro University
Dr. Hertanto	Assistant, Evaluation Component	Lecturer Nutrition Department School of Medicine Diponegoro University
Dr. Wahyu Rochadi	Evaluation, Vit.A/ORT, Morbidity Study	Lecturer Nutrition Department School of Medicine Diponegoro University
Dr. M. Sulchan	Evaluation, Vit.A/ORT	Lecturer Nutrition Department School of Medicine Diponegoro University
Dr. Ratna Djuwita, MPH	on-call consultant to Evaluation Component	Dept. of Epidemiology School of Public Health University of Indonesia

56

TECHNICAL ASSISTANCE
October 1988 - September 1989

Thomas Reis, MPA AED/HealthCom Rovita Project	Social Marketing Consultant	October 88 - September 89
Judith McDivitt, PhD Annenberg School of Communication	Analyst for KAP evaluation	October 88 - September 89
John Elder, PhD Behavioral Psycho- logist Univ. of xx -----	Advisor on kader behavior/motivation study	June 89
Geoff Corner Data management consultant	dSurvey	August 89

APPENDIX IV

KAP STUDY QUESTIONNAIRE

(for assessment of the effect of one year's interventions on the Knowledge, Attitudes, and Practices of mothers of children under 5)

SURVEY RESEARCH INDONESIA
 Jl. K.H. Wahid Hasyim NO. 31 A-B,
 Jakarta Pusat

Kab.: Demak 1 (08)
 Rembang 2

Issue # _____
 Q'nnaire No. _____ (01-04)
 Job No. 7 9 2
 Intv'r No. _____ (05-07)
 SKIP 08

SRI-792 - I B U B A L I T A CARD 01 (09-10)

INTRODUCTION: Good morning/afternoon/evening. My name is _____. I am an interviewer from Survey Research Indonesia, a survey research company that conducts all types of surveys. Today I am doing a survey about health topics concerning young children under the age of five (balita). How old is the youngest child living in this household? Who in this household is most responsible for taking care of young children? What is her name?

IF THERE IS A YOUNG CHILD IN THE HOUSE, CONTINUE. IF THERE IS NO YOUNG CHILD, THANK RESPONDENT AND GO TO NEXT HOUSE.

Language of interview: Indonesian 1 (11)
 Javanese 2
 Other (SPECIFY) _____ 3 **SKIP 08**

NAME OF RESPONDENT: _____	NAME OF INTV'R: _____
ADDRESS: _____	DATE OF INTV'W: _____

- Please tell me the name and age of all children under 5 who you care for. (That is all the children who have not yet had their 5th birthday). Are you the mother of this child?

INTERVIEWER SHOULD LET MOTHER GIVE THE NAME AND AGE OF EACH BALITA. THEN, STARTING WITH THE YOUNGEST, RECORD NAME, AGE, SEX AND WHETHER SHE IS THE MOTHER IN THE SPACES BELOW.

AFTER YOUNGEST, RECORD INFORMATION FOR NEXT OLDEST, ETC., UNTIL INFORMATION FOR ALL CHILDREN UNDER FIVE IS LISTED.

	NAME	AGE (MONTHS)	SEX		MOTHER	
			MALE	FEMALE	YES	NO
1.	_____	_____ (12-13)	1	2 (14)	1	2 (15)
2.	_____	_____ (16-17)	1	2 (18)	1	2 (19)
3.	_____	_____ (20-21)	1	2 (22)	1	2 (23)
4.	_____	_____ (24-25)	1	2 (26)	1	2 (27)

SKIP
 DUP (01-07)
 SKIP 08
 CARD 15 (09-10)
 SKIP (11)

QUALITY CONTROL	NAME	DATE	SIGNATURE	REMARKS
INTERVIEWER	_____	_____	_____	_____
SUPV. CHECK I	_____	_____	_____	_____
SUPV. CHECK II	_____	_____	_____	_____
RECALL/VER:FY	_____	_____	_____	_____
CODER	_____	_____	_____	_____
PUNCHER	_____	_____	_____	_____

VITAMIN A

2. Have you ever heard of Vitamin A capsules?

Yes	1 (24)	GO TO Q2a.
No	2	
Don't know/remember	4	GO TO Q.3

2a. From whom or where did you hear about Vitamin A? Anywhere else?
(CHECK ALL MENTIONED)

a. Friend and neighbour	1 (25)
b. Relative	1 (26)
c. Kader	1 (27)
-----	-----
d. Health Post (Posyandu)	1 (28)
e. Health Center (Puskemas)	1 (29)
f. Nurse/midwife (private)	1 (30)
-----	-----
g. Doctor	1 (31)
h. Newspaper	1 (32)
i. Store/shop	1 (33)
-----	-----
j. Toko obat/drug store	1 (34)
k. Apotik/pharmacy	1 (35)
l. Radio	1 (36)
m. Banner	1 (37)
n. Other (SPECIFY) -----	1 (38-49)
o. Don't know/remember	4

SHOW THE WOMAN THE CARD WITH THE 4 CAPSULES

2b. Could you please point out to me which one of these is a Vitamin A capsule?

Capsule 1	1 (50)	GO TO Q.4
Capsule 2	1 (51)	) TO Q.3
Capsule 3	1 (52)	
Capsule 4	1 (53)	TO Q.4.
Don't know/remember	4	TO Q.3.

IF THE WOMAN DOESN'T KNOW WHICH CAPSULE IS VITAMIN A, OR SHE POINTS TO CAPSULE 2 OR 3, SHOW HER THE VITAMIN A CAPSULES (1 AND 4) AND ASK:

3. These are Vitamin A capsules. Have you ever seen them?

Yes	1 (54)
No	2 LOOK AT INSTRUCTION BELOW
Don't know/remember	4

IF THE WOMAN DOESN'T KNOW ABOUT VITAMIN A (CODE 2 OR 9) AND SHE HAS NEVER SEEN EITHER OF THE VITAMIN A CAPSULES (CODE 2 OR 9) GO TO Q.10d (KMS CARD) THEN GO TO 14. BESURE TO LIST BALITA'S NAMES ACCORDING TO Q.2 IN PAGE 5 (UNDER 102)

4a. Who is a vitamin A capsules for, adults only, children only or both? (S)

Adults only	1 (55)	TO Q.6
Children only	2	} TO Q.4b
Both	3	
Don't know/remember	4	KE P.6

4b. Vitamin A capsules should be given to children of what ages?

1 - 5 years	1 (56)
Balita	2
Other (SPECIFY) -----	3
Don't know/remember	4

5. To whom a Vitamin A capsules should be given? To a sick child, a healthy child or both?

Sick child	1 (57)
Healthy child	2
Both	3
Other (SPECIFY) -----	4
Don't know/remember	↳

(58)

6. Where can you go to get a Vitamin A capsules? Anywhere else? (M) malih?

a. Health Center (Puskemas)	1 (59)
b. Health post (Posyandu) from volunteer	1 (60)
c. Volunteer's (Kader) home	1 (61)
-----	-----
d. Private doctor/nurse/midwives/paramedics	1 (62)
e. P.K.K. (women group)	1 (63)
f. Shop/pharmacy	1 (64)
g. Other (SPECIFY) -----	1 (65-74)
h. Don't know/remember	↳

SKIP 74 - 80

02 Dup (01-08)
Card 02 (09-10)

7. In what months can a child get a Vitamin A capsule? Any others? (S)

a. Every February and August	1 (11)
b. February and August	2
c. February or every February	3
-----	-----
d. August or every August	4
e. Other (SPECIFY) -----	5
f. Don't know/remember	↳

(12)

8. What is the benefit of Vitamin A capsules (DO NOT READ OUT - M)

a. Prevents blindness	1 (13)
b. To make healthy eyes	1 (14)
c. To treat eye diseases	1 (15)
-----	-----
d. To make healthy child	1 (16)
e. To increase appetite	1 (17)
f. Other (SPECIFY) -----	1 (18-28)
g. Don't know/remember	↳

9. Have any of your young children ever had a Vitamin A capsule?

Yes	1 TO Q.10a. (29)
No	2) TO Q.10d.
Don't know	↳

LIST THE NAMES OF ALL THE CHILDREN IN Q.1 IN THE SAME SEQUENCE. ASK THE FOLLOWING QUESTIONS FOR EACH CHILD LISTED ON PAGE 1, STARTING WITH CHILD #1 AND FILL OUT THE COLUMNS BELOW.

10a. Has (NAME) ever had a Vitamin A capsule?

- Yes 1 TO Q. 10b. (30)
 No 2) GO TO NEXT CHILD
 Don't know 4) OR Q.10d.

152

10b. When is the last time (NAME) had a Vitamin A capsule? IF "GIVEN" WRITE CODE IN COLUMN 10b BELOW.

- In the last month (September) 1 (31)
 One month ago (August) 2
 2 - 6 months ago (July - March) 3

 7 months ago (February) 4
 8+ month ago (January and before) 5
 Other (SPECIFY) ----- 6
 Don't know/don't remember 4

1024

10c. Where did the child get the Vitamin A capsule? If "GIVEN" write code in column 10c below.

- Health Center (Puskemas) 1 (32)
 Health post (Posyandu) from volunteer 2
 Volunteer's (Kader) home 3

 Private doctor/nurse 4
 Other (SPECIFY) ----- 5
 Don't know/remember 4

(33)

SHOW KMS CARD. TRANSFER THE NAME OF CHILDREN FROM Q.1 TO COLUMN BELOW.

10d. Do you have a KMS card for (name)? May I see it?

- Shows card 1 (34)
 Says has, but doesn't show 2
 Doesn't have 3 SKIP 55-58
 Don't know/don't remember 4

10e. WRITE DOWN THE DATES OF THE LAST TWO TIMES THE CHILD GOT A VITAMIN A CAPSULES FROM THE KMS CARD. IF NOTHING IS MARKED, LEAVE IT BLANK

NAME	Q.10a.	Q.10b.	Q.10c.	KMS CARD	SKIP 49-56 SKIP 63-70 SKIP 77-80
	EVER GIVEN	WHEN GIVEN	WHERE GIVEN		
1.	1 2 & (28)	..... (29-30)	..... (31-32)	1 2 3 & (33)	
2.	1 2 & (42)	..... (43-44)	..... (45-46)	1 2 3 & (48)	
3.	1 2 & (57)	..... (58-59)	..... (60-61)	1 2 3 & (62)	SKIP 47
4.	1 2 & (71)	..... (73-74)	..... (74-75)	1 2 3 & (76)	

Q.10e	Q.10e	..... Dup (01-08) Card 16 (09-10)
DATE LAST VIT. A	DATE PREV. VIT. A	
/.. / (11-16)	/.. / (17-22)	
/.. / (23-28)	/.. / (29-34)	
/.. / (35-40)	/.. / (41-46)	
/.. / (47-52)	/.. / (53-58)	<u>SKIP 59-80</u>

IF ONE OR MORE BALITA NOT GIVEN VITAMIN A IN THE LAST MONTH (Q.10b IS NOT 1 OR 2 FOR ANY CHILD), ASK Q.11 THEN CONTINUE.

64

11. I understand that your young children have not had a Vitamin A capsule recently. Please tell me why your children WERE NOT given a Vitamin A capsule recently. (CHECK ALL MENTIONED).

a. Didn't know about capsule	1 (59)
b. Didn't know how to get capsule	1 (60)
c. Place to get capsule too far away	1 (61)
d. Too busy to get capsule	1 (62)

e. Didn't go to health post	1 (63)
f. Child was sick	1 (64)
g. Child was healthy, did not need Vitamin A	1 (65)
h. Not available at health post	1 (66)

i. Not available at health center	1 (67)
j. Not available at other location	1 (68)
k. No-one came to give the capsule	1 (69)
l. Other (SPECIFY) -----	1 (70-80)
m. Don't know/remember	k

12a. Have you ever heard anything through the radio about Vitamin A?

DUP (01-08)
Card (09-10)

Yes	1 (11)
No	2
Don't know/remember	k) TO Q.13a.

12b. When was the last time that you heard that information through the radio?
(S)

Less than 1 week (1-6 days)	1 (12)
1 week ago (7-13 days)	2
2 weeks ago (14-20 days)	3

3 weeks ago (21-29 days)	4
1 month ago (30-59 days)	5
2 months ago (60-89 days)	6

3 months ago (90-119 days)	7
4 months ago or more (120+)	8
Don't know/remember	k

12c. What did the information say? (CHECK ALL MENTIONED) Anything else?

a. Vitamin A is a capsule	1 (13)
b. Vitamin A is given at the Posyandu (health post)	1 (14)
c. Vitamin A is free	1 (15)

d. Vitamin A is for a healthy child	1 (16)
e. Vitamin A is for making healthy eyes	1 (17)
f. Vitamin A is given every February & August	1 (18)

g. Other (SPECIFY) -----	1 (19-29)
h. Don't know/remember	k

65

13a. Have you ever seen a banner with information about Vitamin A? (Definition of banner)

Yes	1 (30)
No	2) TO Q.14.
Don't know/remember	9

13b. When was the last time that you saw information on a banner about Vitamin A? (5)

Less than 1 week (1 - 6 days)	1 (31)
1 week ago (7 - 13 days)	2
2 weeks ago (14 - 20 days)	3
-----	-----
3 weeks ago (21 - 29 days)	4
1 month ago (30 - 59 days)	5
2 months ago (60 - 89 days)	6
-----	-----
3 months ago (90 - 119 days)	7
4 months ago or more (120+)	8
Don't know/remember	9

13c. What did the information say about Vitamin A? (CHECK ALL MENTIONED) Anything else?

a. Vitamin A is a capsule	1 (32)
b. Vitamin A is given at the Posyandu (health post)	1 (33)
c. Vitamin A is free	1 (34)
d. Vitamin A is for healthy child	1 (35)
-----	-----
e. Vitamin A is for making healthy eyes	1 (36)
f. Vitamin A is given every February & August	1 (37)
g. Other (SPECIFY) _____	1 (38-48)
h. Don't know/remember	9

14. Now I would like to ask you some questions about frequent and watery stools? Do any of your children under five have frequent and watery stools right now, (more frequent and watery than usual)? CHILDREN LISTED IN Q.1)

Yes	1	TO Q.15. IF MORE THAN 1 CHILD IN Q.1)	(49)
		TO Q.18. IF ONE YOUNG CHILD IN Q.1.	
-----	-----	-----	-----
No	2	TO Q.16 & 17 IF MORE THAN 1 CHILD IN Q.1)	
		TO Q.17. IF ONE YOUNG CHILD IN Q.1.	

IF "YES"

15. Which child has frequent and watery stools now?

NAME : _____) TO Q.18

NUMBER : _____ (FROM Q.1.) (50)

16. Which one of these children had frequent and watery stools most recently?

NAME : _____ NUMBER: _____ (FROM Q.1.) (51)

IF NO YOUNG CHILD EVER HAD FREQUENT AND WATERY STOOLS, LEAVE 16 BLANK, CIRCLE "9" IN Q.17 AND GO TO Q.41a.

17. When was it that (NAME) had frequent and watery stools? (5)

Less than 1 week (1 - 6 days)	1	(52)
1 week ago (7 - 13 days)	2	
2 weeks ago (14 - 20 days)	3	
-----	-----	-----
3 weeks ago (21 - 29 days)	4	
1 month ago (30 - 59 days)	5	
2 months ago (60 - 89 days)	6	
-----	-----	-----
3 months ago (90 - 119 hari)	7	
4 months ago or more (120+)	8	
Never	9	TO 0.41a.
Don't know/remember	↳	

18. While (NAME) had frequent and watery stools, about how many DAYS did the frequent and watery stools last?

----- DAYS (53-55)
 Don't know/remember ↳

19. While (NAME) had frequent and watery stools, did the child have a fever?

Yes	1	(56)
No	2	
Don't know/remember	↳	

20. While (NAME) had frequent and watery stools, was the child vomiting?

Yes	1	(57)
No	2	
Don't know/remember	↳	

21. While (NAME) had frequent and watery stools, did the child have sunken/hollow eyes?

Yes	1	(58)
No	2	
Don't know/remember	↳	

22. While (NAME) had frequent and watery stools, was the child playing as usual or playing less (as active as usual or less)?

As usual	1	(59)
Less	2	
Don't know/remember	↳	

23. At most, how many times did (NAME) have frequent and watery stools IN ONE DAY?

----- TIMES A DAY (60-61)
 Don't know/remember ↳

24. What do you usually call the kind of frequent and watery stools (NAME OF CHILD) has this time? (5)

Ising-isingen	1	(62)	Mangsur-mangsur	9
Ngentheng-enthengi	2		Diare	1 (63)
Muruh	3		Ganji) sasi	2
Kontab	4		Muntaber	3
Mancur	5		Kolera	4
Hggebros	6		Disenstri	5
Mencret	7		Masuk angin	6
Murus	8		-----	7
Other (SPECIFY)	-----		-----	8 (64-74)
Don't know/remember	-----		-----	↳

67

25. In your opinion, what was the condition of (NAME OF CHILD) when he/she had (TERM FOR LOOSED STOOLS FROM Q.24)? I mean, was the child alright as usual, a little sick, or very sick?

Same as usual	1 (75)
A little sick	2
Very sick	3
Don't know/remember	k

26. Did the (TERM FROM Q.24), go away by itself, or did you do something so the child would get it better?

Went away by itself	1 TO Q.30. (76)
Did something	2 TO Q.27a.
Don't know/remember	k TO Q.30

27a. During the time the child had (TERM FROM Q.24), did you give something at HOME so the child would get better?

Yes	1 TO Q.27b. (77)
No	2 TO Q.28a.
Don't know/remember	k TO Q.28a.

SKIP 7B-80:

27b. What did you give to the child or do for the child at HOME? Please include everything that you gave or did at home. Anything else?

T04 Dup (01-08)
Card 04 (09-10)

a. Boiled water	1 (11)
b. Rice water	1 (12)
c. Rice porridge	1 (13)
-----	-----
d. Regular tea	1 (14)
e. Strong tea	1 (15)
f. Packaged Jamu	1 (16)
-----	-----
g. Herbal liquids	1 (17)
h. Medicinal rub	1 (18)
i. Larutan Gula Garam/L66	1 (19)
-----	-----
j. Oralit	1 (20)
k. Gave Ciba pills	1 (21)
l. Gave S.G. pills	1 (22)
-----	-----
m. Gave Entrostop/Stop Cret	1 (23)
n. Gave Koniforas pills	1 (24)
o. Gave Dumex/Dumocyclin	1 (25)
p. Gave other pills (SPECIFY) -----	1 (26-36)
-----	-----
q. Gave syrup	1 (37)
r. Gave powders /pills/capsules	1 (38)
s. Gave other (SPECIFY) -----	1 (39-49)
t. Don't know/remember	k

28a. Did you go anywhere to get help or get advice for the child?

Yes	1 (50)
No	2
Don't know/remember	k TO Q.30.

28b. Where did you go first? (S) What help or advice did they give for the child? Anything else? (NOTE THE FIRST ONE MENTIONED ONLY)

Friend or neighbor	1 (51)
Relative	2
Traditional healer	3
-----	-----
Health Post	4
Nurse/midwife/Mantri	5
Health Center/Hospital	6
-----	-----
Doctor	7
Health volunteer	8
Warung/shop	9
-----	-----
Toko obat/medicine shop	1 (52)
Apotik/pharmacy	2
Other (SPECIFY)	3-4
Don't know/remember	k TO D.29a (53)

28c. What help or advice did they give for the child? Anything else? (NOTE ALL ANSWERS GIVEN, DON'T READ OUT).

a. Nothing	1 (54)
b. Sent to Health Centre	1 (55)
c. Referred elsewhere	1 (56)
-----	-----
d. Gave advice about treatment	1 (57)
e. Gave water to drink	1 (58)
f. Gave rice water	1 (59)
-----	-----
g. Gave porridge	1 (60)
h. Regular tea	1 (61)
i. Strong tea	1 (62)
-----	-----
j. Packaged herbs.	1 (63)
k. Gave herbal liquids	1 (64)
l. Medicinal rub	1 (65)
-----	-----
m. Gave LGG	1 (66)
n. Gave Oralit to drink	1 (67)
o. Gave Oralit to take home	1 (68)
-----	-----
p. Gave injection	1 (69)
q. Gave Ciba pills/Enterovioform	1 (70)
r. Gave S.G. pills/Sulfaguanidin	1 (71)
s. Gave Entrostop/Stop Cret pills	1 (72)

SKIP 73-80

105 Dup (01-08)
Card 05 (09-10)

t. Gave Koniform pills	1 (11)
u. Gave Dumex/Dumocyclin	1 (12)
v. Gave another pills (SPECIFY)	1 (13-23)
-----	-----
w. Gave syrup	1 (24)
x. Gave powders	1 (25)
y. Other (SPECIFY)	1 (26-40)
z. Don't know/remember	k

29a. Did you go anywhere else to get help or advice for the child?

Yes	1 (41)
No	2) TO D.30.
Don't know/remember	k

29b. To whom or where did you go to next for help or advice? (NOTE THE FIRST ONE MENTIONED ONLY)

Friend or neighbor	1 (42)
Relative	2
Traditional healer	3
-----	-----
Health Post	4
Nurse/midwife/mantri	5
Health Centre/Hospital	6
-----	-----
Doctor	7
Health volunteer	8
Warung/shop	9
-----	-----
Toko obat/medicine shop	1 (43)
Apotik/pharmacy	2
Other (SPECIFY)	3
Don't know/remember	& TD Q.30 (44)

29c. What help or advice did they give for the child? Anything else? (NOTE ALL ANSWERS GIVEN. DON'T READ OUT).

a. Nothing	1 (45)
b. Sent to Health Center	1 (46)
c. Referred elsewhere	1 (47)
-----	-----
d. Gave advice	1 (48)
e. Gave water to drink	1 (49)
f. Gave rice water	1 (50)
-----	-----
g. Gave porridge	1 (51)
h. Regular tea	1 (52)
i. Strong tea	1 (53)
-----	-----
j. Packaged herbs	1 (54)
k. Gave herbal liquids	1 (55)
l. Medicinal rub	1 (56)
-----	-----
m. Gave LGG	1 (57)
n. Gave Oralit to drink	1 (58)
o. Gave Oralit to take home	1 (59)
-----	-----
p. Gave injection	1 (60)
q. Gave Ciba pills/Enterovioform	1 (61)
r. Gave S.G. pills/Sulfaguanidin	1 (62)
s. Gave Entrostop/Stop Creat	1 (63)
-----	-----
t. Gave Koniform pills	1 (64)
u. Gave Dumex/Dumocyclin	1 (65)
v. Gave other pills (SPECIFY)	1 (66-76)
-----	-----

SKIP 77-80

106 Dup (01-08)
Card 06 (09-10)

w. Gave syrup	1 (11)
x. Gave powders	1 (12)
y. Other (SPECIFY)	1 (13-23)
z. Don't know/remember	&

EATING AND DRINKING HABITS

30. Now I would like to know what ----- (NAME OF CHILD) was eating and drinking before he/she had (NAME OF DIARRHEA). Was (NAME OF CHILD) breastfeeding or drinking only, eating breastmilk and solid foods (like porridge, bananas, etc), or was he/she eating only solid foods, with no breastfeeding?

Breast/formula only	1	TO Q.31. - Q.37. (24)
Breast and foods	2	TO Q.31 & Q.32.
Solid foods only	3	TO Q.32.

31. While (NAME) had (NAME OF DIARRHEA) did you give breastmilk more often, the same as usual, less often, or stop completely?

More often	1	(25)
Same as usual	2	
Less often	3	
Stopped completely	4	
Don't know/remember	5	

32. While ----- (NAME) had frequent and watery stools, did he/she eat about the same amount of food, less food, or not at all?

Did not eat at all	1	TO Q.33 (26)
Less food	2	TO Q.33
Same amount of food	3	TO Q.34a.
Don't know/remember	4	TO Q.34a.

IF DID NOT EAT/EAT LESS:

33. Was that because you thought that the child should be given less food during diarrhea or because the child didn't want to eat?

Child did not want to eat	1	(27)
I did not give food as much as usual	2	
Don't know/remember	3	

34a. When the child had (TERM FROM Q.24), did you give (NAME OF CHILD) any special foods other than usual foods or only the food he/she was eating everyday?

Special/different food	1	(28)
Every day food to eat	2	
Don't know/remember	3	TO Q.35a.

71

IF *SPECIAL FOOD

34b. What special foods did you give the child? DO NOT READ OUT. (CHECK ALL MENTIONED) Anything else?

GIVEN

a. Breast milk	1 (29)
b. Rice porridge	1 (30)
c. Other porridge	1 (31)
d. Mashed banana	1 (32)

e. Steamed rice	1 (33)
f. Tempe (fermented soybeans)	1 (34)
g. Tahu (tofu)	1 (35)
h. Egg	1 (36)

i. Soybean sauce	1 (37)
j. Fruit	1 (38)
k. Bread/crackers	1 (39)
l. Cake	1 (40)

m. Agar-agar/jelly	1 (41)
n. Other -----	1 (42-50)
(SPECIFY)	
o. Don't know/remember	1

35a. During the time (NAME) had (NAME OF DIARRHEA) were there any foods that you stopped giving or gave less of?

Yes	1 (51)
No	2
Don't know/remember	1 TO Q.36a.

35b. What were the foods that you stopped or gave less of? (CHECK ALL MENTIONED - DO NOT READ OUT) Anything else?

Oily foods	1 (52)
Vegetables	1 (53)
Hot spicy foods	1 (54)
Sour tasting foods	1 (55)
Sugary foods	1 (56)
Ice	1 (57)
Fruit	1 (58)
Other -----	1 (59-70)
(SPECIFY)	
Don't know/remember	

36a. Were there any foods that you gave more of than before the (TERM FROM Q.24)?

Yes	1 (71)
No	2
Don't know/remember	1 TO Q.37.

SKIP 72-60

36b. What were the foods you gave more of during the (TERM FROM Q.24)?
DO NOT READ OUT - CHECK ALL MENTIONED. Anything else?

107 Dup (01-08)
Card 07 (09-10)

	<u>GIVEN</u>
a. Breastmilk	1 (11)
b. Rice porridge	1 (12)
c. Other porridge	1 (13)
d. Mashead bananas	1 (14)

e. Steamed rice	1 (15)
f. Tempe (fermented soybeans)	1 (16)
g. Tahu (tofu)	1 (17)
h. Egg	1 (18)

i. Soybean sauce	1 (19)
j. Fruit	1 (20)
k. Bread/crackers	1 (21)
l. Cake	1 (22)

m. Agar-agar/jelly	1 (23)
n. Other -----	1 (24-34)
(SPECIFY)	
o. Don't know/remember	&

37. While (NAME) had (TERM OF LOOSE STOOLS), was he/she more thirsty, less thirsty, or about as thirsty as usual?

More thirsty than usual	1 (35)
Less thirsty than usual	2
As thirsty as usual	3
Don't know/remember	&

38a. While the child had (TERM FROM Q.24), did you give (NAME OF CHILD) any special drinks other than usual or only the drinks he/she was getting every day?

Special drink	1 (36)
Every day drinks	2
Don't know/remember	&) TO Q.39a.

38b. What special drink did you give to (NAME OF CHILD)? DO NOT READ - CHECK ALL MENTIONED. Anything else?

	<u>GIVEN</u>
a. Breastmilk	1 (37)
b. Regular tea	1 (38)
c. Strong tea	1 (39)

d. Boiled water	1 (40)
e. Rice water	1 (41)
f. Herbal liquids	1 (42)

g. Oralit	1 (43)
h. LGG	1 (44)
i. Coconut water	1 (45)

j. Fruit juices	1 (46)
k. Soda/soft drink, etc	1 (47)
l. Iced syrup	1 (48)
m. Sweet water or tea	1 (49)

n. Milk	1 (50)
o. Ice	1 (51)
p. Other (SPECIFY) -----	1 (52-65)
q. Don't know/remember	&

39a. When (NAME OF CHILD) had (term of q.24), were there things to drink that you stopped giving or gave less of?

- Yes 1 (66)
- No 2) TO Q.40a
- Don't know/remember 4

IF "YES":

39b. What were these things to drink you gave less of? (DO NOT READ OUT - CHECK ALL MENTIONED). Anything else?

- a. Breastmilk 1 (67)
- b. Regular tea 1 (68)
- c. Strong tea 1 (69)
-
- d. Boiled water 1 (70)
- e. Rice water 1 (71)
- f. Herbal liquids 1 (72)
-
- g. Oralit 1 (73)
- h. LGG 1 (74)
- i. Coconut water 1 (75)
-
- j. Fruit juice 1 (76)
- k. Soda/soft drink 1 (77)
- l. Iced syrup 1 (78)
-
- m. Sweet water/tea 1 (111)
- n. Milk 1 (112)
- o. Ice 1 (113)
-
- p. Other (SPECIFY) ----- 1 (114-24)
- q. Don't know/remember 4

SKIP 79 - 80

ICB: Dup 01-08
Card 08 (09-10)

40a. During the time (NAME OF CHILD) had (TERM FROM Q.24), did you give the child the same amount of drink as usual, more, or less than usual?

- Drank the same amount 1 TO Q.41a. (25)
- Drank more 2
- Drank less 3
- Don't know/remember 4) TO Q.41a.

40b. What drinks did (NAME OF CHILD) have more than usual? (CHECK ALL MENTIONED - DO NOT READ OUT). Anything else?

- GIVEN
- a. Breast milk 1 (26)
- b. Regular tea 1 (27)
- c. Strong tea 1 (28)
-
- d. Boiled water 1 (29)
- e. Rice water 1 (30)
- f. Herbal liquids 1 (31)
-
- g. Oralit 1 (32)
- h. LGG 1 (33)
- i. Coconut water 1 (34)
-
- j. Fruit juice 1 (35)
- k. Soda/soft drink 1 (36)
- l. Ice syrup 1 (37)
- m. Sweet water or tea 1 (38)
- n. Milk 1 (39)
- o. Ice 1 (40)
- p. Other (SPECIFY) ----- 1 (41-51)
- q. Don't know/remember 4

74

MEDIA HABIT

41a. Do you ever listen to the radio (at home or anywhere else)?

Yes	1	(52)
No	2	) TO Q.41d.
Don't know/remember	↳	

41b. How many days each week do you usually listen to the radio?

----- DAYS (53-54)
Don't know/remember ↳

41c. Thinking about yesterday, about how many hours did you listen to the radio?
(DO NOT MENTION MINUTES)

----- MINUTES (55-57)
Don't know/remember ↳

41d. Does anyone in this household own a radio or radio/cassette?

Yes	1	(58)
No	2	) TO Q.42a.
Don't know/remember	↳	

41e. Is that radio working now?

Yes	1	(59)
No	2	
Don't know/remember	↳	

42a. Do you yourself ever watch TV (at home or anywhere else)?

Yes	1	(60)
No	2	) TO Q.42d.
Don't know/remember	↳	

42b. How many days each week do you usually watch TV?

----- DAYS (61-62)
Don't know/remember ↳

42c. Thinking about yesterday, about how many hours did you watch TV?

----- MINUTES (63-65)
Don't know/remember ↳

42d. Does anyone in this household own a television?

Yes	1	(66)
No	2	) TO Q.43
Don't know/remember	↳	

42e. Is that TV working now?

Yes	1	(67)
No	2	
Don't know/remember	↳	

43. Did you read a newspaper yesterday?

Yes	1	(68)
No	2	
Don't know/remember	↳	

15

44. Have you read a magazine in the past two (2) weeks?

Yes	1 (69)
No	2
Don't know/remember	4

45. Have you ever attended a mobile film (layar tancap)?

Yes	1 (70)
No	2
Don't know/remember	4

46. Now I would like to know your opinion about frequent and watery stools. Do you think that frequent and watery stools are dangerous for children under five years old?

Yes	1 (71)
No	2
Don't know/remember	4

47. If a child has frequent and watery stools, during the time he has loose stools, is it better for him to be given more than usual amount of drink, the same as usual, or less than usual?

More	1 (72)
Same	2
Less	3
Don't know/remember	4

SKIP 73-80

SOURCE OF INFORMATION

48a. Have you ever heard anything through the radio about how to treat frequent and watery stools?

Yes		1	TO Q. 48b.	(11)
No		2		
Don't know/remember	b	4	TO Q. 49a.	

48b. When was the last time that you heard that information through the radio?
(5)

Less than 1 week (1 - 6 days)	1	(12)
1 week ago (7 - 13 days)	2	
2 weeks ago (14 - 20 days)	3	
-----	-----	-----
3 weeks ago (21 - 29 days)	4	
1 month ago (30 - 59 days)	5	
2 months ago (60 - 89 days)	6	
-----	-----	-----
3 months ago (90 - 119 days)	7	
4 months ago or more (120+)	8	
Don't know/remember	4	

48c. What did the information say? (CHECK ALL MENTIONED). Anything else?

a. Give something to drink	1	(13)
b. Continue giving fluids	1	(14)
c. Give special fluids/drinks	1	(15)
d. Give more drinks	1	(16)
e. Reduce/stop specific fluids/drinks	1	(17)
f. Continue feeding	1	(18)
-----	-----	-----
g. Give special food	1	(19)
h. Give more food	1	(20)
i. Reduce/stop specific food	1	(21)
j. Continue breastfeeding	1	(22)
-----	-----	-----
k. Reduce/stop breastfeeding	1	(23)
l. Give Oralit	1	(24)
m. Give LGG	1	(25)
n. Give packaged herbs	1	(26)
-----	-----	-----
o. Give traditional herbal liquids	1	(27)
p. Give Ciba/Enterovioform pills	1	(28)
q. Give S.G. pills/Sulfaguanadin	1	(29)
r. Give Entrostop/Stop Cret pills	1	(30)
-----	-----	-----
s. Give Koniform pills	1	(31)
t. Give Dumex/Dumocyclin pills	1	(32)
u. Give other pills (SPECIFY)	1	(33-43)
v. Give syrup	1	(44)
-----	-----	-----
w. Give injection	1	(45)
x. How to make LGG	1	(46)
y. Give healthy food	1	(47)
-----	-----	-----
z. Give Vitamins	1	(48)
aa. Other (SPECIFY)	1	(49-59)
ab. Don't know/remember	4	

11

49. Have you ever seen a banner with information about how to treat frequent and watery stools? (Definition of banner)

Yes	1 (60)
No	2
Don't know/remember	k

50a. Have you ever gone to the Health Center?

Yes	1 TO Q. 50b. (61)
No	2) TO Q. 51a.
Don't know/remember	k

IF "YES"

50b. When was the last time that you went to the Health Center?

Less than 1 week (1 - 6 days)	1 (62)
1 week ago (7 - 13 days)	2
2 weeks ago (14 - 20 days)	3
3 weeks ago (21 - 29 days)	4
1 month ago (30 - 59 days)	5
2 months ago (60 - 89 days)	6
3 months ago (90 - 119 days)	7
4 months ago or more (120+)	8
Don't know/remember	k

50c. Did you see or hear any information about how to treat frequent and watery stools at the Health center (for example, pictures, posters or someone telling you something)?

Yes	1 TO Q. 50d. (63)
No	2) TO Q. 50e.
Don't know/remember	k

50d. What did the information say? (CHECK ALL MENTIONED). Anything else?

a. Give something to drink	1 (64)
b. Continue giving fluids	1 (65)
c. Reduce/stop specific fluids/drinks	1 (66)
d. Give more drinks	1 (67)
e. Give special fluids/drinks	1 (68)
f. Continue feeding	1 (69)
g. Give special food	1 (70)
h. Give more food	1 (71)
i. Reduce/stop specific food	1 (72)
j. Continue breastfeeding	1 (73)
k. Reduce/stop breastfeeding	1 (74)
l. Give Oralit	1 (75)
m. Give LGG	1 (76)
n. Give packaged herbs	1 (77)
o. Give traditional herbal liquids	1 (78)
p. Give Ciba/Enterovioform pills	1 (79)

SKIP TO

q. Give S.G. pills/Sulfaguanadin	1 (111)
r. Give Entrostop/Stop Cret pills	1 (112)
s. Give Koniform pills	1 (113)
t. Give Dumex/Dumocylin pills	1 (114)
u. Give other pills (SPECIFY) -----	1 (15-25)
v. Give syrup	1 (26)
w. Give injection	1 (27)
x. How to make LGG	1 (28)
y. Give healthy food	1 (29)
z. Give Vitamin	1 (30)
aa. Other (SPECIFY) -----	1 (31-41)
ab. Don't know/remember	k

NOTE Dup (01-08)
Card 10 (09-10)

18

50e. Thinking about the last time you went to the Health Center, about how long did it take you to get there from the time you left your home until the time you arrived?

----- MINUTES (42-44)
 Don't know/remember 4

51a. Have you ever gone to a shop/medicine shop/pharmacy to buy medicine (e.g. for a headache, a stomach ache, a tooth ache, etc.)?

Yes 1 TO Q. 51b. (45)
 No 2
 Don't know/remember 4) TO Q. 52a.

IF "YES"

51b. When was the last time that you went to the shop/medicine shop/pharmacy?

Less than 1 week (1 - 6 days) 1 (46)
 1 week ago (7 - 13 days) 2
 2 weeks ago (14 - 20 days) 3

 3 weeks ago (21 - 29 days) 4
 1 month ago (30 - 59 days) 5
 2 months ago (60 - 89 days) 6

 3 months ago (90 - 119 days) 7
 4 months ago or more (120+) 8
 Don't know/remember 4

51c. What type of shop was it? READ LIST

Small nearby warung/shop 1 (47)
 Big nearby warung/shop 2
 Warung/shop in market place 3

 Drug store 4
 Pharmacy/apotik 5
 Other (SPECIFY) 6
 Don't know/remember 4
 (48)

51d. Did you see or hear any information about how to treat frequent and watery stools at the (TYPE OF LOULETE IN Q. 51c), for example pictures, posters, or someone telling you something?

Yes 1 TO Q. 51e. (49)
 No 2
 Don't know/remember 4) TO Q. 52a.

51e. What did the information at the shop say about frequent and watery stools?
(CHECK ALL MENTIONED) Anything else?

- | | |
|---------------------------------------|-----------|
| a. Give something to drink | 1 (50) |
| b. Continue giving fluids | 1 (51) |
| c. Give special fluids/drinks | 1 (52) |
| d. Give more drinks | 1 (53) |
| e. Reduce/stop specific fluids/drinks | 1 (54) |
| f. Continue feeding | 1 (55) |
| ----- | |
| g. Give special food | 1 (56) |
| h. Give more food | 1 (57) |
| i. Reduce/stop specific food | 1 (58) |
| j. Continue breastfeeding | 1 (59) |
| ----- | |
| k. Reduce/stop breastfeeding | 1 (60) |
| l. Give Oralit | 1 (61) |
| m. Give LGG | 1 (62) |
| n. Give packaged herbs | 1 (63) |
| ----- | |
| o. Give traditional herbal liquids | 1 (64) |
| p. Give Ciba/Entervioform pills | 1 (65) |
| q. Give S.G. pills/Sulfaguanadin | 1 (66) |
| r. Give Entrostop/Stop Cret pills | 1 (67) |
| ----- | |
| s. Give Koniform pills | 1 (68) |
| t. Give Dumex/Dueocyclin pills | 1 (69) |
| u. Give other pills (SPECIFY) | 1 (70-80) |
| ----- | |

!T11: Dup (01-08)
Card 11 (09-10)

- | | |
|-------------------------|-----------|
| v. Give syrup | 1 (11) |
| w. Give injection | 1 (12) |
| x. How to make LGG | 1 (13) |
| y. Give healthy food | 1 (14) |
| ----- | |
| z. Give vitamins | 1 (15) |
| aa. Other (SPECIFY) | 1 (16-26) |
| ab. Don't know/remember | 1 |

52a. Have you ever heard the term "Pos Yandu"

- | | |
|---------------------|------------------------|
| Yes | 1 TO Q. 52b. (27) |
| No | 2 READ DEFINITION THEN |
| Don't know/remember | 4 GO TO Q. 52b. |

A POSYANDU (HEALTH POST) IS A PLACE WHERE MOTHERS GO ONCE A MONTH TO WEIGH AND GET HEALTH SERVICES FOR THEIR YOUNG CHILDREN. A POSYANDU MAY ALSO BE CALLED A POS PEMINDANGAN, POS BALITA OR POKBANG.

52b. Have you ever gone to the Health Post (Posyandu, Pos Penimbangan, POKBANG)?

- | | |
|---------------------|-------------------|
| Yes | 1 TO Q. 52c. (28) |
| No | 2 |
| Don't know/remember | 4 TO Q. 53a. |

52c. Thinking about the last time you went to the Health Post, about how long did it take you to get there from the time you left your home until the time you arrived?

----- MINUTES (29-31)
Don't know/remember

90

53a. Have you ever heard the term "Kader Kesehatan" (Health Cadre or Volunteer)?

Yes	1 TO Q. 53b. (32)
No	2 READ DEFINITION THEN
Don't know/remember	4 TO Q.53b.

KADER KESEHATAN ARE WOMEN, WHO MAY BE MEMBERS OF THE WOMEN'S ORGANIZATION (PKK), OR MEN WHO VOLUNTEER TO WORK IN THE FIELD OF PUBLIC HEALTH AND WHO MAY BE HELPING THE POSYANDU.

53b. Have you ever met a Health Volunteer?

Yes	1 TO Q. 53c. (33)
No	2
Is Kader/wife of kader	3 TO Q.54
Don't know/remember	4

INSTRUCTION: IF THE WOMAN HAS BEEN EITHER TO THE KADER (Q.53b IS 1) OR TO THE POSYANDU (Q.52b IS 1) ASK, Q.53c. IF SHE HAS BEEN TO NEITHER, SKIP TO Q.54a.

53c. Where did you meet the Health Cadre? (M)

At the respondent's house	1 (34)
At the Kader's house	1 (35)
At the Health Centre	1 (36)
At the P.K.K.	1 (37)
At the Posyandu	1 (38)
Other (SPECIFY) -----	1 (39-49)
Don't know/remember	4

53d. When was the last time that you went to a Health Post or Volunteer?

Less than 1 week (1-6 days)	1 (50)
1 week ago (7-13 days)	2
2 weeks ago (14-20 days)	3
-----	-----
3 weeks ago (21-29 days)	4
1 month ago (30-59 days)	5
2 months ago (60-89 days)	6
-----	-----
3 months ago (90-119 days)	7
4 months ago or more (120+)	8
Don't know/remember	4

53e. When you visited the Health Post or Volunteer, did you see or hear anything about how to treat frequent and watery stools, for example, pictures, posters, or someone telling you something?

Yes	1 TO Q. 53f. (51)
No	2
Don't know/remember	4 TO Q.54a.

81

53f. What information did you see or hear at the Health Post or Volunteer? (CHECK ALL MENTIONED) Anything else?

- a. Give something to drink 1 (52)
- b. Continue giving fluids 1 (53)
- c. Give special fluids/drinks 1 (54)
- d. Give more drinks 1 (55)
- e. Reduce/stop specific fluids/drinks 1 (56)
- f. Continue feeding 1 (57)
-
- g. Give special food 1 (58)
- h. Give more food 1 (59)
- i. Reduce/stop specific food 1 (60)
- j. Continue breastfeeding 1 (61)
-
- k. Reduce/stop breastfeeding 1 (62)
- l. Give Oralit 1 (63)
- m. Give LGG 1 (64)
- n. Give packaged herbs 1 (65)
-
- o. Give traditional herbal liquids 1 (66)
- p. Give Ciba/Enterovioform pills 1 (67)
- q. Give S.G. pills/Sulfaguanadin 1 (68)
- r. Give Entrostop/Stop Cret pills 1 (69)
-
- s. Give Koniform pills 1 (70)
- t. Give Dumex/Dumocyclin pills 1 (71)
- u. Give other pills (SPECIFY) 1 (72-80)
-

112 Dup (01-08)
Card 12 (09-10)

- v. Give syrup 1 (11)
- w. Give injection 1 (12)
- x. How to make LGG 1 (13)
- y. Give healthy food 1 (14)
-
- z. Give vitamins 1 (15)
- aa. Other (SPECIFY) 1 (16-26)
- ab. Don't know/remember

SHOW THE ORALIT PACKETS TO THE WOMAN

54a. Have you ever seen these packets?

- Yes 1 (27)
- No 2
- Don't know/remember

54b. Have you ever bought packets like these?

- Yes, silver packet 1 (28)
- Yes, red packet 1 (29)
- Yes, both 1 (30)
- Yes, other packet (SPECIFY) 1 (31-41)
- No 1 (42)
- Don't know/remember

54c. Have you ever heard of a product called Oralit?

- Yes 1 TO Q. 54c. (43)
- No 2
- Don't know/remember

92

54d. Have you ever given Oralit to a child under five years old?

Yes	1 (44)
No	2
Don't know/remember	4

54e. What is Oralit used for? (M) DON'T PROBE

Used to replace water	1 (45)
Medicine to treat diarrhea	1 (46)
Medicine to treat other illness	1 (47)
Other (SPECIFY) -----	1 (48-58)
Don't know/remember	4

54f. Where/from whom did you learn/hear about Oralit? Anyone else?

Friend or neighbour	1 (59)
Relative	1 (60)
Kader	1 (61)
-----	-----
Health Post (Posyandu)	1 (62)
Health Centre (PUSKESMAS)	1 (63)
Paramedic/nurse/midwife (private)	1 (64)
-----	-----
Doctor	1 (65)
Newspaper	1 (66)
Store/shop	1 (67)
-----	-----
Radio	1 (68)
Drug store	1 (69)
Apotik/pharmacy	1 (70)
Other (SPECIFY) -----	1 (71-80)
Don't know/remember	4

SOCIAL, ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS

Now a few questions about you and your family.

55a. What language do you mostly speak here at home with your family? (S)

55b. What other languages, if any can you speak?

Dup (01-08)
Card 13 (09-10)

	Q. 55a. SPEAK AT HOME (SINGLE)	Q. 55b. OTHER SPOKEN (MULTIPLE)
Indonesian	1 (11)	1 (12)
Javanese	2	1 (13)
Other ----- (SPECIFY)	4	4 (14-20)

56. In which grade were you when you stopped going to school?

Grade: ----- SD/SMP/SMA/ACADEMY/UNIVERSITY

Don't know/remember

(21-22)

INTERVIEWER: WRITE IN LEVEL OF SCHOOL COMPLETED IN YEARS

----- YEARS (23-24)

Don't know/remember

57a. Can you read a newspaper?

Yes	1 TO Q. 57b. (25)
No	2
Don't know/remember	4 TO Q. 58a.

57b. What language can you read? (MULTIPLE RESPONSE)

Javanese	1 (26)	
Indonesian	1 (27)	TO Q.59a.
Other -----	4 (28-35)	
	(SPECIFY)	

58a. Can anyone else in the household read?

Yes	1 (36)	
No	2	TO Q.59a
Don't know/remember	4	

58b. Who is that? (M)

Other female adult	1 (37)
Husband	1 (38)
Other male adult	1 (39)
Children	1 (40)
Don't know/remember	4

59a. Marital status:

Married, husband alive	1 (41)
Divorced	2
Widowed	3
Other -----	4
	(SPECIFY)

59b. How many people are living in this household?

----- PEOPLE (42-43)

59c. How many are females older than 15?

----- FEMALES (44-45)

59d. How old are you?

YEARS (46-47)

59e. How many living children do you have in all?

----- NO. OF CHILDREN (48-49)

SHOW EXPENDITURE CARD

60. Thinking about your household, could you tell us approximately how much you spend every month to keep the household going? Which of the groups on this card would you average monthly household expenditure fall into?

Less than Rp. 10.000	1 (50)
Rp. 10.001 - Rp. 20.000	2
Rp. 20.001 - Rp. 30.000	3
Rp. 30.001 - Rp. 50.000	4
Rp. 50.001 - Rp. 75.000	5
Rp. 75.001 - Rp. 100.000	6
Rp. 100.001 - Rp. 125.000	7
Rp. 125.001 - Rp. 150.000	8
More than Rp. 150.000	9
Don't know	4
Won't say	-

61a. Apart from household work, do you do any other work for which you are paid?

Yes	1 (51)
No	2 TO Q.62.

61b. Is that work that you do here at home, or work that you do outside the home?

At home	1 (52)
Outside home	2

62. Which of the following possessions are owned by this family? (CHECK ALL MENTIONED)

a. Petromax lamp	1 (53)
b. Sewing machine	1 (54)
c. Bicycle	1 (55)
d. Motor cycle	1 (56)
e. Automobile/car	1 (57)

63. What is the occupation of the head of household?

Farmer	1 (58)
Fisherman	2
Laborer	3
Skilled worker (carpenter, mechanic, etc.)	4
Shopkeeper/trader	5
Government employee (including teacher)	6
Business employee	7
Professional/Manager/owner	8
Unemployed	9
Other (SPECIFY) -----	1 (59)
Don't know	&
No response/won't say	-

OBSERVE THE FOLLOWING IF POSSIBLE, OTHERWISE ASK:

64. Household facilities:

Electricity	1 (60)
Piped water	1 (61)
W.C. (in house)	1 (62)
Sunur gall/well	1 (63)
Telephone	1 (64)

65. Type of front wall of house:

Brick	1 (65)
Wood	1 (66)
Zinc	1 (67)
Bamboo	1 (68)
Palm	1 (69)
Other -----	1 (70-80)
	(SPECIFY)

114: Dup (01-08)
Card 14 (09-10)

66a. Presence of other adults during interview?

Yes	1 TO D.66a. (11)
No	2

66b. Did they contribute to the interview?

Yes	1 (12)	SKIP
No	2	

THANK YOU VERY MUCH

25

COMMUNITY INFORMATION:

115

Kabupaten : ----- (34-35)
 Kecamatan : ----- (36-37)
 Desa/Village: ----- (38-39)
 RT N : ----- (40-41)

Urban 1 TO U.1. ^{T(IV)} (17)
 Rural 2 TO R.1

RURAL DATA:

R1. Distance to nearest main road
 (2 lane asphalt) ----- KILOMETER (18-20)

R2. Distance to nearest major town
 (over 50,000 people) ----- KILOMETER (21-23)

R3. Distance to nearest Health Centre ----- KILOMETER (24-26)

R4. Electricity in village: Yes 1 (27)
 No 2

R5. School in village: SD 1 (28)
 SLP 2 (29)
 SLA 3 (30)
 Academy 4 (31)

R6. Community well: Yes 1 (32)
 No 2

R7. Posyandu in village Yes 1 (33)
 No 2

URBAN DATA:

U.1. Electricity Yes 1 (34)
 No 2

U.2. Asphalt road(s) in RT Yes 1 (35)
 No 2

U.3. Telephone in RT Yes 1 (36)
 No 2

U.4. Piped water in RT Yes 1 (37)
 No 2

U.5. Sewers in RT Yes 1 (38)
 No 2

U.6. Posyandu in town Yes 1 (39)
 No 2

86

APPENDIX V

MORBIDITY STUDY QUESTIONNAIRES, 1988/1989

Surveillance	A68
Mid-surveillance data: child	A70
Mid-surveillance data: household	A72
Height and weight status #1	A80
Height and weight status #2	A81
Food pattern	A82

47

Week:

SURVEILLANCE QUESTIONNAIRE
ROVITA IMPACT EVALUATION

Date: ___/___/198__
Day: _____
Hour: ___ upto ___

No.	Question	Code
=====		
	Name of Child:	
0.1		Child ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Name of Respondent:	

0.2	[FILLED IN BY SUPERVISOR]	Valid () 1 Not valid () 2

1.	During this week, since I came here last week, has [name of child] had diarrhea?	Yes () 1 No () 2 ----->10

2.	If she/he had diarrhea this week, when did it start?	This week () 1 Last week/Before last week () 2 ----->10

3.	When the diarrhea was severe, was [name of child] weak or dehydrated or not?	No () 1 Somewhat weak/Somewhat dehydrated () 2 Weak/Dehydrated () 3 Very weak/Very dehydrated () 4

4.	When the diarrhea was severe, was [name of child] thirsty, was s/he continually asking for drinks or not?	No () 1 Somewhat thirsty () 2 Thirsty () 3 Very thirsty () 4

5.	When the diarrhea was severe, was [name of child] fussing or not?	No () 1 Fussing somewhat () 2 Fussing/fussing a lot () 3 Fussing and then weak () 4

6.	When the diarrhea was severe, did [name of child] have sunken eyes or not?	No () 1 Somewhat sunken () 2 Sunken () 3 Very sunken () 4

efb

7. When the diarrhea was severe, did
[name of child] vomit or not?
If yes, how many times in one day?

- No () 1
- 1-3 times a day () 2
- 4-6 times a day () 3
- More than 6 times a day () 4

8. When the diarrhea was severe, was
[name of child] willing to eat or not?

- No () 1
- Only eat fruit or snack () 2
- Eat less () 3
- Eat as usual () 4

9. When the diarrhea was severe, was
[name of child] willing to drink or not?

- Yes () 1
- No () 2

10. In this week, since I came here last
week, did [name of child]
have fever and cough or cold or not?

- Yes () 1
- No () 2

11. In this week, since I came here last
week, did [name of child]
have measles or not?

- Yes () 1
- No () 2

12. In this week, since I came here last
week, was [name of child]
given any medicine?

- Yes () 1
- No () 2

13. If yes, what medicine?
[Write down all medicines stated by respondent.]

.....
.....

14

[FILLED IN BY SUPERVISOR]

- High dose vit.A () 1
- Other vit.A () 2
- Oralit () 3
- Other diarrhea medicine () 4
- Other:..... () 5

14. Name of Surveillor: No. ←

15. Name of Supervisor: No.

89

IDENTI ANAK [] [] [] []

=====
No. P e r t a n y a a n Kode
=====

5. Sekitar lubang hidung kanan-kiri :
Kotor sekali, penuh ingus/upil ()1
Kotor, beringus/berupil ()2
Agak kotor ()3
Bersih ()4

6. Lekukan daun telinga kanan-kiri :
Kotor sekali, penuh daki ()1
Kotor, berdaki rata ()2
Agak kotor, berdaki sedikit ()3
Bersih ()4

=====
D. GIZI ANAK

7. Napa (nama anak) sarpunika taksih disusoni?
Enggih ()1
Mboten ()2

8. Menawi sampun mboten, wiwit kapan.....
mboten disusoni babar pisan?
(Sebutan apa yang dilalalan responden)
.....
(dinas editor) Bulan ini (Maret 89) ()1
1 Bulan yang lalu (Februari 89) ()2
2 Bulan yang lalu (Januari 89) ()3
3 Bulan yang lalu (Desember 88) ()4
4 Bulan yang lalu (Nopember 88) ()5
5 Bulan yang lalu (Oktober 88) ()6
6 Bulan yang lalu (September 88) ()7
Lebih dari 6 bulan yang lalu ()8
Lupa ()9

=====
9. Pewawancara : [] [] [] []
Nama :

10. Supervisor : [] [] [] []
Nama :

Tanggal : .. Maret 1989
 Jam : ... s/d

KUESENER DATA TENGAH TAHUNAN KELUARGA

EVALUASI DAMPAK ROVITA

Catatan : Responden untuk kuesener ini ialah
 IBU balita-

Kode Keluarga 1 2 3 4
 | | | |
 | | | |

No. P e r t a n y a a n Kode

A. IDENTIFIKASI:

- 1. Nama Responden :
- 2. Nama Balita 1 : Umur :
- 3. Nama Balita 2 : Umur :
- 4. Nama Balita 3 : Umur :

Jumlah Balita ()
 ()

B. KETERLIBATAN SOSIAL KELUARGA.

- 1. Sampeyan nderek kempalan utawi organisasi napa mawon?
 (tulisi dalam daftar di bawah ini!)
 Teng kempalan-kempalan niku wau, sakingane tiyang wulan niki, sampeyan dados napa?
 (bisa aktifitas satu persatu, dari bealahang : Pen pengurus,dst!)

No	Nama Orga- nisa- si	Aktifitas				
		Angg. Biasa (1)	Hadir rapat (2)	Bayar iuran (3)	Angg. Pan. (4)	Pengl. luru (5)
1.						
2.						
3.						
4.						

Jumlah skor (dijumlahkan) () ..

tak tahu () 99

92

Kode Keluarga 1 2 3 4
 | | | | |
 | | | | |

=====

No.	Pertanyaan	Kode
-----	------------	------

=====

2. Pak/Bu (Kepala Rumah) nderek
 kempalan utawi organisasi napa mawon?
 (tulis dalam daftar di bawah ini!)
 Teng kempalan-kempalan niku wau, sak-
 dangune tigang wulan niki, sampeyan
 dados napa?
 (baca aktifitas satu persatu, dari be-
 lakang : Pengurus,dst!)

		Aktifitas				
No	Nama	Angg.	Hadir	Bayar	Angg	Pengl
	Orga-	Angg.	Hadir	Bayar	Angg	Pengl
	nise-	Biasa	Rapat	Iuran	Par.	lurus
	si	(1)	(2)	(3)	(4)	(5)
1.						
2.						
3.						
4.						
Jumlah skor (disedi editor)						

() ..
 tak tahu ()99

C. STATUS EKONOMI KELUARGA.

 Pareng bu, kula tak nyawang griyanipun ibu?
 (No. 3 s/d 5 anaka sendiri!)

3. Dinding depan rumah :
- | | | |
|------------------------------|-----|---|
| Gedeg | () | 1 |
| Kayu Kalimantan/Kayu lokal | () | 2 |
| Separuh tembok, separuh kayu | () | 3 |
| Kayu Jati | () | 4 |
| Tembok, tanpa jendela kaca | () | 5 |
| Tembok, dengan jendela kaca | () | 6 |

4. Lantai ruang depan untuk terima tamu :
- | | | |
|------------------------------------|-----|---|
| Tanah seluruhnya | () | 1 |
| Separuh semen/tegel, separuh tanah | () | 2 |
| Semen seluruhnya | () | 3 |
| Tegel seluruhnya | () | 4 |

Kode Keluarga 1 2 3 4
 [] [] [] []

=====

No.	P e r t a n y a a n	Kode
-----	---------------------	------

=====

5. Lampu penerangan ruang depan di malam hari :
 (kalau perlu, tanyakan!)
- | | | |
|--|-----------------------------|------|
| | Sentir | ()1 |
| | Teplok | ()2 |
| | Petromax | ()3 |
| | Listrik umum (PLN/desa/kec) | ()4 |
| | Listrik diesel sendiri | ()5 |

6. Nuwun sewu nggih bu, kula kepingin ngertos, griya niki gadahane sintèn?
- | | | |
|--|----------------------------------|------|
| | Tiyang sanes, nyewa/ngontrak | ()1 |
| | Gadahan sederek, numpang | ()2 |
| | Kula piyambak, taksih nyicil | ()3 |
| | Kula piyambak (sampun lunas/sah) | ()4 |

=====

D. SUMBER AIR KELUARGA.

7. Kangge ngombe lan masak, sampeyan mendhet utawi tumbas toya saking pundi?
- | | | |
|--|--------------------------|------|
| | Kali/rawa | ()1 |
| | Toya udan | ()2 |
| | Sumur cidhuk | ()3 |
| | Sumur pompa | ()4 |
| | Tuk/sumur artetis/ledeng | ()5 |

8. Menawi pareng, kula nyuwun toya pethak saking genthong simpenan toya ngombe keluarga mriki, setunggal gelas mawon.
 (Lihat, citra dan rasanya sendiri!)
- | | | |
|-------------|-----|------------|
| Bau : | () | berbau |
| | () | tak berbau |
| Rasa : | () | berasa |
| | () | tak berasa |
| Kekeruhan : | () | keruh |
| | () | jernih |
| Jentik : | () | ada |
| | () | tak ada. |

- Skor air minum (diji editor) :
- | | |
|---------------------|------|
| 4 dari 4 tanda tsb. | ()1 |
| 3 dari 4 tanda tsb. | ()2 |
| 2 dari 4 tanda tsb. | ()3 |
| 1 dari 4 tanda tsb. | ()4 |
| 0 dari 4 tanda tsb. | ()5 |
-

74

Kode Keluarga 1 2 3 4

=====

No.	P e r t a n y a a n	Kode
-----	---------------------	------

=====

9. Menawi toya kangge asah-asah, sampeyan mendhet utawi tumbas teng pundi?
- | | | |
|--------------------------|-----|---|
| Kali/rawa | () | 1 |
| Toya udan | () | 2 |
| Sumur cidhuk | () | 3 |
| Sumur pompa | () | 4 |
| Tuk/sumur artetis/ledeng | () | 5 |

10. Lha menawi toya kangge adus, sampeyan mendhet utawi tumbas saking pundi?
- | | | |
|--------------------------|-----|---|
| Kali/rawa | () | 1 |
| Toya udan | () | 2 |
| Sumur cidhuk | () | 3 |
| Sumur pompa | () | 4 |
| Tuk/sumur artetis/ledeng | () | 5 |

=====

E. SANITASI LINGKUNGAN.

11. Panggenan lare alit bebucal utawi panggenan mbucal kotorane bayi teng pundi, bu?
- | | | |
|-------------------------------|-----|---|
| Latar/pauwan/teng pundi mawon | () | 1 |
| Kali/rawa | () | 2 |
| Dipendhem/diurugi | () | 3 |
| Kakus umum | () | 4 |
| Kakus keluarga | () | 5 |

12. Menawi tiyang sepuh, bebucale teng pundi?
- | | | |
|-------------------------------|-----|---|
| Latar/pauwan/teng pundi mawon | () | 1 |
| Kali/rawa | () | 2 |
| Dipendhem/diurugi | () | 3 |
| Kakus umum | () | 4 |
| Kakus keluarga | () | 5 |

as

Kode Keluarga 1 2 3 4
| | | |

No.	Pertanyaan	Kode
	Menawi kepareng bu, kula badhe nderek dateng wingking, nggih?	
13.	Nilailah kebersihan, keterbukaan dan bau tempat berak keluarga! : Kebersihan : () kotor () bersih Keterbukaan : () terbuka () tertutup Bau : () berbau () tak berbau. Skor tempat berak (isi editor) : 3 dari 3 tanda tsb. () 1 2 dari 3 tanda tsb. () 2 1 dari 3 tanda tsb. () 3 0 dari 3 tanda tsb. () 4	
14.	Perhatikan tempat penampungan kotoran di tempat berak itu! : Tak ada tempat atau ada dgn tanah () 1 Berdinding bambu/kayu () 2 Berdinding bata/batu tak rapat () 3 Berdinding beton rapat () 4	

96

Kode Keluarga 1 2 3 4
| | | |
| | | |

=====
No. P e r t a n y a a n Kode
=====

F. PENGELUARAN BULANAN.

15. Bu, sing manggen wonten griya miki sedaya tiyang pinten?
..... tiyang
16. (TUNJUKAN KARTU PENGELUARAN RUMAH TINGGA BULANAN)
Cobi bu, kartu niki dipirsani. Teng miki wonten urutan-
urutan gedhene pawetone keluarga saben wulanipun.
(URUTAN NILAI DARI ATAS TERUS SAMPAI KE BAWAH)
Kinten-kinten keluarga miki klebet sing bagian pundi
nggih bu?
- | | |
|-----------------------------|------|
| Kurang saking Rp. 10.000 | ()1 |
| Rp. 10.001 - Rp. 20.000 | ()2 |
| Rp. 20.001 - Rp. 30.000 | ()3 |
| Rp. 30.001 - Rp. 50.000 | ()4 |
| Rp. 50.001 - Rp. 75.000 | ()5 |
| Rp. 75.001 - Rp. 100.000 | ()6 |
| Rp. 100.001 - Rp. 125.000 | ()7 |
| Rp. 125.000 - Rp. 150.000 | ()8 |
| Langkung saking Rp. 150.000 | ()9 |

Catatan : Untuk menilai pengeluaran :

- I. Pengeluaran harian : - makanan pokok
- kebutuhan dapur
- kebutuhan air minum
- lain:.....
- II. Pengeluaran mingguan
- III. Pengeluaran bulanan : - pajak
- biaya sekolah
- arisan
- listrik
- lain:.....

=====
Pewawancara:

Nama:

Supervisor:

Nama:

Rp.10.000 UJAWI KIRANG
Rp.10.001 - Rp.20.000
Rp.20.001 - Rp.30.000
Rp.30.001 - Rp.50.000
Rp.50.001 - Rp.75.000
Rp. 75.001 - Rp.100.000
Rp.100.001 - Rp.125.000
Rp.125.001 - Rp.150.000
LANGKUNG SAKING Rp.150.000

PERPINDAHAN DARI DATA KUNJAL TANGGA
KE DATA BONE :

Bu, saniki kula bade ngejak rembagan
bab putrane umure gangsal taun utawi
kirang (BALITA) setunggal-setunggal.
Sing sami gadah KARTU ROVITA.
Rak sedaya wonten griya mriki, to?
Yen wonten sing saweg dolan, nyuwun
tulang ditimbali riyin. Bade kula
priksa setunggal-setunggal.

(Pengumpulan data berikutnya menunggu
sampai semua anak balita terkumpul!).

Ingat : SETIAP ANAK BALITA YANG ADA
DALAM KELUARGA, YANG MEMILIKI
KARTU IDENTI, HARUS DITANYA
NYARAN, DENGAN LEMBARAN KUES
BERIKUT INI, SENDIRI-SENDIRI!!

Identi Anak

--	--	--	--

FORMULIR KEADAAN GIZI ANAK #1

Tanggal Pengukuran

Anak ini:

--	--

IDENTIFIKASI ANAK

Nama Anak: Umur:.....

Nama Kepala Rumah:

Nama Ibu:

1. Berat badan bulan Maret 1989
(ditimbang sendiri)

..... kg

--	--	--	--

2. Tinggi badan pada bulan Maret 1989
(diukur sendiri)

..... cm

--	--	--	--

3. Tempat pengukuran

() di Posyandu/Pokbang
nama Pos =

atau

() di tempat lain
disebutkan:

--	--

4. Diukur oleh:.....
(nama orang yang mengukur)

--	--

5. Pengawas:

Tandatangan:

Nama:

--

IEvmt-ga(11mar89)

100

--	--	--	--

FORMULIR KEADAAN GIZI ANAK #2

TANGGAL Pengukuran

Anak ini:

--	--

IDENTIFIKASI ANAK

Nama Anak: Umur:.....

Nama Kepala Rumah:

Nama Ibu:

1. Berat badan pada bulan Agustus 1989
(ditimbang sendiri)

..... kg

--	--	--	--

2. Tinggi/panjang badan, pada bulan Agustus 1989
(diukur sendiri)

..... cm

--	--	--	--	--

3. Tempat pengukuran

() di Posyandu/Pokbang
nama Pos =

atau

() di tempat lain
disebutkan:

--	--

4. Diukur oleh:.....
(nama orang yang mengukur)

--	--

5. Diukur : secara perorangan () 1
 atau secara sama-sama () 2

--

6. Pengawas:

Tandatangan:

Nama:

--

IEVmx ga(14aug89)

101

KUESENER POLA MAKAN ANAK

Nama Anak:..... IDENTI ANAK :

--	--	--	--

POLA PERTANYAAN

1. Bu, siapa pembantu di (nama anak) tau nama xxx ?
 - enggak --> ke no.2
 - abelen = 0 --> selesai, pindah ke yyy
2. Napa seminggu niki si (nama anak) nama xxx ?
 - enggak --> ke no.1
 - abelen = 1 --> selesai, pindah yyy
3. Yen enggak, seminggu ping pinten?
 1 kali = 5 --> selesai, pindah yyy
 2-5 kali = 10 --> selesai, pindah yyy
 Saben dinten --> ke no.4
4. Yen saben dinten, sedinten ping pinten?
 1 kali = 25 --> selesai, pindah yyy
 Lebih dari 1 kali = 50 --> selesai, pindah yyy

DAFTAR POLA MAKAN

Bahan Makanan	Tiap hari	Tiap Minggu	Jarang	Tidak	Pernah	Siapa	Var.
1. Susu/tia/bubur	50	25	15	10	1	0	Isak01
2. Jajanan/Jajanan/kangkung	50	25	15	10	1	0	Isak02
3. Buah singkong	50	25	15	10	1	0	Isak03
4. Buah kelapa	50	25	15	10	1	0	Isak04
5. Bayam	50	25	15	10	1	0	Isak05
6. Buah warna-pepaya	50	25	15	10	1	0	Isak06
7. Telur	50	25	15	10	1	0	Isak07
8. Ikan segar/pindang	50	25	15	10	1	0	Isak08
9. Ikan asin	50	25	15	10	1	0	Isak09
10. Baying	50	25	15	10	1	0	Isak10
11. Udang/kerang/kepiting	50	25	15	10	1	0	Isak11
12. Tempe/Tahu	50	25	15	10	1	0	Isak12
13. Kacang (kacang tanah)	50	25	15	10	1	0	Isak13
14. Goreng-gorengan	50	25	15	10	1	0	Isak14
15. Makanan yg mengandung santan	50	25	15	10	1	0	Isak15

SUNVCILLON

--	--

APPENDIX VI

QUESTIONNAIRES FOR MONITORING COMMUNICATIONS

Radio Broadcasting A84
Message Effectiveness A85

REHIDRASI ORAL DAN VITAMIN A (ROVITA)
 Kanwil Depkes Jateng - UNDIP - HKI

ROVITA RADIO SPOT MONITORING FORM

- Name of Station :
- Name of person monitoring :
- Day and date of this monitoring :

VITAMIN A CAPSULE SPOT							DIARRHEA SPOT					
NO.	Time of broadcast	Version			Language		NO.	Time of broadcast	Version		Language	
		I	II	III	Javanese	Indonesian			I	II	Javanese	Indonesian
1.							1.					
2.							2.					
3.							3.					
4.							4.					
5.							5.					
6.							6.					
7.							7.					
8.							8.					
9.							9.					
10.							10.					

11. No broadcast from _____ o'clock - _____ o'clock
 " " " _____ o'clock - _____ o'clock
 " " " _____ o'clock - _____ o'clock

....., date
 Monitor,

(.....)

AB4

104

ROVITA PROJECT
Central Java Health Department
- Diponegoro Univ. - HKI
Jalan Imam Bonjol 209, Semarang
=====

EFFECTIVENESS OF ROVITA COMMUNICATIONS MEDIA
Month: _____

Health Post _____
Village _____
District _____
Regency/Municipality _____
Respondent's Name _____
Mother of child under 5 / kader / community leader /
Health Center worker [Delete those that don't apply.]

Questions on VITAMIN A MEDIA

1. Have you ever heard a radio broadcast on vitamin A? If yes, in which language(s)? [Indonesian or Javanese or both?]
2. If yes, what station did you hear it on?
3. What was the message?
Anything else?
[Interviewer writes down respondent's answer, then codes it into the categories given.]
4. Have you ever seen a banner about vitamin A?
5. Where did you see it?
6. What was did the banner say, what was on the banner?
Anything else?
[Interviewer writes down respondent's answer, then codes it into the categories given.]
7. [for mothers only:]
After you heard the radio message or saw the banner, what did you do?
8. [for kader and community leaders:]
After you heard the radio message or saw the banner, what did you do?
9. Has your child already gotten a vitamin A capsule? When?
[most recent time, month and year]
10. Where did s/he get that capsule?

Questions on ORT MEDIA

1. Have you ever heard a radio broadcast on what to do for diarrhea? If yes, which version and which language(s) for Rovita spot, or which other diarrhea ad?
2. If yes, what station did you hear it on?
3. What was the message after "If your child starts diarrhea," ?
Anything else?
[Interviewer writes down respondent's answer, then codes it into the categories given.]
4. [for mothers only:]
In your opinion, what should you do when your child is starting diarrhea?
5. Based on your experience, what do you do when your child is starting diarrhea?
6. [for kader and community leaders:]
What did you do after you heard the radio message on what to do for diarrhea?

Mid-term Evaluation

Helen Keller International "ROVITA" Project
Indonesia

AID Grant #PDC 0284 A 00 6131



RECEIVED
DEC 19 1988
BLINDNESS PREVENTION DIVISION

Table of Contents:

Evaluation team members and project objectives.....	Page 2
Schedule of review team activities.....	Page 3
Project ROVITA's operating environment.....	Page 4
Summary of review findings.....	Page 5
Evaluation team recommendations.....	Page 7
Midterm progress reports for:	
Vitamin A component.....	Page 9
Oral rehydration therapy (ORT) component.....	Page 11
Social marketing component.....	Page 13
Achievement of objectives.....	Page 15
Project organization and progress.....	Page 17

During the week of November 7-12, 1988, an on-site evaluation of the ROVITA Project in Central Java, Indonesia was conducted by the following team:

Dana B. Copp, MD, MPH

Public Health physician & consultant, U.S.P.H.S.
Tucson, Arizona

Jeffrey S. Watson

Asia-Pacific Regional Coordinator
Helen Keller International, Inc.
New York, N.Y.

Hestia Utomo

Marketing Consultant & Director of
Kobe Food Industry
Jakarta, Indonesia

This team assembled in Jakarta on Monday, November 7, 1988 to initiate the evaluation of the HKI/Indonesian Ministry of Health joint project entitled "ROVITA", a three-year operational research project begun in August of 1986. The project aims are to develop strategies to help control Vitamin A deficiency in children as well as diarrheal diseases, the interventions for which have been shown to be linked to the reduction of childhood morbidity and mortality. The four major objectives of the project are:

1. To improve the distribution of megadose Vitamin A in order to achieve a coverage of 90% of children 1-5 years of age,
2. To improve diarrheal disease outcomes in children less than 5 years old through improved case management and improved supply and distribution of oral rehydration salts,
3. To apply social marketing techniques, including systematic coordinated communications, in order to achieve the above objectives, and
4. To measure the change in incidence and severity of diarrhea in a small cohort of children before and after regular Vitamin A supplementation.

The schedule of activities for the review was as follows:

<u>Date/Time</u>	<u>Scheduled Activity</u>	<u>Persons Involved</u>	<u>Venue</u>
Mon., 11/7/88.....			
9:00 AM	Briefing with USAID staff	Joy Riggs-Perla	USAID Ofc.
1:30 PM	Orientation to ROVITA project	Steve Wilbur Susan Eastman	HKI Ofc.
Tues., 11/8/88.....			
8:30 AM	Meet with HKI Jakarta staff	Wilbur/Eastman Office staff	HKI Ofc.
12:20 PM	Fly to Semarang	Evaluation team	Airport
2:00 PM	Meet with ROVITA project staff, as group	Anne Palmer Dr. Satoto Pak Soetarto Pak Sudaryono Pak Pratama Dr. Wahyu Pak Sartono Tom Reis	ROVITA Ofc. in Semarang (Provincial Hlth. Ofc.)
Wed., 11/9/88.....	ROVITA project site visits:		
8:00 AM	Demak area health facilities	Regency staff Puskemas staff Pos Yandu volunteers	MOH Regency " Puskemas Village Health Center
1:00 PM	Morbidity study site	ROVITA field staff	Village
Thur., 11/10/88.....			
8:00 AM	Individual meetings with ROVITA staff members	(as above)	ROVITA Ofc. Semarang
1:00 PM	Debriefing with staff and		
3:20 PM	Return flight to Jakarta	Evaluation team	
Fri., 11/11/88.....			
10:00 AM	Debriefing with HKI staff	Wilbur/Eastman	HKI Ofc.
1:00 PM	Debriefing with MOH staff	Pak Benny & MOH staff	MOH Ofc.
2:30 PM	Debriefing with USAID	Joy Riggs-Perla	HKI Ofc.

110

The **working environment for the ROVITA project** in Indonesia appears to be somewhat unique, and any evaluation of the project activities, problems and achievements would be less useful if not considered in the context of those environmental influences.

First and foremost, is the fact that the discoveries resulting from the Indonesian studies of a decade ago have cast the Republic of Indonesia in a central role. The spotlight of Third World development interest has been temporarily cast on the effects of Vitamin A in child survival, as a potentially major factor in reducing morbidity/mortality for diarrheal and respiratory diseases, as well as its more direct role in the prevention of nutritional blindness. The pride of Indonesian leadership in this highly visible issue is readily apparent in the Ministry of Health, fostering an enthusiasm which raises the priority for Vitamin A programs and results in active cooperation and an exceptionally supportive environment for the ROVITA project.

Secondly, the design of the ROVITA project has introduced a degree of complexity which is uncharacteristic for such a "disease-specific" program effort in that it attempts to bring together some fairly disparate elements. For example:

- (a) The logistical distribution objectives for Vitamin A and ORS (Oravit) propose to rely on quite different delivery mechanisms ...direct, active, subsidized distribution of Vitamin A,....and the development of passive unsubsidized access to ORS through commercial outlets.
- (b) One component of the project engages in an aggressive, free-wheeling set of "social marketing" promotional trials with radio messages, banners and direct consumer education materials, while another component engages concurrently in a tightly controlled double-blind research study on morbidity.

Any one of these components might stand alone as an entirely valid independent project and each of them requires a substantially different degree of discipline and technical skill. The attempted marriage of these related, though disparate, objectives under the rubric of a single project raises the specter of potential friction and divisiveness between the participants/advocates for each element within the project. To our surprise, this has **not** happened in the ROVITA project....(a tribute to the cooperative efforts of the project staff in Semarang).

Thirdly, the sites in Central Java chosen for this demonstration/ study project appear to introduce a selective bias on the evaluation of distribution and marketing techniques. This is a region in which the infrastructure for the person-to-person delivery mechanism (volunteer "kader" workers) is reported to be particularly effective and well-developed. It could be anticipated that successful results at these sites might unduly distort MOH conclusions regarding the best balance of marketing techniques between local health education messages delivered by volunteer workers, and the use of mass media such as radio messages. It must be noted, however, that other marketing/distribution studies are being conducted in West Java and Sumatra where the local environment is not so biased toward the "kader" delivery mechanism (see recommendation #4).

Summary of review findings:

To date, the ROVITA project has accomplished a great deal, as outlined in their annual report of October, 1988. However, the data provided in that document on Vitamin A capsule distribution and coverage of the target population are confusing. After review of these data with Anne Palmer, the project coordinator, the information took on greater significance.

The reported figure of 207,828 children given megadose Vitamin A is actually the count of doses administered during two cycles of capsule distribution, not children. The information is additionally clouded by the fact that original estimates of the target population (children under 6 years of age) were erroneous calculations based on old census data. This resulted in preliminary estimates that pre-project Vitamin A coverage was 80% when it was actually only about 60% of the targeted children. Thus, the project objective was set for an increase to 90% coverage which, given the actual starting point of 60%, was overly ambitious. Onsite review and analysis of the refined target population information and distribution data indicates the actual coverage has gone from 60% to about 75% during the project activity, a substantial increase!

Otherwise, the accomplishments of the project are as planned and as described in the attached summaries for each of the project components, prepared by the ROVITA project team (see pages 9 through 16). Our review confirmed these project descriptions. There were appreciable delays experienced in the early phases of implementation for KAP data collection, the social marketing campaign and initiation of the morbidity study, due largely to problems in recruiting appropriate personnel. But activities now appear to be moving along quite well at the planned pace.

The infrastructure necessary for successful completion of the project seems to be in place, with adequate numbers of highly competent staff in both HKI and MOH offices at Sebarang and Jakarta. We witnessed no significant deficit in any area of expertise or key support activity. In particular, technical assistance support appears to be of good quality and actively engaged with the field components of the project.

Project monitoring systems are now largely effective since the refinement of target population denominators, and data collection seems to be taking place as planned. The social marketing component still has a monitoring deficit in that they have not yet implemented any system to assure that contracted radio message schedules are being delivered.

The project budget was reviewed and appears to be entirely adequate for completion of its objectives. Almost 40% (\$352,456) was drawn down through September 1988, and another 40% (\$365,630) utilized in the subsequent year, leaving 20% (\$181,914) for completion of activities. However, the project is in great need of an extended time frame for completion of activities, with little or no additional funding, in order to accomplish its objectives in a truly effective manner. Compression of the time frame for remaining tasks might seriously compromise the value of the results.

Regarding sustainability, the ROVITA project is unlikely to be replicated with its several components, in its entirety. However, the individual components are very likely to be sustained and expanded in their application throughout Indonesia. The GOI has a strong commitment to the Vitamin A distribution effort and was receiving shipments of equipment to enable local Vit. A fortification of MSG, even as we

evaluated this project. Other components of the project are designed to provide information to GOI officials, facilitating their policy decisions on the most effective approaches to marketing and distribution. At present, the MOH has no plans to subsidize the distribution and use of ORS packets for the management of diarrheal diseases, but the Vitamin A distribution and marketing efforts are clearly sustainable and an expanding effort by the Indonesian government is anticipated.

The ROVITA project, with its 15% increase in coverage of the target population, has not only been effective in impacting on those targeted children and mothers but will provide additional insights to the Indonesian government on how their future efforts might be most effective. Detailed information on the extent to which morbidity and mortality have been reduced will have to await further collection and analysis of data as the project completes its activities.

Recommendations:

1. Project ROVITA should be granted a one year extension to allow for completion of its objectives without compressing the time frame for effective implementation. Budgeted funds appear to be adequate for that extended year, so that little or no additional funds would be needed for completion of the existing objectives. But the additional time will be an absolute requisite for meaningful completion of project objectives.
2. The review team feels HKI should honor its commitment to the ORS/diarrhea component of the ROVITA project, but not enter into additional participation in such activities beyond this project. We believe there should be separate administration of Vit. A and ORS distribution programs, and that the distribution of Vit. A capsules and/or Vit. A fortification efforts should be integrated into the nation's primary health care system at the earliest possible time.
The review team acknowledges the difficulties of limiting one's involvement in allied health interests, and we respectfully suggest that HKI might want to exercise special care in avoiding such "compound" projects which involve them in delivery efforts beyond their particular mandate (i.e., Vitamin A, eye care and rehabilitation).

3. The review team believes the ROVITA project will demonstrate (subject to additional outcomes of studies and monitoring) that the Government of Indonesia can effectively expand its Vit. A distribution programs using the modalities developed/tested in this project. Ongoing efforts by HKI/GOI might consider expanded demonstrations of the effectiveness of social marketing techniques.
4. Results from the limited area of the ROVITA project (2 kabupaten) appears to demonstrate the effectiveness of the kader/posyandu type of personalized, local delivery and educational system in gaining coverage or "market penetration" for Vit. A. This reinforces an admitted bias among the review team for the secondary benefits of building a public health infrastructure through developing a corps of volunteer workers, though we acknowledge the need for a balanced social marketing approach which includes other means of communicating ideas (banners, printed materials, radio, etc.).

Should the GOI decide to utilize the local volunteer workers in their expanded Vit. A distribution/marketing efforts, the review team recommends:

- (a) considering the use of PKK volunteers and other groups, as well as the kaders.
 - (b) considering the provision of **more** training, responsibility and recognition (awards, shirts, articles) as incentives for greater retention.
 - (c) considering implementation of more volunteer activities, such as cataract case referral, to enhance their stature and credibility in the community.
5. Continue to expand the emphasis on system-building through efforts to enhance the skills of local-nationals in planning, social marketing, delivery mechanisms, monitoring and administration. The most effective technical consultants/advisors are those preparing for their own graceful exit.

Documentation of the experiences and ideas generated from the "model" activities of the ROVITA project should be shared with provincial and national government officials as a means of informing and educating.