PROJECT CONCERN INTERNATIONAL

Child Survival VII:
Expanding the **Community's** Role in Child Survival
Through **Posyandu** Supervision Teams and NGO Development
Riau Province, Indonesia
September **1, 1991-August 31, 1994**

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MID-TERM EVALUATION
SUBMITTED TO
THE **UNITED STATES** AGENCY FOR INTERNATIONAL DEVELOPMENT
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LIST OF TERMS

Alisan	Informal savings group
Kaders	Community health workers
PICK	National women's movement
Posyandu	Integrated health post
PST	Posyandu Supervisory Team
Puskesmas	Public health center
TBA	Traditional Birth Attendant

1. INTRODUCI'ION

Project Concern International (PCI) has been involved in health and development activities in Indonesia for over twenty years. In 1984, PC1 was asked to work in Riau by the Secretary of the Directorate General of Community Health as the province had received no assistance from the non-governmental sector, and as the Provincial Ministry of Health had been facing difficulties in reaching all of the population with adequate child survival services. PC1 entered this province in 1989, during the second half of PCI's Child Survival IV project (CSIV). The Child Survival VII Project discussed in this report attempts to build on the activities of the CSIV Project through focussing on improving Posyandu implementation and attendance, through strengthening Posyandu Supervisory Team Structures, and through training TBAs and utilizing supportive social marketing schemes.

As part of routine Child Survival Project implementation, PC1 is required to undertake a mid-term evaluation. Unlike a final evaluation, this evaluation is not intended to focus on the quantitative accomplishments of the project, nor its impact. Rather, it is to be used to look at qualitative aspects of project implementation, and to review the strengths and weaknesses of on-going activities. The purpose of this report is to summarize the mid-term evaluation findings, and it is hoped that the strengths, weaknesses and recommendations noted by this evaluation team will be used to further enhance continued project activities.

Project Concern International's mid-term evaluation for its CSVII Project in Riau Province was undertaken from April 18 - April 27, 1993. The evaluation team consisted of three members, Dr. Rosjda, Dr. Joedo and Ms. Levisay. Dr. Rosjda was representing the Ministry of Health, Indonesia, Dr. Joedo was acting as an external evaluator from Yayasan Kusuma Buana, and Ms. Levisay was representing PCI's U.S. based headquarters office. A representative from USAID Jakarta, Dr. Nurmaulina B. Suprijanto, was present for the last days of the evaluation and attended the evaluation team's presentation to the government. It should be noted that the purpose of this evaluation is to review Project Concern International's CSVII program and not to review any Indonesian Ministry of Health program or specific Posyandu Supervisory Teams or their individual members. The itinerary for the evaluation team members is attached as Appendix 1.

2 ASSESSMENT OF ACCOMPLISHMENTS/ASSESSMENT OF EFFECTIVENESS

The evaluation team was pleased with the overall progress and achievements of PCI's CSVII project in Riau Province. Its project objectives were seen as appropriate, and the outputs achieved were seen to be in accordance with the time plan for the project. (A listing of project inputs and outputs achieved to date can be found in Appendix 2.) The project objectives, as laid out in the DIP, are as follows:

1. Increase to 40% the proportion of children between 12 and 24 months who were fully immunized by twelve months of age.
2. Increase to 65% the proportion of mothers of children under two years of age whose most recent delivery was fully protected from tetanus.
3. Increase to 35% the ORT use rate (the proportion of children under two whose episode of diarrhea within the last two weeks was treated with ORT).
4. Increase to 50% the ORS use rate (the proportion of children under two whose episode of diarrhea within the last two weeks was treated with ORS).
5. Increase to 35% the proportion of children under two whose episode of diarrhea within the

last two weeks was treated with correct dietary management.

6. Increase to 35% the proportion of children under two who were breastfed within the first 8 hours after delivery.
7. Increase to 40% the proportion of children under two who were exclusively breastfed until at least four months.
8. Increase to 75% the proportion of mothers of children under two who received at least two pre-natal exams during their most recent pregnancy.
9. Increase to 80% the proportion of mothers of children under two whose most recent delivery was attended by a trained assistant.
10. Increase the contraceptive prevalence rate to 50%.
11. Increase to 85% the proportion of children under two being fed vitamin A-rich foods.
12. Increase to 50% the proportion of children between 18 and 23 months of age (KMS holders only) who have received semi-annual prophylactic vitamin A.

It is important to note with this project that PC1 is not acting as a direct implementor. In CSVII, PCI assists the Indonesian Ministry of Health in promoting Posyandu implementation and community participation, as well as helping to train midwives and TBAs and implement mass media campaigns using newspaper and radio messages. This mechanism of working closely with the government is felt to be a key strength of the project as this allows for the institutionalization of improved systems and enhances sustainability of the program's achievements.

Because PCI's role in this project is one of supporting and strengthening the MOH's child survival program, rather than directly implementing the interventions, PCI has made certain assumptions regarding the outcomes of our efforts. For example, the project assumes that by facilitating the functioning of PSTs, the Posyandu will be improved and attendance will increase. Also, the social marketing messages and the trained TBAs will help to "sell" the Posyandu services, such as immunization and ORT. Further, the trained TBAs will assist women with safe delivery practices and refer those at high risk to a health center for delivery. It is through such training and supporting activities, as well as careful monitoring of the program, that PC1 intends to accomplish the above objectives.

Due to the nature of the project, it is difficult to accurately define the number of beneficiaries to date. While a realistic number is hard to calculate, to date Posyandu Supervision Team activities have occurred in all districts down to the village level, midwives and TBAs have been trained in all districts and mass media campaigns using newspaper and radio messages have been used extensively. Thus, the evaluation team feels that the implementation strategy is on track, and in certain cases PC1 has overachieved its output targets; and it is likely that the estimated number of beneficiaries will be reached by the end of the project.

REVIEW OF PROJECT COMPONENT3 AND SPECIFIC FINDINGS:

To facilitate systematic review of the project's activities, the evaluators divided the project into several key components: Posyandu Supervisory Team implementation at the provincial, district, sub-district and village levels, TBA training, Posyandu social marketing, and local NGO development.

POSYANDU SUPERVISORY TEAMS (PST) - GENERAL

Posyandu Supervisory Teams (PST) are groups at the Provincial, District, Sub-District and Village levels that have the responsibility of monitoring, supervising and supporting Posyandu activities. The teams are composed of government officials and community leaders responsible for health and general community development. While the creation of the Provincial PST occurred prior to this project, during CSVII PC1 worked with the Provincial government in training and facilitating the formation of PSTs at the District, Sub-District and Village levels. To date, PC1 has held 4 District PST trainings, 29 Sub-District PST trainings, and 45 Village PST trainings for 377 villages. These trainings involved 193, 348 and 1220 people respectively. These numbers are either seen to be in accordance or in excess of the outputs planned for this time period.

STRENGTHS:

Teams have been established and organized from the Provincial level down to the village level, thus completing the formation of the PST system.

In certain areas, the team members show great enthusiasm for participating in PST activities.

The PST system and the team training have both increased intersectoral awareness of the Posyandu.

The training received by specific team members was perceived to have been useful and to have improved understanding of the purpose of the Posyandu and the activities that occur there.

WEAKNESSES:

In certain areas, there seems to be a limited sense of the PST's purpose, and increased attention to Posyandu is mainly occurring within, rather than between sectors.

In some areas, there seems to be a continuing belief that the Posyandu is the health sector's concern, and the public's sense of responsibility is still low.

The understanding and use of the monitoring system appears to be weak. An "easy" system to point out the main problematic areas has not yet been instituted.

In certain Districts and Sub-Districts there are no specific funds for the team, and there is limited interest in drawing funds from sectoral budgets for support of the team and its efforts.

The policy in utilizing limited funds for PST activities is still not efficiency-oriented. For example, PST meetings and supervisory visits are conducted separately from other ongoing activities thus requiring special funds.

RECOMMENDATIONS:

PCI should discuss with the teams, particularly at the District and Sub-District levels, ways for monetarily supporting team function, especially supervisory visits and monthly meetings. These discussions may include examples of how other provinces, districts, and sub-districts support such costs, and may emphasize intersectoral responsibilities. To further support this effort, PCI may have to act as an advocate with the government, and may have to urge local PST to initiate community fund raising activities.

With District PSTs that received allocated funds from the local government, PC1 should discuss the possibility and benefits of allocating specific funds for the Sub-District teams.

To reduce costs for the PSTs, PC1 should assist in reinforcing a sectoral strategy for supervision utilizing a simple monitoring check list. In supervision, the District PSTs should focus on the regularity of Sub-District meetings and supervision to the village level, the availability of local funds, and the use of the monitoring system to regularly identify the three worst villages. The supervision by the Sub-district PSTs should focus on Posyandu implementation.

Use of the monitoring system should be reinforced. The use of a simplified system, with a minimum of indicators, to determine problematic areas should be implemented. The purpose of team monitoring and the use of the new system could be reviewed during supervisory visits.

POSYANDU SUPERVISORY TEAMS - PROVINCIAL, LEVEL

STRENGTHS:

The team is active and a core group meets regularly.

The existence of a social marketing sub-committee allows for increased attention to particular programs and to support the transfer of skills at the lower levels to the PKK and teachers.

WEAKNESSES:

Continued monitoring and supervision of the District level teams appears to be weak.

POSYANDU SUPERVISORY TEAMS - **DISTRICT LEVEL**

WEAKNESSES:

In certain districts, the teams are not meeting regularly and are not providing supervision to the sub-district teams.

POSYANDU SUPERVISORY TEAMS - SUB-DISTRICT LEVEL

STRENGTHS:

The team has adopted a general strategy for dividing responsibilities among the members.

WEAKNESSES:

In certain areas, no regular team meetings are held and supervisory visits to the village teams are not occurring.

POSYANDU SUPERVISORY TEAMS - VILLAGE LEVEL

STRENGTHS:

Separate PST meetings are occurring for the purpose of solving problems seen with the Posyandu.

Teams have developed strategies to try to improve the general state of the Posyandu, to increase community participation and to raise limited funds for Posyandu activities.

WEAKNESSES:

In areas where support from the Sub-District Team is limited or non-existent, it is difficult for the village to solve particular Posyandu problems, i.e. irregular attendance by Health Center staff, existence of untrained kader, inadequate number of KMS cards, etc..

In certain areas, the evaluation team noted that the PST continued to rely on kaders to identify and solve Posyandu problems.

TBA TRAINING

TBAs are community based auxiliary health care workers who are experienced in delivering babies. These individuals are influential in the community in relation to health matters, and women often go to TBAs seeking advice about their health problems or the problems of their children. In this CSVII project, it is hoped that through TBA training: the quality of prenatal and delivery services will improve thus reducing problems during delivery and maternal death, the referral of high-risk pregnancies will increase, and that TBAs will be drawn into a closer working relationship with the health system thus improving supervision and monitoring. During training, TBAs are also informed about general maternal and child health care issues and about the purpose and importance of the Posyandu. In addition to the above mentioned items, trained TBAs will also deliver more accurate maternal and child health information to the community, and encourage mothers of children under 5 to regularly take their children to Posyandu.

To date, PC1 has trained 980 TBAs, and plans to train another 340 by the end of August 1993. This is in line with the expectation that 1320 TBAs will be trained by the end of Year 2 of this CSVII project.

STRENGTHS:

Training of midwives as trainers has been perceived to be advantageous.

Monthly "arisans" (monthly saving club) for motivation and supervision have been organized in certain areas.

TBA training is perceived to be advantageous and promotes a closer relationship between health center staff and the TBAs in the region.

General TBA knowledge of a variety of issues covered in training is good, even after considerable time has elapsed since training.

Duration, timing and style of TBA training is considered to be appropriate.

Pre- and post-training tests and baseline and final surveys of TBAs allow for good monitoring of TBA training. The information from these tests and surveys can be used for future training modifications.

- E S :

Continued supervision, monitoring and refresher training is very limited where monthly arisans do not exist.

TBA retention of specific knowledge on issues covered during training, especially those outside of birthing practices, is weak.

In certain areas, some TBAs reported that the number of assisted deliveries was decreasing, and one stated that her income was also decreasing. This situation, due in part to the success of the national family planning program, has the potential to produce reluctance amongst TBAs to attend training sessions.

In certain areas, the reports of deliveries assisted by TBAs have not been adequately followed up by Health Center staff.

RECOMMENDATIONS:

PCI should discuss options for continued supervision/refresher training of TBAs in areas where monthly arisans do not exist. Options may include: having an open session at the Puskesmas on market days, or providing supervision on Posyandu days.

A change in the length of TBA training and a plan to carefully monitor this change to ensure that adequate time is available to appropriately cover information with

illiterate TBAs, previously untrained TBAs, or TBAs who do not speak Bahasa Indonesia should be promoted.

Pre- and post-tests and results from baseline and final TBA surveys should be used to review and refine, if necessary, the content, style and timing of TBA training.

To sustain motivation among TBAs, PC1 should urge the District MOH to introduce a social reward system for TBAs in an effort to compensate for the financial losses the TBAs are experiencing due to the success of family planning.

PC1 should urge the District MOH to reinforce the importance of Health Center staff following up on TBA birth reports.

POSYANDU SOCIAL MARKETING

PC1 utilizes a social marketing program to "sell" the importance of Posyandu to the public, while simultaneously assisting PSTs in their support of Posyandu implementation, and training TBAs to encourage new mothers and mothers of children under 5 to attend the Posyandu. The social marketing program is divided into several sections and utilizes a variety of mechanisms to reach the community. The main mechanisms are as follows: utilizing students as community based Posyandu promoters in the School Posyandu Program; utilizing the Provincial Radio Station to broadcast regular Posyandu Quiz episodes; utilizing the Provincial newspaper, The Riau Pos, to publish regular Posyandu Crossword Puzzles and health articles and messages; and utilizing leaflets to promote health messages within a religious context.

To date the following activities have been carried out:

- the School Posyandu Program has been implemented in 21 primary schools and 5 secondary schools with a combined student body of 2294;
- 11 episodes of the radio quiz have been broadcast with 200-400 responses being received for each episode;
- 13 crossword puzzles have been published in the Riau Pos with a range of responses from 2-90;
- 17 health education articles and 16 health messages have been published in the Riau Pos; and
- 3000 leaflets promoting health education messages in a religious context have been published.

While the social marketing program was not specifically outlined in the DIP with output indicators, all of the above accomplishments are in line with, or in excess of, what was planned by the project since 1992.

STRENGTHS:

A variety of media and communication channels are being used to promote Posyandu and messages are being continued over time. This should help broaden public awareness and reinforce the given messages.

Print costs and on-air time are being donated by the respective organizations in Riau.

Participants in many of the programs perceive the programs to be interesting and useful and show an increase in awareness of the Posyandu and in health related knowledge.

Using mass media and other communication channels to promote the Posyandu in conjunction with other Posyandu strengthening activities is a good way of improving overall Posyandu impact.

In the School Posyandu Program, most teachers, students and principals feel this program should be continued and expanded if possible.

Implementation of the School Posyandu Program has been well monitored, particularly by PCI, and attempts are being made through questionnaires to assess the impact of the program.

The concept of the School Posyandu Program is good as it emphasizes current promotion of the Posyandu while also educating future parents about Posyandu importance.

The introduction of the Posyandu School Program has strengthened and improved the overall health education provided in the schools.

WEAKNESSES:

While details of the radio and Riau Pos programs can be reviewed through radio and newspaper polls, overall impact of these programs is hard to assess using these mechanisms.

In the District of Indragiri Hilir, the availability of the Riau Pos is limited to the Sub-districts, and rarely reaches the very rural people.

In some areas of the District of Indragiri Hilir, Pekanbaru's radio broadcasts, including the social marketing programs, are not received well, due to a weak signal.

The School Posyandu Program had been placed into the existing curriculums, and in certain areas this has caused scheduling problems and cramming.

In the School Posyandu Program, the lack of adequate reference materials for teachers and students seems to be a point of frustration.

On occasion, in the School Posyandu Program the number of students has exceeded what the teachers are capable of handling. Thus, the intensity of contact has often been low.

RECOMMENDATIONS:

Questions aimed at assessing the overall impact of the media based social marketing programs should be included in the final population based survey.

PC1 should discuss with the Riau Pos the possibility of including the social marketing programs in the village-based weekly newspaper. The distribution of the programs through such a mechanism would be useful in all the districts, but particularly in Indragiri Hilir.

PC1 should focus the media based program on more practical issues needed by kaders and mothers to maintain family health.

PC1 should try to contact and discuss with local radio stations the possibility of their being involved in the social marketing radio program.

PC1 should discuss with the Pekanbaru Radio Station the possibility of substituting popular folk songs (Dangdut) for the more modern music currently used in the radio-based social marketing program.

PC1 should discuss with the Ministry of Education/Schools the possibility of expanding the curriculums to better enable the Posyandu School Program to be implemented effectively.

PC1 should consider expanding the School Posyandu Program after appropriate review with the Schools/Ministry of Education/ Posyandu Supervisory Teams.

PC1 should discuss possibilities for transferring supervisory responsibilities for the School Posyandu Program with the Ministry of Education.

PC1 should review possibilities for providing reference materials for teachers and students in the School Posyandu Program.

Within the School Posyandu Program, PC1 should consider initiating student discussion groups in the Junior High Schools and in the Elementary Schools using the existing active group study method (CBSA).

PC1 should discuss with the trained teachers the possibility of utilizing an active simulation educational method for the School Posyandu Program.

PC1 should discuss with the Ministry of Education / Ministry of Health options for incorporating the School Posyandu Program into the larger School Health Program.

LOCAL NGO DEVELOPMENT

A key factor in the sustainability of this project's achievements is the development and support of local NGOs. This has included the on-going development of a local NGO, Utama,

and support for an existing NGO, Yayasan Pengabdian Masyarakat Kosgoro. Several PCI staff members have initiated the development of Utama, and a board has already been identified. Utama plans to officially register within the next few months, and it is anticipated that Utama will carry out selected CSVII activities under the direct supervision of PC1 from mid-1993 to mid-1994. Yayasan Kosgoro has received training from PC1 and is currently involved in TBA training and Posyandu Supervisory Team trainings at the village level in Indragiri Hulu.

The activities relating to local NGO development as seen above are in line with what was expected for year two outputs of the project. It should be noted, however, that it does not appear that the local NGOs will be running the complete project with PC1 support in year three as was anticipated in the Project's Detailed Implementation Plan. These organizations will require further strengthening in the areas of financial and administrative management before they will be capable of assuming responsibility for project implementation.

STRENGTHS

To ensure sustainability of program achievements and lessons learned, there has been an emphasis on training and developing local NGOs interested in working in health and development.

A strategy exists for parcelling out portions of PC1 CSVII activities for the remainder of the CSVII project.

With Utama, core staff members have been identified and organized and they are committed to the development of a local NGO.

WEAKNESSES:

For Utama, while key staff members possess a variety of general skills, they lack strength in any particular field. This may limit the development of an organizational "purpose", and may harm the organization's credibility as they may be considered to have no particular area of expertise.

There is no clear strategy for minimizing competition for staff time between PCI's and Utama's portion of programs during the remainder of CSVII.

The collaboration with PC1 is the only current activity of Yayasan Pengabdian Masyarakat Kosgoro, and there is a potential for dependency during the next year.

RECOMMENDATIONS:

For improved organizational development, PC1 should provide direct supervision and guidance for Utama and Kosgoro for a substantial amount of time after program implementation, approx. 1 year.

A strategy to minimize competition for staff time between PCI's and Utama's portions of programs should be developed.

PC1 should work with Utama in defining a formal relationship describing the details of future support and fund-raising, including a clear discussion of responsibility for developing and submitting proposals to funding agencies.

PC1 should assist Utama in conducting a local consumer's demand analysis. Organizations /groups to be included in this analysis should include but not be limited to the following: government institutions, private companies, and the general community.

PC1 should assist Utama in identifying and lobbying for local professionals to be listed in a consultants pool. These consultants could then be utilized for future Utama projects.

PCI, Utama and Kosgoro should discuss the possibility of Kosgoro acting as the partner of Utama in pursuing future activities and self-reliance.

3. ASSESSMENT OF RELEVANCE TO CHILD SURVIVAL PROBLEMS

PC1 was initially asked to work in Riau by the Secretary General for Community Health as the province had received no assistance from the private sector and the Infant Mortality Rate and the Maternal Mortality Rate were still higher than the national averages. At that point, 45% of infant deaths were due to preventable diseases and acute respiratory infections, and tetanus alone accounted for 40% of infant mortality in the first year of life. While all sub-districts in the province have at least one community health center, staff turn-over in the remote regions is high and Posyandu implementation in certain regions has been intermittent.

In 1991 the basic health indicators for the Province of Riau were as follows: Infant Mortality Rate: 50/1000, Under 5 Mortality Rate: 10.6/1000, Total Fertility Rate (1985-1990): 4.0. While immunization coverage, based on doses delivered per children born in the year, was 96.3%, the average drop-out rate was 10% and TT-2 for women was only 49.4%. The population as of 1990 in the Province was 3,306,125 with an annual growth rate of 4.31%.

As mentioned in the introduction, in Riau PC1 focusses on improving Posyandu implementation and attendance through strengthening Posyandu Supervisory Team structures, training TBAs and Social Marketing. Beyond being trained to promote Posyandu attendance, TBAs are trained in appropriate birthing techniques and in the delivery of basic health messages for women and children. Through selecting to work with Posyandu implementation and TBA activities the project has been able to effectively address some of the pressing health needs of the community in an appropriate, sustainable fashion given the monetary and time constraints of the project.

4. ASSESSMENT OF RELEVANCE TO DEVELOPMENT

In the Indonesian health system, the primary venue for the delivery of health services for women and children is the Posyandu. Communities have responsibilities for providing volunteer *kaders* and physical locations for the Posyandu sessions and they must also understand the purpose of the activities and support utilization of the given services. Many factors inhibit optimal implementation of the Posyandu sessions including seasonal movements of families, logistical constraints at the health centers and inclement weather conditions. However, development of the village level PSTs has given

communities a formal mechanism through which to organize and prioritize implementation of Posyandu, and to discuss limitations and barriers that may be present. In many cases, groups of *kaders* have been formed in addition to the formation of the village PST. These groups of female volunteers seem to have formed out of a desire to discuss Posyandu activities and problems, and representatives of this group are then also present at PST meetings. The formation of the ***kader*** groups is spontaneous and suggests that women in the community are motivated and are seeking to better control their health care options. This in turn suggests that village PST structures in combination with ***kader*** groups can lead to increased community self-reliance and understanding and support of Posyandu.

5. ASSESSMENT OF COMPETENCE IN CARRYING OUT PROJECT

5.1 ASSESSMENT OF DESIGN

PC1 began working in the Province of Riau in the fall of 1991 with CSIV funding. During CSIV, PCI/Riau worked in seven districts which included 37 sub-districts and 179 villages. However, in the final evaluation of the CSIV project it was recommended that, " . ..the program area be reduced to a more manageable size where limited resources could be more efficiently used..." In light of this recommendation, the following criteria were developed: 1) the selected districts should be on the mainland, 2) not more than four districts would be selected in order to better manage project activities, and 3) that priority be given to sub-districts which were not covered by CSIV, or to the most populated sub-districts as long as the villages remained unserved. In this CSVII project, the number of districts has been reduced to four, encompassing 27 sub-districts. These were selected by consultation or request of the Provincial and District PSTs.

In the earlier section on Assessment of Accomplishments and Effectiveness, each intervention was described and a review of the objectives and outputs was undertaken. In general, objectives were seen to be to be appropriate, and the outputs achieved were seen to be in accordance with the time plan for the project. For a full listing of outputs seen to date, please refer to Appendix 2.

5.2 ASSESSMENT OF MANAGEMENT AND USE OF DATA

PC1 collects a variety of qualitative and quantitative data to monitor the progress and quality of its programmatic activities. A baseline survey has been conducted from which objectives were formed, and a final survey will be undertaken to assess project achievement in accordance with the stated objectives. However, in the interim between these two large population-based studies a wide variety of smaller, qualitative surveys and data collection tools are being used to assess quality of on-going activities. Standard questionnaires have been developed for and are presently being used to assess the quality of the TBA training program and the School Posyandu Program. With both of these programs, questionnaires are being administered to direct and indirect program beneficiaries and thus for the TBA training program include TBAs and mothers, and for the School Posyandu Program include students, teachers and target mothers. Simple reply mechanisms have been used to monitor response to the mass media programs and messages, and a simple scoring system for monitoring immunization has also been utilized with the PSTs. This system collects a limited amount of relevant data, actually a sub-set of the standard Local Area Monitoring System (LAM) used

by the MOH, and allows the teams to clearly and quickly identify areas where Posyandu implementation is problematic.

Staff have been trained in the development and use of these tools and in utilization of subsequent results. PC1 is utilizing appropriate data collection mechanisms to support its project activities, and is using qualitative data in a timely fashion which is crucial to effective program implementation.

5.3 ASSESSMENT OF COMMUNITY EDUCATION AND SOCIAL PROMOTION

As mentioned, in this project PC1 is not a direct service provider but rather works with government staff and community structures to implement project activities. Due to this, a large proportion of the project activities are focussed on community based education and social marketing. TBAs are given training in how to deliver basic health messages to mothers, and a large scale Social Marketing program has been used to deliver health messages and promote Posyandu attendance amongst the larger community. The Social Marketing Program utilizes several mechanisms to reach the larger community and they are as follows: utilizing students as community based Posyandu promoters in the School Posyandu Program; utilizing the Provincial Radio Station to broadcast regular Posyandu Quiz episodes; utilizing the Provincial newspaper, the Riau Pos, to publish regular Posyandu Crossword Puzzles and health articles and messages; and utilizing leaflets to promote health messages within a religious context. Community response to the mass media programs and messages has been impressive and people are quite supportive of the on-going efforts. In addition, private sector support for the mass media programs has grown and increased thus showing that the larger society is supportive of these efforts. Given the current availability of services in Riau and the time and monetary constraints of the project, the focus on community education and social promotion seems to be appropriate, cost-effective, and most importantly, well received.

5.4 ASSESSMENT OF HUMAN RESOURCES FOR CHILD SURVIVAL

At present, fourteen people work on PCI's CSVII project in the Province of Riau. The evaluation team feels that the number and mix of PC1 staff are appropriate, and that the staff are adequately trained to perform their duties. However, staff occasionally receive on-going training, and an example of this is when the Junior Social Marketing Officer recently attended a seven day social marketing training course in Jakarta.

In this project, PC1 does not directly train TBAs but trains MOH midwives as trainers of TBAs. The TBA training focusses on improved delivery techniques, Posyandu promotion and delivery of basic health messages, while the training of the midwives focusses on adult educational techniques. To date, 56 health center midwives and 980 TBAs have been trained. In the past, TBA training was six days long and included many interactive sessions and demonstrations. However, the length of the training has been reassessed, and is now being modified according to the skills and previous experience of the TBAs present. Practically, this means that if a group of TBAs is to be trained that is highly skilled and perhaps has been trained many years before, they will receive a 4 or 5 day training rather than the usual 6 days. In general, midwives and TBAs are supportive of the training courses, including length, content and technique, and have gained information and skills from the sessions. For more details on the team's findings on TBA training please refer to Section 2. For a complete staff

chart of the organization, please refer to Appendix 3.

5.5 ASSESSMENT OF SUPPLIES AND MATERIALS FOR LOCAL STAFF

During the training sessions, PC1 supplies TBAs with a kit which includes a picture book on appropriate birthing techniques and a supply of pictorial birth reporting forms, and the MOH provides an initial supply of Growth Monitoring Cards (KMS). A sample of TBAs was interviewed as part of the mid-term evaluation process. The TBAs both valued the kits and appeared to be actively and appropriately using them. It also was apparent that selection for such training course and the subsequent receipt of a kit raised the community's awareness and respect for the given TBA

5.6 ASSESSMENT OF QUALITY

The evaluation team felt that the child survival project staff are adequately trained to perform their current duties. PCI's local staff were recruited with backgrounds in management, training, and IEC. To improve their knowledge and skills, they were provided with training in adult education techniques and survey methods. These skills complement and support the technically oriented counterpart staff at the MOH.

In addition, PC1 has provided training in monitoring techniques for Posyandu improvement to PMT members at the provincial, district and village levels. And MOH midwives have been trained as TBA trainers.

As this project focusses on strengthening and supporting the government's health care delivery system, PC1 staff advise, support and work with government staff rather than working directly with mothers.

5.7 ASSESSMENT OF SUPERVISION AND MONITORING

Field based monitoring and supervision of ongoing activities and previously trained individuals are a routing part of project work. Trained midwives are monitored during TBA trainings, and TBAs are usually monitored by midwives on a monthly basis during regular *arisan*, savings club, sessions. PSTs are monitored once formed, and PC1 field staff provide support and monitoring for the social marketing programs, including the mass media programs and the School Posyandu Program on a regular basis. Monitoring and supervisory activities are planned to continue for the duration of the project.

5.8 ASSESSMENT OF USE OF CENTRAL FUNDING

Support from the PVO HQ office has been limited but effective. In addition to the PVO HQ office, technical support for the project is also received from PCI's Asia Regional Technical Advisor based in Maluku, Indonesia. AID has provided $174,860 worth of central funding for direct technical and administrative support of the project. These funds support administrative and technical staff at the HQ office for the purposes of financial management of the grant, grant reporting, and general support of the program, and they are crucial in supporting necessary supervisory activities for the grant at the HQ office.

5.9 ASSESSMENT OF PVO USE OF TECHNICAL SUPPORT

As mentioned, PCI's HQ office and the Asia Regional Technical Advisor (ARTA) have provided in-country technical support of the project. In the field, the ARTA's support has included oversight of the technical quality of child survival interventions, particularly EPI and CDD, and assistance with survey techniques and data management. The PC1 Country Director has also provided support, in the area of institutional development. The project managers also have a list of topics for which they would like to receive technical assistance. They are as follows:

1) Social Marketing training, and assistance in SM program development and fund raising.

2) Local NGO support including:

training in proposal development
training in needs assessment and strategic planning
training in fund raising techniques.

5.10 ASSESSMENT OF COUNTERPART RELATIONSHIPS

In this CSVII project, PC1 works closely with the Ministry of Health, the local NGOs Utama and Yayasan Kosgoro, and several local organizations including the Riau Pos and the Radio of the Republic of Indonesia. PC1 has developed open and productive relationships with all of these organizations and exchanges of information and support are commonly seen. The government at all levels is supportive of the PC1 project, and three of the four District governments involved in the project have designated funds and all designate staff time to support on-going project activities. As Utama has grown they have become increasingly involved and they are now committed to implementing project activities in one district for the remainder of the project and potentially onward. In addition, both the Riau Pos and the Radio of the Republic of Indonesia have given in-kind support of mass media project activities and have stated that they intend to continue such activities after the termination of current project funding.

5.11 ASSESSMENT OF REFERRAL RELATIONSHIPS

As this project is not a direct service provider, this question is really not relevant. However, in PC1 supervised TBA training, appropriate referral of high-risk women is encouraged and the TBAs are trained to report back to the midwives on a monthly basis so that there can be continued supervision, training and monitoring.

5.12 ASSESSMENT OF PVO/NGO NETWORKING

The project networks extensively with other agencies in Riau, including PVOs and NGOs active in the region. The organizations include the following:

1) Riau's NGO Communication Forum: During the baseline survey for CS-VII, September-October 1991, representatives from three local NGOs from this forum participated as surveyors and as the supervisor. PC1 staff still regularly meet with the group on a quarterly

basis to discuss development issues in Riau, especially issues regarding the environmental and related impact caused by rapid development of industries in the area.

2) Yayasan Pengabdian Masyarakat (YPM) Kosgoro: In September 1992, PC1 and YPM Kosgoro entered into a cooperative effort to implement CSVII activities in the district of Indragiri Hulu. The activities involved included: TBA training, training of village leaders, supervision and monitoring. Prior to undertaking such activities, four staff of YPM Kosgoro took two months on-the-job training with PC1 both in their office and in the field. By december 1992, all the above mentioned activities had been carried out by YPM Kosgoro.

3) Yayasan UTAMA: PC1 and UTAMA collaborate closely. To date, Utama has been involved in PCI-Riau's peripheral activities including HIV/AIDS trainings with Caltex, youth groups, and hotel and plywood industry personnel. By the end of the year, Utama will take over implementation of CSVII project activities in Bengkalis District.

4) P.T. Unilever Indonesia: In 1992, the company provided PC1 with 500 sets of hand-washing posters to be used at the Posyandus and in the School Posyandu Program.

5) Riau Post: PC1 and this organization work closely together in the production and dissemination of crossword puzzles, social/public service advertisements, and health education articles.

6) Radio of the Republic of Indonesia - Region I/Riau: PC1 collaborates with RR1 in the production and broadcasting of the Posyandu Radio Quiz.

7) P.T. Gizindo Prima Nusantara: In April, this baby food distributor started to contribute 150,000 Rp for each episode of the biweekly Posyandu Radio Quiz.

8) P.T. Pangan Inti Kusuma: In April, this instant noodle company also started to contribute 150,000 Rp for each episode of the Posyandu Radio Quiz.

5.13 ASSESSMENT OF BUDGET MANAGEMENT

Budget control is located at PC1 headquarters, which disburses funds for this project in response to monthly requests for cash from the field office. The field office reports expenditures monthly by cost center, with the requisite documentation, to headquarters. PCI/San Diego then issues monthly income and expense statements which are shared with the field office. PC1 conducts an annual audit. In 1992, Coopers and Lybrand, Inc. found PC1 in full compliance with USAID's A-133 requirements and issued an unqualified opinion.

A review of pipeline expenditures to date reveals that the project has spent $750,058, of a total agreement budget of $815,884. Of the total spent to date, A.I.D.'s portion is $356,564. (These figures are for the field only and do not include headquarters costs.) At this rate, PC1 will likely expend the remaining funds by the end of the project.

6. SUSTAINABILITY

PCI uses three main strategies to enhance sustainability of program impact: close collaboration with MOH programs, cultivation of private sector assistance, and support of local NGO development. Specifically, this NGO support includes the on-going development of a local NGQ, Utama, and support for an existing NGO, Yayasan Pengabdian Masyarakat Kosgoro. To date, local NGO development has been very weak in Riau, and the development of Utama and the strengthening of Yayasan Kosgoro are important steps toward strengthening skills and structures in the private sector, and toward supporting on-going health and development activities in the Province of Riau.

With regard to the government, PC1 works with the MOH and other government offices at the Provincial, District, Sub-District and Village levels to ensure maximum collaboration and potential sustainability of project impact. The various government sectors have shown support for the project, and the Provincial and three out of four District governments have provided funds for support and continuing operations of the PSTs. In the private sector a great deal of support has been seen for the social marketing sector of the project and gradually increasing in-kind and monetary support has been received from The Riau Post, The Radio of the Republic of Indonesia - Riau Region, P.T. Gizindo Prima Nusantara and P.T. Pangan Haya Inti Kusuma. It is expected that these sources will continue to support project initiates after the finish of CSVII.

As a part of the evaluation process, one team of evaluators visited Kotabaru and Pengalihan villages, Keritang Sub-district in the District of Indragiri Hilir, to observe and measure the effect of the previous PC1 program (CSIV) in this area. After almost two years without direct contact and assistance from PCI, these areas still show strong impact from previous interventions. The PST at the sub-district level is still active in supervising the village activities, while the Village PSTs are also actively supervising Posyandus. Kaders and TBAs trained during the CSIV period, still retain general knowledge on concepts covered during training and still follow proper practices in assisting deliveries. TBAs still submit reports of deliveries, while Kaders in Kotabaru and Pengalihan still submit reports of their activities to the PST at the Sub-district level. While not a certain indicator that CSVII impact will be sustained, the sustainability of CSIV impact suggests that this may be likely.

7. RECURRENT COSTS AND COST RECOVERY MECHANISMS

As with any program involving training, supervision, and mass media promotion of health messages, there will be costs associated with continuing the activities of the project after the end of CSVII. In this project, the key areas requiring continuing funding are as follows: implementation and supervision of the PST program, implementation of the Posyandu Radio Quiz Program, production and publication of health education articles and crossword puzzles, expansion and supervision of the School Posyandu Program and continued training of TBAs including the provision of birth reporting forms. While this list may seem extensive, it is important to note that commitments have already been made by a variety of groups, including the government, that will cover a majority of these costs.

With the PST program, the Provincial Government has pledged to support the on-going activities of the Provincial PST including yearly supervisory visits to all districts and the printing of the PST monitoring forms. While PC1 still supports costs for additional supervisory visits, the Provincial Government has agreed to begin supporting these costs as well beginning in June of 1994. In three of the four project districts, the district governments have also agreed to cover the operational costs of the district level PSTs including quarterly supervisory visits to the sub-district PSTs. Many of the

sub-district teams, in turn, have arranged to provide supervision to the village level PSTs through their regularly scheduled work related visits to the various villages.

With the mass media programs a great deal of support has been seen. For example, as of May 1993, 86.5% of the costs for all episodes of the program will be paid by external sources. Two private companies and the MOH are currently providing this support, and several other ministries have indicated their interest in participating in this program. The MOH, Health Services, the Provincial PST and the Riau Pos are also supporting the production of health education articles and crossword puzzles, and as of the end of CSVII all activities will be turned over to these parties entirely.

While by the end of CSVII 70-75% of the TBAs in Riau will have been trained, the government will continue to train TBAs using funds from the MOH, the Provincial Health Services and the District Government. At this point, PC1 is still entirely funding the production of the TBA birth monitoring form, but it is hoped that during the next year the government will consider supporting the production of such a form.

Cost recovery is also an issue with this program, and strides have been made to ensure that relevant cost recovery mechanisms have been utilized where appropriate. For example, in some communities families are paying 100-300 Rp per visit to the Posyandu. These funds are then used to provide supplementary feeding for children attending the Posyandu. Individuals also pay, in cash and/or in-kind, for the services of a TBA While this money will obviously be used by the TBA to support her own needs, it was made clear during the evaluation that such funds were also being used to replenish supplies, especially alcohol, soap and gauze, originally found in the TBA kit.

8. RECOMMENDATIONS

For a listing of specific recommendations for each project component please refer to Section 2. The evaluation team spent a great deal of time discussing and reviewing programmatic issues, and the resulting recommendations are felt to represent the consensus achieved amongst the evaluators. These recommendations were presented to PC1 staff and a formal presentation was made to government officials at the conclusion of the evaluation period. These recommendations were accepted by all parties. It is hoped that changes are already being made by people in the field to respond to the recommendations seen in this report.

9. SUMMARY

PCI's Mid-Term Evaluation for its Riau CSVII project was undertaken from April 18-April27, 1993. The evaluation team consisted of three members, Dr. Rosjda from the Central MOH, Jakarta, Dr. Joedo from a local NGO, Yayasan Kusuma Buana (YKB) and Ms. Levisay from PCI's headquarters office in San Diego. A representative from the U.S. Agency for International Development, Ms. Suprijanto, was also active in the evaluation process and was able to be in Riau for the last two days of the formal evaluation. The main team travelled in two groups to view a variety of randomly selected project sites and to conduct key informant interviews, focus group discussions and to review available information. The total cost of the evaluation was $ 3,669.

In order to facilitate review of the program, the evaluators divided the project into several key components: TBA Training, Posyandu Supervisory Team Implementation at the provincial, district, sub-district and village levels, Posyandu Social Marketing and Local NGO Development. Each of

these sections was then thoroughly reviewed and a summary of the findings in terms of Strengths, Weaknesses and Recommendations was written. The summary of the components is seen in Section 2 of this document.

Overall, the evaluation team was pleased with the progress and achievements of PCI's CSVII project in Riau Province. Its overall project objectives were seen to be appropriate, and the outputs achieved were seen to be in accordance with the time plan for the project. Prior to the departure of the evaluation team, a summary report of the evaluation findings was presented to both PCI staff and government officials. The report was well received, and it is anticipated that actions are currently being taken by relevant parties to comply with the recommendations.

There are several aspects of PCI's CSVII project in Riau that make this program unique. Social Marketing has been a strong focus, and it seems that this level of visibility in the community has improved both the community's awareness of health messages and the private and governmental sectors' willingness to support on-going project related activities. Another key aspect is the support of local NGO development. To date, local NGO development has been very weak in Riau, and the support and strengthening of both Utama and Yayasan Kosgoro is an important step towards strengthening skills and structures in the private sector, and towards supporting on-going health and development activities in the Province of Riau.

APPENDIX 1

EVALIJAT T O N

SCHEDULE OF ACTIVITIES & NARRATIVE PLAN

COUNTRY : INDONESIA (RIAU PROVINCE)
PROJECT : CHILD SURVIVAL. VII

DATES	ACTIVITIES
April 01 April 02-17	* The evaluation team will receive a package of project information which contains :CS VII proposal, DIP, Annual Report, copies of reporting format, and base line survey report * The evaluation team members study the project information package in advance
April 18	* The evaluation team arrives in Pekanbaru, and meet the Kakanwil Depkes * The team will be given another package : "PCI/Riau's presentation" which explain accomplishments to date, outline of problems and issues to be address'by the team, etc. * Check-in hotel
April 19	* Program presentation by PCI/Riau * Question and answer to the program presentation, and discussion with Yayasan Utama * Discussion of time-table, and then the team and project staff agree on the revised version, * The team breaks into two small team of four. Each sub-team will be accompanied by PC1 District Manager. Sub-team I will go to Kampar, and sub-team II to Indragiri Hilir. * Trip from Pekanbaru to Bangkinang
Sub-team I April 20	* Meet with District PST and MOH to explain purpose and procedure of evaluation. Then interview some members of District PST & MOH * Trip from Bangkinang to Tandun and interview members of sub-district PST. (stay over night in Tandun)
April 21	* Interview teachers and primary/secondary school students who participate in the Pos - yandu School Program * Interview mothers, kaders, TBAs and Puskesmas staff. * Visit Control site (Kec. Kampar) if possible. and leave for Pekanbaru

E V A L U A T I O N

SCHEDULE OF ACTIVITIES & NARRATIVE PLAN

COUNTRY : INDONESIA (RIAU PROVINCE)
PROJECT : CHILD SURVIVAL VII

April 22	* Trip from Pekanbaru to Langgam * Meet with Sub-District PST and Puskesmas staff * Interview TBAs and Village PMT
April 23	* Trip from Langgam to Penarikan * Interview TBAs, kaders and Mothers * Interview Village Posyandu Management Team of Penarikan
April 24	* Trip from Penarikan to Kuala Terusan * Interview TBAs, kaders and Mothers * Interview Village Posyandu Management Team of Kuala Terusan * Trip from Kuala Terusan to Pekanbaru * Check-in hotel
April 25 (Sunday) .	* The Sub-team I compile data and information from the field trip * Rest
April 26 (Together with Sub - Team II)	* Interview members of the Provincial PST and Social Marketing Team * Interview Kakanwil Depkes (MOH) * Visit RRI and Riau Post * Continue to compile data and information for oral presentation to PCI/Riau and the Provincial PST.
April 27 (Together with Sub - Team II)	* Oral presentation of evaluation findings before PC1 staff, and Provincial PST members, MOH, Provincial Health Services, RRI and Riau Post. Clarify mistaken findings, etc. * (Afternoon) The team leaves Pekanbaru by Sempati

E V A L U A T I O N

SCHEDULE OF ACTIVITIES & NARRATIVE PLAN

COUNTRY : INDONESIA (RIAU PROVINCE)
PROJECT : CHILD SURVIVAL VII

Sub-Team II April 19	* Trip from Pekanbaru to Rengat (afternoon) * Arrive in Rengat in the evening
April 20	* Meet with District PST and MOH * Visit Pekan Heran to see Posyandu School Program : - Interview teachers, studenfs,(and mothers if possible) - Interview TBAs and kaders *'Return to Rengat (stay over night)
April 21	* Trip from Rengat to Tembilahan (by boat) * Meet with District PST and.MOH * Trip from Tembilahan to Batang Tuaka (Sungai Piring) * Interview members of Sub-District PST and Puskesmas doctor
April 22	* Interviews in Sungai Piring : - kaders - Mothers - Village PMT - TBAs
April 23	* Interviews in Sungai Dusun : - kaders - Mothers - Village PMT - TBAs * Trip from Sungai Dusun to Keritang (stay over night)
April 24	* Visit control site (Kec. Keritang) * Interview : kaders, mothers, TBAs, Kepala Desa, and TPPKK Desa. * Leave Keritang to Tembilahan
April 25	* Trip from Tembilahan to Rengat * Trip from Rengat to Pekanbaru * Check-in hotel in the afternoon

E V A L U A T I O N

SCHEDULE OF ACTIVITIES & NARRATIVE PLAN

COUNTRY : INDONESIA (RIAU PROVINCE)
PROJECT : CHILD SURVIVAL VII

April 26 (Together with Sub - Team I)	* Interview members of the Provincial PST and Social Marketing Team * Interview Kakanwil Depkes (MOH) * Visit RR1 and Riau Post * Continue to compile data and information for the oral presentation to PCI/Riau staff and the provincial PST.
April 27 (Together with Sub - Team I)	* Oral presentation of evaluation findings before PCI/staff, Provincial PST, MOH, Provincial Health Service, RR1 and Riau Post * (afternoon) The team leaves Pekanbaru by Sempati

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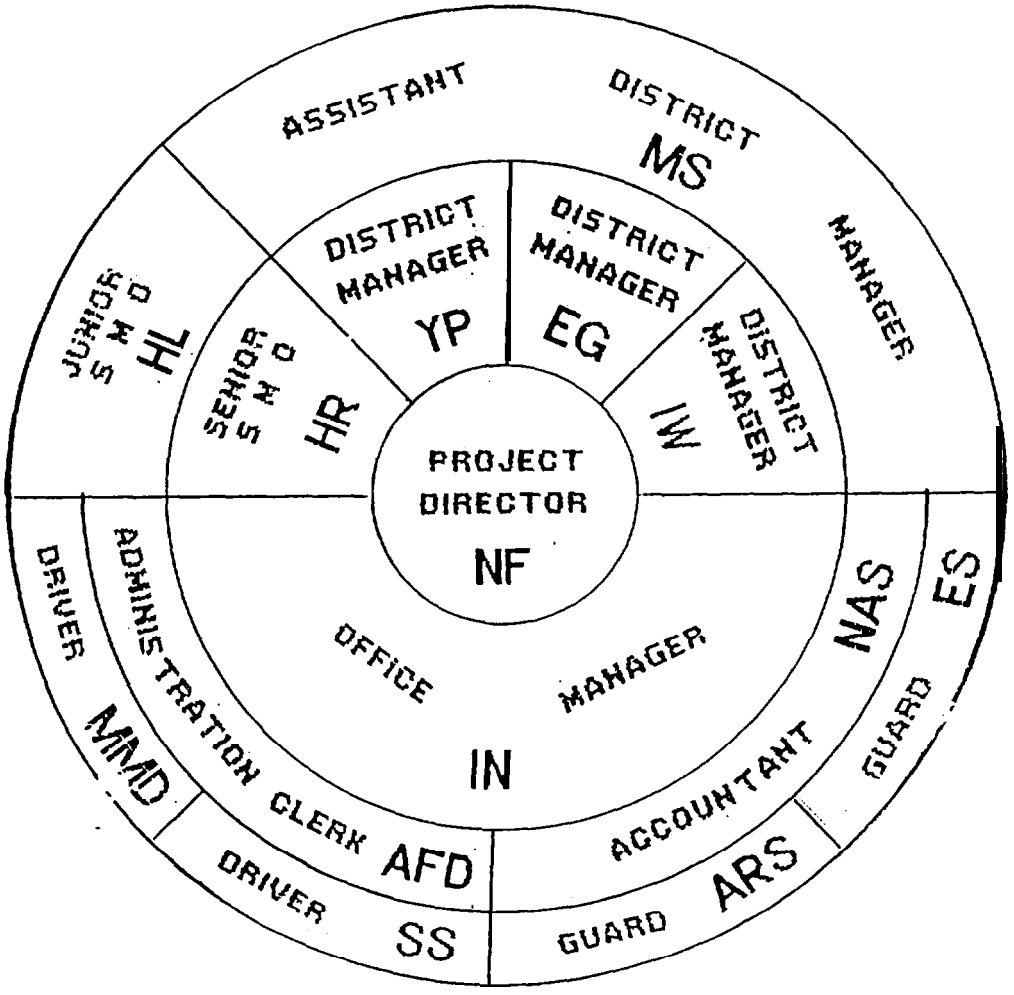
APPENDIX 2

List of major project activities implemented until March 1993.

NO	Type of Activities	Planned	Accomplishment to date	Percent
1	Baseline survey	210	240 persons	114 %
2	Adult education training	-	20 persons	+100 %
3	District PST & puskesmas doctors training	20	193 persons	965 %
4	Sub-district PST training	270	348 persons	129 %
5	Village PMT training	1.317	1.220 persons	93 %
6	Puskesmas midwives training	55	56 persons	102 %
7	TBA's training	1.320	980 persons	74 %
8	Kaders coordinators training	-	15 persons	+100 %
9	Primary and secondary school teachers training	56	56 persons	100 %
10	Posyandu radio quizzes	8	12 episodes	150 %
11	Posyandu School Programs	4 SLTP 12 SD 320 JHS 360 PSS	5 SLTP 21 SD 879 Students 1.389 Students	125 % 175 % 275 % 386 %
12	Posyandu crossword puzzles	12	12 editions	100 %
13	Health education articles	8	19 articles	238 %
14	Social service advertisements	4	16 ads	400 %
15	Printing of TBA manuals	1.600	1.600 sets	100 %
16	Printing of pictorical birth reporting forms	1.600	1.600 sets	100 %
17	Maternal Health cards	27.000	27.000 cards	100 %
18	Training certificates	3.200	3.500 sets	109 %
19	Health education leaflets	1.000	3.000 sets	300 %
20	Hand washing posters	-	200 sets	+100 %

APPENDIX 3

ORGANIZATIONAL CHART OF PCI - RIAU



Note :

NF	=	Nurul Fazrie	HR	=	Herliyanti
IN	=	Ismail Nasution	NAS	=	Netti Anas Said
EG	=	Edi Guntur	NHD	=	hchmad Zuar
YF	=	Yufrizal Putra	ss	=	Syaiful Sawir
IW	=	Indro Wirasto	AFD	=	Afdal
MS	=	M.Saleh	ARS	=	Arsil
HL	=	Herlina	ES	=	Erwin Syafruddin

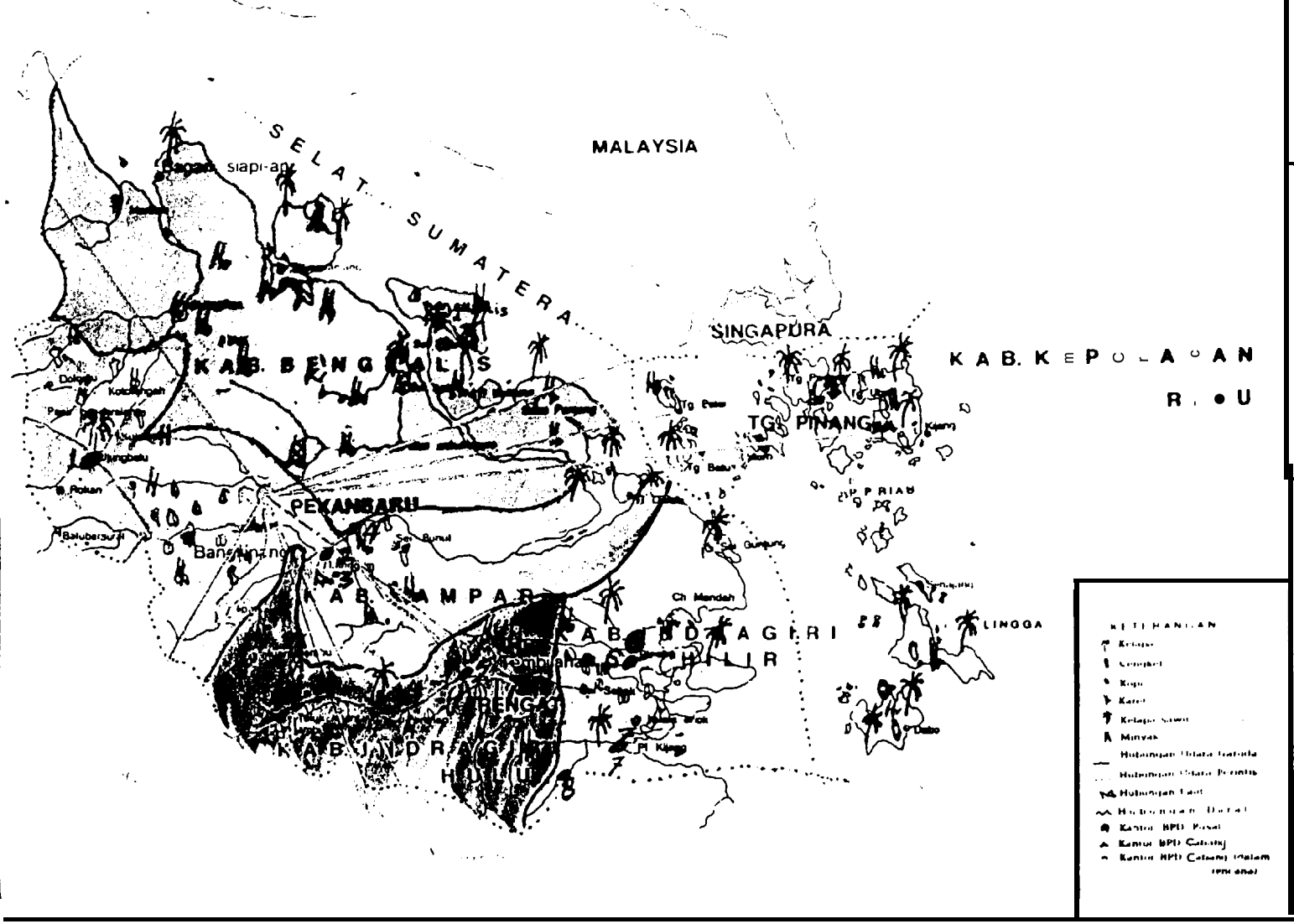
SMO = Social Marketing Officer

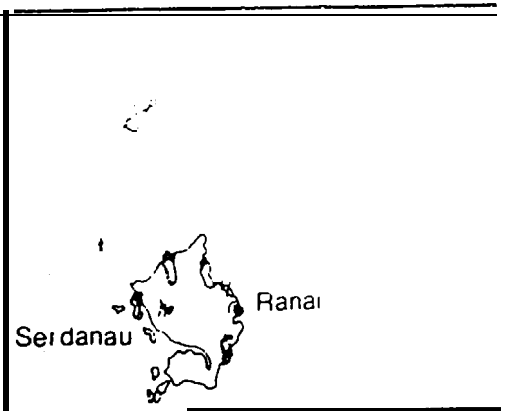
APPENDIX 4

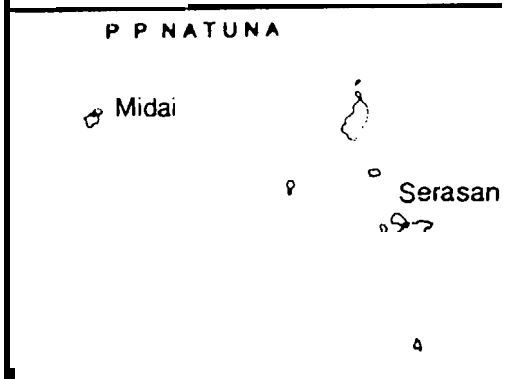
1. UJUNG BATU (TANJUN). 4. KUALA TERUSAN. 7. KOTA BATU (BERANTA (INDRAGIRI HILIR)
2. LANGGAU. 5. PEKAN HERAN (INDRAGIRI HULU). 8. PENGALIHAN (INDRAGIRI HILIR).
3. PENARIKAN 6. SEI DIRING (INDRAGIRI HILIR)

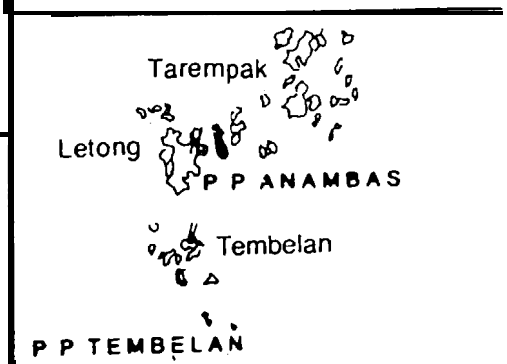
PROPINSI RIAU

SKALA 1 : 1750 000









KAMPAR. INDRAGIRI HULU. * INDRAGIRI HILIR