PD-ABT-952

# Final Evaluation

# CS-II

# Child Survival Grant No.: PDC-0284-A-00-6131

# Indonesia

March 5-18, 1990

Howard G. Miner
Tarwotjo
Susan Eastman

March 24, 1990

BEST AVAILABLE COPY

1

## Glossary of Terms

| | |
|---|---|
| Blimbing Glass | 200cc glass of distinctive shape, readily available. |
| CDD | Control of Diarrheal Diseases. |
| Dep. Kes. | Department Kesehatan (Ministry of Health). |
| GOI | Government of Indonesia. |
| INPRES | Instruksi Presiden (Presidential Instruction). |
| Kader | Volunteer Village Community Worker. |
| Kabupaten | Governmental level below provincial level: regency of county. |
| Kecamatan | Governmental level below kabupaten level: district. |
| KAP | Knowledge, Attitudes, and Practice. |
| Oralit | Brand name of the oral rehydration solution most commonly available in Indonesia. |
| ORS | Oral Rehydration Solution. |
| ORT | Oral Rehydration Therapy. |
| PuskesMas | Pusat Kesehatan Masyarakat: Community Health Center. |
| Pos Yandu | Pos Pelayanan Terpadu: integrated health service post-village level. |
| UNICEF | United Nations International Children's Emergency Fund. |
| UPGK | Usaha Perbaikan Gizi Keluarga: Family Nutrition Improvement Program. |
| USD | United States Dollar. |

| | |
|---|---|
| FVA/PVC/CSH | Bureau of Food for Peace and Voluntary Assistance/Office of Private Voluntary Cooperation/Child Survival-Health |

TABLE OF CONTENTS

I. Executive Summary

Detailed Implementation Plan (DIP) Objectives.

II. Background

III. Introduction

IV. Overall Project Accomplishments
(FVA/PVC Guidelines for CS-I & II Evaluations.)

A. Primary Focus and use of Funding

1. Introduction

2. Achievements/Strengths

3. Problems/Constraints

B. PVO Organizational Development

1. Improved Technical Capacity of Field Staff

- Achievements/Strengths

- Problems/Constraints

2. Increased Technical Capacity at Headquarters

- Achievements/Strengths

- Problems/Constraints

3. New Headquarters Backstopping Strategies Developed

- Achievements/Strengths

- Problems/Constraints

4. Improved Health Information System

- Achievements/Strengths

- Problems/Constraints

C. Improvement in Project Design and Implementation

1. Project Design

- Achievements/Strengths
- Problems/Constraints

2. Project Implementation

- Achievements/Strengths
- Problems/Constraints

D. Effectiveness/Impact of Services

- Achievements/Strengths
- Problems/Constraints

E. PVO/Host Government Cooperation

- Achievements/Strengths
- Problems/Constraints

F. Sustainability

1. Community Motivation and Participation

- Achievements/Strengths
- Problems/Constraints

2. GOI/MOH Commitment

- Achievements/Strengths
- Problems/Constraints

3. Efficiency and Cost Issues

- Achievements/Strengths
- Problems/Constraints

G. Project Finances

- Achievements/Strengths

- Problems/Constraints

V. Major Lessons Learned

VI. Recommendations

VII. Appendices

A. References

B. Principal Contacts

C. Project Accomplishments:

Objective Findings for Project Indicators

D. Project Finances

-Actual Expenditures Versus Planned Expenditures

E. "Eastman" letter and Response

F. Example of Social Marketing of Vitamin-A rich Food

G. ROVITA Project Component Progress Reports, March 1990

H. ROVITA Projec Quarterly Reports From Semarang

I. Preliminary Analysis KAP Study, Jan. 1990

J. Preliminary Findings on Diarrhea, Central Java HealthCom, March 6, 1990

K. External Technical Review, FY-86 Vitamin-A Detailed

L. Evaluation Component " Morbidity Study" Progress Report, March 1990.

## I. Executive Summary

This report outlines the methodology and findings of the final evaluation for the ROVITA (Oral Rehydration, Vitamin-A) Project. The lessons learned and recommendations are based on those findings. Although this is the final evaluation it is not the final report, because the project does not end until either June 1 or September 30, 1990 (depending on whether or not $45,000 in bridging funds are acquired.)

A three member team consisting of one external, one local and one "in-house" consultant conducted this "almost end of project" (from three to six months remain) evaluation. Key project documents were reviewed, relevant officials and project personnel were interviewed and observations were made to determine the degree to which the project objectives, as set forth in the Detailed Implementation Plan (DIP), were achieved.

The four objectives as identified in the ROVITA project DIP are as follows:

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

The wording of the above objective was changed in 1989 to the following:

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

2. 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.

3. To apply social marketing techniques including systematic coordinated communications in order to achieve objectives number one and two above.

4. Evaluation of impact, which will entail four sub-components:

   A. Evaluation of the extent of Vitamin-A distribution and coverage.

   B. Evaluation of the extent of ORS distribution and coverage.

Previous Page Blank

C. The evaluation of the communication efforts on knowledge, attitudes and practices of mothers, health workers and retailers.

D. The evaluation of the impact of vitamin-A on the incidence and severity of diarrhea in a small sub-population.

The wording of component "D" above, was changed in the first annual report as follows:

D. To measure the change in incidence and severity of diarrhea in a small cohort of children before and after vitamin-A supplementation.

Preliminary data indicated that a 59% increase from 26% to 42% in vitamin-A capsule coverage occurred in one year of program intervention in areas with an active Health Post and a 26% increase was observed overall from a base of 26% to 33% of all eligible children.

Preliminary analysis of data on diarrhea management indicates that the number of mothers who reported giving more fluids increased over 49%, from 39% to 55%.

Although a stronger relationship needs to be documented between the social marketing intervention and the increased coverage and increased knowledge as shown by the figures above, those increased were quite probably due to the social marketing intervention. Closer documentation of this relationship is currently under way.

Evaluation of vitamin-A capsule, ORS coverage and social marketing impact continue. The fourth evaluation component known as the "morbidity study" is currently in the process of being written up and at the same time undergoing more sophisticated statistical analysis in a search for any evidence of impact of vitamin-A capsule supplementation on diarrheal morbidity.

Lessons learned and recommendations may be found in part V and VI together with a concise summary of progress-to -date, in quantifiable terms, of the project objectives in appendix "E".

## II. Background

Helen Keller International (HKI) was awarded a three-year AID grant (PVC-0284-A-00=6131) in August 1986 from FVA/PVC in its CS-1 funding cycle. A no-cost, one-year extension was requested and granted, with end-of-project scheduled for 7/31/90. Bridging funds in the amount of $45,000 will be required to fund the period from 6/1/90 to 9/30/90.

The project is located in Central Java, targeting two kabupaten (administrative districts), Jepara and Demak, which border the coastal area in the northeast corner of the province.

The estimated total target population (1987) for the area is 1,464,000, with the estimated number of children under 5 years of age at 218,000, and the estimated number of mothers (i.e., ages 20 - 49) at 286,000.

This project was designed to improve the logistics of supply and distribution of vitamin A capsules and prepackaged oral rehydration salts. This included the training of multiple levels of health personnel and mothers in appropriate management of diarrheal disease, including management with home fluid therapy. A promotions/communications strategy was developed to support these activities.

The target population for vitamin A receipt and diarrhea control were the children less than 5 years old in the two project kabupaten of Jepara and Demak. The target population for changes in knowledge, attitudes and practice in vitamin A intake and diarrhea case management were the health personnel and caretakers in the two kabupaten.

Assessment of distribution and coverage, a validation of local diarrhea terminology, audience research and KAP surveys of health personnel and caretakers were undertaken. An evaluation of the impact of vitamin A on incidence and severity of diarrhea was limited to a small, selected sub-population within Demak.

This project is a joint program of the Ministry of Health at the national and provincial level, the Universities of Diponegoro and Indonesia, Helen Keller International, and AED/HEALHTCOM in Indonesia.

The project manager is a locally recruited expatriate with a background in public health and ten years residence in-country. Her counterpart, the project coordinator, is a local public health physician and university faculty member experienced in child survival and international organizations. Each of the four technical components is headed by a senior Indonesian official. Social marketing technical assistance is provided by an AED HealthCom resident advisor. Steering committee at both this Central and Provincial level provide a form for policy making and resolution of issues in project implementation. Back-up management support is provided by HKI-Jakarta, with further technical and administrative support from HKI New York.

## III. Introduction

This report outlines the methodology and findings (lessons learned) of the end of project evaluation of the ROVITA project, a CS-II funded undertaking, and the recommendations based on those lessons learned. Project and other documents referred to in this report are listed in appendix A.

The evaluation team was composed of one external consultant selected by AID/Washington, one senior Indonesian consultant with considerable policy level experience in the Ministry of Health and one senior HKI official from HKI New York. The external consultant had extensive experience in Indonesia working with the Ministry of Health, PVO/NGOs and USAID personnel. The senior Indonesian consultant was the prior Head, Directorate of Nutrition Improvement Central Ministry of Health, Jakarta. The HKI/NY consultant is the Director for the Asia Region.

Strong support for the evaluation was provided by the Ministry of Health and all HKI personnel, AID/Washington and USAID/Jakarta as well as Johns Hopkins University Institute for International ograms. Specific c tacts m listed in Appendix B.

The project design as reflected in the DIP, served as the framework or basis for the evaluation. The DIP together with the AID Core Questions and Child Survival Evaluation Guidelines were the key documents guiding the course of the evaluation. Three annual reports, one mid-term evaluation and several quarterly reports served as the principal project documents from which project progress, development and problems were tracked. Therefore, the format of this report follows the AID Child Survival Evaluation Guidelines. Additional emphasis was given those issues of greatest concern to AID/Washington officials.

A very careful and recurrent review of the DIP provided the team with specific areas of data needed to assist in the assessment of project progress and achievements such as: the objectives and sub-objectives, inputs and outputs, and indicators of progress for each of the project interventions. Potential sources of this data were identified to facilitate the structuring of interviews and the economical management of teams time. Most information was readily available. Financial information in the form required by the Evaluation Guidelines was most difficult to obtain and was not available in the field which would have facilitated the asking and answering of relevant questions.

Visits to HKI/New York, Jakarta and the project field cite, Semarang were conducted and interviews of all relevant project personnel and Government of Indonesia, Ministry of Health Officials were also carried out. Debriefing, including presentation of preliminary findings, lessons learned and recommendations, were conducted with relevant GOI, HKI and USAID officials prior to departing Indonesia. Debriefings were also conducted in New York (HKI headquarters) and AID/Washington with Johns Hopkins University. Drafts of Lessons Learned and Recommendations have been distributed to all concerned parties.

## IV. Overall Project Accomplishment

The discussion of the RUVITA (CS-II) project accomplishments follows the AID Guidelines for Evaluation of Child Survival Funded Projects. A summary of the objective findings for each of the indicators as stated in the project DIP, is presented in Appendix C.

### A. Primary Focus and use of Funding

#### 1. Introduction

The focus of the four project activities is to increase vitamin A capsule distribution coverage and to increase proper usage of ORT for controlling dehydration from diarrhea. The third emphasis of the Rovita Project is to use social marketing as a management system to accomplish these objectives. The primary mechanism to measure the achievement of these objectives is through operational research, evaluations and institution building. The four project objectives are stated above in the Executive Summary. Child Survival funding has helped the GOI to go into new areas of the private sector as exemplified in the ORT component.

#### 2. Achievements/Strengths

Approximately 50% of the project funds were used for vitamin-A activities and 50% for ORT activities. These include Social Marketing and research/evaluations. The point of distribution for vitamin A capsules (VAC) is the Posyandu (Health Post). In the project areas with Posyandu, capsule coverage has increased 59%, from 26% to 42% (KAP Survey Source). Additional information is being gathered on the percent of the target population served by active Health Posts.

Preliminary analysis of data on diarrhea case management indicates that mothers who reported giving more fluids to their children increased over 40%, from 39% to 55% (KAP Survey Source). This same preliminary data suggests that these increases were due to social marketing activities and improved management.

The distribution and monitoring systems for both vitamin A and ORT have been improved within the government system. (i.e., improved record-keeping and general management of supplies through project training). For example the project has faced no problems due to lack of funds because of improved financial resource management. The form in which financial information is maintained (in order to meet AID Evaluation Guidelines, is another matter to be discussed later.) Ten thousand Kader were trained in June and July 1988 before the August 1988 VAC distribution and before the October 1988 collection of "baseline" or "time-one" data.

Social marketing has been demonstrated as a viable management system for using communications to help increase efficiency and impact of health service delivery (see Lessons Learned). Social marketing communication management system is based upon a consumer user perspective, i.e. the health delivery systems are improved (and therefore have more impact) because they are based upon consumer (mothers) needs and wants versus simply deciding "at ones desk" on how the health delivery systems should be built and operated.

3. Problems/Constraints

The quality i.e. numbers, location, services offered, quality of services offered, of the point of distribution for vitamin A capsules, the neighborhood Posyandu, varies. Because access is so important to any social marketing model, the uneven quality of the Posyandu system is considered a major constraint to increasing VAC coverage. At this point in time it is believed that quality has an effect on outcome, but additional information is not currently available. This question is intended to be addressed in the proposed follow on JATENGVITA project.

Although major advances have been made in eliciting the support of the GOI in having the private sector play an active role in the distribution of ORS packets, supply within both the public and private sectors remains inadequate.

B. PVO Organizational Development

1. Improved Technical Capacity of Field Staff

- Achievements/Strengths

University of Diponegoro (UnDip) researchers have learned new skills and reinforced old ones in the course of conducting Rovita research. For example the conduct of "X" research develops new skills on the part of the individuals conducting the research and thus contributes to an improved infrastructure. All ROVITA provincial staff have learned new skills and reinforced old ones, including special training, comparative studies od programs outside Central Java and regional and international meetings. For example, UnDip has gained additional skills in research design strategies and data management as a direct result of this project.

Health Department personnel from province to district Health Center level have increased knowledge of and skills in the need to design health communications training materials from a consumer perspective. Particularly strong is the pretesting/revising (kader diarrheal disease control (DDC) and vitamin-A training manuals, development of cloth banners and radio spots) process before training begins. Both MOH and UnDip assistants have had extensive on the job training and experience in field management of the project.

Rovita's Component Heads have extensively trained twelve provincial-level MOH and UnDip assistants in project field work. The work of the extremely competent GOI project counterparts, has remained constant over the life of the project.

Rovita planned and carried out a 2-day workshop of social marketing techniques for 33 health educators from 33 regencies of Central Java (November 1989). They used this training to augment ongoing health education activities.

Rovita will conduct a similar 2-day orientation to social marketing for Central Java regency-level nutrition planners aimed at helping them to improve their working relationships with their counterpart health educators, using social marketing techniques in building nutrition messages.

Two new Vitamin A and ORT training modules were created, pretested and used for all 80 Health Department nutrition, DDC, and health education program managers in the project area. Rovita Project staff trained 80 trainers who in turn trained 110 paid health staff and then trained 2,200 village health volunteers who in turn trained an additional 8,000 volunteers. Role playing and interactive exercises formed the core of the new training directed at reaching the target audience of mothers.

The project provided a full-time social marketing advisor in residence from the Academy for Educational Development (AED) HealthCom project to backstop and support the project. He has used his skills in working with counterparts to increase their understanding as well as a broader community of professionals' understanding of the principles of social marketing.

External consultants were made available to the project as needed: from AED for initial project design and planning, from Annenberg School of Communication for the project's impact evaluation, from San Diego State University to assist with kader behavior studies, and from private-sector Indonesian research firms.

The computer capabilities (from word processing to statistical analysis, spreadsheets, SPSS, D-Base III Plus, etc.) of HKI provincial staff working as ROVITA component heads has increased considerably during the course of the project. The staff are eager to learn additional computer skills, the training for which is locally available.

Although, no specific training plan exists for HKI full-time staff, they are already highly skilled and manage to keep up to date on current topics relevant to the project. Changes in personnel at the HKI country director level in Jakarta and personnel changes at HKI in New York have not proven to be problematic to the execution of the project.

- Problems/Constraints

Because each member of the Rovita project team is integrated into the Health Department or Diponegoro University, staff time available for Rovita activities is limited by other demands on their time.

2. Increased Technical Capacity at Headquarters

- Achievements/Strengths

AID funding from CS-I provided salaries for New York headquarter full-time technical staff specializing in vitamin A, epidemiology, training and evaluation. Funds from this CS-II grant provided technical consultation when needed, and back-up HKI technical staff following the end of CS-I. This support resulted in better field support capabilities from HKI New York.

- Problems/Constraints

Funds in support of the above mentioned TA did not last the life of the ROVITA project thus, Limited funds were budgeted in the project for technical assistance. Additional full-time technical assistance was needed at HKI New York in continued support of the ROVITA project.

3. New Headquarters Backstopping Strategies Developed

- Achievements/Strengths

Modern communications links were developed between HQ NY and HKI/Jakarta, including facsimile and computer compatibility i.e. shared software. This improved compatibility resulted in improved Financial reporting which was computerized. The HKI medical advisory group in New York met every two months to review project progress resulting in timely feed back to HKI/Jakarta. A specific example is the modifications in research design for the "morbidity study".

- Problems/Constraints

With additional funding, HKI New York could retain current staff which would support backstopping of Child Survival activities like those of the ROVITA project. Exchange of financial data between New York and Jakarta needs to take place more frequently. This is not a logistical problem because of the new FAX communication equipment.

4. Improved Health Information System

- Achievements/Strengths

Some of the systems already used by the government were improved, such as registration of target children, reporting of capsule distribution, and diarrhea case reporting.

Feedback system was implemented via periodic meetings at all levels of management. The project augmented the existing GOI HIS and joint decisions were made based on this information.

Quarterly reports were made available in Indonesian and English to the provincial and central steering committees as well as to the PVO and donor agency in Jakarta and generated comments and discussions on the contents of the reports. The timely sharing of translated project materials facilitated the strong collegial working relationship enjoyed by HKI ROVITA personnel with GOI and UnDip officials. The KAP survey information generated additional studies like the one on how to motivate kaders and attitudes of mothers toward health posts as sources of VACs.

- Problems/Constraints

Village and Puskesmas workers do not always understand the importance of collecting accurate data from the field.

The demand for reports from policy makers on many topics including capsules and diarrhea burdens an already overworked health staff.

Reporting of capsule distribution from the field is often delayed because the report must pass through several layers before reaching the top.

The baseline survey was delayed to lack of short-term TA responsible for impact evaluation and the conduct of the baseline survey itself. This resulted in probably a higher baseline measurement than had no intervention activity taken place prior to the baseline survey.

The results from the "morbidity study" have been delayed and the findings are currently scheduled to be ready by May or perhaps June 1990. This information would have of use to the project while the project was ongoing and not so useful near the conclusion of the project.

C. Improvement in Project Design and Implementation

1. Project Design

- Achievements/Strengths

Creation and use of an ongoing internal monitoring system, which looks at effectiveness of social marketing interventions, capsule distribution, diarrhea case management and mothers health post attendance among others, allowed for timely planning and modification in project activities. Routine steering committee meetings where information on progress is exchanged and the regular review of the detailed work plan often leads to national level policy changes. Project design information has been incorporated into the JATENGVITA proposal.

- Problems/Constraints

Project objectives are not expressed in quantifiable terms. This makes it difficult to measure the degree of accomplishment the project has achieved with respect to the stated objective. Thoughts on this topic may be found in the Lessons Learned and Recommendations sections.

2. Project Implementation

- Achievements/Strengths

There is real collaboration between the project team and its local university partner (UnDip) to provide technical backstopping and project implementation assistance. Specifically, much of the project's ethnographic work was conducted by a team of academics from UnDip, and the majority of morbidity study activities are being carried out by personnel from UnDip's School of Medicine.

Collaboration by the ROVITA provincial steering committee among the national, provincial, and regency levels is strong.

Collaboration between HKI and AED has worked well and demonstrates continuing cooperation between the USAID offices of FVA/PVC (HKI) and S&T/Health (AED).

Ongoing collaboration between the public sector (Rovita Project -- Health Department and UnDip) and the Indonesian private sector (advertising agencies, marketing research firms, printing firms, artists, ORS manufacturers) has proven to be an efficient means of working towards project objectives.

Numerous visits were made between the Rovita project and another large USAID funded provincial social marketing DDC project in West Java. The Rovita project team travelled to West Java three times to see and discuss West Java project activities and the West Java team also travelled to Central Java. In addition, the Rovita team was able to use an earlier kader DDC training manual developed by the West Java team as a starting point for developing and updating the Rovita DDC kader manual. On example of an exchange of ideas between the ROVITA project and the West Java project involves the use of cloth banners as a means of communicating with the community.

ORT communications

Three distinct phases of ORT messages were designed, pretested, and implemented. The primary medium used was radio, with a secondary medium of cloth banners. The phased messages were:

Phase 1: "If your child has diarrhea give him/her liquids."

Phase 2: "If your child has diarrhea continue giving him/her food and drink."

Phase 3: "If your child has diarrhea give him/her oralit."

Vitamin-A Capsule Communications

The strategy remained constant throughout the project with the following key components:

"Capsule! Every February and August. Get it at the Posyandu. Free! Vitamin A capsules are for sick <u>or</u> healthy children."

Feedback

Using innovative materials such as cloth banners, phased radio spots, plastic bags and kader motivation radio spots has brought the Rovita Project favorable attention from the national level. Although a relatively high profile has meant that extra time and effort are now required for national level approvals of materials being developed, the involvement of the national policy-makers in the decisions of a small project is an excellent opportunity for sharing provincial level "lessons learned" upward. Ultimately it is the national level decision makers who will be most influential in deciding on nation-wide implementation.

## Village Oralyte Sales

Over 50% of retailers in the project area who received training and a free initial supply of oralyte continue to sell the product 15 months later. Resupply of oralyte product is now being handled totally by the private sector. This is an outstanding example of how this project, working in close partnership with the GOI and UnDip, can demonstrate the utility of enlisting the private sector in providing a traditionally public sector service with the support of the public sector.

## Kader Behavior Study

The Posyandu (village Health Posts) are staffed by neighborhood volunteers called "kader." Due to the various constraints previously described in this report (kader dropout rate, kaders' low motivation, and kader as the Posyandu distribution conduit for vitamin A capsules), a study was designed to identify behavioral resistance points within kader responsibilities. Initial findings led to the development of new radio spots designed to acknowledge the contribution kader make to their communities, a key motivating factor stated by kader during their interviews.

## Kader Motivation Communications

A radio spot was broadcast at the end of the 1989 Moslem Fasting Month: "Happy Idul Fitri to all Volunteers from Rovita Project," followed by a plug for ORT, "Don't forget, when a child has diarrhea, give the child something to drink!"

The second set of kader radio spots has village dialogues in which Volunteers hear that what they are doing is important and appreciated. Ultimately this study may indicate the potential of using electronic mass media to impact the efficiency of interpersonal media (kader) within the project overall communication strategy.

## Training of Health Post Volunteers

Planning began in 1987 for modules for the training of Village Health Volunteers. The project first trained 76 doctors, nurses, and assistants from Health Centers as trainers; these 76 trainers in turn managed the training of about 10,000 volunteers in 1988 and 1989.

Morbidity Study

The year-long weekly surveillance of diarrhea in children under five in 3 villages was completed in August 1989. For a summary of progress to date, see appendix M.

Distribution Coverage

Initial survey findings say that overall coverage is 26% while in areas with an active Health Post the increase is 59%. See appendix E for more details..

Dissemination

Rovita's long-term expatriate social marketing consultant and his counterpart have been working with a variety of people and institutions (Indonesian, U.S., and international), disseminating skills in the social marketing approach to health communications, in workshop organization and planning, and in general management. This effort already shows results, in that students specializing in Modern Health Communications MPH degree has increased from 1 to 8 in the past two and a half years.

Field Note "The use of Integrated Media for Vitamin-A Capsule Social Marketing Activities in Central Java, Indonesia" are to be published by USAIDs HealthCom project.

Field Note "One Organizational Model for Collaborative Technical Assistance"is in press, for project planners and managers.

Titles of Research Being Conducted Under This Project

"An assessment of the extent of capsule and ORT distribution and coverage/use before and after project implementation." Expected completion date May 1990.

"Study of the impact of vitamin A supplementation on diarrhea incidence and severity." Expected completion date May 1990.

"Changes in mothers' KAP regarding vitamin A capsules and ORT after one year of social marketing interventions" Expected completion date June 1990.

"Examination of the performance and motivation of Indonesian village health volunteers" Expected completion date of Late 1990.

- Problems/Constraints

In working within existing GOI systems, the project has limited control over some aspects of project implementation such as capsule distribution, capsule reporting, and diarrhea reporting.

However, the project continues to and has succeeded in improving the existing system. Working within this system is a trade off for an extensively integrated project like ROVITA.

High turn over of village-level field staff (the village health volunteers-kader) reduces the effectiveness of the Posyandu (village Health Post) system. However, since previously trained kader remain in the village, the effects od the training (good health practices) are not entirely lost to the community.

D. Effectiveness/Impact of Services

- Achievements/Strengths

Vitamin-A Capsule Coverage

The point of distribution for the vitamin A capsules (VAC) is the monthly Posyandu (Village Health Post). In areas with Posyandus, capsule coverage has increased 59% in one year, from 26% to 42%. (Source Annenberg/SRI KAP Study)

Table 1

Percent of Eligible Children Who Received Vitamin A During the August Campaign in Demak

| | 1988 | 1989 | |
|---|---|---|---|
| No Posyandu in Neighborhood | 27.6 | 25.3 | N=399 |
| Has Posyandu in Neighborhood | 25.5 | 41.5 (59%) | N=389 |
| | | N=401 | N=387 |

There was no change in capsule coverage rates in the control area, indicating ROVITA impact.

Table 2 shows a statistically significant increase in vitamin-A coverage in Demak.

Table 2

Percent of Eligible Children Who Received Vitamin A in August Campaign

| Regency | 1988 | 1989 | Significance of Change |
|---|---|---|---|
| Demak (w/wo h post) | 26.4 | 33.3 | $p<.04$ |
| Rembang (control) | 23.5 | 25.9 | n.s. |

Knowledge of Vitamin-A Capsules

In the project area, the number of mothers who says they have heard of vitamin A capsules increased from 1988 to 1989. In neighborhood with Posyandu there was a significant increase in mother awareness from 33% to 55%. In project areas without a Posyandu, the increase of awareness was less. In the control area there was no significant change in reported awareness.

ORT

Preliminary analysis of data on diarrhea management indicate the reported giving of more fluids increased over 40%, from 39% to 55%. Preliminary analysis of data on changes in diarrhea management over one year indicates increases (which may be statistically significant) in mothers' knowledge and practice of the major ORT strategy pushed by the campaign -- the giving of liquids during diarrhea. There is also evidence of an increase in awareness of oralyte:

| | 1988 | 1989 |
|---|---|---|
| Reported giving more breast milk during last case of diarrhea | 30.4% | 44.1% |
| Reported giving more to drink during last case | 39.1 | 55.3 |
| Gave more water | 3.4 | 30.5 |
| Gave more Oralit | 11.0 | 24.7 |
| Said child with diarrhea should drink more | 44.7 | 60.0 |
| Said diarrhea is dangerous | 69.1 | 79.3 |
| Reported having seen packet | 42.1 | 60.9 |
| Reported having heard of Oralit | 71.5 | 83.6 |

Social Marketing Process

Systematic use of social marketing management techniques has been demonstrated through project activities, with corresponding successful results. These results have in turn influenced institutionalization within the Ministry of Health. MOH program managers have particularly embraced the areas of marketing research, pretesting of educational materials and monitoring communication activities.

Research Skills

Development of skills in the design and implementation of scientific field research has occurred during all Rovita studies, particularly the morbidity study.

Lessons learned (including protocol, questionnaires and manuals) from Rovita's morbidity study have been shared with another vitamin A impact study in Indonesia; the Johns Hopkins mortality study in Jogjakarta to assist them in the development of their study protocol, questionnaires and manuals.

Diffusion of Rovita Materials

- 13,000 Rovita Vitamin A kader manuals were printed and distributed throughout Central Java, 1989.

- Rovita DDC kader manuals will be printed and distributed in Central Java and paid for with funds from Central Java 90/91 GOI Health Department budget.

- Rovita-produced radio spots (VitA) have been included in a package of Posyandu promotion broadcasts throughout Central Java paid for by GOI/MOH funds.

Presentations

- Pak Sartono (Rovita social marketing component head) made a presentation to the South East Asia Regional Vitamin-A Meeting in Jakarta (November 1988) on the subject of the social marketing approach. The meeting was attended by vitamin-A program managers and others.

- Pak Satoto presented a paper on Rovita's Morbidity Study activities to Epidemiology Network Workshop in Jakarta (November 88). The meeting was attended by over 100 members, epidemiologist and friends of epidemiology from around the country.

- Consultants to Rovita have given lectures to UnDip students and faculty on the social marketing consumer approach and on general and marketing research: Jeff McDowell (July 88), Tom Reis (Sept 88, Feb 89), John Elder (June 89), Judy McDivitt (Sept 89, March 90). These presentations have been well received by the GOI and academic community as well.

- Pak Sartono and consultant Tom Reis gave a lecture on the social marketing process to students at the Business Management Institute in Semarang (November 89).

Consultations

- Pak Sartono and consultant Tom Reis assisted East Java Health Department with communications planning and marketing strategy for the HKI-funded project for the social marketing of vitamin A (Nov 88, Feb 89, Feb 90).

- Morbidity Study staff shared with Gajah Mada MorVita (Mortality and Vitamin-A ) study, in Jakarta (June 89) and in Semarang (August 1989).

- Pak Sartono and consultant Tom Reis assisted in the planning and implementation of a five day Social Marketing Workshop for Indonesian and international non-governmental organizations (NGOs) in Jakarta (September 89).

- Pak Sartono and consultant Tom Reis designed and led a two day workshop on the social marketing process at the Indonesia National Epidemiology Network Meeting (November 89).

- Problems/Constraints

The limitation of the government Posyandu system in distributing VAC can be seen below. There was no change in areas without a Posyandu. The addition of Posyandu (Health Posts) in areas currently without, might improve vitamin-A capsule coverage.

Percent of Eligible Children Who Received Vitamin A During the Campaign in Demak

| | 1988 | 1989 | |
|---|---|---|---|
| No Posyandu in Neighborhood | 27.6 | 25.3 | n=399 |
| Has Posyandu in Neighborhood | 25.5 | 41.5 | n=389 |
| | n=401 | n=387 | |

The 1988 survey was not a true baseline since it followed the first VAC campaign. It is possible that increases in capsule coverage would have been greater had the survey been done before any Rovita interventions. (Negotiations over the HealthCom/AED input to the Rovita Project including a control area delayed the survey; however, the improved quality of the HealthCom/Annenberg survey, allows the Rovita project to discuss changes over one year with confidence.)

Quality control in production of cloth banners required too much micro-management by the Rovita team. Although early monitoring results indicated that banners can be an effective secondary medium within the overall project communication strategy, the production problems have precluded long term replicability.

Strong Javanese cultural prohibitions of criticism have made pretesting of communication materials in general difficult. Creative solutions were found by the project team but pretesting requires considerably extra time in this cultural context than usual.

E. PVO/Host Government Cooperation

- Achievements/Strengths

There was real collaboration between the project team and a local university to provide technical backstopping and project implementation assistance. Much of the project's ethnographic work was conducted by a team of academics from the local university, and the majority of the morbidity study and other internal evaluation activities were carried out by personnel from UnDip.

Collaboration and working mechanisms between the national and provincial and kabupaten levels was strong.

Collaboration between HKI and The Academy for Educational Development has worked well and demonstrates continuing cooperation between the USAID offices FVA/PVC and S&T/Health.

Ongoing working efforts between the Ministry of Health (Rovita project) and the local Indonesian private sector (advertising agencies, marketing research firms, printing firms, artists, ORS manufacturers) have proved to be both efficient and a means of obtaining project objectives.

- Problems/Constraints

The only possible constraint might be the delay in getting GOI approvals. This is a small price to pay for considerable government support and extensive institutionalization.

F. Sustainability

1. Community Motivation and Participation

- Achievements/Strengths

Volunteers trained by Rovita work in their own communities. Community leaders were involved in planning of Rovita activities. They were also given specific training in ORT for diarrhea management. One retailer per village was trained in ORT and was then given 50 oralyte packets to stimulate sales.

- Problems/Constraints

Absence of a Posyandu in the community is a constraint to participation by the community in any health activity.

Working in communities requires large investment of manpower; over long periods of time to obtain change in behavior.

2. GOI/MOH Commitment:

- Achievements/Strengths

At all levels in this project, the MOH assigned key personnel to steering committee positions: at the national level, the national Head of Nutrition, Head of CDD, Head of Health Education Project; at the provincial level, the Head of Central Java Nutrition, the Head of Surveillance for Communicable Diseases, and the Head of Health Education (promoted to Head of Health Manpower). In addition, the Rector of Diponegoro University appointed the Chairman of the Nutrition Department, School of Medicine, to head Rovita's Evaluation Component and strongly supported HKI's choice of another senior member of the Nutrition Department as Principal Project Coordinator.

Activities Supported with the Health Departments Own Funds

- Rovita-developed vitamin A module for training kader will be used in annual refresher training with 90/91 GOI Health Department funds.

- Rovita-developed ORT module for training kader about diarrhea management was used by the Health Department (Dinas) in 10 new regencies; training was funded with 89/90 DIP funds. More regencies will be covered with 90/91 DIP funds.

- Rovita-developed radio spots (Vitamin A capsules) have been included in a package of Posyandu promotion broadcasts throughout Central Java.

Adoption by Other Institutions

- A Rovita-developed ORT poster for primary schools has been given to the Education Department. Plans are for the Health Department to work with Education staff to continue development and for the Education Office to fund the dissemination of the poster to approximately 22,000 primary schools throughout Central Java.

- Problems/Constraints

Because of the strong commitment on the part of the GOI, there seem to be no problems or constraints in this area.

3. Efficiency and Costs Issues

Cost and efficiency issues are being considered. For example what will the cost be to the GOI to strengthen weak or create new Health Posts? What are the training costs on a national scale? What will the social marketing costs, printing costs, etc. be on a national scale? Will the private sector continue to support distribution of ORS?

G. Project Finances

A summary of most of the actual expenditures is provided in Appendix D. See Lessons Learned and Recommendations for further details.

- Achievements/Strengths

It seems as if the project is able to get the funding it needs to meed all project requirements. The funds are probably well managed and certainly well accounted for.

- Problems/Constraints

Because of the form in which the project financial records were kept, different at all three levels, It was impossible to meet the AID Child Survival Evaluation Guideline requirements to document and compare the actual versus the planned expenditures. Various data appear to support that almost all of the actual expenditures meet the planned expenditures, except in the following instances: The sum of $50,000 was added to support a conference. An additional $45,000 is needed to bridge the project from June 1, 1990 to September 30, 1990. The project requested and was granted a "no cost" extension. It might be assumed that because project funds were well managed, funds for the extension were found from within the project i.e. from unexpended funds.

## V. Major Lessons Learned

### A. General

1. The best organizational structure is one in which the members of each participating organization on both the national and provincial levels involved in the field management of the ROVITA project, feels a sense of "ownership" This sense of "ownership" is derived from having been included in the design, planning, budgeting, implementation and evaluation of the ROVITA project from the beginning. This is reflected in a commitment to successful implementation.

2. The institutionalization of a project depends upon the involvement of field staff from the very beginning. Such has been the case with the social marketing component in the ROVITA project. Field staff have been involved from the beginning in the marketing process: planning, marketing research, strategy design, communications materials development and monitoring. This approach requires a greater investment of time and effort on the part of project team managers and technical consultants, but the results are well worth this investment.

3. A strong partnership between the public and private sectors is possible. Following a period of skepticism, the MOH team experience has demonstrated to members that certain efficiencies exist when appropriate work is assigned to the private sector. That the use of the private sector assists the MOH to do its work more efficiently and effectively.

4. Visitors to the project site and from the project site to other places where similar activities were under way, proved very useful to all parties concerned, as they were able to share information and exchange questions and answers.

5. The provision of limited computer capability by the project proved to be very popular among project related contributors - so much so that computers with greater capacity are now desired and would prove most useful in documenting project activities and processing study data.

6. The HKI standardized system of accounting for project expenditures whereby HKI/New York, HKI/Jakarta and the project site in the field (Semarang) all have different financial information, proved not at all useful to the evaluation team. In accordance with USAID standard guidelines for Child Survival evaluations the requirements state: "II. Specific Questions to be Addressed: G. Project Finances: Assess planned expenditures compared to actual expenditures." and "To Estimate the Overall Accomplishment of Child Survival Grant Funding in Terms of: Project Finances i.e., planned versus actual expenditures;...". In response to repeated requests for this information, the evaluator was informed that this information existed only at the world headquarters in New York and that this information in this form (i.e. as per USAID guidelines) is not particularly useful to HKI/Jakarta and the HKI project field site (Semarang). See recommendations for further comments on this issue.

7. Support from USAID/Jakarta and Washington to the project has been noted and is greatly appreciated as it has facilitated the achievement of project goals. One specific example is the assistance provided in the funding and recruitment of the resident social marketing expert from HealthCom.

B. Vitamin-A

1. Recent KAP survey information shows that where a distribution point i.e. Posyandu exists, a fully integrated communication intervention for vitamin-A capsules (VAC) can increase VAC coverage over one year. Where no Posyandu or a weak Posyandu exists, no increase in coverage was noted.

C. ORS

1. KAP survey results suggest that ROVITA's ORT messages had a positive impact over one year. The messages were geared towards changing mother's behavior for increasing fluids. Over 40% of mothers reported giving more volume of fluids to their children during diarrhea after the communication intervention.

2. The potential for commercial ORS distribution has been demonstrated by the project on a pilot level. The ROVITA project team has concluded that this activity is sufficiently complex and time consuming that it will require a separate long term effort by the MOH, with possible technical assistance from donor organizations.

3. ORT messages had to be phased or broken down into communication phases (phase 1.: drink, phase 2.: drink and eat, phase 3.: give ORS) in order to get this complex message across to the care givers. Too much information could not be communicated to the care givers at one time.

D. Social Marketing

1. The systematic use of social marketing has enjoyed successful results under the ROVITA project. Information on this topic has been shared throughout Indonesia with the government, universities and the private sector.

2. The use of private sector radio stations requires monitoring and supervision. The project assigned two mothers in selected villages to listen to the radio and record the time and station the message was broadcast. The use of public radio stations on a no fee basis was not dependable.

3. Production of high quality printed materials took longer than originally thought. This was the case with large size banners.

4. The Central Java Provincial Ministry of Health reproduced and distributed Kader vitamin-A and ORT training manuals and broadcast vitamin-A radio spots by using only local government funds. This illustrated the potential for long term commitment/sustainability of modern health communication and social marketing techniques on the part of the government.

E. Evaluation

1. Vitamin-A Distribution and Coverage

a. Distribution and coverage is highest in areas with an active Posyandu. Information needs to be gathered concerning areas with weak or non-existent Posyandu.

2. ORS Distribution

a. Considerable potential exists for the use of the private sector in the social marketing and distribution of ORS in Indonesia.

3. Social Marketing KAP Survey

a. Early findings show that 40% more mothers are giving their children fluids during diarrhea than before the intervention.

4. Vitamin-A Morbidity Study

   a. Studies of this magnitude are far too large to be undertaken in conjunction with other demanding components such as found in the ROVITA project.

## VI. RECOMMENDATIONS

### A. General

1. That any follow on activities should incorporate the lessons learned and recommendations from the ROVITA project. The GOI at all levels supports this recommendation. Preliminary results generated from ROVITA studies suggests that the vitamin-A/social marketing combination has a positive impact.

2. That the documentation of financial information maintained by HKI be standardized at all levels (New York, Jakarta and the field (Semarang) to reflect USAID evaluation requirements. USAID evaluation regulations request that an analysis of the planned versus the actual expenditures take place. The evaluation team was informed that this information did not exist in Jakarta and the field. Currently each level has its own unique financial information. New York is the only place where all the project financial information exists. Jakarta has some and the field (Semarang) has even less than Jakarta. This makes the analysis/documentation of financial accounting and management aspects of the project at the Jakarta and field level impossible to carry out within the very short time constraints of this evaluation. An attempt was made to obtain this information from New York. As of March 20, 1990 this information is also not available in New York. However, should the evaluators have any questions concerning Jakarta or the field, those questions would remain unanswered until communications with Jakarta and the field were completed. An avoidable delay, given the time and money just spent in visiting Jakarta and the field.

3. That all project objectives be stated in quantifiable, measurable terms. The original numbers in specific objectives may be periodically adjusted to reflect more accurate information previously unavailable, but quantifiable terms should not be removed from the respective objective.

4. That audio visual and photographic equipment be provided for the documentation of follow on project activities. This would be used for educational purposes and for others seeking information concerning the project. Interested parties include officials and policy makers in the national government in Jakarta, officials from other provinces or from other countries interested in implementing similar activities. This would also facilitate the institutionalization of principles of social marketing at the policy making level and for educational purposes at the program management level within the Ministry of Health and the universities (schools of management and schools of Public Health).

5. That additional bridging funds to cover activities for the period from June 30, 1990 through September 30,1990, should be made available. These funds would assure the continuation of activities following the June 30, 1990 conclusion of the current project extension. Activities involving planning and training for the next distribution of vitamin-A capsules takes place in August. Training and planning activities also need to be undertaken during this "bridge" period for the KAP survey which takes place in October. Should a follow on project be approved, the continuation of activities during the period mentioned above would assure no loss of momentum beneficial to a timely start up of follow on project activities (October 1, 1990). A possible solution might be for funds to be made available, for the new project (should it be decided that it should be funded), on July 1, 1990 precluding the need for bridge funds.

6. That ROVITA project personnel continue in any follow on project activities. This would contribute positively the continuity valuable for any follow on activities.

7. That the same positive working relationship between all current parties in Indonesia, New York, Washington and elsewhere be maintained for any follow on project.

8. That similar flexibility in responding to GOI/MOH needs in project execution be continued in any new follow on project. For example, the need to study Kader motivation was not identified in the Detailed Implementation Plan (DIP) but was identified as a useful undertaking in response to Kader drop-out (or drop-in) rates. The ROVITA project had the resources and build in flexibility to respond appropriately and in a timely manner to take full advantage of the opportunity to study Kader motivation. The findings of this study not only benefit the ROVITA project but every project involving Kaders in Indonesia. Incorporating an expression of gratitude to the Kader in routine vitamin-A radio spots has already generated a positive moral building response on the part of the Kaders.

9. That final annual reports be prepared in a timely fashion and not substituted for with a final project report as suggested by USAID. From the point of view of the evaluator, the final annual report is a very useful piece of information. The annual reports contain a chronological accounting for each year of the project plans and progress. These reports facilitate the tracking of the project over time and serves a different function than a final project report which is a summary of the entire period of the project and not just the last years activities. The most recent annual report for the ROVITA project covered the period from October 1, 1988 through September 30, 1989. Fortunately, internal quarterly reports provided current information up to January 1990, while other internal reports provided up to date information for March 1990

This was not the case for CS-I project activities. The last annual report for CS-I covered the period from October 1, 1987 through September 30, 1988. The CS-I project was supposed to be evaluated around August/September 1989 but was not evaluated until March 1990, six months after the project ended and 18 months after the last annual report.
Had an annual report been prepared covering the period from tober 1, 1988 through September 30, 1989 a summation of the last year of activities, it would have facilitated the tracking of project activities for the evaluators.

10. That the internal project (Semarang) quarterly reports become part of the major documents of the project and distributed to HKI headquarters in New York, USAID/Washington and other relevant organizations responsible for tracking project activities and progress. They were not included in the package of project documents provided the evaluators. Knowledge of the existence of the quarterly reports came as a result of a meeting between the national level steering committee and the evaluators.

11. That cross-fertilization be continued. Information has been shared with other provinces and projects involved in similar activities. This results in a strengthening of activities on the part of both parties. It is therefore, recommended that provision be made in any follow on project to provide for continues exchange of information with other provincial government and university officials as well as relevant private sector businesses. This is especially useful when project activities are duplicated in other provinces.

12. That additional computers with greater capacity for data processing capabilities be provided for in any follow on project. Relevant software and hardware should also be provided. Computers with both 3.5 inch and 5.25 inch drives will facilitate the exchange of information from lap top to desk top computers. Appropriate printers and scanners will contribute a great deal to the documentation of project activities, the processing of project data and documents and the dissemination of current information in a timely fashion.

13. That HKI New York provide the field (Jakarta and Semaranag) with appropriate financial information in a timely manner. This would enable the evaluation team the opportunity to complete the financial assessment of the USAID evaluation guidelines while still in the field where appropriate questions could still be answered.

14. That GOI and university officials continue to be closely involved in all aspects and stages of development, planning, implementation and evaluation of follow on projects. This fosters a lasting integration of project concepts within the GOI, University and private sectors. This supports sustainability following completion of external assistance.

15. That more careful attention be paid to the original project objectives as described in the DIP when writing annual and quarterly reports and evaluations. Any change in an original objective must be justified with more than a few sentences or no explanation at all. This happened with the objective number IV "Evaluations" in the ROVITA project. The DIP listed four parts to the "Evaluation" component. Each annual report, the mid term evaluation and the evaluation team SOW listed only one of the original four evaluation components. The other three evaluation components were referred to in the annual reports and the mid-term evaluation under the heading Project Health Information System. This might suggest that the DIP should be reviewed periodically, and certainly referred to while writing annual reports and mid-term evaluations.

16. That provisions should be made for the continuation of the positive relationships between the public and private sectors under any new project. This working relationship between the two has broad policy making implications and should be facilitated and promoted.

17. That USAID/Washington PVO and S&T/H should continue to work together for the support of any follow on project.

B. Vitamin-A

1. That the use of social marketing to increase dietary consumption of vitamin-A rich foods should be tested and documented in on going project activities.

2. That activities in support of providing an adequate supply and access to vitamin-A capsules should be continued. Data from the KOVITA project has shown that where an active Posyandu exists, the capsule coverage is highest. Additional information needs to be collected on the number of non-active or weak Posyandu and the size of the population not served or under served in those areas.

3. That efforts should be made to support the development or strengthening of weak or non existent posyandu in any proposed expansion area.

C. ORS

That the use of social marketing of ORS should continue.

2. That the private sector and public sector partnership involving the manufacture, distribution and promotion of ORS should continue.

D. Social Marketing

1. That alternative distribution systems for vitamin-A capsules should be identified and explored in any follow on project.

2. That additional research on the use of various mass media on a large scale needs to be undertaken for long term manageability by the MOH.

3. That a resident social marketing adviser (i.e. AED Healthcom) is required and desired by the current GOI, HKI and university people for any follow on project.

E. Evaluation

1. That adequate funding should be budgeted for new studies as they are identified in any follow on activates. Some studies are a part of the DIP and some studies are identified as the project unfolds. Funding should be budgeted for both in the DIP document.

2. That careful consideration should be given to the design of studies which can be undertaken in a timely fashion by existing project staff with a view to existing staff capabilities and with a minimum of short term technical assistance.
The magnitude of the "morbidity" study was not appreciated until it was well under way. It is now manageable but is taking time to generate findings. These findings will be written up at the end of the project, June 30, 1990 and could provide some useful information for future projects but not for the ROVITA project. Elsewhere in Indonesia this same question is being addressed with a budget of around 2 million dollars. The budget for the "morbidity" study was said to be about $75,000.

3. That study objectives be stated in quantifiable terms.

# APPENDIX A

## REFERENCES

1. Implementation Plan, ROVITA Project, a Double Intervention of Oral Rehydration Therapy and Vitamin-A in Two Kabupaten in Central Java. March 1987.

2. Mid-Term Evaluation, Helen Keller International, "ROVITA" Project, Indonesia. A report prepared for PRITECH by: Dana Coop, M.D. November 7-12, 1988.

3. HKI, Third Annual Report, Semarang Field Office, October 1988 - September 1989.

4. HKI, Second Annual Report October 1987 - September 1988 (ROVITA).

5. HKI, First Annual Report October 1986 - September 1987 (ROVITA).

6. HKI, Annual Report, SEptember 1988 -September 1989, Vitamin-A Technical Assistance Program (VITAP), October 1989.

7. Final Activities Report. Vitamin-A Deficiency Control Project HKI Niger. January 1990 by Dr. Ahmed Zayan.

8. Agency for International Development, "Core Questions to be Addressed by the PVO Child Survival I and II Project Final Evaluation Teams" AID/FVA/PVC, Rosslyn, VA. (1988).

9. HKI, Indonesia - Central Java, Reducing Vitamin-A Deficiency in Central Java: Social Marketing of Vitamin-A Capsules and Foods. Proposal - 3 Years. January 1990.

10. A Field Guide for Adding Vitamin-A Interventions to PVO Child Survival Projects. Recommendations for Child Survival Project Managers. Doris Storms and John Quinly Editors. Report of a Special PVO Child Survival Task Force on Vitamin-A, Baltimore, Maryland, 1988.

11. ROVITA quarterly reports: April-June '89, January-March '89, October-December '88, July-September '88.

# APPENDIX B

## Principal Contacts

HKI/New York:

- Dr. David French, Medical Director
- Ms. Susan Eastman, Regional Manager for Asia
- Ms. Karima Kirby, Vitamin A Program Support Officer
- Ms. Victoria Sheffield, Director, Technical Service Unit
- Mr. Robert Gern, Deputy Director, Monitoring and Evaluation
- Mr. Jeff Watson, Deputy Director, Health Education
- Dr. Susan Pettiss, Advisor
- Ms. Caryl Chambus, Assistant Regional Manager for Asia
- Ms. Pamela Stebbins, Regional Support Officer for Asia

HKI/Jakarta:

- Mr. Steven E. Wilbur, Country Director
- Mr. Agoeng Yoewono, Deputy Country Director
- Dr. Raharjo Suwandi, Anthropologist

HKI/Semarang:

- Ms. Anne C. Palmer
- Mr. Thomas K. Reis, AED/Healthcom

USAID/Indonesia:

- Ms. Jennifer Brinch, HVA (PVO)
- Ms. Georgia McCauley, HPN

USAID/FVA/PVC:

- Mr. John McEnaney, Chief, Child Survival and Health Division, Bureau of Food for Peace and Voluntary Assistance
- Ms. Sallie Jones, Deputy, Child Survival and Health Division

MOH/Indonesia:

- Dr. S.L. Leimena, Director General, Community Health Services
- Dr. Suwarna, Secretary of Dir.Gen. Community Health Services.

- Dr. Sutoto, Head, Sub-directorate for Diarrhea, Helminths, and Intestinal Parasites, Directorate for Communicable Disease Control and Environmental Health.
- Mrs. Asmira, Head Sub-Directorate of Nutrition Disease (ROVITA Steering Committee)
- Mr. Herno Sukirno, Head Section of Vitamin-A program (ROVITA Steering Committee)
- Dr. I.B. Mantra, Head Directorate of Health Education, Ministry of Health (ROVITA Steering Committee)
- Dr. Muhilal, Biochemistry Division, Center of Nutrition Research and Development, Ministry of Health, Bogor (FORTIF)
- Dr. Raharjo Suwandi, (SOMATA Project)

University of Deponegoro/Semarang:

- Dr. Satoto, Principal Project Coordinator, Nutrition Department School of Medicine
- Dr. Wiratmo, Head, Evaluation Component, Head, Nutrition Department, School of Medicine
- Dr. Hertanto, Evaluation: Vitamin-A/ORT, Morbidity Study, Nutrition Department, School of Medicine
- Dr. Wahyu Rochadi, Evaluation: Vitamin-A/ORT, Morbidity Study, Nutrition Department, School of Medicine

Ministry of Health/Semarang:

- Drs. Soetarto, Field Coordinator, Lecturer
- Drs. Sudaryono, Head, Vitamin-A Component, Nutrition Section Central Java, DepKes-KanWil
- Pratamahardja, G.Sc., Head, ORT Component, Head, CDC Surveillance Central Java, DepKes-Dinas
- Drs. V. Sartono, Head, Social Marketing Component, Head, Manpower Services, Central Java, Depkes-KanWil
- Soedarwanto, Social Marketing Field Assistant, Central Java, DepKes-Dinas

Annenberg School of Communications:

- Dr. Judith McDivitt, Researcher/Analyst, ROVITA KAP Survey University of Pennsylvania

Johns Hopkins University Institute for International Programs:

- Dr. Doris Storms, Coordinator, PVO Child Survival Support Programs, Institute for International Programs, School of Hygiene and Public Health, The Johns Hopkins University.
- Ms. Cynthia Carter, PVO Child Survival Support Programs, Institute for International Programs, School of Hygiene and Public Health, The Johns Hopkins University.
- Ms. Trish Stenger, Administrative Assistant, PVO Child Survival Programs, Institute for International Programs, School of Hygiene and Public Health, The Johns Hopkins University.
- Ms. Janice Boring, Executive Secretary, PVO Child Survival Programs, Institute for International Programs, School of Hygiene and Public Health, The Johns Hopkins University.

# Appendix C

## Objective Findings for Project Indicators

### Introduction

For each of the four objectives in the Detailed Implementation Plan (DIP), the left hand column (Entitled Evaluation Indicator) specifies the input, output or effectiveness indicator proposed in the DIP. The right hand column (under the heading EOP Achievements) lists the relevant findings of the EOPA for that indicator.

Due to the timing of this evaluation, five months before the extended end of the project, the achievements and indicators below are as of March 1990. Additional data analysis is scheduled. The write up of the results of the "morbidity" study is anticipated for completion sometime in August, even though the data has been collected since February. The figures for the EOP Achievements will be updated in the final report, scheduled for completion in September 1990.

Objective I.
(DIP 1987)

Major Objective:

1. "To improve the distribution of megadose vitamin-A in order to achieve a Coverage of 90% of 1-5 years of age."

Revised September 1989.

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

Sub-Objectives.
(DIP 1987)

1. Increase kader skill in registration of target group.

2. Increase kader skill in delivering vitamin-A to the target group.

3. Increase kader skill in recording and reporting of vitamin-A distribution.

4. Increase kader knowledge about the role of vitamin-A for health with appropriate referral to puskesmas for night blindness and eye problems.

5. Strengthen the vitamin-A nutrition education component of Posyandu teaching. (Revised September 1989, Dropped)

6. Improve the logistics of the capsule supply system at all levels.

7. Improve the vitamin-A distribution reporting and information system at all levels.

8. Improve community awareness of vitamin-A in conjunction with the social marketing component.

| | EVALUATION INDICATOR | MARCH 1990 ACHIEVEMENT |
|---|---|---|
| 1. | Amount of budget spent on vitamin A to date. | $456,875 (9/89) |
| 2. | Estimated percent of AID contribution allocated to vitamin A. | 50% |
| 3. | Number of health facilities and distribution sites in project by type. | 2 general hospitals<br>38 Puskesmas<br>1,296 Posyandu |
| 4. | Number of capsules distributed per round. | 120,129 caps |
| 5. | Number of capsules procured. | 469,800 caps (2 rounds) |
| 6. | Number/percent of kader skilled in registration of target group (Rovita-trained). | Approx. 10,000 kader (100%) |
| 7. | Number/percent of kader skilled in delivering vitamin A to the target group (Rovita-trained). | Approx. 10,000 kader (100%) |
| 8. | Number of kader skilled in recording and reporting of vitamin A distribution (Rovita-trained). | Approx. 10,000 kader (100%) |

| | | |
|---|---|---|
| 9. | Number of kader with general knowledge about the role of vitamin A for health. (includes non-Rovita-trained). | Approx. 10,000 kader (100%) |
| 10. | Number of kader making appropriate referral to Puskesmas for night blindness and eye problems. | This information is not reported. |
| 11. | A strengthened vitamin A nutrition education component of Posyandu teaching sessions. | Yes, through training of kader in vitamin-A and in teaching skills |
| 12. | An improved logistics aspect of the capsule supply system at all levels. | -Training of all health workers in management of caps.<br>-Caps to villages based on actual numbers of registered kids.<br>-Records kept on caps to villages.<br>-Improved storage. |
| 13. | An improved vitamin A distribution reporting and information system at all levels. | -More complete records of eligible children and attendance and capsule dist.<br>-New listing of names and addresses of kids not going to Posyandu.<br>-Distribution records are known for each round. |
| 14. | An improved community awareness of vitamin A in conjunction with the social marketing component. | 34% (1988) to 48% (1989) of mothers aware of VAC |
| 15. | Number/percent reduction in diarrhea severity in surveillance areas. | data analysis not complete (due 9/90) |
| 16. | Number/percent of stock sites with adequate supply for VAC distribution. | 100% |
| 17. | Number/percent reduction in diarrhea incidence in surveillance area. | data analysis not complete (due 9/90) |

| | | |
|---|---|---|
| 18. | Number of vitamin A capsules available compared to registered target children. | -469,800 caps for 259,944 children in one year |
| 19. | Number of vitamin A capsules distributed to number of children reported to have received capsules. | MOH est. = 1:1<br>KAP est. not known yet (due 9/90) |
| 20. | Number of children registered/ estimated target child population. | 129,924/155,313 = 84% |

SOA

Objective II.

Major Objective:

1. "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."

Sub Objective:

1. Improve the logistics and supply system of ORALIT in order to provide adequate stocks at each level. (Revised September 1989 as follows:)

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

2. Integrate diarrhea management and ORT with UPGK system of posyandu and kaders.

3. Increase kader skill in use of ORS.

4. Improve kader skill in diarrhea case management including referral to puskesmas.

5. Improve reporting of diarrheal episodes by kader and puskesmas.

6. Improve reporting or ORALIT use by kaders and puskesmas.

7. Train mothers to mix and administer ORS.

8. Improve mothers KAP in management of mild diarrhea and appropriate referral for moderate to severe diarrhea (in conjunction with social marketing component).

9. Work with private sector to increase ORS supply and distribution.

10. Train ORS retailers to mix and administer ORS.

| | EVALUATION INDICATOR | MARCH 1990 ACHIEVEMENT |
|---|---|---|
| 1. | Fund spent to date for ORT. | $456,875 (9/90) |
| 2. | Percent of budget allocable to ORT activities. | 50% |

| | | |
|---|---|---|
| 3a. | Number of health workers trained in ORS/ORT. | 10,000 kader<br>76 Puskesmas workers |
| 3b. | Number of community members trained in ORS/ORT. | est. 500 community leaders<br>est. 500 retailers |
| 4. | Number of health facilities for ORS distribution and use. | 2 hospitals<br>38 Puskesmas<br>2169 Posyandu |
| 5a. | Number of health facilities by type with more than 10 ORS packets in inventory. | Puskesmas: 38 (100%)<br>kader Posyandu: 542 (25%) |
| 5b. | Number of retail shops with more than 10 ORS packets in inventory. | est. 125 (25%) |
| 6. | Number of cases of diarrhea treated at Puskesmas. (all ages) | 1988: 36,724 (est.);<br>1989: 33,489 (est.) |
| 7. | Number of cases of diarrhea treated by kaders. | 1988: 8,072 (est.)<br>1989: not known |
| 8. | Number of ORS packets used by Puskesmas. | this information is not collected |
| 9. | Number of ORS packets used by kaders. | this information is not recorded |
| 10. | Percent of health workers trained in ORT. | Puskesmas: 100%<br>Kader Posyandu: 100% |
| 11. | Cases of diarrhea reported over total target population under five years. | this information is not not collected |
| 12. | Number of diarrhea cases receiving ORS over total target population less than five years. | this information is not not collected |
| 13. | Number of ORS packets distributed to retailers. | 30,000 |

14. Oralit sales: retailers with stock.

1988:
1990: 250 (50%)

Objective III.

Major Objective:

1. "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."

| | EVALUATION INDICATOR | MARCH 1990 ACHIEVEMENT |
|---|---|---|
| 1. | Estimated number of adult women in target area. | 454,693 women |
| 2. | Number and type of mass media. | -4 private-sector radio stations<br>-1 govt radio station<br>-4 print (banners, fliers, posters, plastic bags) |
| 3a. | Number of radio messages produced (one-minute spots). | 24 VAC spots<br>18 ORT spots<br>5 kader spots |
| 3b. | Number of radio messages broadcast (one-minute spots). | 8,550 VAC spots<br>8,450 ORT spots<br>(3,680 ORT spots Mar-May 90)<br>1,260 kader spots |
| 4. | Number of print materials produced and distributed. | 600 VAC banners<br>982 ORT banners<br>5,600 VAC manuals<br>8,300 ORT manuals<br>2 VAC fliers (11,500 each)<br>1 ORT flier planned (11,500, March 90)<br>100,000 ORT plastic bags (planned, April 90) |

5. Percent of mass media broadcasting vitamin A and ORT messages. — Over 2/3 of all potential radio stations were used, based on media research and planning.

Objective IV.

Major Objective:

1. "To measure the change in incidence and severity of diarrhea in a small cohort of children before and after vitamin A supplementation."

Since the first annual report, this was thought to be the only objective. However, (as per the DIP) three additional components to Objective IV are as follows:

2. "Evaluate the extent of oral rehydration solution distribution and coverage."

3. "Evaluate the extent of vitamin-A distribution and coverage."

4. "Evaluate the extent of the communications effort n knowledge, attitudes and practices of mothers, health workers and retailers."

| EVALUATION INDICATOR | MARCH 1990 ACHIEVEMENT |
|---|---|
| 1. Number of interviewers trained. | Not recorded. |
| 2. Number of researchers who increased research experience. | 7 |
| 3. Number of UnDip staff who increased skills analysis in statistics. | 4 |

1. Vitamin-A Component

Major objective:

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

Questions:

In quantifiable terms, what was the extent of distribution of megadose vitamin-A to children, 1 to 5 years old, before the ROVITA intervention? What is the degree/extent of distribution at this point in time? What proportion of the distribution today can be directly attributed to the project intervention? What other factors may have influenced the distribution during the intervention?

What was the extent of coverage prior to the project intervention? What is the current coverage of megadose vitamin-A in children 1 to 5 years old? What proportion of the current coverage is a result of the intervention? What other factors may have influenced the coverage during the intervention?

2. ORT Component

Major objective:

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

Questions:

How is "outcome" defined? What was diarrheal disease outcome in children less than 5 years old prior to the project intervention? What is the diarrheal disease outcome at this point in time? What proportion of the current outcome is attributable to the project intervention? What other factors may have influenced diarrheal disease outcome during the intervention?

What was the status of the management, supply and distribution of ORS prior to the project intervention? What is the status of the management, supply and distribution of ORS at this point in time? What proportion of the current status is attributable to the project intervention? What other factors may have influenced the improvement of management, supply and distribution of ORS during the intervention?

Sub-objective:

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

Questions:

What was the quantifiably measurable extent of the availability of oralyte to mothers of children under 5 prior to the project intervention? What is the measurable extent of the availability of oralyte to mothers of children under 5 at this point in time? What proportion of the current status of the availability of oralyte is attributable to the project intervention? What other factors may have influenced the supply of oralyte to mothers of children under five during the intervention?

3. Social Marketing Component

Major objective:

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.

Questions:

What was the status of social marketing activities prior to the project intervention? What is the current status of social marketing? To what quantifiable degree, directly attributable to the projects social marketing intervention, has vitamin-A capsule coverage been increased at this point in time? To what quantifiable degree has diarrheal disease outcome been improved at this point in time from what it was prior to the project intervention? What proportion of increased vitamin-A capsule coverage and improved diarrheal disease outcome is attributable to this social marketing intervention? What other factors may have influenced vitamin-A capsule coverage and diarrheal disease outcome during the intervention?

4. Evaluation Component

Major objective:

To measure the change in incidence and severity of diarrhea in a small cohort of children before and after vitamin-A supplementation.

Questions:

What was the quantifiable incidence and severity of diarrhea in the small cohort of children before the project intervention of vitamin-A supplementation? What was the quantifiable incidence and severity of diarrhea in the small cohort of children after the project intervention of vitamin-A supplementation? What proportion of the incidence and severity of diarrhea is attributable to the project intervention? What other factors may have influenced the incidence and severity of diarrhea during the intervention?

APPENDIX D

(Part I of VI.)

| RESPONSIBILITY CENTER | FY'87 | FY'88 | FY'89 | FY'90 to 1/1/90 |
|---|---|---|---|---|
| Administration | $ 32,568 | $ 77,128 | $ 103,910 | $ 62,275 |
| Vitamin A | * | 396* | 12,532 | 12,829 |
| Oral Rehydra.Therapy | * | 3,037 | 17,855 | 10,801 |
| Social Marketing | 5,003 | 6,146 | 14,600 | 7,977 |
| Eval/Monitor/Assess | 4,884 | 6,230 | 14,014 | 12,981 |
| HKI/Jakarta | 63,007 | 88,395 | 77,168 | 36,965 |
| SUB-TOTALS BY FISCAL YEAR: | $ 105,462 | $ 181,332 | $ 240,079 | $ 143,822 |
| 8.2% OVERHEAD: | 8,648 | 14,869 | 19,686 | 11,793 |
| TOTALS: | $ 114,110 | $ 196,201 | $ 259,765 | $ 155,615 |

TOTAL THROUGH 12/31/89: $ 725,691

* Expenses for Vitamin A and Oral Rehydration Therapy were incurred during FY'87 and FY'88, although they appear non-existent or low on this analysis. The explanation is that our lack of detail in the chart of accounts at that time resulted in coding them in the areas of Administration and HKI/Jakarta. To pull them out of those records would be very time-consuming and it is hoped this will be sufficient.

ICA OPERATIONAL ASSISTANCE
IN INDONESIA

# CHILD SURVIVAL PROPOSAL - ORT
## INDONESIA
## BUDGET REVIEW ADDENDUM
## HELEN KELLER INTERNATIONAL
## JULY 1986

| | YEAR ONE | | YEAR TWO | | YEAR THREE | | TOTAL | |
|---|---|---|---|---|---|---|---|---|
| | AID | HKI | AID | HKI | AID | HKI | AID | HKI |
| | FY-87 | | FY-88 | | FY-89 | | | |
| PROJECT PERSONNEL | | | | | | | | |
| Headquarters | $ -0- | $ -0- | $ -0- | $ -0- | $ -0- | $ -0- | $ -0- | $ -0- |
| Field | 76,950 | -0- | 76,950 | -0- | 51,300 | -0- | 205,200 | -0- |
| Local | -0- | -0- | -0- | -0- | -0- | -0- | -0- | -0- |
| Consultants | 56,325 | 40,000 | 56,325 | 30,000 | 37,550 | 5,000 | 150,200 | 75,000 |
| Supplies | 64,050 | 60,000 | 64,050 | 30,000 | 42,700 | 10,000 | 170,800 | 100,000 |
| Equipment | 10,500 | 19,000 | -0- | 7,000 | -0- | 2,000 | 10,500 | 28,000 |
| Training | 44,994 | -0- | 39,400 | -0- | -0- | -0- | 84,394 | -0- |
| Transportation | 41,250 | -0- | 41,250 | -0- | 27,500 | -0- | 110,000 | -0- |
| Project Reporting and Evaluation | 18,500 | -0- | 18,500 | -0- | 18,500 | -0- | 55,500 | -0- |
| Other Direct | 16,950 | -0- | 16,950 | -0- | 11,300 | -0- | 45,200 | -0- |
| SUBTOTAL | 329,519 | 119,000 | 313,425 | 67,000 | 188,850 | 17,000 | 831,794 | 203,000 |
| OVERHEAD* | 27,021 | 20,230 | 25,700 | 11,390 | 15,486 | 2,890 | 68,206 | 34,510 |
| TOTAL | $356,540 | $139,230 | $339,125 | $78,390 | $204,336 | $19,890 | $900,000 | $237,510 |
| | | | | | | | 50,000 | |
| | | | | | | | 950,000 | |

Calculated as follows:
8.2% of AID funds (based upon currently approved provisional rate)
17.0% of HKI contributions (based upon estimated actual overhead costs)

58

APPENDIX D (part II) of VI

FINAL BUDGET - VITAMIN A + ORT PROJECT
CENTRAL JAVA

MARCH 25, 1987

NOTE: this budget is broken into the following categories:

1 administration and management
2 evaluation
3 vitamin A
4 ORT
5 social marketing
6 HKI Jakarta

Each budget category is the responsibility of one person as outlined in the project proposal (see implementation plan)

HKI Jakarta's budget amount is for covering overhead as well as for project support including FKM/UI contract and travel expenses for people from West Sumatra, West Java, HKI Pusat, Department of Health and for contracted items.

exchange rate for calculating this budget
1640 Rp/$1.00 US

| TOTAL AMOUNTS BY RESPONSIBILITY CENTER | US $ | RUPIAH |
|---|---|---|
| 1. ADMINISTRATION | $265,667 | 435,726,000 |
| 3. VITAMIN A | $23,885 | 39,172,000 |
| 4. ORAL REHYDRATION THERAPY | $44,863 | 73,575,000 |
| 5. SOCIAL MARKETING | $29,245 | 47,961,000 |
| 2. EVALUATION/MONITORING/ASSESSMENT | $45,854 | 75,200,000 |
| TOTAL - CENTRAL JAVA: | $409,533 | 671,634,000 |
| 6. TOTAL - HKI JAKARTA: | $490,467 | 804,365,240 |
| GRAND TOTAL: | $900,000 | 1,475,999,240 |

APPENDIX D

Part IV of VII

12/06/89

HELEN KELLER INTERNATIONAL, INC.
1989 ANNUAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS
PVO / COUNTRY PROJECT- PDC-0384-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 | $252,776 | ($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 | $248,784 | $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 |

913,749
- 414,025 (
499,724 app to

BEST AVAILABLE COPY

60

APPENDIX D

COUNTRY INFORMATION FOR
A.I.D.-SUPPORTED PVO PROJECTS (Part V of VI)

Organization: HELEN KELLER INTERNATIONAL
Project/Grant No.: PDC-0284-A-00-6131
Grant Dates: 8/86-7/89
Funding Mechanism: FRLC 1481
(i.e., HG, OPG, Contract, CA, Etc.)

*COUNTRY NAME OR HEADQUARTERS: INDONESIA

Project Purpose: (limit to 40 words or less)

To provide technical and managerial program support to the field offices in Bangladesh and Indonesia in the expanded vitamin A activities.

Project Implementation:
Start Date: 8/86 Estimated Completion Date: 7/89
Status: (limit to 25 words or less)

A one-year extension of this three-year grant will enable HKI Headquarters to support the field offices in Bangladesh and Indonesia through technical assistance and information dissemination.

Project Funding:

| | Year FY'87 | Year FY'88 | Year | Year | Year | TOTAL |
|---|---|---|---|---|---|---|
| AID$ | 134,693 | 217,763 | | | | 352, |
| PVO$ | 0 | 51,206 | | | | 51, |
| OTHER | 0 | 0 | | | | |
| INKIND | 0 | 0 | | | | |
| LOCAL | 0 | 0 | | | | |
| TOTAL | 134,693 | 268,969 | | | | 403, |

Location in Country: (Region, District, Village - Be Specific)

PVO Representative in Country: (if any) or Program Manager for Headquarters:

(name) Mr. Steven E. Wilbur, Country Director
(address) Bina Mulia Bldg., 9th Floor, Jl. H.R. Rasuna Said, Kav. 10, Jak
(phone) 520-7297 Indone

Local Counterpart/Host Country Agency: (If no PVO representative)

*Complete separate sheet for each country program and headquarters.

COPY 1510-11 Abbreviated

BEST AVAILABLE COPY

# 1988 ANNUAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS

PVO/Country Project INDONESIA / 6131

| For CSII Projects | Year 1 Expended AID/PVO | Year 2 Expended AID/PVO | Year 3 Projected AID/PVO | TOTAL AID/PVO/TOT |
|---|---|---|---|---|
| **For CSIII Projects** | **Year 1 Expended AID/PVO** | **Year 2 Projected AID/PVO** | **Year 3 Projected AID/PVO** | **TOTAL AID/PVO/TOT** |
| A. PERSONNEL List each position and total person months separately | | | | |
| Health Personnel | 0/ 0 | 0/ 0 | | 0/ 0/ 0 |
| Administrative | 35,575/0 | 66,030/15,000 | | 101,605/15,000/116,605 |
| Other | 0/ 0 | 0/ 0 | | 0/ 0/ 0 |
| SUB-TOTAL A | 35,575/0 | 66,030/15,000 | | 101,605/15,000/116,605 |
| B. CONSULTANTS | | | | |
| Local | 1,520/0 | 1,314/1,314 | | 2,834/ 1,314/ 4,148 |
| Expatriate | 0/ 0 | 0/ 0 | | 0/ 0/ 0 |
| SUB-TOTAL B | 1,520/0 | 1,314/1,314 | | 2,834/ 1,314/ 4,148 |
| C. TRAVEL/PER DIEM | | | | |
| In-country | 0/ 0 | 0/ 0 | | 0/ 0/ 0 |
| International | 17,968/0 | 22,560/5,000 | | 40,528/ 5,000/ 45,528 |
| SUB-TOTAL C | 17,968/0 | 22,560/5,000 | | 40,528/ 5,000/ 45,528 |
| D. EQUIPMENT/SUPPLIES | | | | |
| Technical Equip. | 3,324/0 | 311/ 500 | | 3,635/ 500/ 4,135 |
| Other Equip. | 3,438/0 | 765/ 0 | | 4,203/ 0 / 4,203 |
| Supplies | 1,495/0 | 3,485/1,642 | | 4,980/ 1,642/ 6,622 |
| SUB-TOTAL D | 8,257/0 | 4,561/2,142 | | 12,818/ 2,142/ 14,960 |

BEST AVAILABLE COPY

| | Year 1 AID/PVO | Year 2 AID/PVO | Year 3 AID/PVO | Year 4 AID/PVO | TOTAL AID/PVO/TOTAL |
|---|---|---|---|---|---|
| LINE ITEMS: | | | | | |
| E. OTHER DIRECT COSTS (Include rent, utilities, printing, maintenance, etc.) | 36,378/0 | 73,235/26,450 | | 109,613/26,450/136,063 | |
| SUB-TOTAL | 36,378/0 | 73,235/26,450 | | 109,613/26,450/136,063 | |
| F. TOTAL FIELD COSTS (A THROUGH E) = | 99,698/0 | 167,700/49,906 | | 267,398/49,906/317,304 | |
| G. OVERHEAD ON FIELD COSTS (%)= | 8,176/0 | 13,751/ 0 | | 21,927/ 0 / 21,927 | |
| H. HEADQUARTERS/HOME OFFICE COSTS ATTRIBUTED TO THE COUNTRY PROJECT | | | | | |
| - Personnel | 18,866/0 | 15,480/ 0 | | 34,346/ 0 / 34,346 | |
| - Consultants | 0 | 12,260/ 0 | | 12,260/ 0 / 12,260 | |
| - Travel and Per Diem | 4,056/0 | 540/ 300 | | 4,597/ 300/ 4,896 | |
| - Equipment/Supplies | 0 | 3,174/ 0 | | 3,174/ 0 / 3,174 | |
| - Other Direct Costs | 1,866/0 | 2,106/ 1,000 | | 3,972/ 1,000/ 4,972 | |
| SUB-TOTAL | 24,788/0 | 33,560/ 1,300 | | 58,349/ 1,300/ 59,649 | |
| I. OVERHEAD ON HQ/HO COSTS (%) = | 2,031/0 | 2,751/ 0 | | 4,781/ 0 / 4,781 | |
| GRAND TOTAL (F+G+H+I) = | 134,693/0 | 217,762/51,206 | (24%) | 352,455/51,206/403,661 | |

262,969

PROJECT EXPENSES FOR THE YEAR
GRANT INDONESIA C.S. II

APPENDIX D

(Part VI of VI)

| BUDGET ITEMS | HEADQUARTERS EXPENDITURES | FIELD EXPENDITURES | EXPENDITURES |
|---|---|---|---|
| Personnel | 17,075 | 48,864 | 65,939 |
| Consultants | -0- | 1,562 | 1,562 |
| Supplies | -0- | 1,647 | 1,647 |
| Equipment | -0- | 6,787 | 6,787 |
| Training | -0- | 350 | 350 |
| Transportation | 4,056 | 20,097 | 24,963 |
| Project Reporting & Evaluation | -0- | 812 | 812 |
| Other Direct | 604 | 31,399 | 32,003 |
| Subtotal | 21,735 | 112,328 | 134,063 |
| Overhead* | 1,782 | 9,211 | 10,993 |
| TOTAL | 23,517 | 121,539 | 145,056 |

* Overhead calculated at 8.2%



BEST AVAILABLE COPY

PIPELINE ANALYSIS

GRANT INDONESIA C.S. II

| BUDGET ITEMS | BUDGET | PROGRAM EXPENDITURES | REMAINING BALANCE |
|---|---|---|---|
| Personnel | 205,200 | 65,939 | 139,261 |
| Consultants | 150,200 | 1,562 | 148,638 |
| Supplies | 170,800 | 1,647 | 169,153 |
| Equipment | 10,500 | 6,787 | 3,713 |
| Training | 84,394 | 350 | 84,044 |
| Transportation | 110,000 | 24,963 | 85,037 |
| Project Reporting & Evaluation | 55,500 | 812 | 54,688 |
| Other Direct | 45,200 | 32,003 | 13,197 |
| Subtotal | 831,794 | 134,063 | 697,731 |
| Overhead* | 68,206 | 10,993 | 57,213 |
| TOTAL | 900,000 | 145,056 | 754,944 |

* Overhead calculated at 8.2%

APPENDIX E

(two parts/II)

"THE EASTMAN LETTER"

9 March 1990

==========

## 1. Vitamin A Component

Major Objective: To improve the distribution of megadose vitamin A to children 1 to 5 years old in order to increase coverage.

### Capsule Distribution

Capsules distributed (GOI reports) before and after Rovita vitamin A campaigns:

| Demak | Est. Pop. (age 1-5) | Caps Dist. |
|---|---|---|
| Feb 87 | 76,045 | 53,238 |
| Feb 89 | 77,573 | 64,567 |
| [illegible] | 7[illegible],961 | 65,628 |

| Jepara | Est. Pop. (age 1-5) | Caps. Dist. |
|---|---|---|
| Feb 87 | 75,451 | 35,616 |
| Feb 89 | 76,967 | 60,045 |
| Aug 89 | 77,352 | 54,501 |

| Rembang (control) | Est. Pop. (age 1-5) | Caps. Dist. |
|---|---|---|
| Feb 87 | 48,258 | 33,328 |
| Feb 89 | 49,228 | 24,656 |
| Aug 89 | 49,474 | 30,139 |

The project team considers that improvements in both VAC reporting and VAC distribution in the program agrea are directly attributable to the Rovita Project training and supervision.

VAC Coverage

Table A illustrates a statistically significant increase in VAC coverage in the program area.

Table A.--Percent of Eligible Children Who Received Vitamin A in August or September

| Regency | 1988 | 1989 | Significance of Change |
|---|---|---|---|
| Demak | 26.4 | 33.3 | p<.04 |
| Rembang (control) | 23.5 | 25.9 | n.s. |

The Posyandu is the government point of distribution of VAC capsules. As can be noted in Table B, there is a statistically significant difference in coverage between areas with and without Posyandu. A 59% increase in VAC coverage occurred in one year of program intervention in areas with Posyandu; there was no change in the control area.

Table B.--Percent of Eligible Children Who Received Vitamin A During the Campaign in Demak

| | 1988 | 1989 | |
|---|---|---|---|
| No Posyandu in Neighborhood | 27.6 | 25.3 | N=399 |
| Has Posyandu in Neighborhood | 25.5 | 41.5 | N=389 |
| | N=401 | N=387 | |

The project's consulting data analyst concludes that the Rovita Project had an impact on capsule coverage of children who live in neighborhoods with Posyandu. See Figure 1. The Rovita team report no known confounding activities in either program or control area which would have impacted capsule coverage rates.

## 2. ORT Component

Major objective: 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.

Diarrheal disease outcome is defined in this Project in terms of use of ORT to control and prevent dehydration. ORT is understood as giving any fluids including ORS to children with diarrhea.

Preliminary analysis of data on diarrhea management indicates that the number of mothers who reported giving more fluids increased over 40%, from 39% to 55%.
Preliminary analysis of data on changes in diarrhea management over one year also indicates increases (which may be statistically significant) in mothers' knowledge and practice of the major ORT strategy pushed by the campaign -- the giving of liquids during diarrhea. There is also evidence of an increase in awareness of oralyte:

| | 1988 | 1989 |
|---|---|---|
| Reported giving more breastmilk during last case of diarrhea | 30.4% | 44.1% |
| Reported giving more to drink during last case | 39.1 | 55.3 |
| Gave more water | 3.4 | 30.5 |
| Gave more Oralit | 11.0 | 24.7 |
| Said child with diarrhea should drink more | 44.7 | 60.0 |
| Said diarrhea is dangerous | 69.1 | 79.3 |
| Reporting having seen packet | 42.1 | 60.9 |
| Reported having heard of Oralit | 71.5 | 83.6 |

Analysis of these data has just begun. It is premature to attribute the results only to the Rovita Project. However, Rovita team members are not aware of any other significant activites that might confound these results.

ORS Supply

Prior to Rovita work, ORS was available primarily through the public sector (Puskesmas and Posyandu), and supply was inadequate. Two known brands were available for sale in village shops, and resupply was difficult. In June 1988, Rovita formally trained one retailer per village in diarrhea management (ORT); the project gave each trained retailer an initial stock of 50 sachets of oralyte to sell.

In the fall of 1989, Rovita staff monitored 72 of the trained village retailers. Fifteen months after training, over half of the retailers said that they had sold oralyte in the month of the interview, and 75% of the retailers still had oralyte stock in their shops. In early 1990, 5 different brands of oralyte were available for sale in program area villages, and many village retailers have said that they purchase new stocks in their area, including from travelling salesmen.

The public sector still cannot meet the demand for ORS. This project has demonstrated the potential of the use of the commercial sector in providing ORS to the community.

## 3. Social Marketing Component

Major Objective: 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.

Prior to project intervention, there were no social marketing activites in Central Java, and there was some resistance to this new approach to communications.

The institutionalization of social marketing concepts within Ministry of Health provincial field staff has occurred, in part because of involving field staff at every stage of the marketing process -- from planning, to marketing research, to strategy design, to communication materials development, to monitoring, to reporting.
Social marketing was the project's main mechanism for increasing awareness, VAC coverage, and for increasing ORT use. Hence, the figures reported above for VAC and ORT can be attributed to the successful use of social marketing.

## 4. Evaluation Component

According to the project DIP, the evaluation of Rovita Project entails four components.

(1) the evaluation of the extent of vitamin A capsule distribution and coverage before and after project implementation

Rovita staff use government figures in routine monitoring of VAC distribution. Evaluation of VAC distribution and coverage is being undertaken both internally and externally. Internal evaluation ("Distribution/Coverage Study") is a small survey of mothers, Puskesmas staff, kaders, and retailers in 8 villages overseen by the project Evaluation Component. The "KAP Study" provides an opportunity for an external evaluator and analyst to help interpret distribution and coverage data.

(2) the evaluation of the extent of oral rehydration solution distribution and coverage before and after project implementation

Rovita staff use government figures in routine monitoring of ORS use and have conducted special monitoring of mothers, kader and retailers to assess the knowledge and practice of using and providing ORS. Evaluation of ORT use is being undertaken both internally and externally. Internal evaluation ("Distribution/Coverage Study") is a small survey of mothers, Puskesmas staff, kaders, and retailers in 8 villages overseen by the project Evaluation Component. The "KAP Study" provides an opportunity for an external evaluator and analyst to help interpret data on ORT use and ORS sales.

(3) the evaluation of the social marketing promotion/communication efforts before and after implementation

The project contracted a local marketing research firm to undertake a baseline and endline survey of the knowledge, attitudes, and practices (KAP) of mothers. The survey design was a collaborative effort among GOI, UNDIP, HKI, the AED/HealthCom resident advisor and AED/HealthCom evaluation subcontractor, Annenberg School of Communications. Prime responsibility for data analysis is with the Annenberg School.

Data collection is complete; final analysis is in

progress.

Preliminary analysis indicates successful impact of the Rovita Project in increased VAC coverage and use of ORT.

(4) the evaluation of the impact of vitamin A capsule supplementation on the incidence and severity of diarrhea in a small selected sub-population within the project area ("Morbidity Study")

Early questions raised about the original study design led to extensive consultations with a number of epidemiologists followed by a revised protocol. In June 1988, data collection began for this randomized clinical trial involving the surveillance of about 1200 children in 3 villages for one year.

Progress to date on this study includes:

- House-to-house census of the 3 study villages (June 1988)
- Baseline data on 1235 children and their households (July 1988)
- Measurements of children's weight and height (March 1989 and August 1989)
- Weekly surveillance of 1235 children for 52 weeks, looking primarily at diarrhea (August 1988 - August 1989)
- Food patterns questionnaire for 1199 children (August 1989)
- Final data on 1199 children and their households (August 1989)
- Analysis

Analysis began as soon as the first data were processed in order to monitor differences between intervention and control group in diarrhea and ARI incidence. Significant differences would have required immediate treatment of control group children. No obvious differences were found during the study.

Final analysis is underway using more sophisticated statistical techniques to search for any evidence of impact of VAC supplementation on diarrheal morbidity.

A final report discussing the results of the analysis as well as the issues in management of the study is expected in May 1990.