

PD-CAG 212

Bulk file

MID - PROJECT EVALUATION

VILLAGE FAMILY PLANNING / MOTHER CHILD WELFARE

USAID / INDONESIA PROJECT 497 - 0305

NOVEMBER 1982

DOCUMENT 2285A

MID - PROJECT EVALUATION

VILLAGE FAMILY PLANNING / MOTHER CHILD WELFARE

USAID / INDONESIA PROJECT 497 - 0305

NOVEMBER 1982

DOCUMENT 2285A

Table of Contents

	<u>Page</u>
I. Executive Summary	1
II. Summary of Important Findings in UPGK Evaluation	9
III. Output Indicators and Effects and Limitations	15
IV. Project Management	19
V. Operational Activities	25
VI. Village Level Activities in East Java	31
VII. KB/Gizi Evaluation Seminar - Discussion Results	34

Glossary

3

EXECUTIVE SUMMARY

1. OVERVIEW

1.1. Based on the 1976 Indonesian Fertility Survey data it is found that the Village Family Planning Program (VFP) in Java and Bali has resulted in significant impact on marital fertility. Observers have become convinced that the success of the VFP program can be attributed in part to the development of family planning information and services through existing community networks and organizations.

1.2. Observers also regard the BKKBN's village-based delivery system as a promising model for transferring development inputs to the rural poor. One result is the increased cooperation between the Ministry of Health and the BKKBN in promoting the integration of maternal-child health and nutrition services with family planning at the community level. Consequently, the MOH and BKKBN agreed to a cooperative program to develop the delivery of selected nutrition and primary health services through existing VFP system. This joint MOH/BKKBN program intends to use the village family planning depots and sub-village groups as service points and will retrain family planning fieldworkers for broader responsibility in the area of maternal-child health and nutrition.

1.3. The underlying strategy of BKKBN, in particular, is that by "protecting" those children already born with the introduction of nutrition and health interventions would lead to lower morbidity and mortality, thus reducing the perceived need among parents to have additional children.

1.4. The project is intended to support two interrelated activities: Village Nutrition Services, and Community Development and Evaluation. The objective of these activities is to assist the Government of Indonesia (GOI) in extending and institutionalizing the delivery of nutrition information and services, targeted for mothers and children under five years of age, to rural villages where family planning services are well established. By linking basic nutrition and health services with ongoing village family planning operations, it is expected that the level of community commitment to, and participation, in the management and implementation of its own program of fertility limitation will increase.

1.5. Village Nutrition Services include the systematic introduction of interventions that are expected to result in improved nutrition and health of participating women and children. These interventions include monthly weighing of underfives, nutrition education, nutritional first aid, selected primary health care activities, selective supplementary feeding, and improvement and intensification of home gardening.

1.6. Community Development and Evaluation focuses on developing underutilized community resources and testing innovative cooperative action schemes in order to energize community initiative and self-reliance in identifying and meeting nutritional needs.

A

1.7. The project was initiated in 1980, envisaged for a duration of five years. At the initial stage the project is to provide nutritional services to 318 villages in East Java and 231 villages in Bali. Over time and up to June 1982 the coverage of the project has been increased as indicated in the following table.

Table: 1 Coverage of the VFP/MCW Project
in East Java and Bali

Number of Villages/	1979/1980	1980/1981	1981/1982
Banjar			
East Java	318	472	*
Bali	231	456	451
Total	549	928	451

* 1000 to be added in CY 1983

1.8. The funding of the VFP/MCW project is US \$10 million over 5 years period. This amount is sub-divided by activity components as the following:

- a. Technical Assistance
- b. Local Costs
- c. Research and Development.

2. GOALS, PURPOSE AND INTENDED OUTPUTS

2.1. As originally conceived the project is to have the following goals:

- a. To improve nutrition status of mothers (pregnant and lactating) and children (underfives).
- b. To reduce Infant, Child, and Maternal Mortality.
- c. To increase Family Planning current users in the project areas.

2.2. In more specific terms within three years the project has the following purposes:

- a. To reduce the PCM level by 50%.
- b. To reduce untreated diarrhea by 90%.
- c. To increase Current Users by 15%.

2.3. The intended outputs can best be stated as: "establishing a Village Based System for providing family planning and nutrition services by "piggy-backing" simple nutrition and health services into existing Village family planning service delivery system".

In specific terms the outputs are:

- a. Village-subvillage Taman Gizi Centers
 - weighing station
 - cooking facilities
 - feeding facilities
 - nutrition education aids
 - growth charts
 - monitoring/reporting forms
 - demonstration gardens
 - Oralyte, Fe, Vit. A
- b. Nutrition Cadre (+ 20/village)
1/15 families
- c. Management/Delivery System
 - program planning
 - systematic monthly weighing 0 - 5 years
 - monitoring reporting
 - nutrition education/communication
 - correct use of oral rehydration
 - referral
 - feeding sessions
 - training
 - demonstration gardens
 - coordination
- d. Community Development and Evaluation through community participation and initiative leading to self-reliance in identifying and meeting nutritional needs.

3. MID - PROJECT EVALUATION

3.1. Having implemented the VFP/MCW Project for two years in East Java and Bali, plans were drawn up to implement a mid-project evaluation.

The objectives of the mid-project evaluation are:

- a. to assess the programmatic function and operational performance of project activities at all levels - national, provincial, regency, sub-district, village, and sub-village; and
- b. to ensure that sufficient baseline information from project villages is collected, analyzed, and reported as the basis for subsequent project impact evaluation.

The mid-project evaluation is expected to produce analyses and reports that will be used in formulating recommendations for strengthening the management and implementation of expanded VFP/MCW operations during the period 1982-85.

3.2. Activities under the AID-project evaluation are coordinated at the central level by an Advisory Committee whose main role is to establish policy and implementation guidelines for all evaluation initiatives.

The Advisory Committee consists of the following members:

- Dr. Haryono Suyono - Deputy for Family Planning, Chairman
- Dr. R. H. Pardoko - Deputy for Population Program,
Vice-Chairman
- Dr. Pudjo Rahardjo - Director, Research and Program
Development, Secretary
- Dra. Suyatni - Director, Field Program Supervision
- Drs. Sutedjo Muljodihardjo - Director, Program Planning
- Drs. Sudarmadji - Director, Reporting and Evaluation
- Drs. H. V. Darmokusomo - Director, Program Coordination
- Mr. Tarwotjo, MSc - Director, Nutrition Services, MOH
- Drh. Suyono Suropati - Ministry of Agriculture
- Drs. Aziz Martunus - Ministry of Religious Affairs
- Mrs. Rebecca Cohn - USAID

3.3. In addition an Evaluation Committee is established with responsibilities to interpret and report all information generated by specific evaluation surveys and studies undertaken within the scope of the mid-project evaluation.

This Evaluation Committee has the following membership:

- Dr. Pudjo Rahardjo - Chairman,
- Dr. Does Sampurno - Dean, School of Public Health, University
of Indonesia,
- Dr. Darwin Karyadi/Drs. Djoko Susanto - Nutrition Research
Center, MOH
- Dr. Firman Lubis - Director, Yayasan Kusuma Buana,
- Dr. Emmanuel Voulgaropoulos - USAID,
- Drs. Mazwar Nurdin - Bureau of Reporting and Evaluation, BKKEN,

collaborates directly with the specific research institutions and personnel which together make up the Technical Studies Executive Group for the mid-project evaluation.

3.4. The Technical Studies Executive Group includes the Center for Population Studies (PPSK) at Gajah Mada University, Yogyakarta; the Department of Public Health in the Faculty of Medicine, Udayana University, Denpasar; and a team of researchers in East Java under the direction of the Center for Nutrition Studies, Airlangga University, Surabaya.

3.5. Within a period of 12 months beginning November 1, 1981 the following activities were undertaken:

- a. Baseline Surveys to determine the levels of "low weight for age" among underfives, the prevailing dietary patterns and feeding practices among underfives and mothers, and the general socio-economic characteristics of targeted populations in the project areas of East Java and Bali.
- b. Process Evaluation Studies to assess the coverage and efficacy of the project delivery systems in relation to project objectives and targets.

3.6. Activities in Bali

The Baseline Surveys have already been conducted in Bali. However, additional funds were provided to complete the analysis of baseline data and to prepare the final report.

The evaluation studies include approximately 570 interviews at various programmatic levels covering 4 regencies, 8 sub-districts, and 24 villages.

The researchers in Bali are Dr. Wirawan, Dr. Komang Gunung, and Dr. Suryadi.

3.7. Activities in East Java

The baseline survey and the process evaluation studies are carried out concurrently in five regencies, 10 sub-districts, and 30 villages.

The researchers who deserve the highest praise for their hard work are Drs. Cholis Bachrus, Drs. Ariyanto, Dr. Bambang Wirjatmadi and Dr. Widodo.

4. LESSONS LEARNED

Whereas details of the findings are submitted under separate sections of the overall mid-project evaluation reports, salient points which deserve expeditious attention are presented herewith in summary.

It is important to note that the mid-project evaluation is conducted after two years of implementation of the VFP/MCW project, and that preparatory steps took the major part of the first year. In this regard some activities are just beginning in the second year; consequently the effects cannot be too well assessed.

Moreover the effective starting dates for East Java and Bali are not similar. This fact alone renders comparability of certain programmatic aspects between the two provinces unfeasible, although complete comparability is not the objective of this study.

4.1. General Findings

Overall, both in East Java and Bali the studies arrive at the general conclusion that despite various technical problems, the VFP/MCW project is proceeding satisfactorily. It is rapidly gaining the desired momentum, and the population in the project areas are already enjoying the intended benefits of this integrated activity.

4.2. Highlights of the Specific Findings

a. The Absence of Tangible Effects of the VFP/MCW Project

It is equally important to note that although the study indicates the lack of progress or effects of certain aspects of the project, these are actually existent and significant. For example, the study found the lack of community participation and the lack of progress in the home gardening activities. If one takes these at face value one may arrive at incorrect conclusions. If one views that these activities are non-existent at the outset of the project, however small these are found at the time of evaluation, they are indeed achievements.

b. Institutionalization

More attention needs to be devoted to develop and maintain community's commitment to manage the implementation of the program. As it stands at present village communities are still at the receiving end. This, among other things, is indicated by the scarcity of lower level coordinative meetings and the lack of active role of the cadres.

c. Coordination

The UPGK Manual stipulates the importance and the frequency of coordinative meetings. This is not adhered to, and in some locations these meetings virtually never took place. It is apparent that this has negative implications on the degree of commitment of certain agencies.

However, the study indicates that informal meetings are held at staggered intervals. Although the desired effects are not met, these informal meetings do, to a certain degree, ensure implementation at the community levels. The above are more apparent in East Java. Bali, on the other hand, has not encountered this problem, most probably because the Bali program utilizes to a great extent the existing cultural and traditional system - the Banjar.

d. The Leading Sector

The project is explicit in the understanding that the Ministry of Health together with the Ministry of Agriculture and their vertical structure are to assume the leading role in this project, while BKKBN and the Ministry of Religious Affairs are to be the catalysts. However, the study findings point to the conclusion that up to the

present moment BKKBN is doing the major part. In the longer run this may prove to be counter productive in terms of the workload of the Family Planning Fieldworkers. This can also be viewed as reflecting the lack of commitment on the part of the other agencies involved in this scheme. In this light it is imperative that explicit role assignments be drawn up for these agencies.

e. Supervision and Technical Guidance

The significance of supervision cum technical guidance needs no further elaboration. Yet in many instances as the findings point out this has not been done appropriately. The UPGK Manuals state that joint supervision among the sectors involved is imperative. Apparently the problem encountered in this regard stems from the lack of coordination in the project.

However, despite the lack (if not absence) of it the project is progressing encouragingly, a fact which may be attributed to the strong motivation and commitment at the village level.

The lack of proper nutritional first aid activities, and in some areas the absence of these altogether, in turn, indicates the lack of supervision and technical guidance.

f. Training and Performance of Family Planning Fieldworkers

Indications obtained from the mid-project evaluation point to the fact that despite the invaluable role and contribution made by The Fieldworkers, the delineation and boundaries of their tasks in this scheme need to be clarified further. In almost all instances they are looked upon as the implementor of the VFP/MCW project, a fact which in the long-run may be detrimental to their own tasks. The study also revealed in the Fieldworker training that certain aspects of the nutrition program have not been adequately imparted to them. Among these are the reporting system, and the nutritional first aid measures.

g. The Training and Performance of Cadres

Observing the fact that there are drop-outs among the cadres, regardless of the magnitude, a philosophical issue comes to the fore. If cadres are recruited and trained to assume "lifetime" responsibilities, than a more extensive cadre training program needs to be considered.

Overall the cadres are performing satisfactorily, with discrepancies identified in the nutritional first aid. Both in East Java and Bali the drop-outs are as anticipated. It is worth noting that the performance of cadres reflect the principle of voluntarism at the village community level. This, in combination with the strong commitment of village, sub-district and kabupaten administrators, should ensure the implementation of this principle.

h. The Reporting System

The study findings indicate that certain aspects of the reporting system require attention. First and foremost is in completing the formats. Up to the present moment this task is done by the fieldworkers, which means additional burden on them. Perhaps it is wise to shift this responsibility to the cadres, certainly with additional training.

Second, the accuracy of weight recording in the KMS chart appears to be an area of concern. This may lie in the accuracy of the scales, and also on the recording itself. As often pointed out by observers close supervision regarding the system and calibration of the scales are necessary to be done on a regular basis.

Third, is the reporting channels used. In this regard uniformity as stipulated in the UPGK Manuals need to be closely adhered to. As it presently stands there are instances where completed reporting forms are assembled at the kabupaten level before submission to Central BKKBN.

Lastly, the utilization of feedback reports appears to be minimal. As preliminarily identified the cause may lie in difficulties in interpreting the reports (SKDN).

An overall review of the UPGK reporting system appears to be necessary.

i. Food Demonstration Activities

Food demonstration appears to be one of the main attractions encouraging people to attend the weighing sessions. To a great extent this objective is met. On the other hand, however, the study indicate several flaws. Firstly, in some instances food preparation is not done in a demonstration manner with adequate explanations to those attending. It is just meant to be distributed and also as an attraction.

Secondly, and perhaps the most important, villages are dependent upon subsidies to cover the cost of this activity. These are some facts which may deserve attention of policy and decision makers.

j. The Referral System and its Facilities

The study does not capture a sufficient number of referral cases to base any solid conclusions on. However, the scarcity of referral cases in face of apparent nutritional problems deserves some discussion. Firstly, the general population may know about this service but do not know how to obtain it.

Secondly, the fieldworkers and other concerned officials at the village level may not know how to detect PCM cases, and where to refer these cases to.

Thirdly, the PUSKESMAS personnel may not be fully aware of the administrative mechanism relating to the treatment of these cases. This includes the funds and medical supplies.

11.

II. SUMMARY OF IMPORTANT FINDINGS IN UPGK EVALUATION 1981 - 1982, STATEMENT OF PROBLEMS AND RECOMMENDATIONS.

SUMMARY OF IMPORTANT FINDINGS

This report presents implementation of UPGK at the time of this study at provincial, kabupaten, kecamatan and village levels and covers the preparations, planning, development and the output & outcome. The weights and heights of the balita and their ages are also presented.

The activities at the preparatory stage (designation of the kabupaten and villages for UPGK program, nutrition consultative meetings, nutritional training, procurement of facilities/equipment, contact/approach to community leaders) for the most part have been carried out according to the manual for field officers and the directions. However, the study found some factors which require attention.

For instance:

- in the determining of new villages for UPGK program.
- the consultative meetings are not as yet attended regularly by most of the officers.
- not all subjects according to the directions (juklak) have as yet been discussed in consultative meetings (especially those connected with schedule of activity).
- not all officers of UPGK supporting agencies have had nutritional training yet.
- not all subjects contained in the manual for field officers are given in nutritional training yet; there is as yet no clear guidance on the handling of pregnant and lactating mothers in the manual and the directions.
- procurement of facilities/equipment is still delayed in all areas of study.
- participation of non formal community leaders is still lacking.

The activities at the implementation stage (coverage, weighing, nutritional extension, distribution of nutrition package, provision of supplemental feeding, utilization of gardens, participation of users in family planning) are generally carried out in accordance with the manual. In this study it was found that some activities need to be improved and followed up. While there were no records as yet on referring patients to the Puskesmas and the distribution of nutrition packages.

The activities that need improvement and follow up are:

- coverage of new villages for UPGK project, according to information at provincial level differed from the real situation found at village level.

- activities at the weighing posts are still inadequate.
- individual nutrition extension after a child is weighed is not yet carried out.
- distribution of nutrition package.
- provision of supplemental feeding.
- utilization of home gardens.
- nutritional training for nutrition cadres

Supervisory activities have in general been carried out by most of the Kabupaten and Kecamatan officers. However, at provincial level there are still very few activities.

The outputs cover understanding of UPGK program by the officers of the agencies managing UPGK program in the Kabupaten, kecamatan and the community leaders, knowledge, attitude and practice of the nutrition cadres and the users. In general, there is lack of understanding about UPGK program on the part of the officers and the community leaders. Also the knowledge, attitude and practice of the nutrition cadres and the users are still low.

The results of measuring of the weight and height of the balita and their ages provide a picture about the BALITA in program areas which was started in 1979-1980, 1981-1982 and 1982-1983. It was found that there was no significant difference in the nutritional status of the BALITA in UPGK programs started during those years.

Following below are recommendations and development stages, the outputs, weight and height of balita right down to the reporting with the hope that this will be useful for the achievement of some of the special objectives of UPGK program.

RECOMMENDATIONS for preparatory stage of UPGK

- 1.a. The designation of new villages for the UPGK program should be made by standard classifications and mutual discussions. However, the final decision should rest with the areas concerned that know about their own conditions.
- b. Self supporting villages should not be chosen as new villages for UPGK project. However these villages (swadaya) could be provided with assistance in the form of scales, KMS, nutrition package, visual aids and reporting forms.
- 2.a. Efforts should be made so that all officers of UPGK supporting agencies attend nutrition consultative meetings regularly, because in this way UPGK can then be implemented integratedly.

- b. All subjects contained in the directions for implementation (juklak) should be discussed in nutrition consultative meetings.
- c. The important subjects discussed in the consultative meetings in respective areas, should be photocopied and distributed to be used as guide in the implementation.
- 3.a. Officers of UPGK supporting agencies should be given first priority for following nutritional training.
- b. The subjects provided in nutritional training should be in keeping with those contained in the directions for implementation (juklak), manual for field officers and the special objectives of the UPGK program.
- c. The subjects in the manual for field officers and the juklak should be supplemented with clear directions on the handling of pregnant and lactating mothers.
- d. Nutrition refresher training should be held periodically.
- 4. Considering the delays in the receipt of facilities/equipment experienced by all study areas that in turn delay the activities, special studies should be made as soon as possible, starting at central level down the villages for the purpose of finding the solution to this problem.
- 5.a. Skilled nutrition officers are needed at Puskesmas/kecamatan level to handle UPGK programs so that it works according to plan.
- b. Time and skilled officers are needed to approach community leaders (particularly the non formal ones) for the purpose of increasing public participation in UPGK program.

RECOMMENDATIONS for the operational stage

- 6. Mutual communications, starting at provincial level, kabupaten, kecamatan right down to village level, should be increased so that the province will be advised about the development of coverage at village level. On the other hand, the village can follow the coverage stipulated by the province.
- 7.a. The number of weighing posts should be adjusted to the number of children up to five years (BALITA) in general and to the villages' geographical conditions and size.
- b. The supply of weighing facilities (scales, KMS etc.) should be adjusted to the number of weighing posts.
- c. Increasing the manpower for weighing activities could be achieved by inviting mothers whose socio-economic conditions are favorable, the family workload not too heavy, educated and whose BALITA are those included in the favorable nutrition status group.

- d. The stages of activity of weighing should be carried out correctly so that the results of weighing are also correct.
 - e. The nutrition cadres should really understand the procedure of filling out the KMS.
- 8.a. Individual nutrition education at the weighing post after a child is weighed should be increased and continued.
- b. For this purpose the weighing post should be equipped with visual aids.
 - c. By stages and taking turns the nutrition cadre working at the weighing posts should develop individual counselling skills, initially with special guidance. After the nutrition cadre is able to handle the new subject, only then is he left alone guided only once in a while.
 - d. Outside the weighing post, nutrition extension for groups should also be increased.
- 9.a. Distribution of the nutrition package at the weighing post should be carried out by the nutrition cadres in stages and taking turns (as mentioned in 8.c.)
- b. Careful recording should be made of the distribution of vitamin A to the Balita.
 - c. In the distribution of Fe tablets, separate recording should be made of the number of pregnant and lactating mothers receiving the tablets, in addition to the total distribution.
- 10.a. Clear guidance is needed for the nutrition cadres regarding rehabilitative supplementary feeding.
- b. In old villages which have already become self supporting, it is preferable that assistance continues to be given (nutrition package, KMS, scale, report form) and in the rehabilitative feeding and supplementary feeding activities. However, educational supplementary feeding is expected to be done by the community itself.
11. There should be increased distribution of seeds, so that utilization of the gardens can be carried out.
12. Participation of acceptors in family planning should be intensified through extension.
- 13.a. Efforts should be made to give first priority for nutritional training to active nutrition cadres and those who have never attended any training.
- b. Refresher nutrition training for nutrition cadres who have been working for one year or more should be held.

- c. The criteria suggested in the directions for implementation (juklak) for the selection of nutrition cadres should be supplemented with: age less than 40 years and take their education into consideration.
- d. The training of nutrition cadres should be carried out in stages, in subjects as well as time.
- e. Settlement of the incentive expected by most of the nutrition cadres in areas of study should be paid attention to.

RECOMMENDATIONS for guidance and supervision

- 14.a. Guidance by the provincial level should be carried out regularly. In this way communication will be improved and will also reduce the constraints to the implementation of UPGK.
- b. Guidance activities on the part of the officers of the Kabupaten and Kecamatan should be carried out periodically and more frequently.

RECOMMENDATIONS for increasing the output & outcome

- 15. Studies should be made of the basic subjects given in nutrition training, covering among others the contents, language, method of presentation in the manual, technical presentation (steps need to be paid attention to at the time of education).

RECOMMENDATIONS connected with the results of the measuring of BALITA weight, height and age.

- 16.a. Monthly weighing should be given first priority to children below 3 years old (BALITA), starting at 3 months of age. This is recommended because most of them are at greater nutritional risk compared to those aged 3 - 5 years.

This way, extension after weighing can be done intensively and the workload of the nutrition cadre is reduced (the weighing of children between 3-5 years old takes more time and energy of the officers because they are more active and very often cry).

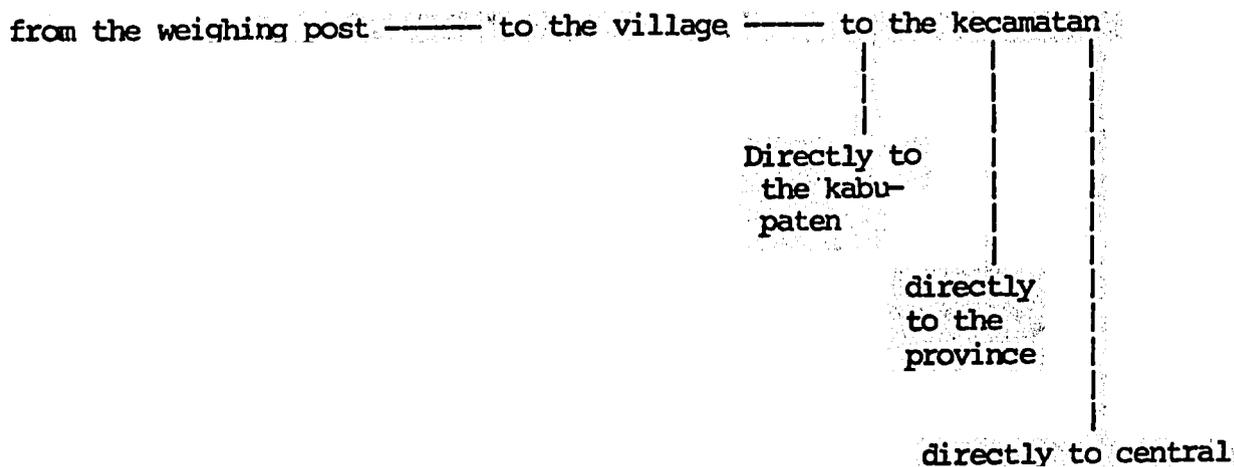
- b. Weighing of children aged 3-5 years is done once every three months considering the points mentioned in 14.a. Anyway the monthly weight increase of children at this age is small and their condition is not as critical as those below three years old.

RECOMMENDATIONS connected with reports

- 17.a. There should be gradual and regular guidance on report making, so that we will have a picture of the progress of the program. With regular progress reports, self evaluation of the operational activities can be achieved. Furthermore, any constraints will be known earlier so that steps can be taken to solve any problem.

- b. The reports should be sent to those in authority to receive them, in keeping with the stipulated time so that a feedback can be obtained.

The flow of reports:



Feedback from central ——— kabupaten

from the province ——— kabupaten

- Enclosed: 1) example : Monthly report at weighing group - village level
2) diagram : Flow of reports - feedback

III. OUTPUT INDICATORS AND EFFECTS AND LIMITATIONS

1. Output Indicators

a. Weighing group.

In the implementation of Family Planning-Nutrition program in East Java, it was planned that there should be 3 weighing posts for each village; results of survey indicate that there is an increase in weighing posts per village (3.1 per village). This indicates a "flow" in weighing activity.

As for Bali, there are weighing groups in each sample banjar. Brief observation indicated that in a banjar where the number of balita is large, there is more than one scale for a weighing group.

b. Coverage of Weighing.

Considered from the coverage of weighing, the data from East Java and Bali are encouraging; more than 50% of the balita are weighed.

Reports during a period of 1 year from program banjars, phase I as well as phase II, that were analyzed, showed a weighing coverage of 54-55% in Bali.

While results of observations at weighing posts showed 47%. This discrepancy occurs because observation during the survey was done only once at the sample weighing posts.

The coverage in East Java is 50% of the balita.

2. Effect indicators

a. Nutritional status.

The data collected on the balita's nutritional status indicates that prevalence figure for calorie protein deficiency (KKP) is still relatively high; between 34-39% for program as well as non-program regions.

This KKP figure is determined by means of anthropometry, measuring the weight for age and comparing to the adjusted standard of Harvard standards.

The limitations are among others:

a. Different time frame of survey

The Family Planning-Nutrition projects, in East Java as well as Bali were started at different

times, so that by the time the survey was carried out, the period of activity in each location differed. Some were still in operation after 3 years, some already 2 years, some for one year, and there were even some that were less than one year.

These differences makes it difficult to analyze the data already collected.

b. Differing project locations

Regional conditions of the Provinces of East Java and Bali differ greatly, particularly as regards the socio-cultural aspects. However, what makes it more difficult is the difference in the location of the Family Planning-Nutrition project in both regions. In East Java, the project is located at village level, i.e. the lowest administrative unit, but in Bali at the banjar level, a cultural/religious unit that possesses specific characteristics compared to other regions in Indonesia.

This significant difference makes it impossible to compare directly the results of Family Planning-Nutrition project in both provinces.

c. Difference in the system of sampling

For baseline data survey there were differences in the sampling system between East Java and Bali. In East Java, the respondents were families who have balita, while in Bali they were families with pregnant or lactating mothers.

Even though the KKP figure for the program areas in East Java is small (higher compared to non-program areas; program 39%, non-program 38%); however, this can be understood because the non-program areas are not pure non-program, as there were previous interventions.

In Bali KKP is 34%; only in the analysis no classification of program and non-program areas was made.

d. Non-availability of the necessary baseline data

Before the Family Planning-Nutrition project was started in East Java, baseline data survey was not carried out, for evaluation purposes, particularly those connected with the balita and pregnant mothers nutritional status and the degree of family planning participation in project locations. While in fact, the data is urgently needed for evaluating

19

how far the project has been able to improve the nutritional status of the targets and public participation in family planning.

On the other hand in Bali baseline data survey had been carried out at the time the program was started; however, no repeat baseline data survey was done by the time midterm evaluation was carried out, so that the program's effects based on the survey still could not be seen.

b. Anemia prevalence

Pregnant and lactating mothers were examined for their Hb contents, so that it would be known whether they were anemic or not. Results of the examination indicate that anemic prevalence differs.

In East Java, the figure is 16.3% for pregnant and lactating mothers, while in Bali the figures are high, 57% for pregnant mothers and 43.7% for lactating mothers.

c. Participation in Family Planning

In examining family planning participation, the data obtained does not directly reflect the actual picture in program areas. This was caused by existing limitations, among others: respondents which covered only certain groups such as mothers of balita, pregnant mothers and lactating mothers and the existence of a control area which was not fully a non-program area.

The data on East Java indicates that the degree of participation (CU) in program areas is higher (54%) compared to non program areas (44%). Such a situation is also found in respective sample kabupatens. The data on family planning participation in Bali is not indicatative because respondents were pregnant and lactating mothers.

3. Limitation in methods

There were some limitations in the methods used in the survey, as well as in the analysis of the midterm program (midterm evaluation) of Family Planning-Nutrition project in East Java and Bali. The difference in sampling methods resulted in weaknesses when the data on both provinces is compared.

e. Use of active family planning participants data (CU) based on routine monitoring

In cases where data on active family planning participation data (CU) is not available, CU data based

on routine monitoring, i.e. through reports by PPKBD, is used.

The drawback in the use of this data is that reports from the dukuh (sub-village) to the village (especially for East Java) are still incomplete, so that the possible coverage of the data compared might not be the same.

f. No participation observation was conducted

In this midterm evaluation no in depth studies in the form of "participation observation" has been carried out yet.

For this reason, we cannot as yet see the impact of the program such as the growth of social participation, public understanding, especially on the part of mothers of the balita and the pregnant mothers about nutrition and family planning.

Observations on the operational process of the program made in this study were limited to brief observations at very limited frequency.

g. Use of the existing manuals and directions as guidelines for this evaluation

The variables studied, particularly as regards the operational process and management of the program, were generally evaluated on the basis of their being in accordance with existing manuals and directions.

Thus, what was evaluated was the conformity to the rules/guidelines in the manual. For this reason, the results of the evaluation cannot be oriented to more extensive issues.

IV. PROJECT MANAGEMENT

In carrying out mid-term evaluation of the Family Planning-Nutrition program in the Provinces of Bali and East Java, the following aspects will be discussed:

1. Preparations and planning
2. Organization
3. Supervision
4. Monitoring and evaluation
5. Funds and Facilities.

Although both provinces will be covered in reporting the above aspects, this does not mean that this constitutes a comparison of each aspect reported for both locations, considering that the problems faced by both provinces differ.

1. Preparation and Planning

Although the manual on the operations of the integrated Family Planning-Nutrition Program already contains the steps to be prepared in planning, the operations are still not exactly according to the book.

Results of the study in East Java indicate that the preparations and planning made by the parties concerned were not going so smoothly. There were never any written preparations or planning activities at provincial as well as Kabupaten levels.

Formal meetings at the start of the project, which are of course very important for further operations of the project, were quite infrequent. Formal meetings from the start of the project up to the time of evaluation (+ 15 months) came to one to a maximum of three times; even these were not completely attended. The constraints to the holding of formal meetings are among others:

While the holding of formal meetings is largely influenced by the initiative of the KP₂ GD and BP₂ GD chairman, chairman of KP₂ GD and BP₂ GD are usually very busy with their other duties as regional officials. So it is understandable that when they are busy with their duties there will be no one to start the meetings. Even though, according to reports, informal meetings were often held, apparently they cannot fully replace the function of formal meetings, including planning.

22

Meanwhile according to the reports those formal meetings for the planning of the Family Planning-Nutrition program are something new for some members. So it is understandable that as the result of this lack of formal meetings, no written or detailed preparations as well as planning could be made.

According to the researcher another factor that deserves attention is the possibility of lack of ability to make plans on the part of the members of the team themselves.

In Bali, the preparations and planning of the Family Planning-Nutrition program could be carried out. Planning in the form of an operational manual for the Family Planning-Nutrition integrated program was ready before the program was started. The manual also contains the objectives of the program together with the progress indicators.

However, it should also be admitted that the manual has not as yet contained the long term objectives which are important for the evaluation of the effects of the program.

According to the evaluation, planning and preparations for training are also still inadequate in regard to content as well as methods.

The same thing also applies to the implementation of the program in East Java.

2. Organization

The Family Planning-Nutrition integrated program in accordance with its name constitutes a joint program which is carried out intersectorally. The implementation of intersectoral programs very often suffers from constraints at the beginning because they involve various offices which have different occupations.

3. Supervision

In the managerial process of a program, supervision constitutes a very important factor in the determination of its success. There are at least 2 principal dimensions in supervision i.e. control and guidance. Without good supervision, it is difficult to achieve the expected objectives of a program.

Results of the studies in East Java indicate that there was very minimal supervision carried out in this project. There was almost no supervision by central as well as provincial staff.

93

As for supervision at Kecamatan level by the Kabupaten staff, they numbered once to three time from October to December 1981.

While inter-sectoral supervision was never done at all.

Besides the very minimal frequency of supervision, the quality was also not yet as expected. The supervision did not as yet function as control as well as technical guidance. The emphasis of supervision was more on financial audit rather than technical management. The case is the same at the operational level; supervision did not touch technical problems but more to distribution of inputs. At rural level for instance, technical guidance such as the filling out of RI and KMS was supervised very little.

Some principal reasons for this lack of supervision are:

- a. Limited funds for making supervision so that the frequency is very small.
- b. Lack of knowledge and skill in carrying out supervision.
- c. No technical guidance in making supervision has as yet been developed. For instance, a manual which explains how to carry our supervision.

In Bali, execution of supervision seemed to be better, particularly those carried out by the Kecamatan PLKB officers. Supervision of cadres coming from other agencies such as agriculture was minimal.

For East Java, as in the case of planning, the organizing of this integrated program suffered from difficulties because of lack of formal meetings between the managements from various offices involved.

Inter-office coordination was felt to be lacking in East Java as well as formal meetings, as the result among others:

- a. Closed management on the part of offices involved.
- b. Lack of full time staff for this project.
- c. Constraints in distribution of inputs and funds.
- d. Lack of interaction and cooperation between members of KP2 GD.
- e. Lack of ability for analyzing and interpreting the data collected.

Besides lack of frequency of formal meetings, the quality of the meetings was also not up to expectation.

24

The problems connected with technical implementation were almost never discussed; besides this, each meeting was not concluded with clear decisions about the actions which needed to be taken. Efforts have been made to improve the situation, among others by appointing staff members who are responsible. Unfortunately, those appointed very often cannot make any decision.

Another thing that needs to be paid attention to is the lack of clear roles of who has the leading role among the offices involved in this project.

This shortcoming affects the effectiveness of organization of this project. In Bali, although preparations as well as planning were running smoothly, there were still some weaknesses. According to evaluation, there was still lack of coordination between offices involved. Furthermore, it was stated that as the result of lack of coordination at kabupaten level, field activities still seem to run separately. Efforts are being made to increase coordination in Bali.

Those ever supervised as well as those never supervised require guidance in carrying out routine tasks. Guidance is needed in the case of extension, health, reporting, etc.

One thing that needs to be noted here which might affect supervision is that not all parties know as yet that there is a budget for supervision.

4. Monitoring and Evaluation

Monitoring and evaluation are determined by the quality of the recording and reporting. The recording and reporting activity constitutes a 'built in' activity in the project and is done routinely.

In East Java, in this recording and reporting activity it was found out that the knowledge and ability of the cadres to fill out forms were lacking. For the most part, the forms are filled out with or by the PLKB officer. Besides this, the facilities for filling out forms were also still lacking. The desk on which the forms are filled out is too small compared with the size of the forms used.

The equipment for recording and reporting such as calculators are not provided. Also the number of forms available is sometimes inadequate.

It was also found out that recording and reporting using 4 table system was not working as expected. Table 4 (distribution of drugs - vitamin and nutrition education) was not yet attended by the Puskesmas officers.

21

The flow of the reports has come close to expectation for F III. Efforts to scrutinize anthropometric data has been done at kecamatan and kabupaten levels. Apparently, form RI could not be used directly as material for reporting. Other recording forms have been developed. It was also found out that referral cases were quite infrequent. This might possibly be caused by lack of ability on the part of the nutrition cadres to identify malnutrition cases or lack of funds.

In Bali, this reporting and recording was also considered still lacking, especially in the matter of accuracy in classification, for instance as regards the child's nutritional status.

Besides this, in some places the number of nutrition cadres was small and most mothers wished their children to be weighed first, resulting in not very accurate recording. Meanwhile, recording was sometimes done in two phases, i.e. written on a piece of paper, then rewritten into the KMS card and the registration book.

In the meantime, the writer of the report was not the same, sometimes the PLKB, the nutrition cadre, the kelian or the cadres from other posts.

Besides this, because of large number of participants, the nutrition cadre is busy with the weighing only without paying attention to the child or doing any follow up. KMS coverage of Balita in Bali is quite high, i.e. 93.10%. However this needs further studies for certainty.

In general the channel of reporting is quite good; however, the feedback came mostly from respondents. This means that not all kabupaten as yet relay their feedback to the lower units.

As regards the cadres' opinion about this recording and reporting activity most of them think of this as a moderately heavy task, while + 30 find this job to be a heavy task.

5. Funds and Facilities

For the purpose of improving the knowledge and selection of nutritious foods, the project carries out demonstration menus and cooking for mothers. Besides this to increase nutritious foods for families possessing yards, methods of making use of home gardens are also taught.

In East Java, this effort has been developed and for this each village gets Rp.150,000 to be used for buying seeds; besides this, extension on making use of the garden is also carried out.

26

In the implementation, many constraints were met because the seeds were not obtained on time and some were damaged and could not be used anymore.

In Bali this home garden utilization is also done, but not all families get seeds as yet. Up to the evaluation period distribution of seeds was tried in two banjars only. However, extension on making use of gardens had been done. Meanwhile, seeds were obtained mostly through their own efforts.

As regards the crops cultivated, most are secondary crops vegetables, fruits and herbs.

As regards demonstration menu, East Java as well as Bali have been doing this regularly; only there is no uniformity as yet regarding the budget for demonstrations.

In Bali it is determined that each gets Rp.100, while in East Java, for the purpose of encouraging nutrition education, Rp.5,000 are provided each month.

The most frequent constraint is the delay in dropping of funds for the demonstration menus.

87

V. OPERATIONAL ACTIVITIES

V.1. PLKB TRAINING

EAST JAVA

ALL PLKB in East Java (USAID assistance area) have followed UPGK training, indeed some of them (33.3%) have done this twice. As regards the content, most (80%) PLKB thought it to be adequate. As regards other agencies (besides BKKBN and the Department of Health) which instruct, the offices of agriculture, animal husbandry and religious affairs are actively involved.

B A L I

There is as yet no information about PLKB training in Bali.

V.2 NUTRITION CADRES TRAINING AND KARANG GIZI TEAM

V.2.1. NUTRITION CADRES

EAST JAVA

In each program village in East Java, an average of 18 nutrition cadres have been trained. Of the number about 70% are still active. About 57% of the cadres stated that they had had training for two days, while the rest for three days or more.

The method of training used is in keeping with the Manual, stated by about 2% of the nutrition cadres; use of visual aids in keeping with the Manual was stated by 30% of them. About 43% of them stated that evaluation (tests before and after training, questions and answer and assignments) had been done. 26% of the cadres felt lack of satisfaction on their part regarding the training and 51% of them asked for additional training materials.

B A L I

In UPGK program area, of the entire nutrition cadres trained, 82% are still active.

There is no information on the average number of nutrition cadres in each banjar.

28

V.2.2. a. KARANG GIZI TEAM (home garden)

EAST JAVA

Almost all members of the Karang Gizi team stated that they have had training; one half for two days, one third for one day and the rest for three days. About 5% of them stated that training was held in keeping with the Manual; 40% of the team members stated that visual aids used in the training were in keeping with the Manual, the rest stated no. About 53% of the members did not make any evaluation of the training.

Almost one third of the Karang Gizi team members stated their dissatisfaction about the training and more than half (54%) of them suggested additional materials.

B A L I

There is no information on Karang Gizi team.

b. WEIGHING OF BALITA

EAST JAVA

About 89% of the mothers have had their balita weighed. 51% did so one month ago, 19% not yet one month ago, and the rest two and three months ago (each 14% and 16%). The reasons for this low coverage of weighing (about half of the target), were among others: the mother works; no supplementary food (PMT); while a mother will only come if ordered by the village official; or because of floods.

In general the weighing is done by the Nutrition Cadres, assisted by village officials, PKK organizers and the PLKB, except in Kabupaten Sampang where about 17% of the persons responsible for the weighing were the PLKB.

In about 43% of the villages, the cadres stated that they were not sure of the accuracy of the weighing, because most of the children cried or moved during weighing; besides this the scale was never recalibrated.

There were about 13% of nutrition cadres who still made mistakes in filling out the KMS. Of the number of Balita who had KMS, 4% of them did not have it anymore because it was lost.

29

The number of scales was not adequate in every village.

B A L I

More than 99% of the mothers have had their balita weighed; 72% every month, while the rest stated not every month.

Of the number of mothers not weighing their balita every month, 41% of them did not weigh their balita within the last 3 months.

There was no information about who did the weighing of the balita. However, besides the cadres and PLKB it seemed that the kelian banjar were active in this activity, and it was lacking on the part of other sectors such as the PKK, Agricultural Office, Health Office.

More than 88% of the mothers took their halita themselves to the weighing posts.

There was no information about the accuracy of the cadres in filling out KMS.

c. NUTRITIONAL EDUCATION

EAST JAVA

Most of the education was done by the PLKB or midwives (57%), while the Nutrition Cadres provided assistance.

59% of the mothers bringing their balita to the weighing posts stated that they had had nutritional education.

Of the number of mothers not given nutritional education, most of them (82%) stated that they did not know why they had not been given nutritional education. While of the mothers already given education stated that they were given extension on healthy food (92%), and about family planning (75%). After being given the education, about 18% of the mothers now knew about the use of oralit and the method of making sugar and salt solution.

Cooking demonstration as part of nutritional extension could not be done every month, because of lack of funds.

85% of the cadres stated that funds were obtained from the project, while the rest stated that funds came from the village officials, PKK or the community.

Most of the cooking (77%) was done for cookies and the rest for rice and the side dishes. Of the mothers who had ever attended such a demonstration, 61% stated they had had directions about the way to cook the food.

32% of the mothers stated that they had had high dosage vitamin A within the last six months. Of the number, 84% said they received the vitamin once, 8% twice, 6% three times and the rest four times. Of the number of nutrition cadres giving the capsule, 47% of them could explain the frequency for using it correctly.

Of the number of pregnant mothers (9% of the total of mothers), a small number (1%) obtained Fe tablets. While lactating mothers (7% of the total number of mothers), 15% of them obtained the tablet.

Of the number of nutrition cadres, 61% knew about the properties of the tablet (Fe), while 59% of them suggested to the mothers who suffered from anemia to eat green vegetables.

20% of the mothers stated that they had vermicide given to them by the Family Planing-Nutrition program officers, for their balita.

They have not received extension books. For extension purposes, there were still some kabupaten which had not received flipcharts and the UPGK Manual.

B A L I

Of the number of mothers bringing their balita for weighing, 75.9% had had extension about the development of a child's weight.

As regards nutritional education, only 47% of the mothers said that there was nutritional education. As to those giving education, 38% were the PLKB, 28% the nutrition cadres, the rest health officers etc. The mothers who had extension stated that they were given education about healthy food for children (97%), utilization of the yard (71%), method of

7)

nursing babies (82%), healthy food for pregnant and lactating mothers (78%), treatment of diarrhea and the way to use oralit (81%) and Family Planning (69%).

As regards visual aids, for extension purposes for the mothers (80%) visual aids were used. The contents of the education could be understood by most of the respondents (74%).

Of the number of mothers who understood the contents of the education, 80% had applied the advice given in the extension.

As for demonstration menu, 64% of the mothers stated that there were demonstrations within the last three months; 19% said twice within three months and 4% said once within three months

As for vitamin A capsules, 68% of the mothers had seen the capsule and 85% of them stated that their balita had had this capsule. Of the number 51% obtained it once every 6 months, 4% twice within 6 months, and 2% once every month. Of the number of mothers only 25% knew about usefulness of the vitamin A.

As regards Fe tablets, 64% of the respondents had had them. Of these who had received the tablet, 22% did so since their first trimester of pregnancy, 54% since their second trimester pregnancy and 23% did so since their trimester III pregnancy. Of these mothers, 56% said that they swallowed the tablet every day, 5% did so once every 2 days, 1% once a week.

As for sugar salt solution and oralit, within the last two years there were 89% of the mothers and their balita who had had diarrhea; of these 27% gave sugar salt solution to their balita and only 34% had done this correctly.

As regards oralit, 42% of the mothers gave it to their balita. Of the total number of respondents, 53% had had oralit given to them by the weighing post, but only 41% gave it to their balita.

As to vermicide, 39% of the mothers had been given vermicide, 58% of them being from UPGK, 38% from outside UPGK.

30

d. HOME GARDENS

EAST JAVA

Only 2 Kabupaten have received funds for intensifying home gardens, i.e. Kediri and Pacitan. The village seed garden was a failure as the result of various factors such as delayed arrival of seeds, the seeds received were damaged, seeds not suitable for the regions, non existence of intensive instructions in their utilization; there were 15% of those receiving seeds who had had guidance from agricultural officers.

B A L I

Distribution of seeds from yard plants was only tried in 2 banjar around Denpasar. However, 59% of the respondents had had extension about yard utilization by the kelian, cadres and PLKB officers.

e. REFERRAL

EAST JAVA

There were not as yet any balita referred to the Puskesmas nearest to the weighing post. This was caused by none other than the officers at the weighing posts did not fully understand yet the procedure of referring cases, particularly in connection with the form and the budget for this purpose.

B A L I

Of the mothers who had ever taken their children (63%) to the Puskesmas, 19.6% did so upon recommendation by the Cadre and PLKB, and some of them (9%) brought a letter of recommendation.

33

VI. VILLAGE LEVEL ACTIVITIES IN EAST JAVA

A. REGIONAL PREPARATIONS AND TRAINING.

1. In Kecamatan level meetings, a village is not always represented by the three leading elements/community leaders (village officials, PKK and LKMD).
2. Not all villages held a village level meeting to prepare for the implementation of the project during the 1980/1981 fiscal year. This occurred in "old areas". Not all community leaders attended the village level meetings.
3. The topics discussed in the village meetings are not yet in conformity to the JUKLAK.

Some of the community leaders still did not understand the objectives of the project (14.0%). And only fifty percent of them who had ever seen SKDN graphic understood it (were able to analyze the progress of the project).

In future extension of project areas, all community leaders (formal as well as informal) should really be involved in the village preparatory meetings, so that they will be able to understand the objectives of the project and can be expected to be willing to participate in the future implementation of the project.

4. All PLKB have been trained and their knowledge about the implementation of the project is adequate; except for the use of oralit/sugar solution, SKDN graph and babies/children's menus.

There is a need to improve PLKB knowledge about all three topics, through refresher training as well as by inviting them for technical consultations with their PLKB supervisor, assuming that the supervisor's knowledge is better.

5. Many of the procedures in nutrition Cadre training are not yet in conformity to the JUKLAK.
6. In general, the knowledge of the Nutrition Cadres needs to be improved.

This improvement can be brought about by holding refresher courses or other methods which do not cost much, such as training given by the PLKB/Midwife or by discussing just one topic at the end of each weighing session.

There is more non-conformity to the JUKLAK in the training of the Karang Gizi Team compared to that of the Nutrition Cadres. Also the knowledge of the nutrition cadres is relatively better than that of the Karang Gizi team.

A

B. ROLE OF THE OFFICERS

1. On the whole, quite a lot of tasks have been carried out by respective officers, even though there are still some weaknesses. In general, the role of the PLKB is the most significant (their tasks are also the most numerous); besides having to do their own job, they also assist the Nutrition Cadres who are not fully able as yet to do their job.
2. The most significant role of community leaders is the gathering of mothers and their balitas and making available the funds and facilities.
3. It seems that the cadres who are always active at the weighing post are the same ones (especially Village officials' wives, members of the PKK and other community leaders), whose number is not very large while the rest are not so active, giving the lack of an incentive as their reason.

Considering the limited knowledge and skill of the nutrition cadres in doing the recording, the cadres should still be assisted by the PLKB/midwife in their task at the weighing post, in order to make sure of accuracy of service and extension.

In the long run it is necessary to take into consideration a kind of incentive for the Nutrition Cadres, which does not always need to be in the form of material things.

4. It is difficult to determine the extent of involvement of the PKK in this project, considering that those PKK members who are active are also nutrition cadres. So that it is difficult to separate these two functions (nutrition cadre and PKK member) which are in one hand; especially when one of the PKK programs also covers health and family planning. The fact is, active PKK members are usually chosen to become nutrition cadres.
5. By the time the evaluation was made (December 1981) there were almost no activities anymore on the part of the Karang Gizi team members.
6. Each village level officer has duties which are not well executed (according to the JUKLAK), i.e.:

(1) The PLKB in planning the schedule and as contact for other sectors; (2) The community leaders in guiding/developing the cadres and cadre training; (3) The nutrition cadre in making the data on the balita, pregnant/lactating mothers, PUS and family planning participants; and (4) The Karang Gizi team in planning the activities and system of the Karang Gizi management, monitoring and making reports.

35

C. IMPLEMENTATION

1. The results of weighing are very often inaccurate; this effects the accuracy of classifying the balita nutritional status. In addition. the correct age of the balita is often not known.

The knowledge of the cadre in doing accurate weighing should be improved, for instance by refresher training or discussions at the end of each weighing session as mentioned in recommendation A.6.

The age of the balita can be found out (close to the actual age) by providing a manual for converting Javanese months into the calendar months.

2. There are still cases where KMS cards are kept at the weighing post for various reasons.

The KMS should be given to the balita mother to take home along with an appropriate explanation so that the possibility of the KMS being damaged is reduced. If at the time of weighing KMS is not brought, the graph can be completed at next month's weighing based on the registration book.

3. The visual aids possessed by the PLKB as well as by the weighing post are still not in conformity to the JUKLAK/needs.

The need for these visual aids should be fulfilled to facilitate the success of nutrition extension.

4. Funds for demonstration menu are lacking and sometimes delayed.

Ways should be found to supply the funds. Dependency on community leaders for funds should be avoided as well as asking contributions from balita mothers because this can result in reduced weighing coverage.

Seed gardens can be tried by selecting the seeds and involving village officials and those more in the know (Agriculture, Animal Husbandry, Fishery officers).

The involvement of the Agricultural/Animal Husbandry/Fishery officers in the maintenance and development of the seeds will guarantee the success of the seed garden.

5. The nutrition package is as yet not adjusted to regional needs/not in conformity to the JUKLAK.

Distribution of nutritional first aids should be put in order and adjusted to regional needs (based on the population of project targets).

6. The village seed garden does not seem to be successful as yet.

For recommendation, see Chapter IV point C.4.

KB/GIZI EVALUATION SEMINAR - NOVEMBER 1982

GROUP I DISCUSSION RESULTS

OPERATIONAL IMPLEMENTATION

I. Recommendations to Policy Maker (Central)

1. Training

- 1.1. There is need for immediate planning and implementation of Training Modules for all categories of UPGK officers, which is standard and national wide.
- 1.2. There is need for Refresher courses from time to time according to needs in respective regions.

2. Weighing

- 2.1. Funds for periodic recalibration of scales need to be made available.
- 2.2. Efforts should be made to gradually provide each Weighing Post with one scale.

3. Extension

- 3.1. For extension purposes there is a need to provide a supply of visual aids, in variety as well as quantity.

4. Nutrition Package

- 4.1. The distribution policy of vermicide needs to be reviewed for the purpose of determining the kind of drug, dosage, frequency and its correct administration.

5. Referral

- 5.1. Referral forms from the Weighing Post to the Puskesmas and vice versa need to be made available, in the format as found in the manual book.

6. Income Generating

- 6.1. Income Generating packets should be targeted to villages where support has been phased out in order to maintain ongoing UPGK activities.

37

7. Supervision & Guidance

7.1. There is need for detailed operational directions so that supervision and guidance may work properly.

8. Recording

8.1. A reference book should be made available for recording the Balita's weights.

II. Recommendations for the Organizers (Province-Kabupaten-Kecamatan)

1. Training

1.1. UPGK concept and approach needs to be emphasized in PLKB training and in the methods of supervising Cadre by PLKB.

1.2. The training of cadres at village and kecamatan levels should be coordinated by the kecamatan UPGK organizing team/KP2GD.

1.3. In order to develop a harmonious team there should be training/orientation of UPGK team at kecamatan and kabupaten levels.

In the course of maintaining the quality of the cadres, for them to function as they should, selection of cadres should be in conformity with the manual.

2. Mechanism/Work Procedure

2.1. For the smooth operation of the 4 table system at each Weighing group, minimally 4 cadres are required.

2.2. For the purpose of determining the number and locations of the Weighing Posts, there is a need to consider geographic conditions so that every Balita can easily be brought to the post:

3. Weighing

3.1. To guarantee the accuracy of weighing, the weighing pants need to be replaced by the most suitable material (box, chair etc.)

3.2. Efforts should be made to gradually supply one scale for

each Weighing Post at the expense of the Regional Government.

4. Demonstration Menu
 - 4.1. Demonstration menus should be carried out in a manner that preserves the Home Economic Sets in good condition.

5. Extension
 - 5.1. Distribution of visual aids should reach the weighing Post more speedily and in adequate quantity.

6. Nutrition Package
 - 6.1. Supplies of pharmaceutical should be adjusted to the target population in regard to number of locations and timely distribution.
 - 6.2. Supplying of Nutrition Package needs to be carried out according to directions in the matter of quantity as well as quality.

7. Referral
 - 7.1. To help in the implementation of referrals maximal use of TKBK services should be made. (TKBK is mobile Family planning team)
 - 7.2. For reduction/exemption of cost for referral cases who are poor, a letter from the Lurah/Village Officer is required.

8. Rural Development
 - 8.1. In the supplying of seeds there is need to increase the participation of technical offices (Agricultural Regional Offices) and the regions using them so that local situation and conditions are considered. If possible the seeds should be made available at Kecamatan/Village level.
 - 8.2. Development activities in target villages should be increased. In this connection, existing Income Generating packages should be directed to villages where assistance has been phased out.
 - 8.3. For already advanced target villages, cooperatives should be activated for the purpose of accommodating garden cultivation yields/Income Generating.

9 Supervision & Guidance

- 9.1. There should be increased inter-sectoral coordination in supervision and guidance.
- 9.2. Instruction during supervision and guidance should cover all aspects; for this reason, the check list in the manual should be used.

10. Recording & Reporting

- 10.1. The recording & reporting forms should be available on time.

III. Recommendations for Field Officers.

1. Weighing

- 1.1. Determination of age and weighing accuracy should be carried out more carefully.

2. Demonstration Menu

- 2.1. The skill of mothers of the balita in preparing and processing foodstuff should be improved in menu demonstrations.
- 2.2. In demonstration menu, local foodstuffs and yard plants should be utilized.

3. Extension

- 3.1. Implementation of extension activities at the Weighing Post (table 3) needs to be stressed, so that one of the principal objectives of weighing is achieved.
- 3.2. Visits by the Cadre to Balita's home should be made in keeping with the provisions in the manual with referral cases receiving first priority.

4. Nutrition Package

- 4.1. The Nutrition Package should be used in accordance with existing directions.

5. Supervision & Guidance

- 5.1. The PLKB supervision & guidance of the cadres should cover all aspects.

6. Recording & Reporting

- 6.1. The KMS of each balita should be kept by the mother (not by the Cadre/PLKB).

AD

- 6.2. For PLKB who do the Recording and Reporting, it is suggested that gradually they should improve the ability of the cadres in doing the recording and reporting so that they can do it themselves.

IV. Indicators of the success of the program:

1. There is no need to use untreated diarrhea in determining the success of the program.
2. PQM indicator contained in the project objectives is to reduce the level by 50%; it is suggested to change this to 12,5 % within 5 years.
3. Indicator of CU increase of 15% can still be used.

OPERATIONAL TEAM

1. Dra. Soejatni
2. Cholis Bachrun
3. Moestari BSc.
4. Drs. Pajakun
5. Drs. I.B. Suamba
6. Drs. Mazwar Nurdin
7. Ms. Julie Klement
8. Drs. I.G.A.G. Putra
9. Ny. Nurhayati
10. Dr. Suryadhi
11. Thomas D'Agnes
12. Dr. Komana Gunung
13. Suaspendi
14. Djoko Susanto
15. Voulgaropoulos
16. I.G.P. Djiwa
17. Drs. A. Aziz Martunus

AI

MANAGEMENT GROUP DISCUSSIONS RESULTS

I. KABUPATEN LEVEL AND UP.

1. Nutrition improvement efforts are connected with many sectors. Coordination, integration and synchronization of program implementation based on Presidential Instruction No. 20/79 should be carried out by the Nutrition Improvement Coordination Board which should exist at central level right down to the kecamatan. Considered from the conceptional aspect (see Presidential Instruction 20/79 Final report on the pattern of relation between offices in nutrition improvement - L.A.N. 77/78) BPGD is already favorable; however, activities wise, still inadequate, as the result of various factors, particularly in the field of manpower (secretariat & the sections) and limited funds.
2. The Family Planning-Nutrition integrated program is the same as the UPGK program with more limited sectoral coordination (BKKBN-Department of Health-Department of Agriculture-Department of Religious Affairs) with the hope that the cooperation will work more intensively.
3. There are still many constraints to the implementation of the Family Planning-Nutrition integrated program, in the planning and organization - particularly in the implementation, as well as in evaluation/monitoring.

The factors causing the constraints are among others:

- 3.1. Commitment at all levels is not yet strong enough, or if the commitment is strong enough, the implementation is not consistently relayed to lower levels.
- 3.2. The relation between the family planning-Nutrition program as a sub-system and BPGD as the system is still too weak.

There is an impression as if BKKBN is the leading sector because administratively the use of funds is done through BKKBN. This might reduce the willingness to get involved on the part of the sectors of health and agriculture, even though it is realized that each sector is not allowed to carry its own flag.

As an example (Dr. Wirawan et al research), there seems to be an overlapping or a kind of "fight" for program locations at village level.

4. In solving managerial problems, maybe the best thing is to return the Family Planning-Nutrition integrated program into the BPGD institution, especially insofar as concept and policy are concerned. Meanwhile a limited team continue with the implementation on the basis of the concept and policy outlined by BPGD.

42

5. In the meantime thoughts, efforts and funds should be focussed more in activating BPGD functions so that it can supervise all UPGK programs carried out by various sectors. As a concrete example, some USAID funds might be used for this purpose.
6. The problem of activating the BPGD, the work mechanism etc. should be digested further in separate forums, among others:

- 6.1. The "target oriented" work procedure should be developed. Each sector according to its role (Department of Health: biological aspects, Department of Agriculture: Food supply aspects, BKKBN: Family Welfare & Family size and Department of Religious Affairs: motivation). All targets should be formulated into an "integrated target". (For target, see: executive summary page 3) Reducing PCM and untreated diarrhea by 50% and 90% within 3 years, seems unrealistic. This should be adjusted to the target contained in SKN.

- 6.2. Alternatives for making BPGD more active:

- 6.2.1. Structural: BPGD should be under Department of Public Welfare; however the problems are:
How about the career development of the officers.
However, there should be higher commitment to their duties.

- 6.2.2. Functional: as at present.

- 6.2.3. The structure of the organization as follows:

BPGD

General Council	BPH
- Deputy Governor	Planning Section
- Ass. II of Deputy Gov.	Operations Section
- Bureau Chief of Social Guidance	Training & Education Section
- Other	Secretariat Section
	Nutrition survey Section

- 6.3.3. Assigning certain individuals who are fully involved in this activity. The individual should possess an authority for making decisions as well as taking actions.

6.1. and 6.2. are short term recommendations, while 6.2. is a long term recommendation.

KB

II. KABUPATEN LEVEL AND BELOW

Background

After hearing the results of mid period studies in the UP GK integrated activity Family Planning section, it is apparent that at the kecamatan and village levels, weakness in the field of management is still quite evident. The foremost problem is lack of coordination in the activities of the offices involved. Although in the manual on the implementation of UP GK activity Family Planning section, the organization structure of the UP GK team at kecamatan level is quite clear, still the function of each member of the team is not quite clear as yet.

Other side problems in this field are expected to be solved when coordination at kecamatan level is working smoothly.

For improving the management at kecamatan and village levels in this UP GK-Family Planning activity, the following recommendations are made:

KECAMATAN.

1. Coordination among UP GK operational officers should be improved by clarifying and strengthening the function of each member of the UP GK operational team so that each of them knows exactly what his duties and responsibilities are.
2. There is a need for better clarification of everything connected with planning, supervision, monitoring and evaluation, funds and facilities to be relayed down to kecamatan level. In this way members of the UP GK team at kecamatan level will know their respective duties and function in connection with above aspects.

VILLAGE

For UP GK activity in Bali in particular, the kelian Banjar should be actively involved in UP GK activity in their respective villages. This is closely connected with UP GK planning in Banjar and in the course of popularizing the UP GK activity.

2. Technical guidance in the implementation of UP GK activity in the villages should still be carried out by the PLKB and officers of other offices.
3. There should be increased involvement of informal leaders in the villages in UP GK activity.

OTHER

1. For the purpose of increasing the Camat's involvement in UP GK, they need to be specially trained.

AA

2. To bring UPGK toward lasting community self effort, further support of these villages should not be uniform but should take into consideration the capacity of each village. Funds and facilities assistance may still need to be given to poor villages.

Members of the Management Group of Kabupaten level and below:

1. Drs. Sutedjo Muljodihardjo
2. Ny. Tatiekd, BSc.
3. dr. Does Sampoerno
4. Drg. Paulus
5. Ms. Rebecca W. Cochrane
6. Drs. Sudarmadi
7. dr. Firman Lubis
8. dr. Dewa Nyoman Wirawan
9. Drs. Bambang Samekto

GLOSSARY

- balita - child under five years of age
- banjar - sub-village unit in Bali
- BPGD - provincial level intersectoral nutrition coordination body
- BP2GD - district level intersectoral nutrition coordinating body
- juklak - operational guidelines
- kabupaten - district level
- karang gizi - home garden
- kecamatan - subdistrict level
- kelian - traditional head of banjar in Bali
- KKP - protein calorie malnutrition
- KMS - growth chart
- KP2GD - subdistrict level intersectoral nutrition coordinating body
- PKK - village level women's organization/movement
- PLKB - family planning field worker
- puskesmas - subdistrict level health center
- SKDN - reporting and recording system
- SKN - national health system
- UPGK - Family Nutrition Improvement Program