

Community-based Health Information Systems

Training Workshop Report

PONTIANAK, October 7 - 10, 2003

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**LANDAK CHILD SURVIVAL PROJECT
(LCSP)**

Executive summary

World Vision Indonesia identified the need to strengthen community based health information systems (CBHIS) in the area of the Landak Child Survival Project during the preparation of its Detailed Implementation Plan in 2000. To build on its experience so far and prepare for the last year of the project, the LCSP staff proposed to conduct a Training Workshop on community-based health information system in cooperation with the Provincial Health Office and District Health Office.

The Community Based Health Information System Training Workshop was held in Pontianak from October 7 to 10, 2003. A total of 44 participants and facilitators attended the workshop. The various backgrounds of the participants created positive interaction and exchange of experiences on CBHIS.

The workshop included both training and informational components. A series of lectures provided a review of principles and definitions of health information systems and their application to the Indonesian context, and an analytical framework for the design of community-based health information systems. Group work sessions aimed at developing analytical skills of the participants through the use of tools and step-by-step guidelines to design community-based or other health information systems. Finally, a total of 6 presentations by external speakers provided information on various aspects of the HIS in Indonesia.

Among the accomplishments of the workshop are (1) the improved understanding by the participants of the characteristics of community based health information systems, (2) the exchange of experiences between participants and facilitators with different backgrounds, (3) the increased collaboration between the Government and WV Indonesia staff working on CBHIS in the Pontianak Province and the Landak District, (4) the feedback from the workshop participants to the LCSP staff on the next steps to develop CBHIS in Landak during the last year of the project, and (5) the experience gained by LCSP about training Government staff, particularly on community based health information systems. Among shortcoming of the workshop are the absence of representatives from the health centers in the LCSP area, the lack of presentation of CBHIS examples from other places, the lack of finalized training materials to give to the participants before the sessions, and the time constraints.

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I. Context and Purpose

During the preparation of the LCSP Detailed Implementation Plan in September 2000, World Vision Indonesia identified the needs to strengthen the Community Based Health Information (CBHIS) system in the project area. To build on its experience so far and prepare for the last year of the project, the LCSP proposed to conduct a Training Workshop on community-based health information system in cooperation with the Provincial Health Office (PHO) and District Health Office (DHO). The general and specific objectives of the workshop as stated in the Terms of Reference of the workshop (see Appendix 1) are listed below.

General Objective:

To conduct a Community Health Information System workshop in order to improve the health program quality and health staff's capability to collect, analyze, and make decisions based on the data collected.

Specific Objectives:

- To raise the attention of the health staff (District Health Office staff) about the important of the data collected.
- To advocate for the implementation of a better Health Information System at the level of the District Health Office.
- To advocate for the integration of a Community Based Death and Diseases Surveillance (CBDDS) into the formal Health Information System in West Kalimantan at the level of the Provincial and District Health Offices.
- To improve the District Health Offices' capability to summarize and present data collected to better advocate at the district government levels.

During the final stages of the preparation of the workshop, the Workshop Organizing Committee decided not to focus on the 4th specific objective but to raise participants' awareness about Community Based Health Information Systems. In addition, the Workshop Organizing Committee decided to address community based health information systems in general instead on specifically CBDDS.

II. Organization and methodology

The CBHIS Training Workshop was held in Pontianak from October 7 to 10, 2003. A total of 41 participants and facilitators attended the workshop. LCSP purposely invited participants from various sectors involved in health programs in West Kalimantan to create interaction and exchange of experiences and information about CBHIS. The progress of the group dynamic during the workshop is described in the day by day accomplishments section.

According to the objectives of the workshop, LCSP invited as primary target participant one representative from the DHO and one representative from the District Planning Board (DPB) of each District in West Kalimantan. All the staff of the LCSP, 2 staff from the ADP Pontianak, and 4 WV staff from other projects in Indonesia and in East Timor also attended the workshop. The workshop was led by 2 external facilitators, Drs. Marc Debay and Iwan Ariawan, and 5 LCSP staff facilitators (Drs. Untung Sidupa, Dr Andre Tanoë, Esther Indriani, Mariani Aritonang, and Rainy Wijaya). In addition, 5 external presenters were invited: Mr. Hary

Purwanto; Dr. Diah.; Dr. Anton; Dr. Nurmansyah; Dr. Victorianus. The list of participants and facilitators is presented in Appendix 2.

The workshop included both training and informational components geared to address the needs of the participants with varied backgrounds. Lectures provided a review of principles and definitions of health information systems and their application to the Indonesian context, and an analytical framework for the design of community-based health information systems. The group work sessions aimed at developing analytical skills of the participants through the use of tools and step-by-step guidelines to design community-based or other health information systems. Finally, a total of 6 presentations by external speakers provided information on various aspects of the HIS in Indonesia. The schedule of the workshop is in Appendix 3 and the list of all presentation and work group materials is provided in Appendix 3. The presentation and work group materials themselves are all available at the LCSP in electronic and paper format.

III. Accomplishments

DAY 1

1. Opening ceremony

The workshop was opened by Dr. Muhammad Subuh, M.Med.OM, West Kalimantan Provincial Officer. Dr. Subuh referred to a recent survey of the health information system in Indonesia conducted in 5 provinces. This survey showed that only 23% of the weighing procedures in Posyandus are done correctly, the weighing scale usually are not calibrated, only 19% of Growth Monitoring chart are filled in correctly, and only 61% of the data expected from Posyandus are obtained.

Dr. Subuh also mentioned that the recent changes in the national health system have shifted the emphasis in the organization and funding of health services from curative to preventive services. Also, changes in the management of health services have placed more importance on health information systems. In the decentralization era, the quality of health services and health information has decreased as the funds allocated to the health sector have been reduced. Indeed, the health sector budget is usually between 2% and 7% while it should be around 15% of the total district budget. The PHO needs to analyze district level data to make good decision and plans.

2. Participants Expectations

A short questionnaire was distributed to the participants at the beginning of the workshop to enquire about their expectations. Participants responded that they expected the workshop to provide them with new knowledge to implement better health information systems. All participants expected that the interaction between NGO and Government and between the Health and the Planning Board staff would help establish a common understanding to facilitate the development of reliable health information systems in West Kalimantan.

3. General framework for HIS

Presenter: Marc Debay

To introduce the content of the workshop and gradually establish a common set of references among participants, Marc Debay gave an overview of the main purposes of HIS, the use of data for decision making, and the various components of national HIS. He then presented the systems framework¹ and its application in health planning and information systems.²

4. Group work 1

Participants were divided into three groups who applied of the systems framework to identify the information needed for the management of health services and programs at the community level. To simplify the exercise, each group was asked to focus on one activity typically held at the Posyandu level: immunization, growth monitoring, and antenatal care.

5. Plenary discussion

After the group presentation, issues raised and observations included the following:

- Programs from development agencies sometimes do not match communities' needs.
- Difficulties to differentiate output and outcome.
- Difficulties from the participants to think from the community perspective.
- Confusion about the link between the assignment and workshop objectives.

6. Presentation: Design of CB-HIS

Presenter: Marc Debay

To respond to the concern of participants about the purpose of the group work assignment, the leading external facilitator presented key concepts about CB-HIS: (1) utilitarian versus empowerment models of CB-HIS; (2) community health decision-making; and (3) community health decisions, information needs, and related tools.³

DAY 2

7. Summary of Day 1

Marc Debay summarized the achievements of Day 1 and the perspectives for Day 2.

8. Plenary discussion: Design of CB-HIS

Building on the presentation on CB-HIS by the leading external facilitator on the first day, Drs Untung Sidupa, ADP Pontianak Manager, led a plenary discussion to contextualize the general framework. He also presented a few methods used by the ADP to define the needs from the

¹ For analytical purposes, the systems framework divides health services or programs into a series of elements with a causal relationship: Inputs, Processes, Outputs, Outcomes, and Impact.

² This presentation was based on materials adapted from (1) Lippeveld T, Sauerborn R, and Bodart C (Eds). Design and implementation of health information system. WHO, Geneva, 2000, and (2) Assessing Information Needs. Module 1. Primary Health Care Management Advancement Programme. The Aga Khan Foundation, 1993.

³ This presentation was based on materials from: Marc Debay, Anupama Tantri, Kate Tulenko, Richard Morrow and Peter Winch. On the Design of Community-Based Health Information Systems. Child Survival Technical Support Project. February 2003. (http://www.childsurvival.com/documents/CSTS/C-HIS_Final.pdf)

community such as Participatory Learning for Action (PLA). The discussion continued on the importance of identifying the coping strategies of poor communities and on how to prepare the communities to receive loan or development aids.

9. Presentation: Principles of HIS as applied in Indonesia

Presenter: Iwan Ariawan

Dr Iwan Ariawan presented the main sources of health data in Indonesia and their respective problems; the routine services and programs, routine surveys, and special activities. In the end of his presentation, Dr. Iwan also discussed the needs for simple health information systems that benefits the community, and systematically reviewed the methods and processes for collecting data at the community level.

10. Plenary discussion

Issues raised and observations included:

- Difficulty to generalize the problems found during a research study on the HIS in Indonesia to the specific context of West Kalimantan.
- Needs for the government to be open to public criticism to improve its services to the population.
- Opportunities for collaboration between government and NGOs.
- Need to use existing infrastructure to build information systems at the community level.
- Workload for data collection by Posyandu cadres, need for incentives, and sustainability.
- Importance of distinguishing community-based data to be reported to the health centers and data to be used at the community level.

11. Presentation: Community-based surveillance system and its problems

Presenter: Iwan Ariawan

During his second presentation, Dr. Iwan presented the steps needed to establish a community based surveillance system and the possible links to the government health information system. Plurality in the community and informal systems were mentioned as possible problems.

12. Presentation: Methodology to set up monitoring systems

Presenter: Marc Debay

Building on the earlier presentation by Iwan Ariawan, Marc Debay presented selected definitions and a general step-by-step methodology to set up monitoring systems. He also introduced simple tools for the design phase of the process: (1) specifying objectives and scope of the monitoring system; (2) selecting indicators; and (3) choosing data collection sources and tools.⁴

13. Group work 2

Participants were divided into three groups who applied the methodology to set up a monitoring system at the Posyandu level using the analysis of the information needed made the previous day.

⁴ This presentation was based on materials adapted from: Monitoring and Evaluating Programmes. Module 5. Primary Health Care Management Advancement Programme. The Aga Khan Foundation, 1993.

14. Plenary discussion

Issues raised and observations included:

- The small group presentations obviously reflected more the community-based perspective than on the first day.
- Some of the steps in the proposed exercise were not fully understood.
- The tool for *Specifying the monitoring objectives* should allow for different purposes for different users.
- Several participants expressed their concern about the feasibility of the use of the tools by Posyandu cadres and other community members. The leading external facilitator then explained that the development workers should use the proposed methodology and tools when facilitating the development of a community-based HIS and not simply give the tools to the cadres and community members for them to use on their own. The tools can guide the development workers in leading discussion groups with community members and organizing the information that they collect.

DAY 3

15. Summary of Day 2

Andre Tanoe clarified the purpose of the workshop, the linkage between the workshop and the LCSP, and the importance of integrating the community-based HIS to the existing government information system. He also explained the need for LCSP to consult the DHO and PHO before beginning new activities in community-based HIS. Iwan Ariawan reviewed the methodology and tools presented on Day 2 by using maternal health services as an example, and the Maternal & Child Cohort as an example of community-based data collection tool.

16. Presentation: HIS in decentralization era in Indonesia

Presenter: Hary Purwanto

Mr. Hary Purwanto explained described the Indonesian health information system and the changes made in the decentralization era.

17. Presentation: Problems in data collection, analysis, and decision making

Presenter: Hary Purwanto

In his second presentation, Mr Hary Purwanto discussed the main problems encountered so far in the Indonesian health information system and explained the importance of having a good coordination of the national health information system to reach 'Healthy Indonesia in 2010'.

18. Plenary discussion

Issues raised and observations included:

- The role of the community based HIS as a complement to the coverage of the existing facility-based HIS
- New HIS system using Indicators of Healthy Indonesia 2010 and Minimum Standard of Services Indicators.
- Difficulty to compare morbidity data from hospital using ICD X to data from Health centers using ICD IX

- Increased transparency and use of data for action with the district autonomy era.
- Limitation of the role of the national level MOH to guidance, standardization and coordination.
- Discussion about the usual lack of attention to the role and funding of HIS departments.
- Demonstration of the new Health Center's HIS software.

19. Presentation for the Group Work 3

Presenter: Marc Debay

Marc Debay revisited the main concepts of community-based health information system presented on Day 1 while using the terminology and examples from the Indonesian context.

20. Group Work 3

Participants were divided into three groups who identified of the decisions to be made, the information needed, and the related data sources and tools for the key decision makers involved in selected community health services. While this exercise overlapped to a certain extent the exercise of the previous day on setting up a monitoring system, it reinforced the importance of the community perspective in the design of community-based health information systems.

21. Presentation: Rapid Surveys for decision-making at the district level

Presenter: Dr. Dyah Handayani

The Pontianak District Health Office conducted a rapid survey to measure key indicators of maternal morbidity and health services coverage to predict Maternal Mortality Rate. The survey results led to the decisions to (1) give health education to husbands based on the findings that low-educated husbands tend to lead their wife to be delivered by non health staff; and (2) to start a pilot project to encourage mothers to deliver at the health centers based on the data that 70% of mothers delivered outside the health facilities.

Presenter: Dr. Nurmansyah, Mkes

The Singkawang District Health Office conducted a rapid survey to estimate community health expenditures. The survey showed that the pattern of the community health expenditure is compatible with the establishment of a community health insurance scheme (JPKM).

22. Plenary discussion

Issues raised and observations included:

- Sustainability of the Mother Friendly Movement.
- Clarification of the methodology of using Rapid Survey to predict MMR.
- Communicating the results to the community using simple language.

DAY 4

23. Presentation: Epidemiologic surveillance in West Kalimantan

Presenter: Dr Anton.

Dr Anton presented the system and the procedures of epidemiologic surveillance in West Kalimantan, and the role and the need for data for decision making of the provincial health office with respect to epidemic preparedness and response.

24. Presentation: Recording and reporting system in West Kalimantan

Presenter: Dr. Victorianus

Dr`Victorianus presented the recording and reporting system and procedures in West Kalimantan. He also described the forms and discussed the problems in timeliness and completeness of reporting to the provincial level.

25. Plenary discussion

Issues raised and observations included:

- Legal aspect of epidemiologic surveillance and reporting system in the autonomy era.
- Lack of implementation of the Geographical Information System (GIS) after training the DHO staff.
- Persistent need by the PHO for reports from the DHO, especially for surveillance data, in the decentralization era.
- Morbidity data from private sector providers are difficult to obtain
- The LB4 forms are not sent regularly by health centers to the DHO; the primary use of this form is nutritional surveillance.
- Even in the autonomy era, selected databases should be present at District, Provincial, and central levels.
- Sintang district uses reward and punishment system to make sure that data are submitted on time. This is the only district that has submitted complete reports to PHO in the first 2 quarters of year 2003.

26. Plenary discussion on Group Work 3

Issues raised and observations included:

- One difficulty was to define the ‘decisions to be made.’ For example recapitulation of data on ANC visits was listed by one group as a ‘decision to be made’ while it actually is a ‘method’ for estimating ANC coverage and deciding whether community mobilization is needed.
- Availability of data on newborns in the LCSP area: TBAs routinely report newborns to midwives, but the quality and coverage of the reported data is unknown. (This issue was raised the day before, ed.)
- How can the Posyandu cadres know the number of post partum mothers and children under five for vitamin A supplementation, and the number of pregnant mothers for ANC?
- The importance of involving community leaders to mobilize the community, and therefore to provide them with relevant information to make the appropriate decisions.

27. Presentation: Community Development & WVI experience

Presenter: Untung Sidupa

Addressing questions by the participants about the work of World Vision in Pontianak, Untung Sidupa, ADP Pontianak Manager, presented the four development phases of an ADP as implemented by WVI:

- Phase 1: Common understanding, 2 – 3 years;
- Phase 2: Integration of resources, 2 – 5 years;
- Phase 3: Professionalism, 4 – 5 years; and
- Phase 4: Self reliance.

The presentation was followed by a discussion on the need for socialization and issues of sustainability of the LCSP. Also, the need for different approaches to development in rural and urban areas was highlighted.

28. Group discussion: Options for next steps

Building on the information and methods discussed during the workshop and on the presentation of ADP Pontianak programs, the workshop facilitators presented four options for the development of CB-HIS in the LCSP area and the Landak District:

1. Assess and strengthen the existing Posyandu-based information system, primarily the monthly reports (among characteristics of the system that can be assessed are its timeliness, completeness, accuracy, data analysis and use, and feedback)
2. Continue to pilot-test additional tools for monitoring community health activities in all LCSP area (Exit interview; Observation Checklist; Posyandu Scoring tool; Immunization and Pregnancy Tracking Form)
3. Pilot test a CBDDS or Maternal and Perinatal Audit (AMP) in one or two LCSP areas
4. Conduct participatory design and implementation of CBHIS in selected communities

The facilitators invited the participants to discuss these options and provide feedback on the best activities that the LCSP can conduct during the last year of the project.

Issues raised and observations included:

- Need to limit the scope of what will be done
- Importance to understand that Posyandus belong to the community
- Potential benefits of having a control area, maybe outside the LCSP program area, when testing new CB HIS tools
- Need to avoid duplication in data collection
- Need to avoid adding new tools but rather to improve existing ones in a perspective of sustainability.
- Sustainability issues such as reward, motivation, and knowledge of Posyandu cadres
- Availability of forms for collecting and reporting data
- Need to coordinate with other sectors
- Possibility to adapt and apply to Posyandus the former Quality Assurance Forms developed and used for Health Centers
- Adopt the easiest and fastest options available
- Option 1 seems to be most widely supported by the participants from the district level
- Option 2 seems to increase the burden of Posyandu cadres but in fact most of the proposed tools are designed to be used by motivators or health workers.
- Option 3 should avoid duplication with AMP forms from MOH
- Option 4 could be done after options one and two.

29. Recapitulation

The leading external facilitator concluded the workshop with an overview of the flow, methodology and achievements. Among accomplishments of the workshop are (1) the improved

understanding by the participants of the characteristics of community based health information systems, (2) the exchange of experiences between participants and facilitators with different backgrounds, (3) the increased collaboration between the Government and WV Indonesia staff working on CBHIS in the Pontianak Province and the Landak District, (4) the feedback from the participants to the LCSP staff on the next steps to develop CBHIS in Landak during the last year of the project, and (5) the experience gained by LCSP about training Government staff, particularly on community based health information systems. Among shortcoming of the workshop are the absence of representatives from the health centers, the lack of presentation of CBHIS examples from other places, the lack of finalized training materials to give to the participants before the sessions, and the time constraints.

30. Workshop evaluation by the participants

At the end of the workshop, the participants filled a short evaluation questionnaire. Most respondents could mention the main characteristics of a Community Based Health Information System, such as empowerment of the community to get and use the data. Most respondents said that they liked the workshop and that it was a good opportunity to build partnerships between NGO and Government. The respondent didn't like the time arrangement, the fact that the objectives of the workshop were not clearly explained at the beginning, that some of the participants broke the ground rules, and that no handout were given before the presentations. Half of respondents said that the workshop didn't meet all their expectations.

31. Closing ceremony

Dr. Victorianus close the workshop by sharing his hope that there will be a commitment from GO and NGO to work together on health information systems. HIS would not function well without good collaboration between the Government, Non-Governmental Organizations and the communities.

Appendix 1 Terms of Reference

COMMUNITY HEALTH INFORMATION SYSTEM WORKSHOP LANDAK CHILD SURVIVAL PROJECT (LCSP)

PONTIANAK, October 7 - 10, 2003

Introduction

Health Information System is very important especially for making decision about future activities. Regretfully, it does not have enough attention from every part of the Health system. Many facts show that there are many problems with the process in the field, for example:

During data collection process

- Communities are almost not involved in the process
- Many children or pregnant mothers are not reached by the health providers therefore they are excluded from the data collection process
- The accuracy of data collected is low
- Surveillance system is not working properly

During Data analyzing process

- Utilization of data collected for future activities is low
- Utilization of data collected for evaluating a program is low
- Lack of efforts for data accuracy testing either in Health Center level or in District Health Office.

During Decision making

- Utilization of data collected for decision making is low
- Preventive preparations for routine outbreak cases are not working properly
- Utilization of data collected for quality improvement of Health programs is low
- Accuracy of data collected is low therefore the program planning is not related to the problems in the field.

General Objective:

To conduct a Community Health Information System (HIS) - Workshop in order to improve the health program quality and health staffs' capability in collecting, analyzing, and decision-making based on the data collected.

Specific Objectives:

1. To raise the health staffs (District Health Office staffs) attention about the important of the data collected.
2. To advocate District Health Office to implement better Health Information System.
3. To advocate Provincial and District Health Office to integrate Community Based Death and Diseases Surveillance (CBDDS) into the formal Health Information System in West Kalimantan.
4. To improve District Health Offices capability to summarize and present data collected so hopefully they will have better capability to advocate district governments.

Facilitator:

1. Dr. Marc Jean Paul Debay, PhD, MPH, the foreign consultant, will facilitate the HIS-Training by giving Health Information System implementation from International perspective, including the use of CBDDS in other countries.
2. Dr. Iwan Ariawan, MSPH, the facilitator from Public Health Faculty-University of Indonesia, will facilitate the HIS-Training by giving HIS in Indonesia from Public Health perspective, and the possibility to integrate CBDDS into the formal HIS.
3. Mr. Hary Purwanto, SKM, Mkes, MMSI, the facilitator from Ministry of Health RI, will facilitate the HIS-Training by giving the Protocols of the formal Indonesian Health Information System, and the possibility of CBDDS integration in West Kalimantan.
4. Representatives from West Kalimantan Provincial Health Office, will give about Facility based data, Community based data, Rapid Survey, Management of Health Information System.

Participants:

1. 2 persons from Provincial Health Office
2. One person from each DHO in West Kalimantan (10 districts), preferably the person in-charge for Health Information System.
3. One person from BAPPEDA from each Districts Government in West Kalimantan (10 districts), preferably the person from a section that has close relationship with Health Information System, or responsible for future planning.
4. 2 persons from other ADP (WVI projects) in Indonesia
5. 2 persons from other NGOs
6. 10 LCSP staffs

Coordinators:

Mr. Eddy Sianipar (General Manager, Yayasan Wahana Visi Indonesia)
Mrs. Mary Lengkong, DDS, DDPH (National Health Advisor WVIDN)
Drs. Untung Sidupa (ADP Manager Pontianak)
Dr. Andre Tanoe, MHP (Technical Team Leader Landak CSP)

Appendix 2 List of Participants and Facilitators

No	NAME	INSTITUTION/ORGANIZATION
Participants:		
Provincial and District Health staff		
1	dr. Darmanelly, M. Kes	Pontianak City Health Office
2	Heru Pujiono, SKM	Bengkayang District Health Office
3	Sudirman, M. Kes	Ketapang District Health Office
4	Utin Erni Savitri, SKM	Health Office District Pontianak
5	Johanes Eko Kristiyadi, SKM	Kapuas Hulu District Health Office
6	Suswanti, SKM	Landak Dstrict Health Office
7	H. Mayadi. SIP	Provincial Health Office
8	Drs. Dadi Sofiadi	Provincial Health Office
9	H. Zainal Abidin, Bsc	Sambas District Health Office
10	dr. Waskito, MPPM	Sanggau District Health Office
11	dr. Emir Elmaswan	Singkawang District Health Office
12	Mr.Eko Sudiarto, SKM	Sintang District Health Office
Planning Board staff		
13	Drs. Asuardi Daris	Landak District Planning Board
14	Rissa Nisfurianti, SIP	Sambas District Planning Board
15	Fatmah. S. Sos	Pontianak City Planning Board
16	Anita Wijayanti, Spd	Pontianak District Planning Board
17	Wahidah, SE. Msi	Sambas District Planning Board
World Vision staff		
18	Feri Silaban, Ssi	ADP - Kupang Monitoring and Evaluation Officer
19	Elisabet Erna Sulistiyowati, ST	ADP - Pontianak Monitoring and Evaluation Officer
20	Yohanna ORDP, ST	ADP - Urban Pontianak Community Development Coordinator
21	Herkulanus Sumardi	LCSP Motivator
22	Muliawati	LCSP Motivator
23	Dewi Helpina	LCSP Motivator
24	Bonar Panjaitan	LCSP Motivator
25	Lina Monika	LCSP Motivator
26	Markusius	LCSP Motivator
27	Edy	LCSP Motivator
28	Antonino Pereira	WVI Timor Leste Nutrition Trainer
29	Cipriano Do Rosario Pacheco	WVI Timor Leste Monitoring and Evaluation Officer

No	NAME	INSTITUTION/ORGANIZATION
External Presenters		
30	Hary Purwanto, SKM, Mkes, MMSI	Ministry of Health Republic of Indonesia
31	Dr. Diah, M.Kes	Pontianak District Health Office
32	Dr Anton	Provincial Health Office
33	Dr. Victorianus, M.Med.PH.	Provincial Health Office
34	Dr. Nurmansyah, Mkes	Singkawang District Health Office
Facilitators		
LCSP facilitators		
35	Drs. Untung Sidupa	ADP - Pontianak Manager
36	Dr. Andre Tanoë, MHP	LCSP Technical Team Leader
37	Esther Indriani, MPH	LCSP Project Officer
38	Mariani Aritonang, SKM	LCSP Training Coordinator
39	Rainy Wijaya, Ssi	LCSP Monitoring and Evaluation Officer
External Facilitators		
40	Dr. Iwan Ariawan, MSPH	Public Health Faculty-University of Indonesia
41	Dr. Marc Debay, PhD MPH	Consultant

Appendix 3 Schedule

Time	Persons in charge	Materials
Tuesday, October 7, 2003		
09.00 – 09.30	National Health Advisor WVI / ADP Manager Pontianak	Introduction / Opening ceremony
09.30 – 10.00	Dr. Muhammad Subuh, M.Med.OM (Chief of Health Service Section, West Kalimantan Provincial Health Office)	Opening ceremony
10.00 – 10.30	Rest	Morning snack
10.30 – 12.00	Dr. Marc Jean-Paul Debay, PhD, MPH	Proposed training materials: * Needs Assessment * Expectations * Using data for decision making * HIS for boader view - Clarify terms - CBDDS
12.00 – 13.00	Rest	Lunch
13.00 – 15.00	Dr. Marc Jean-Paul Debay, PhD, MPH	Proposed training materials: HIS General framework
15.00 – 15.30	Rest	Afternoon Snack
15.30 – 17.30	Dr. Marc Jean-Paul Debay, PhD, MPH	Proposed training materials: * Group work/Presentation
17.30 – 18.30	Rest	Rest
18.30 – 19.00	Rest	Dinner
19.00 – 20.30	Dr. Marc Jean-Paul Debay, PhD, MPH	Proposed training materials: Design of CB-HIS
20.30 –	Rest	Sleep
Wednesday, October 8, 2003		
07.00 – 08.00	Breakfast	Breakfast
08.00 – 10.00	Dr Iwan Ariawan, MSPH	Proposed training materials: Principles of HIS as applied in Indonesia * Overall HIS data sources and problems * Community-based data

Time	Persons in charge	Materials
		collection
10.00 – 10.30	Rest	Morning Snack
10.30 – 12.00	Dr Iwan Ariawan, MSPH	Proposed training materials: Community-based surveillance system and its problems
12.00 – 13.00	Rest	Lunch
13.00 – 15.00	Dr. Marc Jean-Paul Debay, PhD, MPH	Proposed training materials: Methodology to set up monitoring systems
15.00 – 15.30	Rest	Afternoon snack
15.30 – 17.30	Dr. Marc Jean-Paul Debay, PhD, MPH and Dr Iwan Ariawan, MSPH	Proposed training materials: * Group work
17.30 – 18.30	Rest	Rest
18.30 – 19.30	Rest	Dinner
19.30 – 20.30	Dr. Marc Jean-Paul Debay, PhD, MPH and Dr Iwan Ariawan, MSPH	Proposed training materials: * Group presentation
20.30 –	Rest	Sleep
Thursday, October 9, 2003		
07.00 – 08.00	Breakfast	Breakfast
08.00 – 10.00	Mr. Hari Purwanto, SKM, Mkes, MMSI	Proposed training materials: * HIS in decentralization era in Indonesia
10.00 – 10.30	Rest	Morning snack
10.30 – 12.00	Mr. Hari Purwanto, SKM, Mkes, MMSI	Proposed training materials: * Problems in data collection, analysis, and decision making
12.00 – 13.00	Rest	Lunch
13.00 – 15.00	Dr. Marc Jean-Paul Debay, PhD, MPH and Dr Iwan Ariawan, MSPH	Proposed training materials: * Group work
15.00 – 15.30	Rest	Afternoon snack
15.30 – 17.30	Dr. Marc Jean-Paul Debay, PhD, MPH and dr Iwan Ariawan, MSPH	Proposed training materials: * Group work

Time	Persons in charge	Materials
17.30 – 18.30	Rest	Rest
18.30 – 19.30	Rest	Dinner
19.30 – 20.30	Dr Iwan Ariawan, MSPH	Presentation/Discussion:
20.30 –	Sleep	Using Rapid survey for decision making at the district level
Friday, October 10, 2003		
07.00 – 08.00	Breakfast	Breakfast
08.00 – 10.00	Representatives from West Kalimantan Provincial Health Office	Presentation/Discussion: Epidemiology surveillance (Provincial Health Office) Recording & reporting system in West Kalimantan
10.00 – 10.30	Snack	Morning Snack
10.30 – 11.30	Drs. Untung Sidupa (ADP Manager Pontianak)	Presentation/Discussion: Community Development Phase & WVI experiences in Landak
11.30 – 13.30	Rest	Lunch
13.30 – 15.00	Dr. Marc Jean-Paul Debay, PhD, MPH	Group discussion: Options for next steps Recapitulation Workshop evaluation by the participants
15.00 – 15.30	Drs. Untung Sidupa (ADP Manager Pontianak)	Closing speech
	Dr. Victorianus, M.Med. PH (Chief of Statistic and Health Information Section, Provincial Health Office)	Closing ceremony
15.30 –	Back home	

Appendix 4 Presentation materials

DAY 1 -- SESSION 1-- GENERAL HIS – MD

DAY 1 -- SESSION 2 -- DESIGN OF CBHIS – MD

DAY 2 -- SESSION 2A -- Principles of HIS as applied in Indonesia – IW

DAY 2 -- SESSION 2B -- Community-based surveillance system – IW

DAY 2 -- SESSION 3 -- Data collection at the community level – IW

DAY 2 -- SESSION 4 -- Monitoring system MD

DAY 2 -- SESSION 4 -- SUMMARY -- Monitoring Sys in Indonesian – IW

DAY 3 -- SESSION 1 -- HIS in decentralization era in Indonesia – HP

DAY 3 -- SESSION 2 -- Problems in HIS – HP

DAY 3 -- SESSION 3A -- Rapid Survey Case – Mempawah

DAY 3 -- SESSION 3B -- Rapid Survey Case – Singkawang

DAY 4 -- SESSION 1 -- World Vision ADPs – US

DAY 4 -- SESSION 2 -- CLOSING -- Options for next steps