

FINAL REPORT

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TECHNICAL AND MANAGEMENT REVIEW

**Nutrition and Health Surveillance System (NSS)**

**HKI AND USAID Cooperative Agreement No. 497-A-00-  
00033-00**

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Team Members

Dr. Ray Yip Team Leader

Dr. Ame Stormer HKI

Dr. Soewarta Kosen or Dr. Usman and Ms. Aryastami NIHRD

Dr. Imran Lubis USAID

Dr. Idrus Jus'at University of Indonusa Esa Unggul, Academy of Nutrition

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## LIST OF ACRONYMS

BAPPENAS	Badan Perencanaan Pembangunan Nasional (National Development Planning Agency)
BPS	Biro Pusat Statistik (Central Bureau of Statistics)
CASER	Center for Agro-Socioeconomic Research/Bogor
DAI	Development Alternatives Incorporated
FAM	Food Assistance Monitoring. Monitoring and Evaluation of the Nutritional Impact of the Food for Peace Initiative
GOI	Government of Indonesia
HKI	Helen Keller International
JAMA	Journal of the American Medical Association
LitBangDepTan	Research and Development Institute for the Department of Agriculture
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
NIHRD	National Institute for Health and Research Development (Litbangkes)
NSS	Nutrition and Health Surveillance System
PPM-PLP	Pemberantasan Penyakit Menular-Penyehatan Lingkungan Pemukiman (Communicable Disease Control)
PUSDAKES	Pusat Data Kesehatan (Health Data Center)
SARS	Severe Acute Respiratory Syndrome
SOAG	Strategic Objective Agreement Grant

SKPG	Sistem Kewaspadaan Pangan dan Gizi (Food and Nutrition Surveillance System)
SUMMIT	Supplementation with Multiple Micronutrients Intervention Trial
SUSENAS	Survey Sosial Ekonomi Nasional (National Socioeconomic Survey)
TOR	Terms of Reference
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

## **A. Introduction**

In the wake of the economic crisis in 1998, the Nutrition and Health Surveillance System (NSS) was expanded from a monitoring of a Vitamin A social marketing campaign in Central Java into a surveillance system that was expanded to eight other provinces over the next three years. It now covers eight predominantly rural provinces (Lampung, Banten, West Java, Central Java, East Java, Lombok (NTB), West Sumatra (until 2002) and Sulawesi) and urban poor areas in four cities (Jakarta, Surabaya in East Java, Semarang in Central Java, and Makasar in South Sulawesi). The sample population of the NSS represents 70% of Indonesia's total population. The NSS is a collaborative effort between Helen Keller International (HKI) and the National Institute for Health Research and Development (NIHRD).

The time period of the NSS and Vitamin A Cooperative Agreement is from October 1, 1999 until September 30, 2003. The USAID mission, HKI, and NIHRD (NSS counterpart organization) agreed that this was an opportune time to conduct participatory and forward thinking reviews of the NSS and Vitamin A programs. These technical and management reviews allowed the mission and implementing partners to make corrections and appropriate recommendations for future activities. The recommendations of the reviews will be used and potentially included in the proposals for new two-year work plans for the NSS program beginning in October 2003.

This report summarizes the findings of the review and provides recommendations for the NSS component of HKI's cooperative agreement. The scope of work for the review can be found in Appendix 1. Team members included Dr. Ray Yip (Team Leader), Dr. Ame Stormer (HKI Representative), Dr. Soewarta Kosen or K. Aryastami and Dr. Yuslely Usman (NIHRD), Dr. Imran Lubis (USAID) and Dr. Idrus Jus'at (University of Indonesia and Indonesia Esa Unggul University).

## **B. Program Objectives and Goals**

The main objective of the NSS is to assess the impact of the economic crisis on nutritional and health status, and to monitor the country's recovery from the crisis. The overall goals of the project are to continue to provide nutrition and health information for public health policy and decision-making, and for the monitoring and evaluation of intervention programs as well as to build local capacity to increase the use of and demand for nutrition and health information.

*Specific objectives:*

- To provide timely data on nutritional status and other health indicators for purposes of monitoring the health of the population and identifying at-risk groups for intervention programs.
- To assist the Government of Indonesia, donor groups and other organizations in the monitoring and evaluation of their programs.
- To assist the Government of Indonesia in obtaining baseline nutrition and health information in new provinces.

To achieve these goals and objectives cross-sectional data are collected four times a year (i.e. one round of data collection every three months) in eight rural and four urban sites in nine provinces. The sample is representative of 70% of the country. The variables selected for the NSS are based on the conceptual framework of the causes of malnutrition developed by the United Nations Children's Fund (UNICEF). These indicators provide information on the immediate, underlying and basic causes of malnutrition.

### **C. Methodology**

Preparation for the NSS Program Review took place in April 2003 by HKI, NIHRD, and USAID representatives. Team members were agreed upon by the two parties. Relevant documents were sent to respective team members. A schedule of meetings was also prepared jointly by HKI and USAID, and NIHRD. Team members were not involved in the selection of the interviewees.

In-country review activities took place from April 28 to May 3, 2003 (six working days). A debriefing was given to USAID representatives on May 14, 2003 and to NIHRD May 22, 2003. The final schedule for the NSS Management and Technical Program Review can be found in Appendix 2. Team members met on day one to review the Terms of Reference, and to define team member roles and responsibilities. During this one-day meeting the team also reviewed the key questions to be answered and developed additional questions to guide discussions.

The review was done by interviewing key partners and stakeholders, including the Directorate of Nutrition/MOH, NIHRD and Food and Nutrition Research and Development Center/Bogor, the Directorate of Community Health, and the office of Capacity Building and Decentralization/MOH. Additionally, a round table discussion was held with Provincial level Coordinators and two District Health Officials from each province. Furthermore, a stakeholders meeting was conducted with representatives from International Donors and NGOs, local universities and other GOI representatives. (see Appendix 3 for list of participants to each round table discussion) Interviews were also conducted with HKI representatives responsible for the planning and implementation of the NSS and USAID personnel. A follow up teleconference between USAID, NIHRD, HKI and team leader Dr. Ray Yip was also held.

All interviews were done at respective persons offices, except the provincial and district health officials and external stakeholders' meetings. The team leader was responsible for giving a background of the review and for initiating the discussion, which was focused on fulfilling the Terms of Reference questions. Each team member was responsible for ensuring that all information necessary to complete the scope of work was obtained. Not all of the questions listed in the Terms of Reference were applicable to all review respondents. The interviews were conducted in a semi-structured way with all team members participating. An open discussion format was used with guiding questions posed to the participants in both the provincial and district health officials and the external stakeholders round table discussions. The meeting with Elviyanti Martini (Field Operations and Data Management Director) and Siti Halati (Field Operations Manager) provided structural and operational information for the team. The history of the project was provided by HKI Country Director Dr. Martin Bloem.

Minutes from each meeting were completed by several team members and typed into the computer at the end of each day. This ensured that no comment was missed and could be referenced during the team discussions. On the 'wrap-up' day, team members compiled information from all the meetings and summarized the information.

Team members also received background information about the project including the Terms of Reference, the current proposal under which the project is operating, *Crisis Bulletins* and other background materials.

## **D. Findings**

Included in this report is a summary of findings per meeting and then a summary of general/overall findings followed by recommendations for modifications of the NSS. A list of all people present at the round table meetings can be found in appendix C and D. Summaries of the meetings are listed in the order in which they took place.

## **Summary of Discussions**

### ***Provincial and District Health Officials***

The first meeting held during the review was a roundtable discussion with provincial and district level health officials. One representative from each province and one person from two districts within that province attended the discussion for a total of 21 people (see Appendix C for a list of attendees). West Sumatra, which has not granted the NSS permission to survey for the last two rounds of data collection, also sent a representative. This meeting took place for an entire day and involved full group discussions and small group work to decide on what suggestions these GOI officials would recommend for future NSS focus and activities.

There was a general consensus among most of the participants about the problems and suggestions regarding the future of the NSS.

The first and most important complaint according to the provincial and district level officials was in relation to the provincially representative data. All participants noted that due to decentralization of the health care system, the provincial level or zone-based system was not useful to them for decision making purposes. Participants strongly advocated for district representative data.

Secondly, about the NSS operations was that feedback of project results were too slow and were not far reaching enough. Provincial and district level officials often did not receive either the data or the Crisis Bulletins on a regular basis. These local level health officials were unaware of who to contact in order to obtain these materials as well. Other comments related to the language of the reports and data, with officials noting that having versions in both English and Bahasa Indonesia would be much more useful as many potential readers do not speak or read English.

Local health officials also noted that there is a need for the NSS program to help to support the use of data once it is provided as well as help and support for interpretation of local health changes as they become clear from the data through a greater emphasis on capacity building and training.

The provincial and district health officials also were of the opinion that the NSS data was underutilized, by themselves and by the Central Government counterpart (NIHRD) as well as by HKI. They called for a greater dissemination of survey results, particularly those involving “key” nutrition and health indicators.

Finally, several comments were made regarding questionnaire length and content. It was generally agreed that the questionnaire contained too many variables and that the questionnaire itself was difficult to read given its small font. Various participants recommended cutting the length of the questionnaire in order to ease respondent burden.

### ***Molly Gingerich- Director of Health, Population and Nutrition, USAID***

The team met with Molly Gingerich, Director of Health, Population and Nutrition, USAID alone as the rest of the USAID team involved with the NSS was still evacuated from the country or involved in the Vitamin A program review. Ms. Gingerich provided the team with the USAID perspective, explaining why the program had been funded initially and continued through September, 2003. She stated that USAID had viewed the NSS as a “window of opportunity” to monitor the impact of the economic crisis on the health/nutritional status of women and children. USAID had not viewed the NSS as a long term activity that would become sustainable, especially in its current form. She explained the purpose of the review and its results for the team as well. She said that she felt strongly that the NSS was an important activity that had the potential to provide quality data for decision making but USAID was concerned that the NSS continued to be a “lightening rod” for criticism from various stakeholders, especially the MOH, and that the data were underutilized and unappreciated. She stated that the NSS needed to be marketed more within the MOH, with stakeholders, including other donors, and in the provinces/districts in order to make others aware of the potential use of the rich data set. She also noted that there may be opportunities for the NSS to obtain funding from other

sources given the declining share of USAID resources in Indonesia currently and other organizations' interest in the decentralization process.

***Dr. Sri Astuti- Director General of Medical Care***

Dr. Astuti was the Head of of NIHRD (the NSS GOI counterpart) from April 2000 to March of 2003. She was interviewed to provide her perspective about the NSS and suggestions for the future. In general, Dr. Astuti said that she was pleased with the high quality of the NSS and the useful information it provides. She also mentioned several complaints about the project as a whole.

She said that the data does not fully describe the real condition in certain districts, due to the fact that it is not representative of this level, but rather of the province only. She said that this was the main reason that the data has not been used to its full potential. She also mentioned that the questionnaire is too long and that to get through the information the enumerators might have to hurry respondents which was not an optimal condition for collecting quality data. Dr. Astuti further noted that collecting data for data's sake is not enough of a goal, and that this information needs to be then analyzed and discussed. She said that the program needed to be more responsive regarding data feed-back. A re-evaluation of how the system will work in the future was definitely needed.

Her suggestions for future NSS activities include the need for strengthening and improving the capacity of data analysis by district level health officials. If this it to be undertaken, a concrete and clear plan will be required, and the NSS should work closely with the district level to provide relevant training and capacity development. According to Dr. Astuti this level of planning is necessary due to the different capabilities and needs for each district. In short, she suggested a more transparent system for district level capacity building.

Given the possibility of having to choose some but not all districts for data collection, Dr. Astuti noted that priority considerations should be geography ease, responsiveness and enthusiasm of the individual district and the socio-economic level of the area.

She also suggested periodic meetings between HKI and NIHRD to build better communication and collaboration. Dr. Astuti also noted that the NSS should be more publicized and information provided to more people, including at the district level. It was also mentioned that Mr. Sunarno, the Director of the Food and Nutrition Research and Development Center in Bogor should be more involved in this program. She stated that the location of his office in Bogor and the physical distance that incurs is the main reason why he is involved less in the program.

She also mentioned that Dr. Soewarta Kosen, the primary person responsible for collaboration with the NSS was too busy and could not provide his full attention to the program.

When asked about the possibility of GOI providing financial support for NSS, Dr. Sri Astuti mentioned that the timing is not right to consider such an undertaking. She said this was not only because the GOI's current financial condition is in a state of decline, but also because GOI is now dealing with new health threats such as SARS.

### ***Helen Keller Representatives***

The review team met with representatives from Helen Keller including Elviyanti Martini the Field Operations and Data Management Director, Siti Halati, the Field Operations Manager and Dr. Martin Bloem- Country Director HKI Indonesia. All of the aforementioned had been with the project from its inception.

Ms. Martini and Ms. Halati explained the day to day operations of the NSS to the team. They explained such issues as sampling strategy, questionnaire content, frequency of surveying and other project management issues. Dr. Bloem provided background as to the reasons for the initiation of the project in 1997 following its inception in 1995 as a Vitamin A monitoring project.

Dr. Bloem also reported on the linkages between the NSS and other HKI projects, noting that it provided the monitoring information for the Vitamin A promotion program, the data enumerators for the Monitoring and Evaluation of the Nutritional Impact of the Food for Peace Initiative (FAM) and baseline information for the Supplementation with Multiple Micronutrients Intervention Trial (SUMMIT). When asked about the future of the project, all HKI staff expressed the desire to maintain the same high level of data quality as is previously being collected. They noted that there was now a data dissemination schedule that seemed to be providing more immediate data to those in need. They also said that feedback that they had received indicated a need for data at the district level, but that they were not sure how to achieve this goal given constrained resources and the large quantity of districts currently being surveyed.

### ***Dr. Sumarjati-Head of National Institute of Health Research and Development***

Dr. Sumarjati is the newly appointed Director General of the National Institute of Health Research and Development (NIHRD), the GOI NSS counterpart. She is also the Responsible Person for the NSS activity within the GOI-USAID Strategic Objective Agreement Grant (SOAG). She was interviewed primarily in order to obtain her perspective regarding the future of the NSS.

Dr. Sumarjati noted that despite the positive points of NSS data and its quality, the need exists to make the data more relevant to the local level while at the same time without losing its quality. The ability of comparing districts to each other will then be improved in her opinion.

She also believed that the GOI should be more involved in data collection, and above all to have greater understanding about the NSS itself, which she believes will certainly minimize problems or miscommunication that exists today.

She also said that capacity development was worth undertaking, that both local and central health officials need to have more practice using data, which would mean that they will not only be able to use NSS data but also be capable of using any data from any type of questionnaire. She said that the general problem of the NSS is the underutilization of data, which is why the improvement of data management and analysis skills is highly required.

In regards to this issue, basic information regarding the findings should be explained and then investigated from the highest to the lowest level of government. In this way, the skills obtained in training will be implemented which will serve to ensure

that the skills are absorbed. She felt that this skill implementation was a much better way of achieving this type of learning as opposed to using the services of a trained facilitator. She also said that the NSS should support others' interests in the interpretation of findings.

Continuing along these lines, Dr. Sumarjati said that the NSS should provide feedback related to the data collected in addition to "merely taking information from the districts". She also noted that the GOI will have to develop guidelines related to the distribution of data to other NGOs.

***Dr. Dini Latief- Advisor to the Ministry of Health for Capacity Building and Decentralization***

Dr. Latief was previously the Director of the Directorate for Community Nutrition which was one of the original GOI counterparts for the NSS. She is currently an advisor to the Minister of Health for Capacity Building and Decentralization. She was interviewed regarding her opinions of the NSS and plans for the future. Dr. Latief noted that the NSS was a good system in general, but that it needs to be aimed at district enhancement as opposed to HKI enhancement. She stated that data was not useful as it does not represent individual districts but rather collected information from parts of districts. Due to decentralization, any future for the NSS would have to include district level data in her opinion.

She also advocated that if the NSS is extended, it should merge with the current district's system, the Sistem Kewaspadaan Pangan dan Gizi (SKPG). This is a facility based survey conducted annually which measures agricultural issues, family planning, food insecurity and weight for age in children. This merging would enable the government to administer the system more efficiently and transparently, according to Dr. Latief. Methods of doing this were not proposed. She was of the opinion that the use and application of any surveillance system should be strengthened within the GOI. The NSS data could be used to achieve this.

She noted that the GOI was revitalizing the SKPG and that the information obtained from the NSS cannot be compared to this system.

It was suggested to hold periodic internal workshops with HKI and NIHRD to review both the NSS and other GOI surveys, particularly the SPKG, by comparing the data / findings. This will provide key indicators and will enable better usage of data for all. Routine reporting will also support this usage of data in her opinion.

***Dr. Azrul Azwar- Director General Directorate of Community Health Services***

Dr. Azwar is the Director General of Community Health Services of the Ministry of Health, GOI. He also serves as the Director of the Executive Steering Committee for the SOAG and was interviewed regarding his impressions of the NSS and opinions regarding future activities.

Dr. Azwar had similar complaints regarding the NSS data relating to data that are not specific to district needs and underutilization of the data.

His suggestions for ways to improve the NSS were related to a greater level of coordination between GOI and HKI, collection of district level data, capacity

development, and data feedback. He said that he thought that it would be best to improve the current resources (ie government data collection methods) instead of hiring alternatives given the lack of resources that currently exist.

He said that HKI should mingle more with its partners, and should be more open about providing information. He said that most of the time it is difficult to get data out of HKI, which it should not be, because the data is public-domain property. He reiterated this point in saying that HKI should be more transparent. Inviting involved parties for discussion and input would be one way to achieve this.

He was further concerned with acknowledgement and authorship of publications. He said that when doing publications, HKI should also mention the name of MOH staff, as they also should be involved in the writing.

He also said that capacity development of local officials needs to be conducted to equip them with the skills to be more competent in the use of data management and analysis in general.

He also stated that the next phase of the NSS should not be called an extension, but rather a revision as it should be based on the district and not the province. He suggested that the next proposal be done in conjunction with the GOI so that upon preparing the proposal, HKI should ask MOH for comments.

Finally, he said it was necessary for the NSS to provide reports relating to project findings to those sites surveyed.

### ***Other stakeholders***

This stakeholder meeting followed much of the same format as the previously held session with the provincial and district level health officers. Approximately 40 people representing NGOs, other donors, various GOI representatives, and other organizations participated. A list of those attending can be located in Appendix D- List of Attendees Other Stakeholder Meeting. A short presentation was given outlining the NSS and its activities. Discussion followed.

In general participants at this discussion were positive and enthusiastic about the NSS. Those that were familiar with the program and the data provided noted how the project has been able to help them determine activities and policies for their organizations. Those that were not yet familiar noted that the project and its results could be useful to them. It was noted that due to the decision to not collect immunization data in the SUSENAS that the NSS is one of the few surveys which has this type of information. Representatives of the BPS questioned the sustainability of the NSS and wondered how to incorporate the NSS with a system such as the BPS. Representatives of PUSDAKES recommended that the NSS petition local parliaments for funding. Further questions were related to the NSS methodology and results.

### ***Jim Gingerich- Development Alternatives Inc.***

The team with the exception of Ray Yip met with Jim Gingerich-Team Leader of the Food Policy Support Activity from Development Alternatives, Inc. (DAI) in order to hear from an organization that has utilized and published results based on NSS data. The Food Policy Support Activity (FPSA) is the USAID supported activity that DAI

manages. This project works with BAPPENAS, the Ministry of Agriculture, the Center for Agro-Socioeconomic Research/Bogor (CASER), LitBangDepTan, and a network of regional universities. Mr. Gingerich outlined the work that DAI had been doing in the food and economic arena with the data. A set of five working papers investigating the relationship between rice prices and nutrition knowledge of women, child nutrition during the economic crisis, nutrition knowledge and parental schooling as it affects child nutrition, nutrition knowledge, household coping, and the demand for micronutrient-rich foods, and nutrition knowledge versus schooling as it relates to child micronutrient status using the NSS data. He was enthusiastic about the use of the NSS and had suggestions for further collaboration, particularly with Jack Molyneaux of the Food Security Directorate and Ning Prebady from the Ministry of Agriculture regarding types of food expenditures and food prices.

### ***USAID Child Health and Nutrition Team Members***

An additional teleconference was held at USAID between those review team members that could attend (Soewarta Kosen, Imran Lubis and Ame Stormer), the review team leader Ray Yip in Beijing and those USAID staff members who had been evacuated (Lynne Adrian, the Deputy Team Leader, Jonathan Ross, Child Survival and Infectious Disease Advisor) or who were participating in the concurrent Vitamin A review ( Sri Boedihardjo, Health and Nutrition Program Advisor) and could not participate in the formal review process. Dr. Yip provided a summary of the information obtained by the team and their resulting recommendations. Discussion topics included whether or not it would be possible to conduct district level surveillance in all of the 159 districts currently covered by the NSS and if future endeavors should focus more on capacity development rather than data collection.

### **Overall Summary and Recommendations of Stakeholders**

Presented below are the main findings, per question in the TOR, based on discussions and stakeholders meetings. Each question from the TOR is underlined and the findings are described below each question.

1. To assess the extent to which the NSS program has achieved the objectives and results of the program. To date, what are the major technical and programmatic achievements?

The team learned that the NSS has had many achievements that were both technical and programmatic.

The first of these relates to its original purpose of monitoring the economic crisis for USAID, the GOI and other stakeholders. It has proven to be a responsive system in measuring the impact of this crisis. Additionally, as a result of its rigorous methodology, it has proven to be a model of high quality surveillance with findings that can be used as a benchmark for other systems

Furthermore the team concurred that the output from the NSS has been useful for central level reference and for a variety of international agencies for use in policy planning and for monitoring purposes.

One indirect benefit resulting from the training and promotion of HKI staff is the capacity development which has taken place for a younger generation of nutritionists because of working as project staff. HKI currently employs 174 Indonesians annually to collect the data, 32 Indonesians to supervise the data collection, 28 Indonesians to manage the data and four Indonesians to analyze the data. Furthermore, over 1500 people have received training in data collection methods since the beginning of the project, 100 people have served as data collection supervisors, and 53 Indonesians have helped to manage the data since the beginning of the project.

Another important outcome for the NSS has been the Special Studies conducted in chronically malnourished areas such as Flores Island. This study was conducted at the request of NIHRD in order to investigate the prevalence of undernutrition, particularly stunting. Three thousand six hundred households were interviewed and weighed and measured.

Still another achievement for the NSS has been the ability to include other research questions in standard data collection. Examples of this include an analysis of malaria prevalence in Central Java and prevalence of child death due to drowning as requested by the GOI. The malaria study was requested by the Communicable Disease Control/MOH (PPM-PLP) and 10,500 people from 540 households in each of the Malaria endemic areas of Purworejo, Magelang, and Kulon Progo were interviewed and blood samples were taken. This information was reported back to the PPM-PLP with wider audience dissemination and a Crisis Bulletin planned for the future.

Capacity development of provincial and district health officials has taken place in terms of training in data collection and in data management, analysis and reporting. Twenty four government officials (3 per round beginning in 2001- one from the provincial level and two from the district level selected on a rolling basis) have received training in data collection methods. Sixteen provincial level officials have been trained in data analysis and reporting by the NSS.

Finally, the NSS is responsible for direct reporting to the GOI of identified severely malnourished children (those under -3 WHZ and both mothers and children aged 12-59 months suffering from nightblindness) to the provincial health office which has resulted in these children receiving medical attention.

## 2. What are the missed opportunities, gaps or limitations of the current program?

Missed opportunities, gaps or limitations of the current program that were mentioned were generally consistent among most of those interviewed. The first problem noted is a lack of involvement of local level health officials. While the project was not initially designed with this level of feedback in mind, the current state of the health care situation in Indonesia suggests that this type of involvement is now relevant.

Another limitation of the project has been the lack of provision or late provision of feedback resulting from data analysis; including incomplete dissemination of the data. It has been noted that the current data distribution scheme does partially remove this criticism, however greater efforts are needed to ensure that local level health officials

receive data. Turn around of the data has also been criticized however the team does not feel that the current system is overly slow.

Still another missed opportunity or gap in the current program relates to underutilization of the NSS data. Too few potential stakeholders outside of the central level of the GOI and USAID are aware of the program and its benefits. Furthermore, local level GOI members are not yet equipped to use the data and have not been provided an opportunity to obtain the data until recently. Both this lack of awareness and need for capacity development are recommended as areas to be improved in the future.

In general, the team was of the opinion that there was little use of available public and private institutions for training and capacity development of local level health officials. Use of these institutions could ensure that sustainable support is provided to the district and province such that in the future, continued assistance could take place.

Another gap in the program is a lack of communication between district and province levels, province and central government levels, and HKI and all levels of government. A great deal of misinformation, miscommunication and distrust currently exists. A lack of awareness regarding responsibility of project activities also needs to be improved.

Further analysis of data has been a missed opportunity to provide feedback to all levels of government. Regular dissemination presentations would enable all stakeholders to be aware of project results and potential health and nutrition problems.

Still another gap relates to questionnaire length and content of questions. The current questionnaire takes approximately one hour to complete and it was felt by many review participants that there are too many questions on the questionnaire. The team recommends that questions be added regarding participant satisfaction on the questionnaire to discover if there is undue burden on project participants. The refusal rate can also be examined to determine if there is unwillingness to participate in the survey.

3. Taking into account the current status of the health care system in Indonesia and the challenges facing the GOI, are there new technical or programmatic issues, strategies or approaches that were not included in the initial design that the NSS could undertake in order to be responsive to the GOI's need for monitoring data? Or, are there technical and programmatic issues that the NSS has been working on that need more attention, a new approach or increased level of effort given the current situation? Furthermore, are there technical or programmatic issues that the NSS has been focusing on that are less of a priority and should be eliminated?

The main finding in this category relates to data that is representative at the district level. All participants mentioned the need for this type of surveillance system. District level data should be a priority.

Furthermore, there is an increased need for special studies topics and areas- with an increased emphasis on special issues on health per request by the GOI or other stakeholders. The potential exists for other stakeholders to provide sets of questions at a cost for the NSS to include in data collection.

Greater involvement of GOI in project planning. The GOI needs to have more involvement at all levels with project planning. All levels of government surveyed said they felt that they were not enough a part of project planning and decision making. A direct relationship between NSS and local government is recommended- although the team does not recommend a separate MOU with each district as some districts have suggested, however each district will be given the opportunity to permit the NSS to survey in their district as is currently and will continue to be done with each province. The team recommends that the NSS send data and Crisis bulletins and other publications directly to the districts in which they collect data.

It is recommended that a core set of data be collected from each participating district in order to provide for comparability to other areas. Additionally, districts can request further information specific to their area to be included in the data collection if this information is of particular relevance to the district. This is currently the situation with each province.

Further skills and methodology transfer from HKI to GOI needs to be conducted. Regular training and capacity development sessions need to be held that allow users to actually utilize data in real world settings.

A communication effort to position the NSS as a quality assurance tool for the routine reporting-based surveillance, not as a substitute of the routine system needs to be established as well so that GOI and other stakeholders do not perceive the NSS as a competitor but rather as a complementary system to assure program quality. A greater effort towards marketing and orientation of central and provincial key stake holders on the utility of NSS for multiple purposes (capacity building for use of information, etc.) also needs to be established.

The team believes that there should be no elimination of programmatic or technical issues addressed by the NSS other than a review and elimination of unnecessary questions from the questionnaire.

4. In the area of data management and release. Is data distribution timely? Are the data relevant? How are the data used? This review will include a consideration of the topics included the data collection tool and their relevance to stakeholder needs.

The data distribution schedule that is currently in place provides timely distribution of relevant data. Such a system should be designed if district level data is to be collected. Data should be disseminated to each district after data collection is completed. Sets of data should be distributed on a set timely schedule (i.e. within six months of the completion of data termination).

The team agreed that the data collected is relevant although some of the questions could be eliminated if they have not been used in data analysis over the past four years or are not of interest to potential stakeholders.

The team also noted that data is used now at central level for presentations and information. It should be utilized by a wider variety of users including by both local and international sources. Data should be designated as public use with a form on both the HKI and NIHRD web sites to request data. In this way project staff can track the potential use of project data to determine which items are relevant to users.

The team also recommends that all publications and presentations should acknowledge those involved in the project planning and implementation. However, authorship of presentations and publications should follow the JAMA guidelines in order to ensure that those doing the actual work on the presentation or publication are receiving proper credit.

5. What are the strengths and weakness in the current management structure of the partnership between GOI, HKI, USAID, and other stakeholders? What role does HKI currently play in facilitating program and policy debates based on NSS data?

The team concurred that the current management structure is not optimally facilitating the partnership and cooperation between GOI, HKI, USAID and other stakeholders. Improved communication between HKI and GOI at the central and local level of governments is recommended. More regularly scheduled interaction- between the interested parties should occur.

Furthermore, feedback structures which are currently in existence such as the SOAG Executive Steering Committee should be utilized by NIHRD, Directorate of Community Nutrition, USAID and other stakeholders. Finally, the team recommends that an increase in counterpart personnel from GOI be established such that bottlenecks due to other commitments do not occur.

HKI and the NSS need to be involved in facilitating program and policy debates to a further extent than is currently happening by implementing more technical seminars and sessions about relevant health topics for interested parties.

6. Regarding the medium to long-term future of the NSS:
- What are the prospects for financial support mechanisms from GOI at multiple levels and/or other donors?
  - What are prospects for capacity development (skills transfer) at the central/provincial/district levels in Indonesia to implement/manage the NSS and to collect, analyze, and utilize data?

Prospects for immediate support appear to be most likely derived from international donors. However the potential exists that given valuable, relevant data to districts, some buy in by local districts may be possible.

Future prospects for capacity development appear to be positive. Workshops in collaboration with local universities and academies to increase skill sets and capabilities in data analysis, management, reporting is one area where there is clearly a need and a use for relevant data. Additionally, workshops to enhance capabilities to design questionnaires, train data collectors, survey implementations are recommended.

Further team suggestions for capacity development include seminars to provide background and explanation for nutrition and health findings. This type of seminar would be prefaced by the generation of province and district level maps with key findings from all districts to promote the use of NSS information at the national and province level

Secondly, an annual workshop for provincial health officials would be held so that they can provide an explanatory analysis of the health and nutrition situation based

on the NSS findings. Each province will have the opportunity to present such material at the seminar.

Finally, an annual provincial workshop for district health officials would be conducted to provide an explanatory analysis of the health and nutrition situation based on the NSS findings. This analysis will involve the use of materials external to the NSS and should force health officials to not only utilize the NSS data, but also to utilize other sources of information to determine causal factors for the current existing situation in their districts.

## **E. Summary of Team Recommendations**

Recommendations are being made to assist the GOI, USAID, and HKI in determining the future direction of the NSS. The recommendations included below are a result of the review process and are the opinions of the team members only. They do not represent what may actually be implemented in the future. Team recommendations were the following:

- Change sampling unit from zone to the district – ensuring an adequate sample size to characterize the district
  - Data collection should be changed from four rounds of data collection which captures part of each district to one round for each district per year. This one round would be representative of the district.
  - Annual weighting of the district data to formulate zone- and province-specific data in order to make comparisons with previously collected data
- HKI and NIHRD should review the existing survey instrument and consider removing items which have not been used since the start of the survey or which are not of interest to stakeholders
- Develop a standard core set of districted-based data to be collected with summary tables generated and provide the districts with data and tables upon the completion of data entry and cleaning for the district
  - Data should be disseminated to each district after data collection is completed on a timely schedule
- Need a communication component to support the NSS – advocacy which will lead to greater use of the NSS findings
- Greater involvement of GOI in planning
- Technical seminars and sessions about relevant health topics for interested parties should be conducted more frequently
- Improve local participation & capacity by:
  - Workshops in collaboration with local universities and academies to increase skill sets and capabilities in data analysis, management and reporting
  - Workshops to enhance capabilities to design questionnaires, train data collectors, survey implementation, and quality control
  - Generate province level maps with key findings from all districts to promote the use of NSS information at the national and province level

- Sponsoring an annual workshop for provincial health officials at which they provide an explanatory analysis of the health and nutrition situation based on the NSS findings
- Sponsoring an annual provincial workshop for district health officials at which they provide an explanatory analysis of the health and nutrition situation based on the NSS findings

## **Appendix A Terms of Reference**

### TECHNICAL AND MANAGEMENT REVIEWS

## **Nutrition and Health Surveillance System (NSS) & Vitamin A Program**

### **Cooperative Agreement No. 497-A-00-00033-00**

**April/May 2003**

#### **I. Overview**

In the wake of the economic crisis in 1998, the Nutrition and Health Surveillance System (NSS) was expanded from a monitoring of a Vitamin A social marketing campaign in Central Java into a surveillance system that was expanded to eight other provinces over the next three years. It now covers eight predominantly rural provinces and urban poor areas in four cities (Jakarta, Surabaya in East Java, Semarang in Central Java, and Makasar in South Sulawesi). The sample population of the NSS represents 70% of Indonesia's total population. The NSS is a collaborative effort between Helen Keller International (HKI) and the National Institute for Health Research and Development (NIHRD).

USAID/Indonesia has extended the NSS and Vitamin A Cooperative Agreement until September 30, 2003. The USAID mission, HKI, NIHRD (NSS counterpart organization) and the Directorate of Community Nutrition (Vitamin A counterpart organization) agree that this is an opportune time to conduct participatory and forward thinking reviews of the NSS and Vitamin A programs. These technical and management reviews will allow the mission and implementing partners to make corrections and appropriate recommendations for future activities. The recommendations of the reviews will be used and potentially included in the proposals for new two-year work plans for the NSS and Vitamin A programs starting in October 2003.

#### **II. Background**

##### **NSS**

The main objective of the NSS is to assess the impact of the economic crisis on nutritional and health status, and to monitor the country's recovery from the crisis.

Cross-sectional data are collected four times a year (i.e. one round of data collection every three months) in all sites. The variables, or indicators, selected for the NSS are based on the conceptual framework of the causes of malnutrition developed by the United Nations Children's Fund (UNICEF). These variables provide information on the immediate, underlying and basic causes of malnutrition.

Many new changes in the external environment could have an impact on the NSS. Major issues facing the program include: 1) maintaining high quality data collection while improving turn-around time in data dissemination; 2) potential reductions in allocations for project activities; 3) slow recovery from the economic crisis; and 4) the mandate to decentralize the health system.

### **The current objectives of the NSS are:**

#### General

- To continue to provide nutrition and health information through the NSS for public health policy and decision-making, and for the monitoring and evaluation of intervention programs.
- To build local capacity to increase the use of and demand for nutrition and health information.

#### *Specific*

- To provide timely data on nutritional status and other health indicators for purposes of monitoring the health of the population and identifying at-risk groups for intervention programs.
- To assist the Government of Indonesia, donor groups and other organizations in the monitoring and evaluation of their programs.
- To assist the Government of Indonesia in obtaining baseline nutrition and health information in new provinces.

### **Vitamin A Program**

The main objective of the current Vitamin A Program is to support the Ministry of Health in the implementation of the existing national vitamin A supplementation program for children in communities across Indonesia. To achieve this objective HKI provides technical assistance and conducts mass media campaigns and advocacy activities. Successful implementation of the supplementation program will increase vitamin A capsule coverage rates, prevent cases of severe morbidity, and improve child survival. Following the economic crisis in 1997 there were indications that the risk of vitamin A

deficiency among women and children was increasing due to 1) a decline in dietary quality (particularly in the urban areas) and 2) the impact of the crisis on the implementation of routine health services, particularly preventive health services. In addition, the national policy on vitamin A supplementation changed in 1999 to include 6-11 month old children as a new target group for supplementation. At that point in time HKI began working in collaboration with the MOH and other groups to conduct specific activities that were focused on:

- Increasing vitamin A capsule coverage among the new target group of 6-11 month-old children (across Indonesia)
- Increasing vitamin A capsule coverage among the existing target group of 12-59 month-old children above pre-crisis levels (across Indonesia)
- Implementing more intensive program activities in the urban poor areas where the risk of vitamin A deficiency appeared to be at the most immediate risk of increasing

## **The current objectives of the Vitamin A Program are:**

### General

- To increase high-dose vitamin A capsule coverage rates during the national vitamin A distribution months of February and August among: a) all eligible children 6-11 months of age, and b) all eligible children 12-59 months of age.

### Specific

- To support the national vitamin A supplementation program for children being implemented by the Ministry of Health
- To implement national mass media campaigns aimed at increasing community demand for vitamin A and increasing participation in the posyandu-based capsule distribution program (every February and August) for all preschool age children (6-59 months of age)
- To explore alternative distribution mechanisms to increase vitamin A capsule coverage among high-risk groups in areas that do not regularly use the posyandu system
- To update educational and training materials that will assist district and provincial level staff in the planning and implementation of the routine vitamin A program and the use of vitamin A for case management of disease
- To raise awareness (at all levels) about the continuing need and current constraints to maintaining an adequate and timely supply of capsules to support the national vitamin A program

## **III. Purpose of the Technical and Management Reviews**

The primary goal of conducting these reviews is to provide practical guidance and to assist the NSS and Vitamin A Programs and USAID to make appropriate changes to these programs as they plan for future activities. The reviews should not focus too heavily on past issues, however, the review teams should identify and use information about past achievements, missed opportunities, and current needs to formulate recommendations about the future implementation of these programs.

### **NSS**

The primary purpose of this review is to provide specific recommendations about future technical and programmatic directions, approaches, and strategies that can assist the current NSS program to maximize its impact by September 2005. This will be accomplished by reviewing the past and present working arrangements, implementation methods, and achievements of the program to date. The resulting recommendations will be utilized and potentially incorporated into an upcoming two-year work plan covering the time period of October 2003-September 2005.

Specifically, the key issues that the technical and management review team should address are:

2. To assess the extent to which the NSS program has achieved the objectives and results of the program. To date, what are the major technical and programmatic achievements?
2. What are the missed opportunities, gaps or limitations of the current program?
3. Taking into account the current status of the health care system in Indonesia and the challenges facing the GOI, are there new technical or programmatic issues, strategies or approaches that were not included in the initial design that the NSS could undertake in order to be responsive to the GOI's need for monitoring data? Or, are there technical and programmatic issues that the NSS has been working on that need more attention, a new approach or increased level of effort given the current situation? Furthermore, are there technical or programmatic issues that the NSS has been focusing on that are less of a priority and should be eliminated? The following are key issues facing health, health care quality and access to services in a decentralized Indonesia:
  - Prevalence rates of micronutrient deficiencies in women and children
  - Coverage of Vitamin A supplementation and immunization for both women and children
  - Access to health services, both for prevention and treatment
  - Basic causes of malnutrition
  - Underlying and basic causes of malnutrition and poor health
7. In the area of data management and release. Is data distribution timely? Are the data relevant? How are the data used? This review will include a consideration of the topics included the data collection tool and their relevance to stakeholder needs.
8. What are the strengths and weakness in the current management structure of the partnership between GOI, HKI, USAID, and other stakeholders? What role does HKI currently play in facilitating program and policy debates based on NSS data?
9. Regarding the medium to long-term future of the NSS:

- What are the prospects for financial support mechanisms from GOI at multiple levels and/or other donors?
- What are prospects for capacity development (skills transfer) at the central/provincial/district levels in Indonesia to implement/manage the NSS and to collect, analyze, and utilize data?

## Vitamin A Program

The primary purpose of this review is to provide specific recommendations about future technical and programmatic directions, approaches, and strategies that can assist the current Vitamin A Program to maximize its impact by September 2005. This will be accomplished by reviewing the past and present working arrangements, implementation methods, and achievements of the program to date. The resulting recommendations will be utilized and potentially incorporated into the upcoming two-year work plan covering the time period of October 2003-September 2005.

Specifically, the key areas that the technical and management review team should address are:

1. To assess the extent to which the Vitamin A Program has achieved its stated objectives for the time period of 1999-2003. What are the major technical and programmatic achievements to date?
2. To examine whether the media campaigns, materials, and activities been appropriate and effective. Should other types of strategies or materials be considered in the future?
3. To identify the missed opportunities, gaps, or limitations of the current program.
4. To consider, after taking into account the current program status, the way the health care system in Indonesia is functioning and the ongoing challenges facing the GOI with respect to decentralization, if there are:
  - new technical or programmatic issues
  - new working partners (for example, other divisions of the MOH or other NGOS)
  - new target groups for vitamin A supplementation (for example, women of reproductive age)that are not currently being addressed/accessed that should be considered in future activities.
5. To consider what level of financial support may be expected from the different levels of the GOI and donor agencies in the near future for implementing various components of the national vitamin A supplementation program for children including: capsule procurement, promotional activities, operational costs, training activities, etc.

#### IV. Expanded Technical and Management Review Reports

Two separate reports - one for the NSS and another for the Vitamin A Program - will be written to summarize the findings of the review process. These reports are intended for use as internal documents by HPN mission staff, NIHRD, the Directorate of Community Nutrition, and HKI. They are NOT intended to be lengthy documents, but are intended to be user- friendly technical and management reviews with useful recommendations for mid-course corrections and adjustments to the current programs.

#### V. Team Composition

Two separate teams will be formed: one for the review of the NSS and another for the review of the Vitamin A Program. The following positions and personnel are recommended for the Technical and Management Review teams. Short biographical sketches are included for each individual.

<b>NSS</b>	Team leader:	Ray Yip
	HKI representative:	Ame Stormer
	Litkbangkes representative:	Dr. Soewarta Kosen
	USAID technical expert:	Pak Imran Lubis
	University Representative	Dr. Idrus Jus'at
<b>Vitamin A</b>	Team leader and HKI Representative:	Dora Panagides
	Gizi representative:	Titin Hartini
	USAID technical expert:	Sri Boedihardjo
	University Representative	Elvina Karyadi

#### NSS Team

- **Team leader: Ray Yip**

Ray Yip currently works for UNICEF in Beijing, China. He is an international expert in the field of nutrition and previously worked in Indonesia. He has experience in program management and surveillance systems. He has published widely on micronutrient deficiencies.

- **HKI representative: Ame Stormer**

Ame Stormer is the newly appointed Project Director of the NSS for Helen Keller International. Dr. Stormer will be involved in implementing those recommendations that result from the technical review.

- **NIHRD representative: Soewarta Kosen**

Soewarto Kosen is the NIHRD counterpart responsible for the implementation and analysis of the NSS. Dr. Kosen has been the counterpart since the expansion of the NSS in 1998. He has been involved in the design, implementation and decision making process as well as providing technical expertise to the program.

- **USAID technical expert : Imran Lubis**

USAID has identified Imran Lubis FP/Reproductive Health/decentralization activity manager to actively participate on the NSS team.

- **Indonesian Health Professional: Idrus Jus'at**

Dr. Jus'at is the Deputy Dean for Academic Affairs, and the Chairman of the Undergraduate Program in Nutritional Sciences at the School of Public Health at Indonusa Esa Unggul. He holds a doctorate in nutrition from Cornell University.

### **Vitamin A Team**

- **Team Leader: Dora Panagides**

Dora Panagides is the current HKI Country Director in Bangladesh. She has experience in nutrition program planning, implementation and evaluation. She also has served as a technical advisor to the Ministry of Health in Cambodia on Vitamin A issues.

- **Directorate of Community Nutrition: Titin Hartini**

Titin Hartini had been appointed to be the representative from the Directorate of Community Nutrition. She is currently on staff in that Directorate and has been involved in overseeing Vitamin A program implementation and monitoring activities.

- **USAID technical expert: Sri Boediharjo**

USAID has identified Sri Durjati Boediharjo, Health and Nutrition Program Advisor, to participate on the Vitamin A team as the USAID representative. Ibu Sri has been involved in overseeing Vitamin A Program activities since 1999.

- **Indonesian Health professional: Elvina Karyadi**

Dr. Karyadi is currently the Assistant Deputy Director of Research, Head Unit of Micronutrients at SEAMO-TROPMED, University of Indonesia. She has conducted a variety of micronutrient and health related research projects in Indonesia.

Each of these teams is responsible for organizing and delivering the final Technical and Management Review Reports, Executive Summaries, and PowerPoint Presentations that summarize the findings and recommendations of their respective review activities.

## **VI. Methodology**

The technical and management reviews are intended to be a participatory process that engages NIHRD, the Directorate of Community Nutrition, HKI implementing partners and staff, provincial level health officials, other stakeholders, and USAID personnel.

An important element of the review process is the need for all team members to be open to new ideas; to work evidence-based; and for all partners to be reflective and candid about the challenges that the programs face.

## **VII. Proposed Timeline**

The following timeline is proposed:

**April 2003:** HKI will develop the participatory and data gathering process for the technical and management reviews with input from USAID and key representatives participating in the reviews. HKI will be responsible for:

1. Developing agendas and schedules for the technical and management reviews.
2. Scheduling interviews and meetings to gather information regarding the programs from:
  - HKI representatives
  - MOH implementing partners: NIHRD (NSS) and the Directorate of Community Nutrition (Vitamin A program)
  - Provincial level health officials (NSS only)
  - NSS field staff (NSS only)
  - Key USAID representatives
  - Other important stakeholders
3. Establishing and maintaining communication with team members to facilitate coordination and planning.

### **NSS review**

**It is anticipated that this review will take place from April 21- May 2, 2003.**

- **Week One: Off Site Preparation and Planning**

All team members review and become familiar with the critical documents provided (in print or on CDROM) by HKI staff before coming to Indonesia to work as a team.

- **Week Two: In-country review activities (Jakarta: April 28-May 2)**

The Team will conduct key informant interviews with HKI, USAID, NIHRD staff and other stakeholders in Jakarta to begin to gather data and information regarding the technical, programming and management aspects of the program.

Provincial and District level health officials will be invited to Jakarta to participate in separate group discussions about the NSS and recommendations for future activities. The Team Leader should facilitate discussion and dialogue and keep the Team focused on responding to the key questions.

- **Report Writing and Presentations**

Time is reserved at the end of week two (May 2) for team members to coordinate their comments and prepare a presentation and report regarding the review. Each Team member should write draft points and provide it to the Team Leaders. A PowerPoint presentation summarizing the findings and recommendations should be presented to USAID/Indonesia HPN staff, NIHRD representatives, and the HKI staff for input and discussion. A finalized Expanded Technical and Management Review report should be completed by the team leader with input from the team. This report is NOT intended to be a lengthy document, and should be user friendly.

### **Vitamin A Program Review**

**It is anticipated that this review will take place from April 28-May 9, 2003.**

- **Week One: Off-site Preparation and Planning**

All team members will individually review and become familiar with the critical documents they have been provided (in print or on CDROM) by HKI staff before coming to Indonesia to work as a team.

- **Week Two: In-country review activities (Jakarta: May 1-9)**

The Team will conduct key informant interviews and group discussions with HKI, USAID, Directorate of Community Nutrition staff and other stakeholders in Jakarta to gather data and information regarding the technical, programming and management aspects of the program. The stakeholders will be asked propose recommendations for future Vitamin A Program activities. The Team Leader should facilitate the discussions and keep the Team focused on responding to the key questions.

- **Report Writing and Presentations**

Time is reserved during week two for team members to coordinate their comments and prepare a presentation and report regarding the review. Each Team member should write draft points and provide it to the Team Leaders. A PowerPoint presentation summarizing

the findings and recommendations should be presented to USAID/Indonesia HPN staff, Directorate of Community Nutrition representatives, and the HKI staff for input and discussion. A finalized Expanded Technical and Management Review report should be completed by the team leader with input from the team. This report is NOT intended to be a lengthy document, and should be user friendly.

## **IX. Deliverables**

At the end of the process the USAID mission requests the following:

1. Two Final Reports with Executive Summaries responding to the questions to be addressed. The reports should NOT be lengthy documents, but user friendly in order for USAID and the NSS and Vitamin A teams to use the recommendations to guide and strengthen future programming.
2. Two PowerPoint presentations used to summarize the findings and recommendations of each review. Team members should conduct a PowerPoint presentation and discussion for key stakeholders. It is possible that the presentation could take place as a conference call with team members out of country. The availability and location of suitable conference facilities are currently being investigated.

## Appendix B Schedule of Events

### NSS Technical and Management Review Schedule (draft)

<b>28-Apr</b>	<b>29-Apr</b>	<b>30-Apr</b>	<b>1-May</b>	<b>2-May</b>	<b>5-Mar</b>
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Team meets at HKI to develop questionnaire	Provincial and District Health Officials meeting at Kemang Hotel	Ray Yip meets with Ibu Rachmi and her staff at DepKes 9-11 am	Other Stakeholders Meeting at Kemang Hotel	Jim Gingerich, DAI; Wrap Up Meeting at HKI
	Ray Yip arrives	Molly Gingerich USAID	Dr. Sri Astuti; HKI staff; Dr. Martin Bloem, HKI Country Director	Dr. Sumarjati and Mr. Sunarno; Dr. Dini Latief; Dr. Azrul Azwar	

## Appendix C List of Attendees Provincial and District Health Officials

# LIST OF ATTENDANCE

## NSS TECHNICAL REVIEW - DISTRICT LEVEL

Pirus Room, Kemang Hotel - Wed, 30 Apr 03 - 9 am onwards

No	Province	Name	Position
	<b>Banten</b>		
1	Dinas Kesehatan Tk.I	Nurmetia Priliani, SKM, MM	Kasie. Penyusunan Program
2	Kabupaten Serang	dr. Sri Nurhayati	Kasubdin
	<b>Central Java</b>		
3	Dinas Kesehatan Tk.I	Agus Sartono	Kasie. Gizi
4	Kodya Semarang	Ir. Purwanti S, Mkes	Kasie. Gizi
5	Kabupaten Tegal	dr. M. Abdul Djalili, Mkes	Ka. Dinas Kesehatan
	<b>DKI Jakarta</b>		
6	Dinas Kesehatan Tk.I	Devi Moeshar	Kasie. Gizi Komunitas
	<b>East Java</b>		
7	Dinas kesehatan Tk.I	Sugeng Eko Irianto	Staf Subdin kesehatan Gizi
8	Kodya Surabaya	Mari Sulis S, SKM	Kasie. Gizi
9	Kabupaten Bangkalan	dr. Ghasin Ghufron, Mppm	Ka. Dinas Kesehatan
10	Kabupaten Probolinggo	Soelis Astoeti Bse, SH	Kasie. Gizi
	<b>Lampung</b>		
11	Dinas Kesehatan Tk.I	Bertalina, SKM	Staf seksi PKD
12	Kodya Bandar Lampung	dr. Reihara Wijayanto	Kasubdin kes-ga
13	Kabupaten Lampung Timur	Elda Ariyani, SE	Kasie. Gizi
	<b>South Sulawesi</b>		
14	Dinas Kesehatan Tk.I	Agus Windiarso, Mkes	Kasie. Gizi
15	Kodya Makassar	Dr. Armyn Nurdin, Msc	Ka. Dinas Kesehatan
16	Kabupaten Polewali Mamasa	Dr. Achmad Aziz	Ka. Dinas Kesehatan
17	Kabupaten Bone	Dr. Salahuddin A. Palloge, MPH	Ka. Dinas Kesehatan
	<b>West Java</b>		
18	Dinas Kesehatan Tk.I	Elly Musa	Kasie. Gizi
19	Kabupaten Bandung	Drg. Yani A Marzuri	Kasie PPGK
20	Kabupaten Cirebon	Dr. HD Prihadi	Ka. Dinas Kesehatan
	<b>West Nusa Tenggara</b>		

21	Dinas Kesehatan Tk.I	dr. Marie Sanad	Kasubdin Yankes - Gizi
22	Kabupaten Lombok Barat	Anang Nugroho	Staf sie. Gizi Dikes Kab.
23	Kabupaten Lombok Timur	Fajar Purnawan	Staf sie. Gizi Dikes Kab.
	<b>West Sumatera</b>		
24	Kabupaten pasaman	Gustrizal, SKM	Satf sie Kesga / Gizi Dinkes Kab.
25	Kabupaten Solok	Dr. Yasril Rivai	Ka. Dinas Kesehatan

## Appendix D List of Attendees Other Stakeholders Meeting

# LIST OF ATTENDANCE

## NSS TECHNICAL REVIEW - STAKEHOLDERS

Pirus Room, Kemang Hotel - Fri, 2 May 03 - 9 am onwards

NO	NAME	ORGANIZATION	POSITION
1	Puguh Irawan	BPS - Statistic Indonesia	Senior Researcher
2	Dr. Endang Widyastuti	CARE International	Health Program Leader
3	Bhavna Patel	Catholic Relief Services (CRS)	Team Leader - Health
4	Wayne Zurich	Catholic Relief Services (CRS)	Emergencies Manager
5	Dodik Briawan	Center for food & nutrition policy studies, Bogor agricultural	Secretary
6	Hardinsyah	Center for food & nutrition policy studies, Bogor Agricultural Institute	Executive Director
7	dr. Maria I Tjahyadi	Church World Service (CWS)	Ass. Program Manager Health & Nutrition
8	Michael Koeniger	Church World Service (CWS)	Technical Advisor
9	Faraja Chiwile	Church World Service (CWS)	Nutritionist
10	Ria Mozar	Church World Service (CWS)	Water & Sanitation Specialist
11	Elviyanti Martini	Helen Keller International (HKI)	Director - FODM
12	Siti Halati	Helen Keller International (HKI)	Field Operation Manager
13	Slamet S Harjosuwarno	Inisiatif Anti-Malaria Indonesia (IAMI)	Director
14	Charles W. Oliver	Inisiatif Anti-Malaria Indonesia (IAMI)	Senior Advisor
15	Akiko Matsuyama	JICA MCH Handbook Project	Chief Advisor
16	Ade Erma	JICA MCH Handbook Project	Programme Assistant
17	Yashiko Fujiwara	JICA MCH Handbook Project	Pharmaceutical Policy Advisor
18	Bob Bernsten	Management Science for Health (MSH)	Senior Technical Advisor
19	Vanessa Dickey	Mercy Corps International (MCI)	Program Manager - PD
20	Bambang Hartono	Minister of Health (MoH)	Director
21	Kemal N Siregar	MNH / Jakarta	Team Leader M & E
22	Gail Chanpong	MNH / JHPIEGO	Senior Research Eval
23	Moesijanti Soekatri	Nutrition Dept. School & Health, MOH	Lecturer
24	Edith Sumedi	Nutrition Dept. School & Health, MOH	Head of Dept. of Nutrition politechnic of health Jakarta II
25	Iwan Ariawan	P A T H	Director - Research Seval
26	Rina Agustina - Ahmad	Seameo - Tropmed RCCN UI	Research Division
27	Siti Muslimatun	Seameo - Tropmed RCCN UI	Deputy Director
28	Widjaja H	Seameo - Tropmed RCCN UI	Dept. Director for Research
29	Russ Vogel	SOAG (USAID) - MOH	Advisor to MOH
30	Adrian Hayes	STARH Program	Policy Advisor
31	Saptono Priyadi	U N I C E F	Monitoring Officer

32	Yusak Oppusunggu	U S A I D	Program Specialist
33	Molly Gingerich	U S A I D	Director - HPN
34	Anna Winoto	UNICEF, Nutrition	Assistant Project Officer
35	Dian Handayani	USAID	Secretary
36	Inge Bienc	World Food Programme (WFP)	Programme Advisor
37	Dr. Melania Gondomartoyo	World Food Programme (WFP)	National Officer - NP
38	Keiko Izuslui	World Food Programme (WFP)	Programme Officer
39	Pascave M	World Food Programme (WFP) - VAM	Programme Officer

## Appendix E Individuals and Organizations Who Have Requested and Received Project Materials

Name	Organization
Idrus Jus'at	Indonusa Esa nggul University
Yoshiko Fujiwara	JICA Indonesia Office
Melania Gondomartojo	World Food Programme
Uki	Int'l Relief & Development
Gary Lewis	Johns Hopkins / STARH
	Maternal and Neonatal Health (MNH)
Marc Hiller	Smartwood Asia Pacific
Paul Mc Carthy	The World Bank
Maurice Bloem	Church World Service (CWS)
Russ Vogel	JHPIEGO
Ann Palmer	P AT H
Sri Astuti	NIHRD - MoH
Gordon Sagger	DFID - Sea Bangkok, Great Britain Embassy in Jakarta
	Minister of Health (MoH)
Marcus Huit	MLend o Lakes
Allister Clewlow	Mercy Corps Intenational(MCI)
	Koalisi Indonesia Sehat
Menno Phardan	World Bank
Melati	SEAMEO - UI
Bob Bernstein	SOAG
Nurmetia Priliani, SKM, MM	Dinas Kesehatan Tk.I - Banten
dr. Sri Nurhayati	Kabupaten Serang
Agus Sartono	Dinas Kesehatan Tk.I - Central Java
Ir. Purwanti S, Mkes	Kodya Semarang
dr. M. Abdul Djalili, Mkes	Kabupaten Tegal
Devi Moeshar	Dinas Kesehatan Tk.I - Jakarta
Sugeng Eko Irianto	Dinas kesehatan Tk.I - East Java
Mari Sulis S, SKM	Kodya Surabaya
dr. Ghasin Ghufon, Mppm	Kabupaten Bangkalan
Soelis Astoeti Bse, SH	Kabupaten Probolinggo
Bertalina, SKM	Dinas Kesehatan Tk.I - Lampung
dr. Reihara Wijayanto	Kodya Bandar Lampung
Elda Ariyani, SE	Kabupaten Lampung Timur
Agus Windiarso, Mkes	Dinas Kesehatan Tk.I - South Sulawesi
Dr. Army Nurdin, Msc	Kodya Makassar

Dr. Achmad Aziz	Kabupaten Polewali Mamasa
Dr. Salahuddin A. Palloge, MPHM	Kabupaten Bone
Elly Musa	Dinas Kesehatan Tk.I - West Java
Drg. Yani A Marzuri	Kabupaten Bandung
Dr. HD Prihadi	Kabupaten Cirebon
dr. Marie Sanad	Dinas Kesehatan Tk.I - West Nusa Tenggara
Anang Nugroho	Kabupaten Lombok Barat
Fajar Purnawan	Kabupaten Lombok Timur
Gustrizal, SKM	Kabupaten Pasaman (Sumatera)
Dr. Yasril Rivai	Kabupaten Solok (Sumatera)
Puguh Irawan	BPS - Statistic Indonesia
Dr. Endang Widyastuti	CARE International
Bhavna Patel	Catholic Relief Services (CRS)
Wayne Zurich	Catholic Relief Services (CRS)
Dodik Briawan	Center for food & nutrition policy studies, Bogor agricultural
Hardinsyah	Center for food & nutrition policy studies, Bogor Agricultural Institute
dr. Maria I Tjahyadi	Church World Service (CWS)
Michael Koeniger	Church World Service (CWS)
Faraja Chiwile	Church World Service (CWS)
Ria Mozar	Church World Service (CWS)
Slamet S Harjosuwarno	Inisiatif Anti-Malaria Indonesia (IAMI)
Charles W. Oliver	Inisiatif Anti-Malaria Indonesia (IAMI)
Akiko Matsuyama	JICA MCH Handbook Project
Ade Erma	JICA MCH Handbook Project
Yashiko Fujiwara	JICA MCH Handbook Project
Bob Bernsten	Management Science for Health (MSH)
Vanessa Dickey	Mercy Corps International (MCI)
Bambang Hartono	Minister of Health (MoH)
Kemal N Siregar	MNH / Jakarta
Gail Chanpong	MNH / JHPIEGO
Moesijanti Soekatri	Nutrition Dept. School & Health, MOH
Edith Sumedi	Nutrition Dept. School & Health, MOH
Yuslely Usman	NIHRD - MoH
Ni Ketut Aryastami	NIHRD - MoH
Iwan Ariawan	P A T H
Pat Daly	Save The Children
Judith Moore	Save The Children
Rina Agustina - Ahmad	Seameo - Tropmed RCCN UI

Siti Muslimatun	Seameo - Tropmed RCCN UI
Widjaja H	Seameo - Tropmed RCCN UI
Russ Vogel	SOAG (USAID) - MOH
Adrian Hayes	STARH Program
Ray Yip	UNICEF, Beijing
Saptono Priyadi	U N I C E F
Anna Winoto	UNICEF, Nutrition
Imran Lubis	U S A I D
Inge Bienc	World Food Programme (WFP)
Dr. Melania Gondomartojo	World Food Programme (WFP)
Keiko Izuslui	World Food Programme (WFP)
Pascave M	World Food Programme (WFP) - VAM
Ir. Iswidani	SUMMIT - Lombok