

Final Narrative Report

USAID Office of Food for Peace Medan Food Security and Nutrition Program

Indonesia – Save the Children/USA

31 March 2009

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LIST OF ACRONYMS

BCC	Behavior Change Communication
CDC	Community Development Committee
CS	Cooperating Sponsors
DHO	District Health Office
ESP	Environmental Service Program (ESP), (USAID)
FFW	Food For Work
FKM-UI	University of Indonesia Fakultas Kesehatan Masyarakat (School of Public Health)
GOI	Government of Indonesia
HSP	Health Service Program (USAID)
HWS	Hand washing with soap
IBI	Ikatan Bidan Indonesia – Midwives Association
IDI	Ikatan Dokter Indonesia – Medical Doctors Association
IEC	Information, education and communication
IPTT	Indicator Performance Tracking Table
IR	Intermediate Result
JKM	<i>Jaringan Kesejahteraan/Kesehatan Masyarakat</i> Community Welfare/Health Networks (LNGO partner)
<i>Jurim</i>	Pukesmas staff responsible for providing immunizations
<i>Kadre</i>	Health volunteer who works at the Posyandu
<i>Kepala lingkungan</i>	Administrative leader/head of the community
<i>Lingkungan</i>	Neighborhood unit
LNGO	Local Non-Governmental Organization
LGSP	Local Governance Support Program (USAID)
MFSNP	Medan Food Security and Nutrition Program
MOH	Ministry of Health
NERP	Nutrition Education and Rehabilitation Program
NERS	Nutrition Education and Rehabilitation Session
PD	Positive Deviance
PIN	National Immunization Program
PKK	Women Group Association
<i>Posyandu</i>	<i>Pos Pelayanan Terpadu</i> ; Community-run health post
<i>Puskesmas</i>	<i>Pusat Kesehatan Masyarakat</i> ; government health clinic at the sub-district level
SC	Save the Children (US)
SDM	Studio Dirá Media (LNGO Partners)
SWS	Safe Water System operated through CARE (USAID)
PHO	Provincial Health Office
PKK	<i>Program Kesejahteraan Kelurahan</i> (Local Women’s Association)
SO	Strategic Objective
TOT	Training of Trainers
WATSAN	Water and Sanitation
YAKMI	<i>Yayasan Kesejahteraan Masyarakat Indonesia</i> Indonesian Welfare Foundation (LNGO partner)
YPRK	<i>Yayasan Pondok Rakyat Kreatif</i> (LNGO partner) Creative People House Foundation
YPRP	<i>Yayasan Pembela Rakyat Pinggiran</i> (LNGO partner) Urban Poor Defender Foundation

FINAL PROGRAM NARRATIVE REPORT

1. LENGTH OF AWARD RESULTS

A. INTRODUCTION

This report provides a comprehensive review of the implementation of the Medan Food Security and Nutrition Program (MFSNP), USAID/FFP, in Indonesia conducted by Save the Children US (SC) in Indonesia during the 1 October 2004 to 31 December 2008. The program aimed to improve the nutritional status of children under five at the community level through behavior-centered programming on infant feeding and childcare practices, promotion of improved hygiene practices, and the improvement of health service delivery and sanitation environment.

The primary goal of the MFSNP was to improve the nutritional status of children under five by promoting key health and nutrition practices and increase the use and quality of basic health services. This included:

- Immediate and exclusive breastfeeding for infants under 6 months
- Timely introduction of appropriate complimentary foods
- Hand washing with soap
- Complete immunization
- Healthy snacking

The MFSNP used several behavior-focused strategies, specifically positive deviance, one-on-one counseling, and mass communication campaigns to support the adoption of key health and nutrition practices. The program also focused on the revitalization of *posyandus* (community-based integrated health posts run by volunteer community health workers) to improve the quality of services. This was achieved through capacity building of community health volunteers (known in Indonesia as *kaders*) and health center staff.

As evidenced by the baseline and end line survey, Save the Children achieved--and exceeded, in some cases--MFSNP targets for behavior change and improved health status. This report describes achievements in detail below, per each intervention and IR.

MFSNP was originally conceived as a five year program. Following the USAID Food for Peace (USAID/FFP) decision to focus its programs on the world's fifteen most food insecure countries, however, USAID/FFP decided to phase out its Indonesia programs by the end of FY08. As a result, Save the Children submitted a revised plan to downsize and phase out its MFSNP activities by December 2008. The revised framework (submitted in April 2006 and approved at the end of the fiscal year) consolidated the achievements of the MFSNP, while minimizing the negative consequences of an early phase-out.

Save the Children undertook efforts to streamline the program's strategic objectives, interventions, intermediate results, strategies, and program activities through a comprehensive results framework exercise in April 2006.

The originally proposed strategic objectives (SO) of the MFSNP were:

SO 1: Improved health and nutritional status of vulnerable women and children under five in six urban poor sub-districts of Medan; and

SO 2: Increased access and availability to food for targeted vulnerable populations

Based on baseline findings and recommendation, the two proposed SOs were revised to one SO.

SO 1: Increased use of key maternal and child health, nutrition and hygiene practices and services in six urban poor sub-districts of Medan

The SO revision was based on key baseline findings and recommendations and focused the program on direct effects on nutritional status of children under five within the shortened time frame. Because of the curtailed timeframe, there was not enough project time to address the access and availability components of food security originally proposed and specified in SO 2. Access to food depends not only on food availability, but also on a family's ability to generate a sustainable income able to withstand shocks.

Therefore, Save the Children focused on activities to achieve the greatest impact in the time available. In the target area, food was readily available in local markets and shops. Thus, the revised program framework and resulting interventions were designed to improve access to basic community-based health services, while simultaneously addressing infant and young child feeding practices and health seeking behaviors.

The revised result framework:

GOAL: Improve nutritional status of children under-five			
SO: Increase use of key maternal and child health, nutrition and hygiene practices and services in six urban poor sub-districts of Medan			
Intervention 1: Improve environmental hygiene practices and services with an emphasis on the promotion of hand washing practices and school sanitation			
IR 1.1	IR 1.2	IR 1.3	IR 1.4
Increase access and availability of environmental hygiene services and supplies	Increase quality of environmental and personal hygiene practices and services	Increase knowledge, attitudes and skills related to environmental hygiene practices	Increase government commitment to improving sanitation infrastructure and supporting hygiene practices
Intervention 2: Improve breastfeeding practices for children under the age of two with an emphasis on immediate breastfeeding for infants within one hour of birth, exclusive breastfeeding for children under six months, appropriate complimentary feeding and continued breastfeeding until the age of two			
IR 2.1	IR 2.2	IR 2.3	IR 2.4
Increase access to and availability of health services	Increase quality of breastfeeding information, education and counseling services	Improve infant and young child feeding practices, breastfeeding knowledge, attitudes and skills	Create an enabling social and policy environment supporting appropriate breastfeeding and complimentary feeding practices

Intervention 3: Improve child health and nutrition services and consumption practices			
IR 3.1	IR 3.2	IR 3.3	IR 3.4
Improve access to basic health and nutrition services and education materials	Improve quality of nutrition education and service delivery	Improve infant and child feeding and care practices for mothers of children under five	Create an enabling social and policy environment supporting the improvement of child health and nutrition services
Intervention 4: Improve immunization practices and services, with an emphasis on complete immunizations for children under one year of age			
IR 4.1	IR 4.2	IR 4.3	IR 4.4
Increase access and availability of full immunization services for children	Increase quality of immunization services	Increase knowledge, attitudes and immunization seeking practices of parents	Create an enabling social and policy environment that fosters the promotion and ensures availability of immunizations

The revised framework supported the implementation of behavior-centered interventions, while improving access to primary health services. Activities such as immediate and exclusive breastfeeding and hand washing with soap became the primary focus. Improved access to services and capacity building to improve the delivery of these services were designed to support all of the behavior-centered activities. All of the activities contained in the new framework come directly from the original proposal but were organized to support a behavior-centered approach.

Additionally, the design served to improve links with the USAID/Jakarta Mission priorities, especially the USAID BHS strategic objective, “Higher Quality Basic Human Services,” by focusing on revitalizing *posyandus*, immediate and exclusive breastfeeding, improved water and sanitation services for communities, nutrition clinics for underweight children, positive deviance and nutritional training to implement best practices.

USAID provided the following resources over the life of the program.

- Commodities value for distribution: US\$4,923,500
- ITSH: US\$1,599,299
- Funds generated from monetization of commodities: US\$1,005,592
- 202e funding for program support: US\$1,099,515
- Mission Fund: US\$844,536
- Matching Fund US\$372,285

This document presents the achievements of MFSNP over the life of the project. This report will show that through this project, Save the Children and its partners successfully improved health and nutrition status of children under five in the project area. The results are presented below by each intervention and intermediate result (IR).

Partners

A key strategy of MFSNP was to work in partnership with both the Government of Indonesia (GOI) and local NGOs. MFSNP worked in partnership with Medan Municipality through the District Health Office (DHO) and the District Education Office (DEO), as well as with six DHOs in West Java Province and four local NGOs in Medan.

Medan DHO and West Java DHO: The DHO manages *Puskesmas* clinics in each sub-district, each with a medical staff of 10-15 nurses and one doctor. Through an MOU with SC, the DHO was responsible for immunization training of *Puskesmas* staff, Growth Monitoring Training of *Posyandu* “*kaders*” (community health workers), and monitoring of the NERS. In addition, the Medan DHO, the coordinating body for the government’s school health program, involved the District Education Offices and the Office of Religious Affairs in Medan in promoting the hand washing with soap (HWS) program.

Local NGOs: From the 32 local NGOs who applied, SC invited four to join the program as implementing partners. The process involved competitive bidding based on the organizations’ profiles and concept papers submitted to MFSNP in targeted sub districts. SC conducted a pre-award assessment with each NGO in late December 2004 and generated a list of needs for each NGO, based on their internal capacity and areas of improvement. SC issued annual subgrants for each local NGO, with monthly cash distributions to cover implementation work. Partners submitted monthly financial reports and quarterly program narrative reports.

SC selected YPRK (*Yayasan Pondokon Rakyat Kreatif*- Creative People House Foundation), YAKMI (*Yayasan Kesejahteraan Masyarakat Indonesion*-Indonesian Welfare Foundation), and YPRP (*Yayasan Pembela Rakyat Pinggiran*) as NGO implementing partners to work in two sub-districts each. These implementing partners’ roles were to monitor food ration distribution on health days, to monitor Nutrition Education and Rehabilitation Session (NERS) implementation, and to ensure that communities were mobilized for FFW activities. Another local NGO, JKM (*Jaringan Kesejahteraan/Kesehatan Masyarakat*-Community Welfare/Health Networks), was selected as a technical support partner to implement module development, training, and IEC material printing in support of health days and NERS.

B. SUMMARY OF ACHIEVEMENTS PER RESULTS FRAMEWORK

Highlights of the most successful activities implemented during the reporting period include:

- **Capacity building:** The program trained community health volunteers (*kaders*) on; one-on-one counseling on personal hygiene promotion (emphasizing hand washing with soap), breastfeeding, nutrition (emphasizing promotion of healthy snacking, and immunization). In addition, MFSNP established a team of trainers composed of district health staff, PKK members, and local NGO partners who have now implemented *Posyandu* training packages for *posyandu kaders* both within and outside of DAP targeted sub-districts.

- **Religious leader involvement:** MFSNP also succeeded in involving religious leaders from each of the five religious groups in Medan in breastfeeding and healthy environment promotion activities.
- **Resource mobilization:** MFSNP successfully mobilized additional resources for working in schools from private donors, including Liquid Net, H2O program, and Vitamin Angels to enhance school health and nutrition programs and distribution of vitamin A and deworming tablets.
- **Collaboration** with MCCI/USAID program to complement efforts to promote complete immunization

Highlights of results achieved include:

Impact Indicator	Baseline Statistic Dec 2005	Endline Target Mid-2009
% children under 5 who are underweight (<-2SD WAZ) by age group (0-6 mo; 6-23 mo; 24-59 mo; 0-59 mo) in target communities	0-59 months old: 32%	28%
% children under 5 who are stunted (<-2 SD HAZ) by age group (0-6 mo; 6-23 mo; 24-59 mo) in target communities	6-59 months old: 37%	33%
% Caretakers of children 0-59.99 months who report having used soap for hand washing at least 2 critical times during the past 24 hours	21%	40%
% of children 12-23 months who are fully immunized for BCG; polio 1, 2, 3; DPT 1, 2, 3; and measles before their first birthday	11%	40%
% of infants 0-11 months who were put to the breast within one hour of delivering in the target communities	2%	20%
% of infants 0-5 months who are exclusively breastfed in target communities	14%	40%

C. ACTIVITIES AND OUTCOMES

Achievements and outcomes are presented below for each intervention and intermediate result.

Intervention 1

Intermediate Result 1.1

Intervention 1: Improve environmental hygiene practices and services with an emphasis on the promotion of hand washing practices and school sanitation			
IR 1.1	IR 1.2	IR 1.3	IR 1.4
Increased access and availability of environmental hygiene services and supplies	Increase quality of environmental and personal hygiene practices and services	Increase knowledge, attitudes and skills related to environmental hygiene practices	Increase government commitment to improving sanitation infrastructure and supporting hygiene practices

To achieve IR 1.1, SC used two strategies:

- Establishing a hygiene infrastructure through a food for work program (FFW)
- Mobilizing communities to support hygiene behavior change.

Strategy 1, IR 1.1: Food for Work

These FFW activities achieved these targets, as demonstrated in the monitoring of performance indicators in IPTT. The following table indicates the FFW achievements during LOA.

ANR & Infrastructure Activities	Original Plan		Achieved
	5 year plan	3 year plan	
1) School Sanitation	362	205	120
2) Water Access-Schools	362	205	70
3) Drainage	230	102	189
4) Public Toilets	177	120	33
5) Garbage/Recycling	180	102	102
6) Water Access- Homes	180	102	26
7) Urban Improvement	252	144	2
8) Administration support in 35 Neighborhoods (Kelurahan)	255	145	
9) Handwashing station at school			91
Total	1998	1,125	633
Distributed hand washing moveable station			717
Distributed garbage container			650
Total		-	1,367

During the program, 663 FFW projects were implemented by local community development committees in coordination with local authorities and Local NGO partners (LNGO). These projects cleaned 189 ditches, improved water access at 96 sites, improved 153 sanitation/latrines, conducted 102 garbage collections, installed 91 hand washing stations at school, and distributed 717 moveable hand washing stations and 650 garbage containers at 67 schools.

Save the Children adjusted the number of planned FFW activities as a result of the reduction of MFSNP commodity. Save the Children also reduced gradually the food ration for FFW beneficiaries, especially during fourth year of implementation when the MFSNP was only using the remaining balance of commodities and funds from the third year.

Contribution to IPTT

The FFW programs work to improve public access to safe water and sanitary latrines reached 33 of the 120 targeted projects originally proposed. MFSNP adjusted the targets for public latrines when the baseline showed that 97% of communities already had access to latrines but only 18.3% latrine were clean and sanitary. Therefore, a few communities in need of this type of activity were selected. In addition, MFSNP determined there was a greater need to focus on community behavior practices to maintain the cleanliness of existing latrines. The endline indicated that 98% of community already had access to latrines, although many were not clean.

In addition, only 26 of the target communities gained improved drainage ditches (monitoring indicator #3); 60% of target communities with improved drainage and ditches are regularly maintained by the community (monitoring indicator #4) after the initial project.

During the LOA, FFW activities provided temporary employment opportunities for 11,545 people, and benefited 84,275 people. Number of food rations distributed during the month to FFW workers in the target area was 11.545

In addition to these activities, Save the Children was able to secure additional funding from private donors to expand activities to an additional 10 schools outside of the MFSNP target area.

Strategy 2, IR 1.2: Community Mobilization

FFW projects were implemented in 31 villages in six sub-districts, which were the same areas as other health and nutrition interventions. In collaboration with three LNGO partners and local authorities, MFSNP established 154 community development committees responsible for identifying, planning, undertaking, and supervising the infrastructure improvement and maintenance activities.

NO	TRAINING	Number of Activities
1	Training on Maintenance of FFW supported facilities at schools	12
2	Training on Maintenance of FFW supported facilities in community	21
3	Training on Proposal Development for FFW Project in the school	12
4	Training on FFW Project Proposal Development in community	6
5	Training on Hand washing Module for teacher for 102 schools	12
6	Training on Management and Developing of Health facilities on community in 6 sub district	6
7	Training on Composting in community	16
	TOTAL	85

Using lessons learned and good practices from MFSNP, SC collaborated with ASA (Asia Soccer Academy) to involve 80 sports teachers in hand washing with soap programs and healthy snack campaigns through sports subjects at schools. This allowed SC to expand the MFSNP to six sub-districts and two districts (Langkat and Deliserdang) in areas not included in MFSNP target area.

Intermediate Result 1.2

Intervention 1: Improve environmental hygiene practices and services with an emphasis on the promotion of hand washing practices and school sanitation			
IR 1.1	IR 1.2	IR 1.3	IR 1.4
Increased access and availability of environmental hygiene services and supplies	Increase quality of environmental and personal hygiene practices and services	Increase knowledge, attitudes and skills related to environmental hygiene practices	Increase government commitment to improving sanitation infrastructure and supporting hygiene practices

SC followed three strategies to achieve IR 1.2:

- Establish system to maintain infrastructure.
- Improve use of community building standards.
- Develop and disseminate IEC materials for communities.

Strategy 1, IR 1.2: Establish system to maintain infrastructure.

As a result of MFSNP, school infrastructure and cleanliness of the school environment, including latrines, has improved significantly. Students have changed their behavior regarding proper and regular latrine use. Community groups established to manage community water sources continue to operate. The activities under this strategy (below) were implemented by LNGO staff in collaboration with local authorities and included the following:

- Developed school regulations for healthy environment practices and maintenance of WATSAN facilities at schools. One hundred school committees were actively involved in the activity and 180 school personnel were trained on the use of school-based hand washing with soap for educational sessions and student discussions. This led to successful adaptation of the school curriculum to include hand washing education, ensuring that students will continue to learn about this important topic.
- Holding regular “healthy or clean environment” contests targeting all community stakeholders, including 14,030 people directly involved in the contests;
- Conducted regular community activities to monitor healthy environments in 17 villages, focusing on the condition of toilets and ditches and the cleanliness of each household, involving 4,358 people;
- A *posyandu kader* and a village community development committee successfully implemented a pilot composting project for solid waste management. The program also facilitated a community-based urban gardening activity in the same project site as a model for income generating activities that could contribute to program sustainability. This activity was replicated in six communities, including on-site trainings for community committees on composting, facilitated by a local expert.

Strategy 2, IR 1.2: Improve use of community building standards.

- Two one-day cross visits for 12 committee members to other FFW project sites; The ESP Water and Sanitation expert facilitated a cross visit to ESP project sites to upgrade

MFSNP local NGO staff knowledge in septic tanks and latrine project design and construction;

- Save the Children introduced the ratio of latrine at school against number of student according to SPHERE standard, however, school space availability is a barrier to implementation of the standards.

See above activities described under IR 1.1 strategy 1.

Strategy 3, IR 1.2: Develop and disseminate IEC materials for communities

The MFSNP created a fact sheet on hand washing with soap at crucial times and hand washing methods and distributed to all *posyandus* (348). This fact sheet was also translated into six local languages (Batak, Karo, Padang, Nias, Aceh and Java).

The program re-printed these and other environmental health materials, which were widely distributed, posted, and used at *posyandus*, as well as at the offices/sites of other BHS partners, such as the Environment Service program (ESP), Medan government promotional events, and the Health Services Program (HSP) for distribution in a further eight districts and two provinces not directly involved in these DAP interventions.

Intermediate Result 1.3

Intervention 1: Improve environmental hygiene practices and services with an emphasis on the promotion of hand washing practices and school sanitation			
IR 1.1	IR 1.2	IR 1.3	IR 1.4
Increased access and availability of environmental hygiene services and supplies	Increase quality of environmental and personal hygiene practices and services	Increase knowledge, attitudes and skills related to environmental hygiene practices	Increase government commitment to improving sanitation infrastructure and supporting hygiene practices

Indicator	Baseline	End line
% Caretakers of children 0-59.99 months who report having used soap for hand washing at least 2 critical times during the past 24 hours	21%	40%
% reporting used soap to wash hands	62%	77.6%
% reporting hand washing at 2 critical times (before eating and after cleaning children)	29.9%	21%

The endline data indicated that the target groups were familiar with the proper practice for hand washing with soap, but they reported not always putting this knowledge into practice. Respondents cited the lack of flowing, clean water as a barrier to adopting this good practice. In

the absence of tap water at home, some respondents said that they use water dippers and then sprinkle the water into their hands. Most households do not have access to piped city water, largely because of the expense.

Two strategies were followed to achieve the results above:

- Behavior change activities
- Documentation and dissemination of best practices.

Strategy 1, IR 1.3: Behavior change activities related to hygiene and sanitation.

- MFSNP collaborated with “*Medan Bisnis*,” a widely circulated North Sumatra daily newspaper, to promote good practices, including breastfeeding, immunization, and proper hygiene through half-page weekly articles every Wednesday for four months;
- The MFSNP adopted the existing USAID-funded hand washing module for school, originally designed for the Aceh tsunami response program. This module had been edited, pre-tested and revised as a generic module for hand washing for elementary school. In August 2006, SC conducted a five-day TOT on hand washing training program, which was attended by school personnel, local government staff, local NGOs, HSP and ESP. SC prepared and distributed 1,000 copies of school-based HWS modules for teachers and school personnel. Health Services Program (HSP), a USAID-funded project, joined in printing 400 copies used in HSP project sites. MFSNP printed 450 copies; 150 copies were printed and used by SC in Nias for an unrelated school health program;
- MFSNP, with local NGO partners and *puskesmas* staff, conducted the monthly hand washing with soap promotions at *posyandu* health days, using the fact sheet as promotional media material, and a portable hand washing station to practice this hygienic behavior. These promotions and practices were also used in the implementation of PD NERS and related school health activities through the “junior doctor” activities at schools, and at a community development program conducted through the University of North Sumatra Faculty of Medicine and Public Health staff.
- The project conducted hand washing with soap promotional exercises monthly at integrated community health posts.
- MFSNP convinced local religious and community leaders to include environmental health messages into their public speeches. As part of the hygiene promotion campaign, MFSNP also supported a series of workshops and training exercises for 94 local Catholic and Christian leaders and 80 local Moslem and Buddhist leaders;

Strategy 2, IR 1.3: Document and Disseminate best practices in managing environment, and water and sanitation infrastructure.

SC disseminated MFSNP information on best practices through workshops and published 1,000 books each on best practices and success stories from *kaders* (volunteer community health workers). SC distributed them to all government partners, non-government partners, and *kaders* in the MFSNP project area, as well as to other LNGOs, INGOs, and provincial and national government.

In addition, the following activities also provided opportunities for dissemination of MFSNP experience. These are described in further detail below:

- ✓ Launch of school health revitalization program in Medan attended by 2,500 students and 500 teachers from 21 districts in Medan.
- ✓ North Sumatra Kader Jamboree attended by 3,000 kaders
- ✓ West Java Mini Jamboree attended by 250 kaders from seven West Java Districts
- ✓ Closing North Sumatra workshop
- ✓ Closing West Java workshop

Intermediate Result 1.4

Intervention 1: Improve environmental hygiene practices and services with an emphasis on the promotion of hand washing practices and school sanitation			
IR 1.1	IR 1.2	IR 1.3	IR 1.4
Increased access and availability of environmental hygiene services and supplies	Increase quality of environmental and personal hygiene practices and services	Increase knowledge, attitudes and skills related to environmental hygiene practices	Increase government commitment to improving sanitation infrastructure and supporting hygiene practices

Two strategies were followed to accomplish IR 1.4:

- Partnering with related government offices
- advocacy for local infrastructure improvement.

Strategy 1, IR 1.4: Partner with government offices in infrastructure improvement and hygiene practices.

- Medan School Health Unit Task Force

Save the Children helped establish the Medan School Health Unit Task Force, with representatives from the Department of Health, the Department of Education, and the Department of Religion to promote hand washing with soap (HWS) in public and Muslim elementary schools.

The Task Force successfully convinced local government to implement a school health revitalization initiative. Launched by the Mayor of Medan May 2007, this ensures that school water and hygiene projects initiated by MFSNP will continue. The event included 2,500 students and 500 teachers from 21 districts in Medan, and provided another forum to disseminate best practices and lessons learned from MFSNP. The Task Force successfully advocated to include improvement of water and sanitation facilities as part of the government school rehabilitation program.

Beyond advocacy, the Task Force also functions as a resource center. Members trained 180 teachers from 60 schools in Medan on HWS. Based on the experience, they were invited to

conduct similar trainings outside of the MFSNP target area, including training 72 teachers in Nias, an island district of North Sumatra Province.

- Collaboration with other USAID projects

In collaboration with other USAID projects (Environmental Services Program, Sanitation and Water Services, and Health Services Program) and the Mayor of Medan Municipality, Medan District Office of Education, and the District Health Office, MFSNP participated in HWS Day on 25 October 2008. The program was carried by four Medan radio stations: Radio Smart FM, Lite FM, Suara Medan, and Most FM.

Strategy 2, IR 1.4: Advocacy for local infrastructure improvement

SC established a practice of conducting monthly community health meetings, along with a community-based garbage collection system, that is functioning well in two sites in Medan Labuhan. This was replicated in two other FFW targeted sub-districts. MFSNP also helped the Mandala Community Development Committee to acquire a garbage collection truck from the Medan municipal government for liquid waste management in their sub district.

Collaboration with Liquid Net and Medan Task Force for HWS allowed the program to expand to three districts outside the MFSNP target--Langkat, Deli Serdang, and Binjai. The Task Force convinced the new district education offices to apply HWS school-based media at school in three districts.

Intervention 2

Intervention 2: Improve breastfeeding practices for children under the age of two with an emphasis on immediate breastfeeding for infants within one hour of birth, exclusive breastfeeding for children under six months, appropriate complimentary feeding and continued breastfeeding until the age of two			
IR 2.1	IR 2.2	IR 2.3	IR 2.4
Increase access to and availability of health services	Increase quality of breastfeeding information, education and counseling services	Improve infant and young child feeding practices, breastfeeding knowledge, attitudes and skills	Create an enabling social and policy environment supporting appropriate breastfeeding and complimentary feeding practices

Indicator	Baseline	End line
% of infants 0-11 months who were put to the breast within one hour of delivering in the target communities	2%	19%
% of infants 0-5 months who are exclusively breastfed in target communities	14%	40%
% of children 6-17 months who are still breastfed in the target communities	68%	80%
% of children 18-23 months who are still breastfed in the target communities	38%	50%

% of children 6-23 months who ate solid/semi-solid foods at least the minimum recommended number of times in the last 24 hours in target communities	52%	70%
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Intervention 2 was implemented by revitalizing integrated community health posts, known as *posyandus*. On one day per month in each community of a district, *posyandu kaders* conduct integrated health days, providing basic maternal, child, and family health services including growth monitoring, health promotion, one-on-one counseling, and other health education activities. On these days, health center staff and midwives provide immunizations and antenatal checkups for pregnant women. For years, *posyandus* have been an integral part of the Indonesian health service.

Posyandus, of which there are nearly 250,000 in Indonesia, are designed to strengthen the knowledge and skills *posyandu kaders* and health center staff, as well as teach good practices to community groups, using the positive deviance approach and introducing mother and child nutrition education and dissemination of key messages through IEC materials and media campaign.

Over the years, the *posyandu* system weakened in many communities for a variety of reasons—reduced resources, change in village economies or demographics, the departure of active members to other communities, lack of new informational input, or government neglect. The Indonesia Ministry of Health is now emphasizing a campaign to revitalize the *posyandu* system as a means to mobilize communities for better health. The MFSNP is helping the Indonesian Ministry of Health in this effort by working to strengthen *posyandus* in hundreds of communities by working closely with local health officials and the volunteer community *kaders* to re-ignite their excitement and motivation to improve their health and the health of their communities.

Intermediate Result 2.1

Intervention 2: Improve breastfeeding practices for children under the age of two with an emphasis on immediate breastfeeding for infants within one hour of birth, exclusive breastfeeding for children under six months, appropriate complimentary feeding and continued breastfeeding until the age of two			
IR 2.1	IR 2.2	IR 2.3	IR 2.4
Increase access to and availability of health services	Increase quality of breastfeeding information, education and counseling services	Improve infant and young child feeding practices, breastfeeding knowledge, attitudes and skills	Create an enabling social and policy environment supporting appropriate breastfeeding and complimentary feeding practices

The strategy for IR 2.1 was *posyandu* revitalization, as explained in detail below under Intervention 3.

Intermediate Result 2.2

Intervention 2: Improve breastfeeding practices for children under the age of two with an emphasis on immediate breastfeeding for infants within one hour of birth, exclusive breastfeeding for children under six months, appropriate complimentary feeding and continued breastfeeding until the age of two			
IR 2.1	IR 2.2	IR 2.3	IR 2.4
Increase access to and availability of health services	Increase quality of breastfeeding information, education and counseling services	Improve infant and young child feeding practices, breastfeeding knowledge, attitudes and skills	Create an enabling social and policy environment supporting appropriate breastfeeding and complimentary feeding practices

To achieve IR 2.2 two strategies were applied:

- Developing IEC materials to support behavior change interventions
- Strengthening *posyandu kaders*.

Strategy 1, IR 2.2: Developing and dissemination of IEC materials.

All materials were based on results of comprehensive research on health practices and barriers to behavior change.

In July 2007, the MFSNP printed 750 copies of a teaching aid to be used by *posyandu kaders* to implement one-on-one counseling sessions with pregnant and lactating mothers. The learning aid transmits improved knowledge for pregnant mothers and helps bolster their self-confidence in negotiation with midwives or doctors to implement initial and exclusive breastfeeding. The teaching aid was distributed to all *posyandus* in 151 villages in Medan.

The first poster for use in the clinics is intended for pregnant mothers and midwives. Five hundred posters were posted in clinics and the places where pregnant mothers usually gathering, such as *posyandus*.

MFSNP printed 2,000 of another poster directed to mothers or mothers-in-law of pregnant mothers. One thousand were distributed during the Kader Jamboree and posted at the places where mothers usually visit or gather.

A third poster (500 copies) was directed at husbands of pregnant and lactating mothers, and distributed in audience-appropriate places, such as cigarette kiosks. Five thousands brochures on breastfeeding technique were distributed to pregnant and lactating mothers in the *posyandus*.

SC created 6,000 pocket books, 1,000 leaflets, and 100 CDs related to the breastfeeding campaign and distributed them to religious leaders and marriage advisors (under Department of Religious Affairs). This material was developed in conjunction with the Medan DHO and faith-based organizations, such as PGI (*Persatuan Gereja Indonesia-Indonesia Churches Organization*), Moslem organizations, such as MUI (*Majelis Ulama Indonesia*), Muhammadiyah, NU (Nahdatul Ulama), Alwasliyah, and Buddhist and Hindus organizations.

In consultation with the Medan DHO and sharing information with the BHS breastfeeding national task force, MFSNP developed teaching aid materials--three different posters and a brochure with messages on initial breastfeeding within one hour after delivery and exclusive breastfeeding until age of six months.

Strategy 2, IR 2.2: Capacity building of posyandu kaders

MFSNP held various training events to improve the ability of *posyandu kaders*, health center staff, and district health center staff

Training	Number of participants	Comments
Training of Trainers	2 DHO Staff 2 PHO 5 PKK 14 NGO Partner	
Five-day training for basic posyandu management	762 kader from 358 posyandu in MFSNP target area 1,650 posyandu kaders outside MFSNP target area in 15 sub districts in	Facilitated by master trainers, trained through MFSNP including district health and local NGO staff. Included one on one counseling use of IEC materials, posyandu management, growth monitoring and promotion All posyandus in Medan received related IEC materials and contributed 25% of the reprinting cost.
One-day commodity management training	380 kader from 358 posyandu	
Three-day training on Behavior Change Communication	762 kader from MFSNP target area 900 kader from posyandu outside of MFSNP target area	Expanded the reach of MFSNP and improved kader knowledge on one on one counseling, use of IEC material, breastfeeding, hand washing with soap, diarrhea and de-worming. IEC materials were distributed for use.

Other capacity building events conducted within MFSNP included:

- One *posyandu kader*, three Medan DHO and PHO staff members, and one LNGO staff member attended a five-day training on breastfeeding in Jakarta, organized by Coordinating Ministry of Women's Empowerment. As a follow-up activity, the five persons facilitated a one-day educational session for 21 selected *posyandu kaders* on using videotape related to initial and exclusive breastfeeding.;
- As part of breastfeeding campaign, MFSNP met with 300 people, including private midwives, health center staff members, and *posyandu kaders*. SC held a workshop with 70 religious leaders from the five main religious groups to solicit their advice on effective methods for community outreach activities.
- In collaboration with USAID Safe Water System Project, YAKMI, a MFSNP LNGO partner, held a *posyandu* contest involved all *posyandu* in the Medan Labuhan sub district.
- The program also facilitated YPRP, local NGOs, and the Midwives Association to conduct immediate and exclusive breastfeeding campaign at clinics in Medan.

Intermediate Result 2.3

Intervention 2: Improve breastfeeding practices for children under the age of two with an emphasis on immediate breastfeeding for infants within one hour of birth, exclusive breastfeeding for children under six months, appropriate complimentary feeding and continued breastfeeding until the age of two			
IR 2.1	IR 2.2	IR 2.3	IR 2.4
Increase access to and availability of health services	Increase quality of breastfeeding information, education and counseling services	Improve infant and young child feeding practices, breastfeeding knowledge, attitudes and skills	Create an enabling social and policy environment supporting appropriate breastfeeding and complimentary feeding practices

Four strategies were followed to achieve IR 2.3:

- BCC campaigns
- One-on-one counseling
- Implementation of positive deviance approach
- General information and education services

Strategy 1, IR 2.3: Behavior change communication campaigns on appropriate breastfeeding and complementary feeding practices.

SC implemented campaigns through traditional media--brochures, leaflets, and posters targeting religious leaders, pregnant mothers, mothers-in-law, and husbands of pregnant women. SC trained 150 Christian religious leaders and 85 Muslim leaders for breastfeeding and complementary feeding campaigns. The training focused on how to incorporate breastfeeding and complementary feeding messages into their public addresses.

In collaboration with local NGO partners, MFSNP established the Pro ASI (volunteer group for exclusive breastfeeding). These volunteers regularly visited pregnant mothers and families with pregnant women to provide information and counseling on immediate and exclusive breastfeeding.

In collaboration with Millennium Challenge Corporation Immunization (MCCI) Program, Indonesia/USAID, MFSNP also arranged to incorporate messages encouraging immediate and exclusive breastfeeding in the training on immunization for 94 facilitators from 47 districts in North Sumatra and Aceh.

Strategy 2, IR 2.3: Provide one-on-one counseling

(See above, Strategy 2, IR 2.2)

Strategy 3, IR 2.3: Implementation of positive deviance approach.

(See IR 3.3 for details)

Strategy 4, IR 2.3: General information, education, and communication services.

MFSNP facilitated breastfeeding education sessions at 41 established *pondok bumil* (pregnant women groups) in 13 *kelurahan*. *Pondok bumil* were established to meet the needs of pregnant women to hold sessions at places near their homes. The success of the *pondok bumil* was due to the skills of the *posyandu kader* and support from *puskesmas* staff. One of the successes of the *pondok bumil*, was the Patroli ASI (Breastfeeding Patrol), established to monitor and provide support for immediate and exclusive breastfeeding on a weekly basis.

Intermediate Result 2.4

Intervention 2: Improve breastfeeding practices for children under the age of two with an emphasis on immediate breastfeeding for infants within one hour of birth, exclusive breastfeeding for children under six months, appropriate complimentary feeding and continued breastfeeding until the age of two			
IR 2.1	IR 2.2	IR 2.3	IR 2.4
Increase access to and availability of health services	Increase quality of breastfeeding information, education and counseling services	Improve infant and young child feeding practices, breastfeeding knowledge, attitudes and skills	Create an enabling social and policy environment supporting appropriate breastfeeding and complimentary feeding practices

Strategy 1, IR 2.4: advocate with private clinics, midwives, hospitals, to encourage appropriate breastfeeding practices.

Following the results of the socialization workshop with midwives, medical doctors, hospital associations, and representatives of leaders from all religions in mid-January 2007 and (with HSP) SC provided technical support in quarterly meetings with national women’s associations responsible for organizing volunteer community health workers and health providers. These meetings were important for strengthening the institutional supports and enabling the social environment to promote breastfeeding practices in six sub-districts in Medan. These teams discussed strategies for overcoming challenges to breastfeeding promotion, including improving volunteer negotiation skills with clinic management to insure the immediate breastfeeding commenced one hour after delivery and encouraging continued exclusive breastfeeding for six months. It was noted that a number of clinics have successfully promoted immediate and exclusive breastfeeding.

Intervention 3

Intervention 3: Improve child health and nutrition services and consumption practices			
IR 3.1	IR 3.2	IR 3.3	IR 3.4
Improve access to basic health and nutrition services and education materials	Improve quality of nutrition education and service delivery	Improve infant and child feeding and care practices for mothers of children under five	Create an enabling social and policy environment supporting the improvement of child health and nutrition services

This intervention was also implemented through *posyandu* as the main entry points to reaching for reaching beneficiaries. Major activities were the implementation of *posyandu* revitalization capacity building for *kaders puskesmas*, and community groups, in addition to media development and campaign activities. In addition, to that, the project began to implement several piloted activities added to *posyandu* days as incentives to encourage mothers and under-five children to attend *posyandu* days after the food ration ends.

Indicator	Baseline	Endline
% of children 6-23 months who ate solid/semi-solid foods at least the minimum recommended number of times in the last 24 hours in target communities	52%	70%
Average # of food groups eaten by children 6-23 months in the last 24 hours	3.3	4.0
Average # of food groups eaten by children by age group 24-59 months in the last 24 hours	4.0	5.0
% of caretakers with “good young child feeding practices” for children 6-23 months	30%	40%

Intermediate Result 3.1

Intervention 3: Improve child health and nutrition services and consumption practices			
IR 3.1	IR 3.2	IR 3.3	IR 3.4
Improve access to basic health and nutrition services and education materials	Improve quality of nutrition education and service delivery	Improve infant and child feeding and care practices for mothers of children under five	Create an enabling social and policy environment supporting the improvement of child health and nutrition services

Two strategies were used to achieve IR 3.1:

- Posyandu revitalization
- Community mobilization

Strategy 1, IR 3.1: Posyandu Revitalization

SC, with Participation of DHO *puskesmas* and local government and in collaboration with local NGO partners, revitalized 358 *posyandus* in six sub-districts and 29 *kelurahans*. The 358 *posyandus* strengthened during MFSNP are staffed by 1,790 *posyandu kaders* and serve approximately 51,110 under-five children and 23,560 pregnant and lactating mothers.

The original target for the MFSNP was to reach 42,900 under-five children and 64,400 pregnant and lactating women by the end of FY09. Therefore, the MFSNP targets were exceeded for children under five. MFSNP reached 36.5% of the pregnant and lactating mothers planned. This was a result of an incorrect estimate of the number of children per family and an increase in the number of children under five when large families moved into the area to escape the devastation of the Aceh tsunami,

Food ration introduction and phase out

Part of the *posyandu* revitalization strategy includes the distribution of Vitamin A fortified vegetable oil to all attending families. Families received the vegetable oil within the days following the *posyandu* event upon presentation of their child's growth monitoring card.

The vegetable oil ration assisted in mobilizing families to attend health services and gain new health knowledge and skills to protect and promote their children's health. The ration incentive also assisted poor families indirectly to offset the increase in fuel prices for cooking and other basic household items, although it did not directly help to improve their access to food.

In order to avoid indefinite dependency on the ration, phase out of the ration began in September 2007 at 18 *posyandus*. Earlier in 2006, ration portions had reduced from 4.5 kg to 2.5 kg. This slow ration reduction allowed beneficiaries to become accustomed to using the community health services without receiving the ration.

For program sustainability during FY07, SC, in collaboration with local NGO partners, started integrating early child development (ECD) activities (pre-school activities) into *posyandu* days. These activities were run by trained *kaders*, or local volunteers, as an incentive to mobilize mothers and under-five children to attend *posyandu* days when the food ration ends. These ECD activities successfully promote the social and cognitive development of children.

Through the joint efforts of multiple stakeholders (i.e., the Medan DOE Section of Informal Education, private pre-school management, local NGO partners, and Save the Children), MFSNP facilitated training on early child development activities for *kaders* and/or local volunteers from 11 *posyandus* in August 2007. The training was followed by a four month trial, consisting of coaching and monitoring from all stakeholders.

Kader Jamboree

MFSNP organized a three-day *posyandu kader* Jamboree in August 23-26, 2007, involving 2,430 *kaders* representing approximately 650 *posyandus* from 171 *kelurahan* in five districts in North

Sumatra Province and Aceh. This was a joint effort from stakeholders, such as the Ministry of Health, the Provincial Health Office, the Municipality of Medan, the DOH, two USAID projects (HSP and SWS), the military commander of Bukit Barisan Region, the US Consulate, private companies, LNGO partners, and Save the Children. This event disseminated best practices and success stories written by *posyandu kaders* who were supported by MFSNP. They shared their experiences of *posyandu* revitalization and the lessons they had learned under MFSNP.

This program also provided organized education sessions and coaching clinics and disseminated more than 1,000 IEC materials to participants related to each of the key behaviors and practices promoted by the MFSNP.

One major message from the participants and the Medan PKK (Women’s Association) was a recommendation for the program to focus on reducing the gap in knowledge between *posyandu kaders* who had been supported by MFSNP and those who had not – particularly with regard to basic *posyandu* management and key behavior and practices. In the FY08, SC, together with the Medan DOH, expanded the capacity-building activities by providing training on basic *posyandu* management and technical assistance to selected sub-districts in Medan not previously supported by MFSNP (as reported on Strategy 2, IR 2.2).

Through the *posyandu* revitalization activity, the target number of *posyandus* providing basic health promotion packages was exceeded by 15%. The outreach activities to *posyandus* continued, even after the food ration distribution had ended, assisting 67 *posyandus* to establish an integrated ECD activity as part of *posyandu* health days. Within outreach activities, local partners and *posyandu kaders* also introduced traditional children’s games to children under five in order to provide an incentive for their attendance after the food ration distribution had been phased out.

Strategy 2, IR 3.1: Community mobilization

Community mobilization was integrated into the *posyandu* revitalization activities described above. Activities included monthly supervisory visits to *posyandus*, together with DHO staff and LNGO partners. These also involved providing technical support to *posyandu kaders* during *posyandu* outreach activities.

Intermediate Result 3.2

Intervention 3: Improve child health and nutrition services and consumption practices			
IR 3.1	IR 3.2	IR 3.3	IR 3.4
Improve access to basic health and nutrition services and education materials	Improve quality of nutrition education and service delivery	Improve infant and child feeding and care practices for mothers of children under five	Create an enabling social and policy environment supporting the improvement of child health and nutrition services

Six strategies were utilized to achieve IR 3.2:

- Building DHO staff and kaders capacity
- Building capacity using the positive deviance approach
- Developing IEC materials for healthy snacking
- Building capacity for promotion of healthy snacking
- institutional strengthening of NGOs
- Initiation of partner defined quality.

Strategy 1, IR 3.2: Capacity building of DHO staff and Posyandu Kaders.

(Refer to IR 2.2 for details.)

Strategy 2, IR 3.2 Utilization of Positive Deviance Approach

Positive deviance (PD) is based on the premise that solutions to health and nutrition problems already exist within communities. PD provides a framework for communities to identify their own local solutions. Even in poor communities with high rates of malnutrition, there are families with healthy children. SC supported communities, sub-district, and district health offices, *kaders* and local partners to learn this approach for designing health and nutrition interventions based on locally available and affordable foods. Following the training, partners, local governments, and *kaders* set up nutrition posts (PD NERPS) to assist malnourished children under five. In Medan, 46 PD NERPS were established and 680 children enrolled. In West Java, 96 PD NERPS were established with 1,503 children enrolled.

Activity	Number of trainees
Training of Trainer on Positive Deviance and nutrition education and rehabilitation program (NERP)	21 core national trainers In North Sumatra: 3, PHO staff, 3 DHO staff, 8 local NGO staff, 5 posyandu kader
Training on Positive Deviance and nutrition education and rehabilitation program (NERP) Implementation	Posyandu kaders and community leaders/representatives 767 North Sumatra 750 West Java

- Provincial, district and puskesmas staff were trained on PD and PD NERP implementation. Three North Sumatra Province staff members have the potential to become Master Trainers and three Medan DHO staff are now competent in PD implementation. Three-five staff from four Puskesmas in North Sumatra and five *kaders* from each of the 15 *posyandus* completed the PD NERP training and are implementing the PD NERP.
- A core group of 21 national PD trainers has been established. The Ministry of Health continues to rely on this group of national trainers for ongoing implementation of PD activities throughout Indonesia, supported by national, provincial, and district governments. MFSNP also supported the drafting, development, and printing of the national PD training manual, now the official training manual for the GOI.
- In West Java, SC strengthened district health staff, *kaders*, religious, and community leaders in six target districts. Each of the district governments directly implemented programs

applying PD approach. The government contributed 70% of the required budget to open and manage PD NERPS.

- In Medan, SC trained 90 religious leaders, *posyandu kaders*, *puskesmas*, and LINGO staff on PD NERP and established new PD NERS in three sites in Medan. By September 2008, another three PD NERS were set up in three Kelurahan (villages). SC continued to use “Taman Ibu dan Anak” (“mother and infant session”), to replace “Pos Gizi” (nutrition post), to reduce the stigma related to under-nourished children that constrained the attendance of mothers and under nourished children to PD NERS
- MFSNP also conducted the PD Jamboree for 300 *posyandu kaders* in West Java. The aim of this event was to disseminate best practices and success stories of the PD implementation among the PD *posyandu kaders* and to share PD experience and lessons learnt.
- Through the PD Resources Center, SC has finalized PD protocol training with MOH and facilitated quarterly PD National Network meetings. This is now the official training manual for the Government of Indonesia.
- A joint Positive Deviance final evaluation was conducted with all DAP cooperating partners and other INGO PD implementers. This evaluation also involved DHOs in DAP and non-DAP targeted provinces. For detailed results and recommendations please see Annex 9.

Contribution to IPTT

MFSNP PD NERP in eight of 29 *kelurahan* (villages) of five sub districts had reached 5% of eligible children who enrolled in NERP. PD NERP monitored the body weight of NERP participants from one *posyandu* day to the next month’s *posyandu* day. The report shows that 14% of NERP participant gained less than 200 grams, 21% gained between 200 and 400 grams, and 32% gained more than 400 grams from one *posyandu* day to the following month’s *posyandu* day. It was also reported that 31% of U-5 NERP participants “graduated,” and 27% of graduates re-entered the PD NERP three months after graduation, 7% re-entered six months after graduation.

Strategy 3, IR 3.2: Development of promotional materials for healthy snacking

With the support of a local technical partner, JKM, the MFSNP conducted a comprehensive assessment of healthy snacks at schools in the six sub districts where the program operates. Based on the results of this assessment, JKM developed the BCC/IEC materials on the topic of healthy snacks for a target audience of students at school – as well as education media for *posyandu kaders* to use during the monthly *posyandu* health days. The materials were used in all 348 *posyandus*.

Strategy 4, IR 3.2: Capacity building in healthy snack promotion.

The program developed and printed 750 teaching media for healthy snacking and distributed to 358 *posyandus* in six sub districts, and 392 *posyandus* in other 15 sub districts in Medan. (The training on one-on-one counseling and the use of these materials is reported under strategy 2 for IR 2.2.)

Strategy 5, IR 3.2: Build institutional capacity of local NGOS.

- During the LOA, SC provided a series of in-house training activities to improve local NGO partners' abilities in M&E, PD-related roles and responsibilities, community mobilization, commodity management training for local partners, and to implement technical assistance for local partners on sub-granting, finance, administration, and management.
- SC organized a one-day training workshop on report writing skills focusing on best practices and success stories for staff from 24 LNGO partners. The topics also included simple photography techniques. Following this training, while in the field these LNGO staff have started to identify and write potential best practices and success stories.
- MFSNP, as part of the program's phase-out strategy, conducted 23 batches of two-day trainings on *posyandu* monitoring and evaluation. This aimed to empower community-based staff, especially officials in community health centres and *posyandu kaders*. The training also taught them to monitor and evaluate *posyandu* activities and transfer the role of analyzing the *posyandu* data and feedback mechanism to *puskesmas* staff. These trainings involved 670 *posyandu kader*, *Kelurahan*, PKK, and *Puskesmas* staff and were facilitated by the Medan DHO, SC, and LNGO staff.
- In collaboration with the DHO, SC organized the TOT on basic *posyandu* management for several local NGO staff, PKK, and DOH staff. In turn, they were selected as trainers to deliver the training for *posyandu kaders* in Medan. (See table under IR 2.2, Strategy 1 for details.)

Strategy 6, IR 3.2: initiate the process of Partner Defined Quality.

Due to the curtailed life of the agreement and the time it takes for this strategy to take effect, Save the Children cancelled this activity.

Intermediate Result 3.3

Intervention 3: Improve child health and nutrition services and consumption practices			
IR 3.1	IR 3.2	IR 3.3	IR 3.4
Improve access to basic health and nutrition services and education materials	Improve quality of nutrition education and service delivery	Improve infant and child feeding and care practices for mothers of children under five	Create an enabling social and policy environment supporting the improvement of child health and nutrition services

Two strategies were utilized to achieve IR 3.3:

- One-on-one counseling
- Capacity building for implementation PD approach.

Strategy 1, IR 3.3: one-on-one counseling.

(See IR 2.2 for details.)

Strategy 2, IR 3.3: PD Capacity Building

(Please see IR 3.2 strategy 2).

Intermediate Result 3.4

Intervention 3: Improve child health and nutrition services and consumption practices			
IR 3.1	IR 3.2	IR 3.3	IR 3.4
Improve access to basic health and nutrition services and education materials	Improve quality of nutrition education and service delivery	Improve infant and child feeding and care practices for mothers of children under five	Create an enabling social and policy environment supporting the improvement of child health and nutrition services

Strategy 1, IR 3.4: coordinate with government on posyandu revitalization.

Save the Children, LNGOs, and local authorities established quarterly meetings with the Medan municipal government, especially the DHO, and encouraged local NGO partners to strengthen community health committee meetings at the kelurahan level. As a result of these meetings, leaders and community representatives were able to address challenges to continuing *posyandu* services, as well as maintain quality of services.

Strategy 2 for IR 3.4: to support the existing national PD network.

(Explanation detailed in IR 3.2.)

Intervention 4

Intervention 4: Improve immunization practices and services, with an emphasis on complete immunizations for children under one year of age			
IR 4.1	IR 4.2	IR 4.3	IR 4.4
Increase access and availability of full immunization services for children	Increase quality of immunization services	Increase knowledge, attitudes and immunization seeking practices of parents	Create an enabling social and policy environment that fosters the promotion and ensures availability of immunizations

Indicator	Baseline	Endline
% of children 12-23 months who are fully immunized for BCG; polio 1, 2, 3; DPT 1, 2, 3; and measles before their first birthday	11%	40%

The approach to improved immunization practices was integrated into the overall *posyandu* revitalization activities. *Kader* training events and IEC materials all incorporated messages

regarding immunization. In addition, SC, as a partner on the Millennium Challenge Corporation Immunization Project, also worked extensively in both MFSNP target areas and beyond to further build *kaders* knowledge on immunization.

Intermediate Result 4.1

Intervention 4: Improve immunization practices and services, with an emphasis on complete immunizations for children under one year of age			
IR 4.1	IR 4.2	IR 4.3	IR 4.4
Increase access and availability of full immunization services for children	Increase quality of immunization services	Increase knowledge, attitudes and immunization seeking practices of parents	Create an enabling social and policy environment that fosters the promotion and ensures availability of immunizations

Strategy 1, IR 4.1: Posyandu revitalization

(See IR 3.1 for explanation)

Strategy 2, IR 4.1: Support Vaccine Distribution.

No direct activities were implemented to support vaccine distribution. However, as described in IR 4.2 below, MFSNP did support improving the quality of immunization services.

Intermediate Result 4.2

Intervention 4: Improve immunization practices and services, with an emphasis on complete immunizations for children under one year of age			
IR 4.1	IR 4.2	IR 4.3	IR 4.4
Increase access and availability of full immunization services for children	Increase quality of immunization services	Increase knowledge, attitudes and immunization seeking practices of parents	Create an enabling social and policy environment that fosters the promotion and ensures availability of immunizations

To achieve IR 4.2 two strategies were followed:

- Build capacity of Medan DHO and *kaders* to deliver health education services.
- Support PKK and community leaders to mobilize community members to attend *posyandus*.

Strategy 1, IR 4.2: Build capacity of Medan DHO and kaders to deliver health education services.

Under this intervention, MFSNP held various trainings, outlined in the table below, that aimed to improve the capacity of *posyandu kaders*, health center staff, and district health center staff.

Training	Number of participants	Comments
2-day immunization and vaccine management	297 DHO Vaccinator and Midwives	Training was facilitated by a group of POH/DOH master trainers
2-day training for kaders to monitor immunization service at posyandu	762 kader from 358 posyandu in MFSNP target area 750 posyandu kaders outside MFSNP target area in 15 sub districts in	Facilitated by DHO master trainers IEC materials printed & distributed to all Medan posyandus The posyandus themselves contributed 25% cost.

In collaboration with the USAID-funded MCCI project, Save the Children held TOT on community mobilization for 94 puskesmas in North Sumatra, 300 puskesmas in West Java, and 78 puskesmas in Banten Province. Approximately 23,600 *posyandu kaders* received this orientation from trained puskesmas staff.

Strategy 2, IR 4.2: support PKK and community leaders to mobilize community members to attend Posyandus.

Through LNGO partners, MFSNP institutionalized *kader* home visits in order to promote the importance of immunization by involving PKK members and community leaders. By observation, LNGO partners found that “fathers,” who were previously seen as a barrier due to their limited knowledge of immunization, brought their under-five children for immunization. Save the Children organized TOT on community mobilization for PKK member in Medan, in turn, five PKK members have been selected as trainers in MFSNP funded training, as reported on strategy 2. IR. 2.2.

Intermediate Result 4.3

Intervention 4: Improve immunization practices and services, with an emphasis on complete immunizations for children under one year of age			
IR 4.1	IR 4.2	IR 4.3	IR 4.4
Increase access and availability of full immunization services for children	Increase quality of immunization services	Increase knowledge, attitudes and immunization seeking practices of parents	Create an enabling social and policy environment that fosters the promotion and ensures availability of immunizations

Strategy 1, IR 4.3: promote one-on-one counseling at posyandus.

Save the Children, through collaboration with puskesmas and LNGO partners and trained *kaders*, taught *posyandu* participants to use of growth monitoring cards, to monitor the immunization progress, and to use traditional media to provide information on immunizations.

Intermediate Result 4.4

Intervention 4: Improve immunization practices and services, with an emphasis on complete immunizations for children under one year of age			
IR 4.1	IR 4.2	IR 4.3	IR 4.4
Increase access and availability of full immunization services for children	Increase quality of immunization services	Increase knowledge, attitudes and immunization seeking practices of parents	Create an enabling social and policy environment that fosters the promotion and ensures availability of immunizations

Strategy 1 for IR 4.4 is to ensure DHO and Puskesmas or MOH is able to deliver adequate quality and supply of immunizations.

Save the Children organized regular coordination meetings with Medan DHO and BASICS MCCI/USAID project, both in training preparation and in ensuring the adequate quality and supply of immunizations at *posyandus*.

2. LESSONS LEARNED

Save the Children is implementing MFSNP in the City of Medan, the provincial capital of North Sumatra, the fifth largest city in Indonesia. In addition, SC worked in six districts of West Java to support the government of Indonesia to utilize a PD approach to address malnutrition.

As evidenced by improvement in impact indicators, MFSNP successfully improved health and nutrition status among poor urban communities. The GOI in North Sumatra, West Java, and at the national level is committed to carrying MFSNP forward on their own. In addition to the successes there were many lessons learned.

Single Commodity and Ration Reduction Experience: MFSNP was originally designed to distribute rice and vegetable oil to the beneficiaries as incentive. When the GOI banned rice imports nationally, this was reduced to a single commodity program as no substitute for rice was available in the Indonesian culture, thus decreasing the total amount of commodities in the program. Project experience showed that although the ration was distributed in an urban environment, it was still effective in mobilizing communities to improve health, nutrition, and infrastructure. In addition, MFSNP gradually reduced the ration size over time, which reduced dependency and helped maintain changed behavior and infrastructure maintenance after the ration distribution ended.

Personnel and Staff Capacity: Support from stakeholders to implement the program accelerated when the project recruited local NGO staff with existing networks and experience in working with government and NGOs. The Aceh Tsunami Emergency Response (TRP) occurred during the start up phase of the MFSNP and all the MFSNP staff actively participated in the response. This involvement built the capacity of the staff, especially in community mobilization, food and non-food distribution, and team work and aided MFSNP start up and implementation.

Subsequently, with their experience from MFSNP implementation, most staff were deployed to respond to several emergency situations that occurred in Indonesia.

Urban Community Mobilization Aspects: Implementation of FFW activities in an urban context proved challenging, given that methodologies and staff experience were based primarily on homogeneous rural communities, not heterogeneous urban communities. Therefore, staff adapted participatory rural appraisal techniques and applied different approaches to identification of community leaders and beneficiaries. This required incorporating diverse interests and beliefs and practices of ethnic groups. Local partners achieved success when they were able to establish a trusting relationship with community leaders. To achieve this, MFSNP worked through smaller neighborhood groups, and social gatherings. Although communities were effective at cleaning ditches and other local infrastructure, they found they needed additional support from outside their areas, due to flooding upstream.

Community participation and school committees: school committees implemented FFW projects in coordination with school personnel for both physical school infrastructure improvement and maintenance and dissemination of basic personal hygiene messages and practices. In most projects, the program found that the school committee and the parent association were not engaging with the community members who were working on FFW-supported activities at the school. This remains a challenge, especially for the maintenance of school infrastructure, which requires community involvement. Save the Children is piloting FFW projects in coordination with a School Health and Nutrition project funded by Liquid Net that emphasizes the importance of community involvement around supported schools.

Land ownership: Land ownership disputes and the bureaucratic obstacles encountered when trying to use public areas slowed progress. In future, SC and partners must take this into account and establish partnerships with relevant government authorities early in the program.

Hand washing with soap increased costs to schools for clean water supply: Through the FFW program, schools provided permanent or portable hand washing stations. Strategies must be developed, however, to ensure that schools can cover the added costs for clean water and soap supply.

Posyandu Revitalization: The program requirement that communities contribute to *posyandus* was very effective in building community commitment, “ownership,” and *posyandu* assets. This should be included in future *posyandu* revitalization efforts.

Positive Deviance (PD): For details please see the joint PD evaluation report.

Partnership: The program was implemented in partnership with a diverse group of stakeholders including local NGO partners as the program’s sub grantees, the provincial governments of North Sumatra and West Java, the various district institutions, Medan city and local government institutions, professional associations, and other USAID/BHP projects.

Lessons learned from partnership include:

- Clear roles for members of the partnership, such as for local NGO partners, overcame the lack of government staff capacity in mobilizing community or community empowerment.
- The program increased institutional capacity of local NGO partners in technical and program management, finance, and commodity management, especially in food ration distribution
- The program improved skills of local government staff, such as DHO and *puskesmas* staff in *posyandu* revitalization. The MFSN also improved knowledge and practices of all key project focus behaviors--Positive Deviance NERP/S (Nutritional Education Rehabilitation Program and Session).