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**MOTHERCARE/INDONESIA PEER
REVIEW AND CONTINUING
EDUCATION SYSTEM EVALUATION**

**REPORT ON EVALUATION VISITS TO HSS,
BARITO KUALA AND
BAJAR DISTRICTS**

August 30, 31 and September 1, 1999

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This publication was made possible through support provided by JOHN SNOW, INC./MOTHERCARE PROJECT and THE OFFICE OF HEALTH AND NUTRITION, BUREAU FOR GLOBAL PROGRAMS, FIELD SUPPORT AND RESEARCH, U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT, under the terms of Contract No. HRN-C-00-93-00038-00, HRN-C-00-98-00050-00, HRN-Q-00-93-00039-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development or John Snow, Inc.

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LIST OF ACRONYMS

ACNM	AMERICAN COLLEGE OF NURSE MIDWIVES
Bdd	BIDAN DI DESA (Village Based Midwife)
CE	CONTINUING EDUCATION
FR	FUNDRAISING
HSS	DISTRICT HULU SUNGAI SELATAN
IBI	IKATAN BIDAN INDONESIA (National Midwifery Association)
LSS	LIFE SAVING SKILLS
MCH	MATERNAL CHILD HEALTH
MOH	MINISTRY OF HEALTH
MPA	MATERNAL PERINATAL AUDIT
NGO	NON-GOVERNMENT ORGANIZATION
PR	PEER REVIEW

EXECUTIVE SUMMARY

In 1995, MotherCare, with technical assistance from American College of Nurse Midwives and in collaboration with the Indonesian Ministry of Health (MOH) and Ikatan Bidan Indonesia (IBI national midwifery organization), began activities that focused on providing basic and advanced midwifery skills to bidan (facility based midwives) and Bidan di desa (Bdd - village based midwives) in three districts of South Kalimantan, (Hulu Sungai Selatan [HSS], Barito Kuala, and Banjar). An integrated system was developed to support the initial in-service training through regular visits by trained bidan (peer review-PR) and incorporation of the aggregated information from these visits into continuing education (CE) sessions. These systems are supported by a third system for fund raising (FR). The training (termed Life Saving Skills-LSS) is supported by the MOH, while the PR, CE and FR system are managed by IBI, with initial support from MotherCare. This model of government-NGO partnership, introduced in 1996, takes advantage of the fact that most government midwives in Indonesia are IBI members and maximizes support to bidan and Bdd. This evaluation was conducted in September 1999, one year after the end of MotherCare financial support.

The objectives of the evaluation of the PR/CE/FR system in the three districts of South Kalimantan are:

1. To evaluate the system as to the ability of PR, CE, and FR teams to carry out their objectives and activities
2. To obtain feedback from team members on relationships, successes, problems and solutions
3. To evaluate the sustainability of these integrated systems

To accomplish these objectives, a one day meeting was conducted in each of the three MotherCare districts. These meetings were attended by LSS trainers, IBI national and province level representatives, the IBI district president, all members of the district PR/CE/FR teams, and Diana Beck (the MotherCare/ACNM consultant).

Conclusion reached as a result of the evaluation include:

- Each of the three districts of HSS, Barito Kuala, and Banjar has a functioning peer review, continuing education, and fundraising team. These teams are meeting their objectives and carrying out activities as planned.
- Problems do exist within the system but all have feasible solutions and a desire by members to find those solutions.
- Combining the income generated by the FR team with the financial support from the MOH will allow the system to be financially sustainable.
- Members of the PR/CE/FR teams and IBI leaders recognize the value of this system and want it to continue

- The provincial and district MOH recognize the value of this system, want it to continue, and will help support it to continue.

BACKGROUND

In 1995, MotherCare, with technical assistance from American College of Nurse Midwives and in collaboration with the Indonesian Ministry of Health (MOH) and Ikatan Bidan Indonesia (IBI national midwifery organization), began activities that focused on providing basic and advanced midwifery skills to bidan (facility based midwives) and Bidan di desa (Bdd - village based midwives) in three districts of South Kalimantan, (Hulu Sungai Selatan [HSS], Barito Kuala, and Banjar). An integrated system was developed to support the initial in-service training through regular visits by trained bidan (peer review-PR) and incorporation of the aggregated information from these visits into continuing education (CE) sessions. These systems are supported by a third fund raising (FR) system. The training (termed Life Saving Skills-LSS) is supported by the MOH, while the PR, CE and FR system are managed by IBI with initial support from MotherCare. This model of government-NGO partnership, introduced in 1996, takes advantage of the fact that most government midwives in Indonesia are IBI members and maximizes support to bidan and BDD. Below is a more detailed description of the Peer Review, Continuing Education, and Fundraising system.

Fundraising:

The financial sustainability of the entire system has been addressed through the development of district level IBI fundraising teams. These three district teams, composed of 5 IBI members, received a five-day fundraising training, approximately 6 - 9 months prior to the start of PR activities. This lead-time allowed the fundraisers to begin generating additional revenue from the start-up funds given to each district. Before distribution of any funds, each district FR team developed a plan on how they would generate revenue. Upon approval of the plan by the IBI national FR trainers and the IBI province and district level presidents, each district received Rp 9,000,000 in two installments. The monies raised from the Rp 9,000.000 principal for each district is used for transport and meeting costs for PR and CE.

Peer Review:

All LSS-trained bidan serve as peer reviewers, visiting each other as well as other LSS trained Bdd, at least once a year. To prepare the peer reviewers, a special five-day PR workshop (Peer Review Workshop Schedule - Appendix A) was conducted in each district several months after bidan completed their LSS training. The province level IBI PR Coordinator was included in the workshop. Having bidan serve as the peer reviewers has allowed this system to match the "supervisory" system of the MOH, as bidan are based in health centers and normally supervise the 4 - 6 community based Bdd in their areas. The traditional supervisory system focuses on administrative issues and does not deal with any clinical issues. During the PR workshop, a six-step system process was taught that serves as a basis for all of the work done by the system. The first four of these "steps" fall under PR and last two under CE (see Figure 1).

Step 1:

Peer reviewers make arrangements at the IBI district meeting with the bidan / Bdd to be visited.

Step 2:

Peer reviewers prepare all necessary forms for the PR visit and request permission from the MOH for the time to conduct the visit. Forms needed for the visit include:

- Peer Review Visit Form (Appendix B)

- Peer Review Checklist - Bidan di desa Register (Appendix C)
- Additional supplies of forms used by the Bidan / Bdd in case they have run out.
- Life Saving Skills Incident Reporting Form (Appendix D)
- Skill Checklists
- Antenatal Record
- Postpartum Record

Step 3:

Peer reviewers conduct the PR visit using the PR Visit Form as a guide. These visits involve a review of the provider's clinical practice and documentation, and are compared with the standards and protocols taught in the LSS training. A sense of support and education is stressed, rather than an attitude of criticism. At the end of the visit the peer reviewers discuss findings and suggestions for change. Additional support and information is given to the Bidan/Bdd as needed. Plans are developed together on the best way to meet needs for more knowledge and skill. The person being visited is also welcome to a copy of the completed PR Visit Form. Each peer reviewer summarizes the 3 - 6 PR visits she conducts during a six month period in a summary form called Summary of Peer Review Visits for Reviewer (Appendix E), which she then takes to the PR Meeting.

Step 4:

A meeting of all peer reviewers is conducted every six months. The standardized agenda for this meeting is attached in Appendix F (Peer Review Meeting Agenda). These meetings are also attended by the fundraisers, the MOH district Maternal Child Health (MCH) Coordinator, designated LSS trainers for that district, IBI district president, and the province level IBI system coordinators.

The meeting has several purposes:

- PR visits are summarized to determine broader continuing education needs. This information is then given to the district level continuing educators to use in formulating CE topics and content. The summary of all PR visits conducted during the six-month period is documented on the form Summary of Peer Review Visits by District (Appendix G). This report is then sent to IBI province and national levels.
- LSS trainers receive feedback on how well graduates of the LSS training are doing so that trainers can use the information to modify what and how they teach.
- LSS trainers are asked to provide CE for the peer reviewers on a topic/skill identified at least one week before the meeting. This reinforces peer reviewer skills and knowledge. LSS trainers report on this activity later during LSS trainer meetings using the form LSS Trainer Report on Consultation to PR Activities in Appendix H.
- Information on Maternal Perinatal Audit findings is shared with the group by the district MCH Coordinator. This information is then used, with the information from the Summary of Peer Review Visits by District form, to decide on CE topics for the next six-month cycle. The form Peer Review Meeting - MPA Presentation (Appendix I) is used to formulate the information

to be discussed. A focus is place on the internal factors (factors related to Bidan/Bdd knowledge, skills, or decision making) contributing to a mother's or baby's death as these are the factors that can be assisted by CE.

- Fundraising team gives a report of current financial status.
- Fundraising team provides reimbursement to system members for expenditures, including PR visit transportation costs (Appendix J - Peer Review Visit Transport Reimbursement Form).

Continuing Education:

The Continuing Education (CE) team members take the summary information from the PR visits and Maternal Perinatal Audit findings, and with support from the LSS trainers, formulate CE topics to address gaps in knowledge and skills. All of the topics support LSS areas of focus. Bidan trained in LSS and PR and selected as continuing educators, and the province level IBI CE Coordinator, are trained in a 5-day workshop (Continuing Education Workshop Schedule - Appendix K), timed to occur six months after the PR teams begin their work. Each district receives its own workshop to keep class size small. The CE sessions are offered through IBI district level, so that both LSS-trained and untrained bidan and Bdd have an opportunity to share LSS knowledge and skills. The two system "steps" that fall under CE are described below:

Step 5:

CE team meets to develop the CE topic (objectives, lesson plan and methodology) and to plan logistics for the CE sessions. The designated LSS trainers assigned to that district are asked to also participate in these meetings as consultants to the CE team. LSS trainers report on this activity later during LSS trainer meetings using the LSS Trainer Report on Consultation to CE Activities form in Appendix L. Frequency of meetings depend on the team and how long it takes to do the topic preparation.

Step 6:

The CE session is conducted. Originally CE sessions were done during regular IBI district level meetings. However, all districts found that the IBI agenda was full, leaving little time for CE. So special meetings were dedicated to conducting CE sessions.

Management of PR/CE system:

Organogram:

As part of the process of developing the Peer Review and Continuing Education System, organizational structure and roles and responsibilities from the district level, through province level, up to national level were formulated (see Figure 2 for the organogram). The PR/CE/FR system continues to fall under the responsibility of the IBI president at each level. At district level the president is usually also the district level MOH Maternal Child Health Coordinator, further strengthening ties between the government and IBI. The bidan who serve as LSS trainers are hospital government employees, and outside the IBI system for their training responsibilities. However, they also serve as consultants to the PR and CE teams. These 10 trainers were assigned to a particular district: 4 assigned to HSS District, 3 to Barito Kuala District, and 3 to Banjar District. As consultants, they attend PR and CE meetings in their assigned district. This

arrangement requires cooperation from the MOH to release the trainers for the meetings, which the MOH has been very willing to do.

Roles and Responsibilities:

The following new positions were developed under the authority of the president at each level (see Appendix M for Roles and Responsibilities for Positions in IBI's Peer Review Program):

District Level

- President
- Team Leader

Province Level

- President
- Coordinators
- LSS Trainer Consultants

National Level

- Province Coordinators
- National System Coordinator

Documentation:

Documentation and reporting forms were developed to assist with communication within and between levels. These forms are:

District Level

- District Level CE Report (Appendix N)
- District Level FR Report (Appendix O)
- Summary of Peer Review Visits by District (Appendix G)

Province Level

- Province Level Coordinator Checklist [Peer Review/Continuing Education] (Appendix P)
- Province Level Coordinator Checklist Fundraising (Appendix Q)
- Peer Review / Continuing Education System Province Level Plan and Report (Appendix R)

METHODS

The objectives of the evaluation of the PR/CE/FR system in the three districts of South Kalimantan are:

1. To evaluate the system as to the ability of PR, CE, and FR teams to carry out their objectives and activities
2. To obtain feedback from team members on relationships, successes, problems and solutions
3. To evaluate the sustainability of these integrated systems

To accomplish these objectives, a one-day meeting was conducted in each of the three MotherCare districts. These meetings were attended by LSS trainers, IBI national and province level representatives, the IBI district president, all members of the district PR/CE/FR teams, and Diana Beck (the MotherCare/ACNM consultant). The meetings were conducted on August 30th (HSS), August 31st (Barito Kuala), and September 1st (Banjar) 1999. An evaluation tool was also developed to be used during the meeting (Appendix T). After reviewing the tool with all district team members, group discussions with each team (PR, CE and FR) were held. Any problems noted during the team's verbal reports to the meeting participants were further discussed, and solutions identified by all meeting participants.

FINDINGS

Functioning of the Teams:

In general all six steps of the Peer Review and Continuing Education Process are being implemented (see Appendix U - Summary of Information About Cycles).

Peer Review:

- PR visits are being scheduled in advance
- The planned number of PR visits are being reached
- Peer reviewers are completing a PR Visit Form for each visit
- PR meetings are scheduled and held in a timely manner
- People who should be attending the PR meetings are doing so (peer reviewers, continuing educators, fund raisers, IBI district president, province level IBI representatives, and usually the MOH MCH coordinator)
- Summarizing of the PR results is completed in the PR meetings
- Topics are recommended for the CE team to develop for continuing education

Continuing Education:

- Topics developed for CE are the ones recommended by the PR team
- Each district has meetings of the CE team to prepare continuing education
- CE is being conducted for IBI members:

Different approaches are used in each district on how to organize the CE sessions. In HSS sessions are conducted over 4 different dates (i.e., 15 and 22 May and again 19 and 26 June) to accommodate the large number of participants. On each day the same topics are taught, but usually in 2 groups to reduce the number of participants in each group. The district of Barito Kuala has been divided into four regions by the CE trainers, and 1 - 2 trainers are responsible for a region. Then each region plans a date that will work for its members. And finally in Banjar district, two days are used with the same 2 - 3 topics being offered each day (1 - 2 CE trainers are responsible for each topic). Each topic is usually attended by 10 - 18 people, done in 2 hours, and then the participants move to the next topic.

- Large numbers of participants attend CE sessions:

As an example, in the last cycle 121 participants attended in HSS, 210 in Barito Kuala and 113 in Banjar. This represents 66%, over 100% and 47% of the estimated number of bidan and Bdd in HSS, Barito-Kuala and Banjar respectively.

- Adult learning methods and participatory approaches are being used: Various teaching methodologies are used including presentations, role-plays, demonstrations and return demonstrations. With skill review, skill checklists are distributed and used to those participants that have not received the training.

Fundraising:

- The fund raising teams have used the principle amount of Rp 9,000,000 by implementing money making activities:
 - A revolving loan system to IBI members of Rp 300,000 - 500,000 at 20% interest to be paid back in six months
 - Deposit of funds in a bank to earn interest
 - In Barito Kuala the buying and selling of IBI uniforms

- Each district has generated revenue:
HSS and Banjar have generated over Rp 5,000,000 while in Barito Kuala the revenue generated is Rp 3,126,000
- Reports are written and submitted in a timely manner

Relationships:

- Relationships among community leaders, bidan and TBAs are more harmonious
- Relationships within each team are good
- Relationships with province level IBI are good
- Relationship between the PR/CE System and local OB-GYN doctor is good
(Note: Barito Kuala has no local OB-GYN doctor)
- Relationships between the PR/CE System and the MOH are good
The MOH provides permission for bidan and Bdd to attend the special IBI CE and often provides the location for the CE sessions.

Signs of Success as noted by system members:

- Referral system runs better
- System of recording and reporting is better
- Trained bidan and Bdd feel more comfortable and have greater clinical knowledge and skill

PROBLEMS AND SOLUTIONS

A summary from the evaluation forms on: 1) findings on relationships, successes, problems, and solutions and 2) answers to other general questions is provided below. More details can be found in Appendix V (Summary of Relationships, Successes, Problems and Solutions) and Appendix W (Summary of Other General Questions).

- 1. Problem:** Districts systems are still unclear on how to develop a yearly budget.
Solution: A yearly budget was discussed and developed during each district meeting. This was done with the guidance of the national and provincial level coordinators, who were very skilled at this.

 - The budget that was developed can be used as a template for future budget planning.
 - The provincial and national level coordinators can be used as consultants.
 - The PR/CE/FR system in each district needs to conduct a yearly meeting to plan the next year's activities and budget while considering system income and outside financial assistance. Ideally this would occur at the time of one of the district level PR meetings.

- 2. Problem:** Yearly expenditures for system is greater than the yearly revenue.
Solution: During each district meeting the over-all system was examined to determine how changes could be made so that budget income was equal to or greater than spending. Ideas generated included: reducing the number of PR visits so that each peer reviewer did two visits each six months, not paying IBI members transport to come to CE sessions, charging IBI members for the cost of handouts and to attend CE sessions¹ and seeking support from both government² and non-government organizations.

- 3. Problem:** Communication and support among the three PR/CE district systems is very limited.
Solution: A mechanism should be developed to allow leaders of all three-district systems to meet on a regular basis. Each district has both different and overlapping problems, and differing approaches to solutions. The sharing of ideas on solutions among the three districts would help address the issues and strengthen the individual district systems as well as the over-all system. The first such meeting was scheduled for 20 - 21 September 1999, in South Kalimantan.

- 4. Problem:** Loss of loan money when an IBI member moves to another place.
Solution: The borrower must write a letter/contract about the loan that must be signed by the person's superior/coordinator.

¹The only district to charge participants for attending the CE sessions is Banjar. In that district participants are also charged the cost of any photocopy for training materials. This has helped Banjar district system to be the only system that presently is financially sustainable without assistance from the MOH.

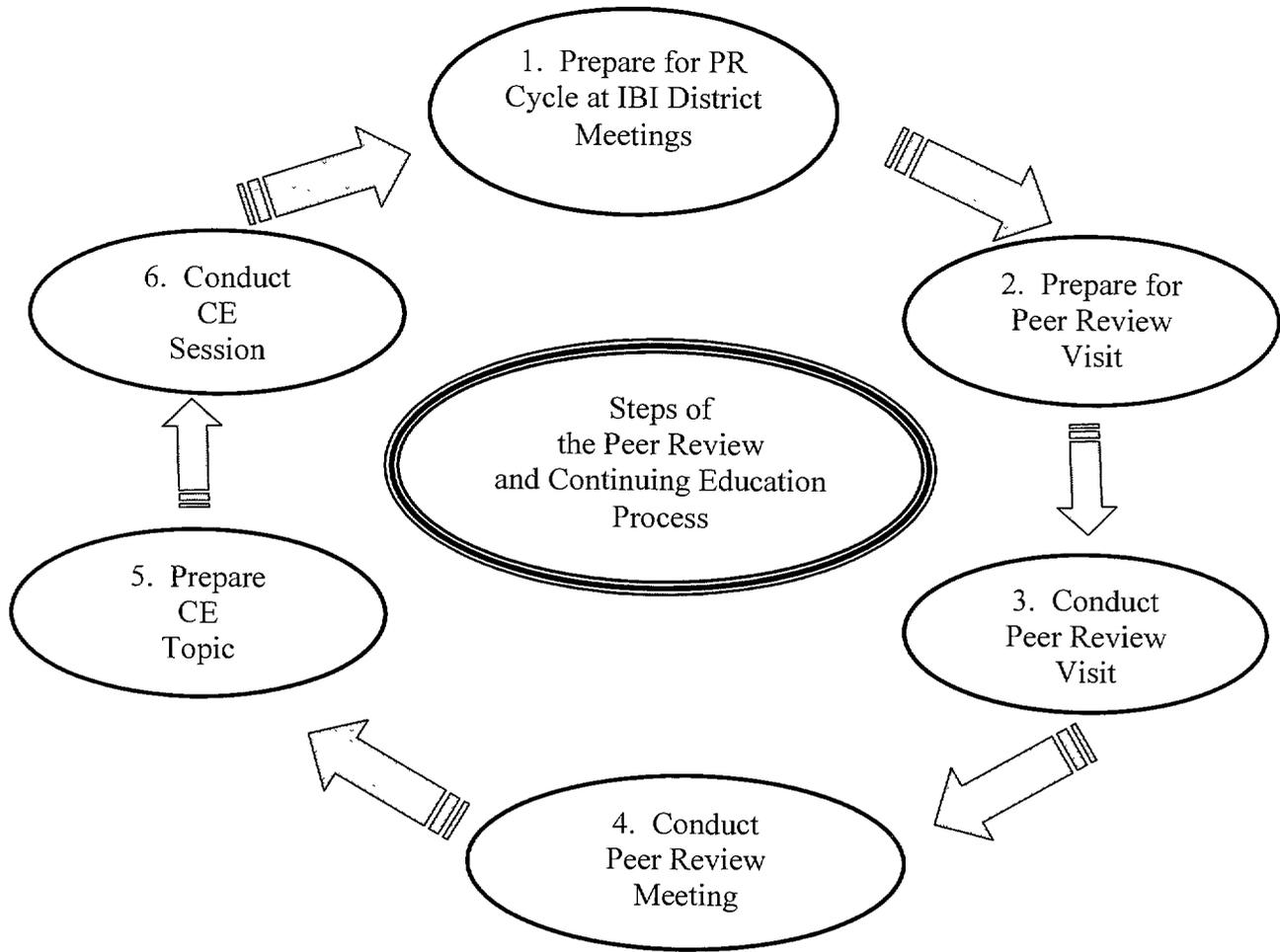
²During the time of this evaluation, the provincial MOH made a budget for the up-coming fiscal year. They added Rp 7,000,000 support for PR and CE to be distributed among the three districts. This, with the income that each district produces, will allow each district system to have the budget needed to implement their activities as originally planned.

5. **Problem:** LSS trainer consultants are not notified enough in advance (usually only 1 - 2 days) to attend district level PR meetings and CE planning sessions. This also includes not informing LSS trainers about the clinical topic to review with peer reviewers during the PR meeting, so trainers can prepare and bring appropriate training models.
Solution: Agreement was reached that telephone calls would be made to the trainers 1-2 weeks before meetings to inform them of meeting dates and about the clinical topic to review during PR meetings.
6. **Problem:** Continuing Educators do not always feel they have sufficient knowledge and skill to develop and teach CE.
Solution: Mechanisms to assist continuing educators to maintain and improve their knowledge and skills needs to be considered. Possible ideas include:
- Should attend regular continuing education when opportunities arise
 - Should attend LSS training when topics present that they feel would be helpful to them
 - LSS trainers should spend more time in working with the continuing educators in preparing the CE sessions
7. **Problem:** Invitations to CE sessions arrive late to participants about 5% of the time because of geographic problems.
Solution: Send messages to members by public transportation driver (and give the driver a tip).
8. **Problem:** Sometimes difficult to find a place large enough for CE sessions.
Solution: Need to plan schedule enough in advance so a suitable place for CE sessions can be found.
9. **Problem:** Not enough manuals and guidebooks for all participants during CE sessions.
Solution: Ask MotherCare to distribute more manuals and guidebooks to the IBI CE teams in each district.

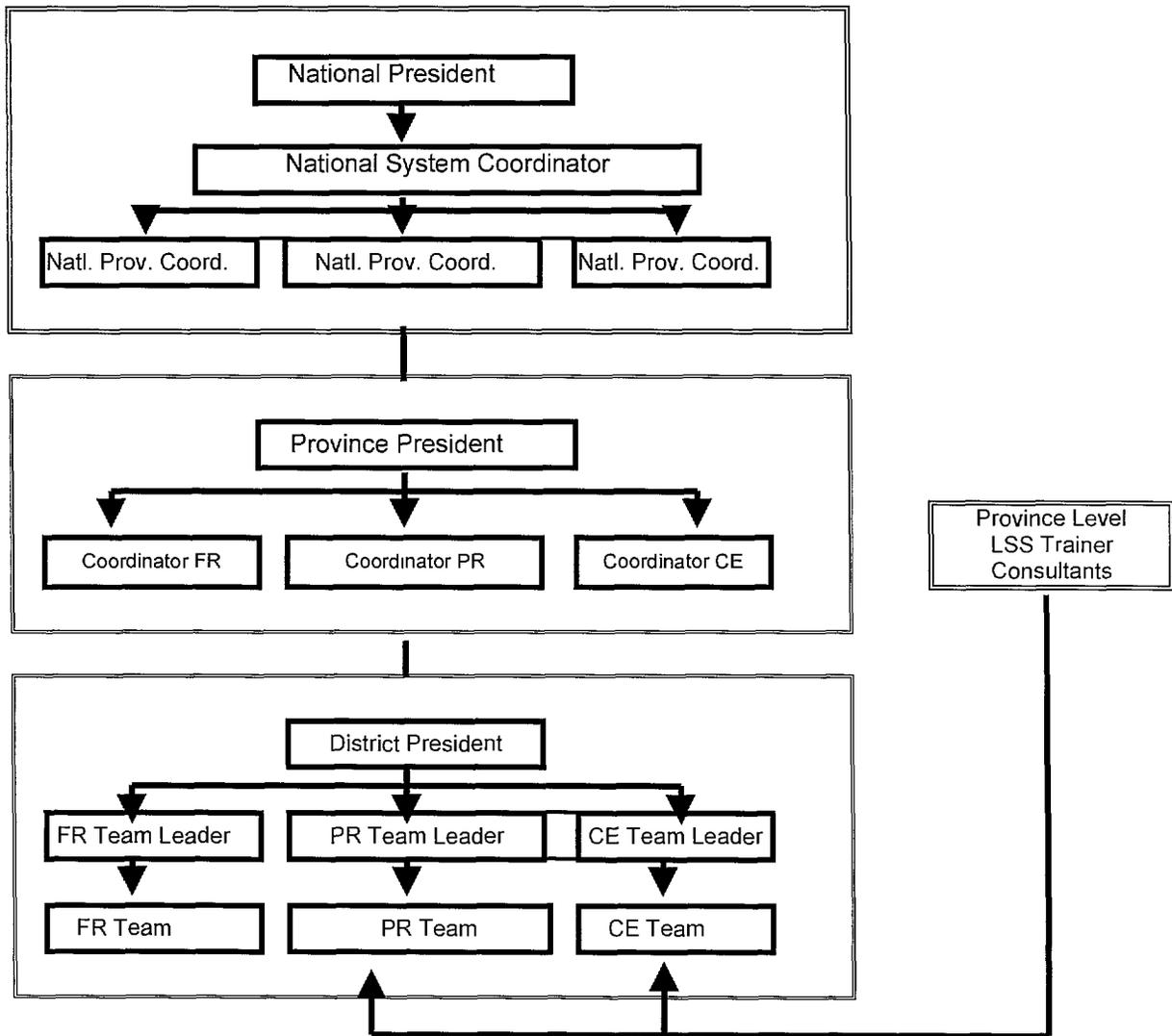
CONCLUSIONS

1. Each of the three districts of HSS, Barito Kuala, and Banjar has a functioning peer review, continuing education, and fundraising team. These teams are meeting their objectives and carrying out activities as planned.
2. Problems do exist within the system but all have feasible solutions and a desire by members to find those solutions.
3. Combining the income generated made by the FR team with the financial support from the MOH will allow the system to be financially sustainable.
4. Members of the PR/CE/FR teams and IBI leaders recognize the value of this system and want it to continue.
5. The provincial and district MOH recognize the value of this system, want it to continue, and will help support it to continue.

FIGURE 1: SYSTEMS APPROACH TO TRAINING



**FIGURE 2: NATIONAL MIDWIFERY ASSOCIATION (IBI)
PEER REVIEW / CONTINUING EDUCATION SYSTEM ORGANOGRAM**



COURSE SCHEDULE - PEER REVIEW TRAINING				
DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
<ul style="list-style-type: none"> • Opening ceremony • Introduction • Course Overview: <ul style="list-style-type: none"> - goal/objectives - training materials - course schedule • Introduction to Peer Review Program 	<ul style="list-style-type: none"> • Agenda & Warm-up activity Review of day 1 • Bidan di desa Register 	<ul style="list-style-type: none"> • Agenda & Warm-up activity Review of day 2 • LSS form review: <ul style="list-style-type: none"> - form. laporan kasus - form. rujukan - catatan ANC - partograf - catatan postpartum 	<ul style="list-style-type: none"> • Agenda & Warm-up activity Review of day 3 • Problem identification: peer review visit • Peer Review Team Meeting: data compilation 	<ul style="list-style-type: none"> • Agenda & Warm-up activity Review of day 4 • Group Presentation: Action Plan • Training Evaluation
LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK
<ul style="list-style-type: none"> • Orientation to Peer Review Activities • Planning for a peer review visit & preparation of the visit • Peer Review Visit • Review day's activities 	<ul style="list-style-type: none"> • Role Play: Peer Review Visit • Peer Review Visit Discussions: <ul style="list-style-type: none"> - accuracy of form completion - feedback to bidan • Review day's activities 	<ul style="list-style-type: none"> • Audit Maternal Perinatal • Preparation of peer review visit • Peer Review visit 	<ul style="list-style-type: none"> • Preparation of Continuing Education Sessions & Continuing Education Meeting • Follow-up and Plan of Action • Review of day's activities 	<ul style="list-style-type: none"> • Closing Ceremony

PEER REVIEW VISIT FORM

Date:	Training Dates:
Name of Person Being Visited:	Training ID Number (Bdd only):
Subdistrict:	Type of Training (Circle One): Advanced LSS / Basic LSS
District:	Training Center:
Puskesmas (Only for Bidan):	Name of Peer Reviewer:

		No. Dukun Visited	No. Dukun in Bdd Area	
1 Community Integration (only for Bidan di desa)				
1.1 Has met with Dukun Bayi in her village to explain PP Home Visit Program (for this question fill in number)				
1.2 Delivery by Dukun Bayi in Bidan di desa's area last month (for this question fill in the number)	Total No. Deliveries by Dukun Attended by Bdd	Total No. Deliveries By Dukun		
		YES	NO	N/A
1.3 Has met with community leaders to get their support				
1.4 Has explained/asked leaders for support for PP Home Visit Program				
2 Infection Control				
2.1 Uses heavy cleaning gloves to clean instruments				
2.2 Apron				
a. Uses when attending deliveries				
b. Cleans after each use				
2.3 Decontamination solution:				
a. Prepares solution correctly				
b. Changes solution according to guidelines				
c. Uses solution to decontaminate				
1) Delivery area				
2) Instruments				
3) Linens and supplies				
2.4 Uses infection prevention steps correctly (decontamination, cleaning, disinfecting)				

3 Antenatal				
3.1 Able to state the "Danger Signs of Pregnancy"				
3.2 Asks about danger signs at each antenatal visit				
4 Labor and Delivery				
4.1 Uses partograph for each labor and delivery				
4.2 Instruments ready for delivery				
4.3 Gloves ready for delivery				
4.4 Has cloth to dry baby				
4.5 Suction bulb or DeLee section available				

5	Postpartum (only for Bidan di desa)			
5.1	Conducts home visits			
	a. On mother's she delivers			
	b. On mother's delivered by Dukun Bayi			
5.2	Counsels and gives (if necessary) iron folate pills (40) to all mothers			
5.3	Counsels mom to take 1 Vitamin A capsule (200,000 units)			
5.4	Family planning			
	a. Gives counseling to all mothers visited			
	b. Assists all mothers visited to make FP decision by 6 weeks PP			
6	Forms			
6.1	Bidan di desa Register (only for Bidan di desa)			
	a. Filled out correctly (see checklist)			
	b. Sent in on time			
6.2	Incident Reporting Form (in last 6 months)			
	a. Filled out for each major complication			
	b. Filled out correctly (explain any comments from questions No. 8, 9 and 10 on the last page of this form)			
6.3	Referral Form (in last 6 months)			
	a. Filled out for each referral			
	b. Filled out correctly			

PLEASE EXPLAIN ANY "NO" ANSWER FROM THE FIRST 2 PAGES (SECTIONS 1 -11):

7. ANTENATAL RECORD REVIEW

Review up to 4 antenatal records for the last 4 mothers delivered. In column "a" put total No. of Antenatal Visits :

Chart Number	a. No. of Patient Visits	b. FHR Checked	c. FH Measured Each Visit	d. BP Checked Each Visit	e. Hgb Tested Per Protocol	f. Iron Folate Pills Given Per Protocol	g. Urine Tested Per Protocol
1							
2							
3							
4							

8. PARTOGRAPH REVIEW (FRONT PAGE)

Was the Following Information Recorded CORRECTLY for the last 4 mothers delivered?

Partograph Number	a. Blood Pressure	b. Amniotic Fluid	c. Dilatation	d. Descent	e. Ctx	f. FHR	g. Fluids Given	h. Urine
								1)Vol 2)Color
1								
2								
3								
4								
Case Study								

9. WHILE REFERRING TO SAME PARTOGRAPHS ABOVE, ASK THE BIDAN YOU ARE VISITING:

Was the Following Information Recorded using the time schedule stated in "Healthy Mother/Healthy Newborn Care" Manual?

Partograph Number	a. Vaginal Exam	b. FHR	c. Ctx	d. Urination	e. Fluids Given	f. Mother's BP	g. Mother's Temp	h. Referral If Needed
1								
2								
3								
4								

10. PARTOGRAPH REVIEW (BACK PAGE)

Partograph Number	a. Placenta Noted As Complete	b. Oxytocin Given	c. Baby Birth Weight Noted	d. Amount Bleeding Noted	e. Apgar Scores Given	f. Complications Stated
1						
2						
3						
4						
Case Study						

11. POSTPARTUM CARE RECORD (only for Bidan di desa)

Review records of up to 4 mothers who have recently completed their 40 days postpartum:

Chart Number	a. 6 - 12 Hr PP Visit	b. 3 Days PP Visit	c. 2 Weeks PP Visit	d. 6 Weeks PP Visit
1				
2				
3				
4				

e. Mother Exam Each Visit	f. Baby Exam Each Visit	g. FP Started	h. Iron Given	i. Vitamin A Given	j. Complications Noted	k. Referred As Needed

**PEER REVIEW CHECKLIST
 BIDAN DI DESA REGISTER**

Please check () correct column for each criteria using the following key:
 Yes = Y No = N Not Applicable = NA

CRITERIA	Bidan 1 Date:			Bidan 2 Date:			Bidan 3 Date:			Bidan 4 Date:			Bidan 5 Date:			Bidan 6 Date:		
	Y	N	NA															
1. Is the Bdd placing an entry for a woman on the proper form, based upon the 3 month period of the woman's expected delivery date?																		
2. Is the Bdd also entering women with whom she first comes into contact only after the ANC period? For example: Women to whom she provides no ANC but assists with the delivery Women who receive ANC and delivery assistance from someone else but to whom the Bdd provides PP care?																		
3. If the woman's delivery date occurs in a different three-month period than anticipated, is the Bdd transferring the entire record to the new three-month period and striking out the old row in the record?																		
4. Did the Bdd record all maternal complications? Did she record all complications the baby had through the end of the PP period (please cross-check her diagnoses)?																		
5. Did the BDD correctly fill out the person who "caught the baby" in Column 18?																		
6. Did the BDD fill out only the ANC she actually provided (TT, K1-K4, Fe1, Fe3) and not that provided by someone else (if by someone else enter in comments column)?																		
7. Did the Bdd fill in the Family Planning section only if the method was started in the first 40 days after the baby was born?																		
8. Is the Bdd checking () the place of delivery or person assisting with delivery even in cases where there was a referral?																		
9. Is the Bdd filling in the PP visits correctly, according to the ranges in the instructions?																		
10. Did the Bdd give you completed white copies of forms before your left?																		
11. If the patient is from the Districts of Banjar, HSS or Batola, did the Bdd fill in an "X" in the small box in column 30?																		

LIFE SAVING SKILLS INCIDENT REPORTING FORM

NAME:

DATE:

At which training center did you take your Life Saving Skills Workshop? _____

When did you take your Life Saving Skills Workshop? Month _____ Year _____

1. Complete the following patient information:

- | | |
|---------------------|------------------------------|
| a) Patient initials | d) Last menstrual period |
| b) Age | e) Due date |
| c) Parity | f) Weeks gestation when seen |

2. What was the emergency/problem?

3. What was the condition of the patient when she came to you (include B/P, pulse, estimated blood loss, edema, etc.)?

4. What kind of treatment/medication did you give?

5. What was the response of the patient (did she get better, stay the same, die)?

6. What follow-up care did she receive?

7. Where did she receive the follow-up care?

8. How confident and competent did you feel to handle this emergency/problem?

9. What additional skills or knowledge would have helped you to feel more confident and competent?

10. In addition to any concerns about knowledge and/or skills, what additional problems were faced in this case (i.e., problems with availability of medicines, supplies or instruments, transportation, lack of agreement with family about referral, etc.)

SUMMARY OF PEER REVIEW VISITS FOR REVIEWER

INSTRUCTIONS:

- 1 Use this form to add up all the answers recorded in the Peer Review Visit Form from all visits
- 2 Add up each "Yes", "No", and "N/A (Not Applicable)" column in accordance with findings taken from the Peer Review Visit Form
- 3 The following are special directions for the following sections.

No. 1.1 and No. 1.2.

These rows contain six boxes under the answer column. Each box is divided by a diagonal line so that each box contains a "numerator" and a "denominator". Each box is for one visit to one Bdd.

No. 1.1

Fill in the total number of dukun who have been visited by the Bdd, since your last visit, in the "numerator" or "top", and the total number of dukun in the Bdd area of work in the "denominator" or "bottom" of each box.

No. 1.2

Fill in the total number of deliveries by dukun in which the Bdd was present, since your last visit, in the "numerator" or "top", and the total number of deliveries by dukun in the Bdd's area in the "denominator" or "bottom" of each box.

No. 2.a

Total number of antenatal visits noted on the record:

Fill in the "Yes" column if there were 4 or more visits

Fill in the "No" column if there were 1 - 3 visits

- 4 Fill in the "Total" column from ALL visits that have been done. There are 3 sub-columns under the "Total" column = "Yes", "No", and "N/A (Not Applicable)". The total in these columns MUST add up to the total number of visits. The following columns have special instructions:

No. 1.1

YES COLUMN: Put the total number of Bdd who have visited ALL dukun in her village

NO COLUMN: Put the total number of bidan who have NOT visited all dukun in her village

No. 1.2:

YES COLUMN: Put the number of bidan who were present for ALL deliveries by dukun in her area

NO COLUMN: Put the number of bidan who were NOT present for ALL deliveries by dukun in her area.

file: peer-rev/recap-form/peer.be wk4

QUESTION NUMBER	ANSWER	TOTAL		
		YES	NO	N/A
1 1	Total No Dukun Visited / Total No Dukun in Work Area			
1 2	Total No. Deliveries by Dukun with Bdd Present / Total No. Deliveries by Dukun in Bdd Area			
		YES	NO	N/A
		YES	NO	N/A
1.3				
1 4				
2 1				
2 2 a.				
b.				
2 3 a.				
b.				
c. 1)				
2)				
3)				
2.4				
3.1				
3 2				
4 1				
4 2				
4 3				
4 4				
4 5				
5 1 a.				
b.				
5.2				
5 3				
5 4 a.				
b.				

61	a.						
	b.						
62	a.						
	b.						
63	a.						
	b.						
QUESTION NUMBER		ANSWER			TOTAL		
		YES	NO	N/A	YES	NO	N/A
7	a. Total Visits						
	b. Fetal Heart Rate						
	c. Fundal Height						
	d. EP						
	e. Hemoglobin						
	f. Iron Pills						
	g. Urine						
8	a. EP						
	b. Amniotic Fluid						
	c. Dilatation						
	d. Descent						
	e. Contractions						
	f. Fetal Heart Rate						
	g. Fluids						
	h.1) Urine-Volume						
	h.2) Urine-Color						
9	a. Vaginal Exam						
	b. Fetal Heart Rate						
	c. Contractions						
	d. Urine						
	e. Fluids Given						
	f. Mother's BP						
	g. Mother's Temp						
	h. Referred						
10	a. Placenta						
	b. Oxytocin						
	c. Baby Weight						
	d. Amount Blood						
	e. Apgar Score						
	f. Complications						

11	Postpartum Visits						
	a. 6 - 12 Hours						
	b. 3 Days						
	c. 2 Weeks						
	d. 6 Weeks						
	e. Mother Exam						
	f. Baby Exam						
	g. FP Started						
	h. Iron Given						
	i. Vitamin A						
	j. Complications						
	k. Referred						

**AGENDA
PEER REVIEW MEETING**

1. Report on last Peer Review Meeting
2. Recapitulate results from individual peer reviewers
3. Recapitulate results from the entire district peer review team
4. Presentation of results of the Maternal Perinatal Audit during the last 6 months
5. Continuing education for peer reviewers by LSS trainers
6. Fundraising report
7. Reimbursement of transportation expenses for peer reviewers
8. Identify continuing education topics based on peer review findings

REFLECTION AND ACTION MEETING

FUNDRAISING

1. Successes
2. Problems
3. Solutions

PEER REVIEW

1. Successes
2. Problems
3. Solutions

CONTINUING EDUCATION

1. Successes
2. Problems
3. Solutions

PLAN FOR THE NEXT 6 MONTHS

APPENDIX G

SUMMARY OF PEER REVIEW VISITS BY DISTRICT

INSTRUCTIONS:

1. Use this form to tally the results of all visits done by Bidan in the Chapter level
2. Use this form if the number of peer reviewers is 7 or less (if the number is more than 7, divide into smaller groups)
3. Fill in the total number of "Yes", "No", and "N/A (Not Applicable)" answers that each bidan peer reviewer has for each question (from the Bidan "Summary of Peer Review Visits" form)
4. Add up the row of "Yes", "No" and "N/A" answers and put the total in the "Total" columns

Total No. Peer Review Visits:

Total No. Antenatal Record vs Reviewed:

Total No. Partograph Reviewed:

Total No. Postpartum Records Reviewed:

QUESTION NUMBER	YES							TOTAL	NO							TOTAL	N/A									
	1	2	3	4	5	6	7	YES	1	2	3	4	5	6	7	NO	1	2	3	4	5	6	7	N/A		
1.1																										
1.2																										
1.3																										
1.4																										
2.1																										
2.2 a.																										
b.																										
2.3 a.																										
b.																										
c. 1)																										
2)																										
3)																										
2.4																										

8	a BP																								
	b Amniotic Fluid																								
	c Dilatation																								
	d Descent																								
	e Contractions																								
	f. Fetal Heart Rate																								
	g Fluids																								
	h.1) Urine - Volume																								
	h.2)Urine - Color																								
	QUESTION	YES							TOTAL	NO							TOTAL	N/A							TOTAL
	NUMBER	1	2	3	4	5	6	7	YES	1	2	3	4	5	6	7	NO	1	2	3	4	5	6	7	N/A
9.	a Vaginal Exam																								
	b. Fetal Heart Rate																								
	c Contractions																								
	d Urine																								
	e. Fluids Given																								
	f Mother's BP																								
	g. Mother's Temp																								
	h Referred																								
10.	a. Placenta																								
	b. Oxytocin																								
	c. Baby Weight																								
	d. Amount Blood																								
	e. Apgar Score																								
	f Complications																								

LSS TRAINER REPORT ON CONSULTATION
TO PEER REVIEW ACTIVITIES

DATE	NAME TRAINER	DISTRICT	TOPIC DISCUSSED/ CONSULTATION GIVEN	FOLLOW-UP PLANS (with whom, what and when?)

**PEER REVIEW MEETING
MPA PRESENTATION**

District : _____
Date: _____

No.	Cause of Death	Place of Death	Person Attending	Bidan Puskesmas or Bdd Who is Involved in Case		Factors Contributing to Death	
				Yes	No	External	Internal

EXAMPLE: External: Lack of needed equipment/supplies, transportation problem, late decision by family on referral, etc.
Internal: Related to bidan knowledge, skills, or decision making

**PEER REVIEW VISIT TRANSPORT
REIMBURSEMENT FORM**

Fundraiser's Name:

IBI Branch:

No.	Date	Peer Reviewer's Name	Address	No. of Visits	Cost / Visit	Reimbursement	Signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Total							

COURSE SCHEDULE - CONTINUING EDUCATION TRAINING OF TRAINER				
DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
<p>Opening ceremony</p> <p>Introduction & participant expectation</p> <p>Course Overview:</p> <ul style="list-style-type: none"> - goal/objectives - training materials - course schedule <p>Learning Needs Identification</p> <ul style="list-style-type: none"> - pre-course questionnaire - group/individual performance matrix 	<p>Agenda & Warm-up activity Review of day 1</p> <p>Creating a Positive Learning Climate (Ch.2)</p> <ul style="list-style-type: none"> - before training - during training - after training <p>Using Interactive Training Techniques (Ch. 4)</p> <ul style="list-style-type: none"> - training methods - question & answer dynamic - lesson plan 	<p>Agenda & Warm-up activity Review of day 2</p> <p>Participant Presentations: (knowledge-based lesson plan) + Feedback</p> <p>Competency-based evaluation using presentation skills Learning Guide</p>	<p>Agenda & Warm-up activity Review of day 3</p> <p>Participant Presentations: (skill-based lesson plan) + Feedback</p> <p>Competency-based evaluation using demonstration and/or coaching skills Learning Guide</p>	<p>Agenda & Warm-up activity Review of day 4</p> <p>Participant Presentations:</p> <p>Feedback</p> <p>Competency-based evaluation using demonstration and/or coaching skills Learning Guide</p>
LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK
<p>Approach To Clinical Training (Chapter1):</p> <ul style="list-style-type: none"> - goal of clinical training - key features of clinical training approach - how adults learn - principles of clinical training - clinical trainer's selection <p>Review day's activities</p> <p>Assignment: Read Ch. 2,3 & 4 (Optional Ch 1)</p>	<p>Using Audiovisual Aids (Ch. 3)</p> <ul style="list-style-type: none"> - advantages, disadvantages & guidelines of using AVA - Practice preparing AVA <p>Exercise: prepare lesson plan (knowledge-based)</p> <p>Review day's activities</p>	<p>Using competency-based Assessment Instrument</p> <ul style="list-style-type: none"> - knowledge assessment - skill assessment <p>Demonstration & Coaching in Clinical Training (Ch. 6 + 7)</p> <ul style="list-style-type: none"> - the COACH model - an effective coach - an effective demonstration - using anatomic models <p>Exercise; prepare lesson plan (skill-based)</p> <p>Review day's activities</p>	<p>Team Work/Group dynamics</p> <p>Conducting A Clinical Training (Ch. 8)</p> <ul style="list-style-type: none"> - organization & preparation of a clinical skill course/continuing education sessions - course evaluation <p>Mid-course questionnaire</p> <p>Prepare C.E Session – based on peer review findings</p> <p>Review of day's activities</p>	<p>Follow-up & Action Plan</p> <p>Course Evaluation</p> <p>Closing Ceremony</p>
Assignment: Read Ch. 2,3 & 4 (Optional Ch 1)	Assignment. Read Ch 5;6;7	Assignment completion of lesson plan	Assignment: completion of lesson plan	

**LSS TRAINER REPORT ON
CONSULTATION TO CONTINUING EDUCATION ACTIVITIES**

DATE	NAME TRAINER	DISTRICT	TOPIC DISCUSSED/ CONSULTATION GIVEN	FOLLOW-UP PLANS (with whom, what and when?)

**ROLES AND RESPONSIBILITIES FOR POSITIONS IN IBI's
PEER REVIEW PROGRAM - SOUTH KALIMANTAN**

DISTRICT LEVEL

President

1. Functions as the Peer Review Program coordinator at chapter level
2. Responsible for the overall planning, designing, implementing and evaluation of the Peer Review Program in her district
3. Conducts intersectoral communication with the aim of supporting the functioning and growth of the Peer Review Program at district level (Daerah Tingkat II)
4. Ensures, in collaboration with the province level coordinators for fundraising, peer review, continuing education, that written reports are: submitted on time, filled out completely, and filled out correctly
5. Coordinates the "Reflection and Action" meetings at the end of each cycle that involves selected members of the teams for Fundraising, Peer Review and Continuing Education
6. Ensures program sustainability at district level

Team Leaders - Fundraising, Peer Review, Continuing Education

1. Participates in planning activities for her section (Fundraising, Peer Review, or Continuing Education)
2. Ensures that activities are implemented according to the schedule
3. Ensures that written reports are: submitted on time, filled out completely, and filled out correctly
4. Monitors the implementation of activities through reports and/or site visits
5. Collaborates with IBI district president to solve problems in implementing activities
6. Reports all program activities to the IBI district president
7. Attends "Reflection and Action" meetings at the end of each cycle

PROVINCE LEVEL

President

1. Functions as the Peer Review Program coordinator at province level
2. Reviews reports from all fundraising, peer review and continuing education teams at district level and discusses them with the province level coordinators during meetings at least every 6 months
3. Responsible for implementation of intersectoral communication regarding the Peer Review Program at province level
4. Responsible for planning and preparing expansion of the Peer Review Program in her province
5. Encourages intersectoral collaboration in supporting the planning and implementation of the Peer Review Program in her province
6. In collaboration with national level Peer Review Program Coordinators, plans, implements and evaluates Peer Review Program training
7. Ensures program sustainability at province level

Coordinators - Fundraising, Peer Review, Continuing Education

1. Participates in planning activities for her section (Fundraising, Peer Review, or Continuing Education)
2. Ensures that activities are implemented according to the schedule
3. Ensures that written reports are: submitted on time, filled out completely, and filled out correctly
4. Monitors the implementation of activities through reports and/or site visits
5. Collaborates with IBI district president to assist the district level teams to solve problems in implementing activities
6. Reports all program activities to the IBI provincial president
7. Attends "Reflection and Action" meetings at the end of each cycle

LSS Trainer Consultants

1. Provides consultation to the Continuing Education Team during CE preparation meetings to:
 - Select continuing education topics
 - Write "Lesson Plans"
 - Support their clinical knowledge and skills
2. Assists Continuing Education Team during their CE Presentations by:
 - Attending Continuing Education Presentations
 - Evaluating Continuing Education Presentations:
 - Clinical knowledge and skills
 - Teaching/presentation skills
 - Giving feedback to presenters
3. Assists with Peer Review Meetings by:
 - Attending Peer Review Meetings
 - Providing consultation on clinical knowledge and skills through:
 - Question - Answer Sessions
 - Presentations
4. Writes a short report on activities conducted for the Peer Review System and discusses the report/activities during LSS Trainer Meetings

NATIONAL LEVEL

Coordinators to Province Level

1. Collaborates with president province level in planning, implementing and evaluating of the Peer Review Program for the province/district for which she is responsible
2. Supports and monitors the smooth implementation of program activities in the district/province for which she is responsible
3. Encourages and monitors the timely submission of program reports
4. Assists presidents of both province and district level to solve any problems that may arise that can not be overcome by the district level

National System Coordinator

1. Coordinates the entire IBI Peer Review Program.
2. Responsible for the growth of the Peer Review Program throughout all provinces of IBI.
3. Responsible for intersectoral communication about IBI Peer Review Program, including to donor agencies.
4. Reviews reports from national level Peer Review System coordinators for Fundraising, Peer Review, and Continuing Education and conducts meetings regularly with these national level coordinators (at least every 6 months).

**IBI DISTRICT LEVEL FUNDRAISING REPORT
ACTIVITIES AND PROGRESS**

District Name:

Name Team Leader:

Province:

Cycle of Peer Review: from _____ to: _____

1. Fill in below the dates for the Fundraising team meetings during the above cycle and the number of members who attended:

Dates

Total team members who attended

2. Did team activities go as planned?

Activities completed within this cycle:

Activities delayed during this cycle:

3. Where there difficulties or obstacle in carrying out activities as planned? If yes, write the obstacle and solution:

4. What factors helped provide success during this cycle?

5. What changes will be made in plans for the next cycle?

Note: Attach Monthly Balance Sheet for this cycle

PROVINCE LEVEL COORDINATOR CHECKLIST
(PEER REVIEW: _____ or CONTINUING EDUCATION: _____)

Date: _____ IBI Province Coordinator's Name: _____
 District: _____ Supervision Plan: _____

1. PROGRAM PLAN

NO.	PROGRAM PLAN	YES	NO	COMMENTS
A	Has the plan been written?			
B	Did the Peer Reviewers meet every 6 months?			
C	Did Continuing Education occur 2 x in 6 months?			

II. REFLECTION AND ACTION MEETING

NO.	REFLECTION AND ACTION MEETING	YES	NO	COMMENTS
A	Meeting carried out in the last cycle (every 6 months)?			
B	Attended by? <ul style="list-style-type: none"> ▶ IBI District President ▶ Continuing Education Team Leader ▶ Peer Review Team Leader ▶ Fundraising Team Leader ▶ IBI Province Coordinator ▶ IBI representative in District Hospital ▶ LSS Trainers 			

C. SUCCESSES IN THE LAST 6 MONTHS

D. PROBLEMS AND SOLUTIONS IN THE LAST 6 MONTHS

PROBLEMS	SOLVED	UNSOLVED

E. NEW PROBLEMS / UNSOLVED OLD PROBLEMS

PROBLEMS	SOLUTIONS

III. REPORT

NO.	REPORT	YES	NO	COMMENTS
A	Filled in correctly: <ul style="list-style-type: none"><li data-bbox="341 443 694 475">▶ Peer Review Report<li data-bbox="341 508 803 540">▶ Continuing Education Report			
B	Submitted in time: <ul style="list-style-type: none"><li data-bbox="341 711 667 743">▶ IBI National Board<li data-bbox="341 776 590 808">▶ IBI Province<li data-bbox="341 841 582 873">▶ IBI Chapter			

**PROVINCE LEVEL COORDINATOR CHECKLIST
FUNDRAISING**

Date: _____ Name (Province Level Coordinator): _____

District: _____

1. FUND RAISING ACTIVITIES

PRESENT ACTIVITIES	NEW ACTIVITIES TO BE PLANNED

2. SUCCESSES OF PRESENT PROGRAM

--

3. PROBLEMS AND SOLUTION TO ACTIVITIES IN LAST 6 MONTHS

ACTIVITY	PROBLEM	SOLUTION

RECOMMENDATIONS BY PROVINCE LEVEL COORDINATOR:

CC: _____ Date _____

1. IBI National Coordinator
2. IBI President - Province Level
3. IBI President - District Level
4. MotherCare Training Coordinator

Province Level FR Coordinator
(_____)

**Peer Review / Continuing Education System
Province Level Plan and Report**
October (Year) _____ - September (Year) _____

	HSS	BATOLA	BANJAR
1. PEER REVIEW			
A. Visits			
1) Total Number			
2) Dates			
B. Meetings			
1) Small Group (Dates)			
2) Large Group (Dates)			
C. Peer Review Meeting (Dates)			
D. Report (to whom):			
1) District Chairperson (Date)			
2) Province Chairperson (Date)			
3) National Chairperson (Date)			

2. CONTINUING EDUCATION			
A. Preparation (Date)			
B. Presentation (Date)			
C. Report			
1) District Chairperson (Date)			
2) Province Chairperson (Date)			
3) National Chairperson (Date)			
3. FUNDRAISING			
A. Expected Budget (see attached)			
B. Expected Earnings			
C. Report			
1) District Chairperson (Date)			
2) Province Chairperson (Date)			
3) National Chairperson (Date)			

4. PROVENCIAL MEETINGS			
A. Total Number			
B. Dates			
5. PERSON(S) RESPONSIBLE	Ketua/ Hj. Gt. Herita	Ketua/ Hj. Murniwati	Ketua/ Hj. Syarifah Z.

**PEER REVIEW, CONTINUING EDUCATION, AND FUNDRAISING
EVALUATION MEETING AGENDA**

Time	Agenda
09:00	Welcome and Opening
09:15	Review of Meeting Objectives and Agenda
09:30	Overview of Preliminary Training Evaluation Results
09:45	Report of Present Cycle by Each District Team: Peer Review (20 min) Continuing Education (20 min) Fund Raising (20 min)
10:45	Break
11:00	Review of Evaluation Form to be Completed by Each Team
11:15	Group Discussion (to complete evaluation form)
12:30	Lunch
13:30	Group Discussion (continued)
14:30	Reports on Group Discussion Peer Review (30 min) Continuing Education (30 min) Fund Raising (30 min)
16:00	Reflection and Action (based on group reports)
17:00	Summary
17:30	Closing

**PEER REVIEW / CONTINUING EDUCATION / FUNDRAISING SYSTEM
EVALUATION FORM**

DISTRICT: _____

I. PEER REVIEW

A. Information about Cycles: Please Describe Program Activities in Each Cycle (one cycle includes Peer Review Visits to Bidan and Bidan di desa and one Peer Review Meeting to review all visits, decide on problems identified, and give recommendations to the Continuing Education Trainers on continuing education topics):

CYCLE 1

ACTIVITY	ANSWER
Dates of Cycle	From : _____ To. _____ (Month / Year) (Month / Year)
Total Number of PR Visits This Cycle	Total Number:
Peer Review Meeting Date	Date.
Peer Review Meeting Attended By:	1) IBI District Chairperson: Yes / No (circle one) 2) Fund Raising Team: Yes / No (circle one) 3) LSS Trainer Consultant: Yes / No (circle one) 4) IBI Representative in the District Hospital: Yes / No (circle one) 5) Total Peer Reviewers Attended: Number _____ 6) IBI Province Representative: Name: _____ Name: _____ 7) MCH District Coordinator: Yes / No (circle one)
Topics Recommended by Peer Reviewers to the Continuing Education Team (based on results of recapitulation)	1) 2) 3)
Report for Cycle 1 Completed and Distributed:	Yes / No (circle one)

CYCLE 2

ACTIVITY	ANSWER
Dates of Cycle	From : _____ To: _____ (Month / Year) (Month / Year)
Total Number of PR Visits This Cycle	Total Number: _____
Peer Review Meeting Date	Date: _____
Peer Review Meeting Attended By:	1) IBI District Chairperson: Yes / No (circle one) 2) Fund Raising Team. Yes / No (circle one) 3) LSS Trainer Consultant: Yes / No (circle one) 4) IBI Representative in the District Hospital: Yes / No (circle one) 5) Total Peer Reviewers Attended: Number _____ 6) IBI Province Representative: _____ Name: _____ Name: _____ 7) MCH District Coordinator: Yes / No (circle one)
Topics Recommended by Peer Reviewers to the Continuing Education Team (based on results of recapitulation)	1) 2) 3)
Report for Cycle 2 Completed and Distributed:	Yes / No (circle one)

CYCLE 3

ACTIVITY	ANSWER
Dates of Cycle	From : _____ To: _____ (Month / Year) (Month / Year)
Total Number of PR Visits This Cycle	Total Number:
Peer Review Meeting Date	Date:
Peer Review Meeting Attended By:	1) IBI District Chairperson: Yes / No (circle one) 2) Fund Raising Team: Yes / No (circle one) 3) LSS Trainer Consultant: Yes / No (circle one) 4) IBI Representative in the District Hospital: Yes / No (circle one) 5) Total Peer Reviewers Attended: Number _____ 6) IBI Province Representative: Name: _____ Name: _____ 7) MCH District Coordinator: Yes / No (circle one)
Topics Recommended by Peer Reviewers to the Continuing Education Team (based on results of recapitulation)	1) 2) 3)
Report for Cycle 3 Completed and Distributed:	Yes / No (circle one)

CYCLE 4

ACTIVITY	ANSWER
Dates of Cycle	From : _____ To: _____ (Month / Year) (Month / Year)
Total Number of PR Visits This Cycle	Total Number: _____
Peer Review Meeting Date	Date: _____
Peer Review Meeting Attended By:	1) IBI District Chairperson: Yes / No (circle one) 2) Fund Raising Team: Yes / No (circle one) 3) LSS Trainer Consultant: Yes / No (circle one) 4) IBI Representative in the District Hospital: Yes / No (circle one) 5) Total Peer Reviewers Attended: Number _____ 6) IBI Province Representative: Name: _____ Name: _____ 7) MCH District Coordinator: Yes / No (circle one)
Topics Recommended by Peer Reviewers to the Continuing Education Team (based on results of recapitulation)	1) 2) 3)
Report for Cycle 4 Completed and Distributed:	Yes / No (circle one)

CYCLE 5

ACTIVITY	ANSWER
Dates of Cycle	From : _____ To: _____ (Month / Year) (Month / Year)
Total Number of PR Visits This Cycle	Total Number: _____
Peer Review Meeting Date	Date: _____
Peer Review Meeting Attended By:	1) IBI District Chairperson: Yes / No (circle one) 2) Fund Raising Team: Yes / No (circle one) 3) LSS Trainer Consultant: Yes / No (circle one) 4) IBI Representative in the District Hospital: Yes / No (circle one) 5) Total Peer Reviewers Attended: Number _____ 6) IBI Province Representative: Name: _____ Name: _____ 7) MCH District Coordinator: Yes / No (circle one)
Topics Recommended by Peer Reviewers to the Continuing Education Team (based on results of recapitulation)	1) 2) 3)
Report for Cycle 5 Completed and Distributed:	Yes / No (circle one)

B. Relationships (Peer Review):

- 1) Do all members attend the meetings of your team (if no, explain)?

- 2) What problems is your team having with relationships between members (please explain)?

- 3) What is working well in your team (please explain)?

C. What are your biggest successes up to now?

D. What are your biggest problems up to now?

1) Administrative:

2) Clinical Knowledge and Skills:

3) Others:

E. What solutions do you have for your biggest problems (and have these solutions worked)?

II. CONTINUING EDUCATION

A. Information about Cycles: Please Describe Program Activities in Each Cycle (one cycle includes Continuing Education Meetings to prepare continuing education sessions on topics from the Peer Review Recapitulation and the Continuing Education Presentations):

CYCLE 1

ACTIVITY	ANSWER
Dates of Cycle	From : _____ To: _____ (Month / Year) (Month / Year)
Total Number of CE preparation meetings	Total Number:
Dates for Continuing Education Presentations	Dates:
Total Number of Bidan Attending Continuing Education Session this Cycle	Total Number:
Topics Presented this Cycle	1) 2) 3)
Report for Cycle 1 Completed and Distributed:	Yes / No (circle one)

CYCLE 2

ACTIVITY	ANSWER
Dates of Cycle	From : _____ To: _____ (Month / Year) (Month / Year)
Total Number of CE preparation meetings	Total Number:
Dates for Continuing Education Presentations	Dates:
Total Number of Bidan Attending Continuing Education Session this Cycle	Total Number:
Topics Presented this Cycle	1) 2) 3)
Report for Cycle 2 Completed and Distributed:	Yes / No (circle one)

CYCLE 3

ACTIVITY	ANSWER
Dates of Cycle	From : _____ To: _____ (Month / Year) (Month / Year)
Total Number of CE preparation meetings	Total Number:
Dates for Continuing Education Presentations	Dates:
Total Number of Bidan Attending Continuing Education Session this Cycle	Total Number:
Topics Presented this Cycle	1) 2) 3)
Report for Cycle 3 Completed and Distributed:	Yes / No (circle one)

CYCLE 4

ACTIVITY	ANSWER
Dates of Cycle	From : _____ To: _____ (Month / Year) (Month / Year)
Total Number of CE preparation meetings	Total Number:
Dates for Continuing Education Presentations	Dates:
Total Number of Bidan Attending Continuing Education Session this Cycle	Total Number:
Topics Presented this Cycle	1) 2) 3)
Report for Cycle 4 Completed and Distributed:	Yes / No (circle one)

CYCLE 5

ACTIVITY	ANSWER
Dates of Cycle	From : _____ To: _____ (Month / Year) (Month / Year)
Total Number of CE preparation meetings	Total Number:
Dates for Continuing Education Presentations	Dates:
Total Number of Bidan Attending Continuing Education Session this Cycle	Total Number:
Topics Presented this Cycle	1) 2) 3)
Report for Cycle 5 Completed and Distributed:	Yes / No (circle one)

B. Relationships (Continuing Education):

- 1) Do all members attend the meetings of your team (please explain)?

- 2) What problems is your team having with relationships between members (please explain)

- 3) What is working well in your team (please explain)?

C. What are your biggest successes up to now?

D. What are your biggest problems up to now?

1) Administrative:

2) Clinical Knowledge and Skills:

3) Others:

E. What solutions do you have for your biggest problems (and have these solutions worked)?

III. FUNDRAISING

A. Information about Cycles: Please Describe Program Activities in Each Cycle (one cycle starts with the Peer Review Visits and ends with the Continuing Education Presentations on topics from the Peer Review Recapitulation):

CYCLE 1

ACTIVITY	ANSWER
Dates of Cycle	From : _____ To: _____ (Month / Year) (Month / Year)
Approximate Amount of Money at Beginning of the Cycle	Amount:
Ways Used to Increase the Capital this Cycle	1) 2) 3)
Fundraisers Able to Attend PR Meeting this Cycle to Distribute Funds to Peer Reviewers	Yes / No (circle one)
Report for Cycle 1 Completed and Distributed:	Yes / No (circle one)

CYCLE 2

ACTIVITY	ANSWER
Dates of Cycle	From : _____ To: _____ (Month / Year) (Month / Year)
Approximate Amount of Money at Beginning of the Cycle	Amount:
Approximate Amount of Money at the End of the Cycle	Amount
Budget Used this Cycle	Amount
Ways Used to Increase the Capital this Cycle	1) 2) 3)
Fundraisers Able to Attend PR Meeting this Cycle to Distribute Funds to Peer Reviewers	Yes / No (circle one)
Report for Cycle 2 Completed and Distributed:	Yes / No (circle one)

CYCLE 3

ACTIVITY	ANSWER
Dates of Cycle	From : _____ To: _____ (Month / Year) (Month / Year)
Approximate Amount of Money at Beginning of the Cycle	Amount:
Approximate Amount of Money at the End of the Cycle	Amount
Budget Used this Cycle	Amount
Ways Used to Increase the Capital this Cycle	1) 2) 3)
Fundraisers Able to Attend PR Meeting this Cycle to Distribute Funds to Peer Reviewers	Yes / No (circle one)
Report for Cycle 3 Completed and Distributed:	Yes / No (circle one)

CYCLE 4

ACTIVITY	ANSWER
Dates of Cycle	From : _____ To: _____ (Month / Year) (Month / Year)
Approximate Amount of Money at Beginning of the Cycle	Amount:
Approximate Amount of Money at the End of the Cycle	Amount
Budget Used this Cycle	Amount
Ways Used to Increase the Capital this Cycle	1) 2) 3)
Fundraisers Able to Attend PR Meeting this Cycle to Distribute Funds to Peer Reviewers	Yes / No (circle one)
Report for Cycle 4 Completed and Distributed:	Yes / No (circle one)

CYCLE 5

ACTIVITY	ANSWER
Dates of Cycle	From : _____ To: _____ (Month / Year) (Month / Year)
Approximate Amount of Money at Beginning of the Cycle	Amount:
Approximate Amount of Money at the End of the Cycle	Amount
Budget Used this Cycle	Amount
Ways Used to Increase the Capital this Cycle	1) 2) 3)
Fundraisers Able to Attend PR Meeting this Cycle to Distribute Funds to Peer Reviewers	Yes / No (circle one)
Report for Cycle 5 Completed and Distributed:	Yes / No (circle one)

3) Others:

E. What solutions do you have for your biggest problems (and have these solutions worked)?

IV. OTHER GENERAL QUESTIONS:

A. Please describe the relationship between teams (is communication easy or difficult, do you communicate frequently, description of any problems)?

B. Please describe the relationship between the PR / CE /FR System and Dinas (is communication easy or difficult, do you communicate frequently, description of any problems, does Dinas support the PR /CE / FR System and in what way):

C. Please describe the relationship between the PR / CE / FR System and IBI District and Province level representatives:

D. Please describe the relationship between the PR / CE / FR System and the OB-GYN / Pediatrician in your area (is communication easy or difficult, do you communicate frequently, description of any problems, does OB-GYN / Pediatrician support the PR /CE / FR System and in what way:

APPENDIX U

SUMMARY OF INFORMATION ABOUT CYCLES
PEER REVIEW

DISTRICT	NO. CYCLES COMPLETED	NO. OF PR MEETINGS	TOPICS RECOMMENDED FOR CE	MEETING ATTENDED BY MOST/ALL MEMBERS	REPORTS DISTRIBUTED
HSS	5	5	<ul style="list-style-type: none"> ➤ Filling in partograph completely ➤ Antenatal hemoglobin and urine testing (x2) ➤ Decontamination step for instruments and delivery area (x2) ➤ Detecting pre-eclampsia danger signs ➤ Skills and protocol for management of PP bleeding ➤ Importance of monitoring and recording FHR on partograph ➤ Conducting PP visits according to protocol ➤ AN visit protocol 	Yes	Yes
BATOLA	3	3	<ul style="list-style-type: none"> ➤ Antenatal hemoglobin and urine testing ➤ Pre-eclampsia ➤ Skills and protocol for management of PP bleeding ➤ AN visit protocol 	Yes	Yes
BANJAR	3	3	<ul style="list-style-type: none"> ➤ Infection prevention ➤ Skills and protocol for management of PP bleeding ➤ Infant resuscitation ➤ Management of low birth weight baby with hypothermia ➤ Antenatal hemoglobin and urine testing 	Yes	Not on time

CONTINUING EDUCATION

DISTRICT	NO. CYCLES COMPLETED	TOPICS PRESENTED	NO. OF PREPARATION MEETINGS / CYCLE	NO. OF PARTICIPANTS ATTENDING CE	REPORTS DISTRIBUTED
HSS	No. 1 (Sept - Aug 96)	➤ Partograph	No. 1 = 1	No. 1 = 108	No
	No. 2 (Sept 96 - Aug 97)	➤ Infection Prevention	No. 2 = 4	No. 2 = 152	
	No. 3 (Sept 97 - Aug 98)	➤ Antenatal care / lab protocols ➤ Infant resuscitation ➤ PP bleeding: skills and protocols	No. 3 = 4	No. 3 = 121	
BATOLA	No. 1 (Apr 98 - May 98)	➤ Infection Prevention	No. 1 = 2	No. 1 = 205	Yes
	No. 2 (Aug 98 - Sept 98)	➤ Antenatal lab protocols ➤ PP bleeding: skills and protocols	No. 2 = 2	No. 2 = 210	
BANJAR	No. 1 (Oct 97 - Mar 98)	➤ Infection Prevention	No. 1 = 2	No. 1 = 187	Yes
	No. 2 (Apr 98 - Aug 98)	➤ Infant resuscitation ➤ PP bleeding: skills and protocols	No. 2 = 1	No. 2 = 113	

FUNDRAISING

DISTRICT	NO. CYCLES COMPLETED *	AMOUNT OF MONEY GIVEN FOR START-UP	AMOUNT OF MONEY AT TIME OF EVALUATION	WAYS USED TO RAISE FUNDS	AMOUNT ABLE TO EARN X 1 YEAR	COST OF PROGRAM X 1 YEAR	REPORTS DISTRIBUTED
HSS	4	Rp 9,000,000	Rp 14,192,000	➤ Interest from bank deposit ➤ Loans (Rp 300,000 - 500,000) to members	Rp 2,838,000	Rp 4,712,000	Yes
BATOLA	4	Rp 9,000,000	Rp 12,126,400	➤ Interest from bank deposit ➤ Buying and selling IBI uniforms ➤ Loans to members	Rp 2,425,280	Rp 2,800,000	Yes
BANJAR	4	Rp 9,000,000	RP 14,253,500	➤ Interest from bank deposit ➤ Loans (Rp 300,000 - 500,000) to members	Rp 2,850,000	Rp 2,400,000	Yes

* One cycle is equal to 1 year for fundraising (however, one cycle for PR and CE is suppose to be equal to 6 months)

APPENDIX V

SUMMARY OF RELATIONSHIPS, SUCCESSES, PROBLEMS, AND SOLUTIONS
PEER REVIEW

QUESTION	HSS	BATOLA	BANJAR
B. Relationships			
1. Do all members attend the meetings of your team?	Yes	Most came (If unable to come due to delivery, went to school or moved)	In cycle I, one member did not attend because she died, however in cycle II and III all members attended
2. What Problems is your team having with relationships between members?	None	None	None
3. What is working well in your team?	All members try to maintain LSS skills by doing group discussion and practice on models	All team members can do their activities based on the agreed plan	<ul style="list-style-type: none"> ➤ Members are easy to be contacted ➤ If a problem comes up, we can solve it together ➤ Schedule is based on the plan and appointments are done on time
C. Are your biggest successes up to now?	<ul style="list-style-type: none"> ➤ We are more confident in handling patients in emergency situations ➤ Relationships with community leaders, TBA's and bidans is now more harmonious 	Decreasing the number of maternal deaths to only 2 in 1999	<ul style="list-style-type: none"> ➤ Both PR members and bidan visited have greater clinical knowledge and skill ➤ Bidan feel more comfortable ➤ System of recording and reporting is better ➤ Referral system runs better

D. What are your biggest problems up to now:			
1. Administrative	<ul style="list-style-type: none"> ➤ Lack of smooth communication among PR, CE, and FR teams ➤ Not all members of PR team present when doing the PR recapitulation 	Goes well	Report distribution to IBI Province is not really good
2. Clinical knowledge and skills	<ul style="list-style-type: none"> ➤ Different members have different ideas on how to fill in the PR Visit Form ➤ Most referrals are not done according to procedure (no referral letter and bidan does not accompany patient) 	No problems	Internal bimanual compression is not really used much in clinical practice

QUESTION	HSS	BATOLA	BANJAR
3. Others	<ul style="list-style-type: none"> ➤ No fixed plan in implementing PR cycle ➤ No transportation budget for PR members to attend district level meetings ➤ LSS trainers not called in a timely manner for PR meetings and CE planning sessions 	<ul style="list-style-type: none"> ➤ Need more funds for PR visit transportation ➤ LSS trainers not called in a timely manner for PR meetings and CE planning sessions 	Transportation compensation is not suitable with the distance
A. What solutions do you have for your biggest problems (and have these solutions worked)?	<ul style="list-style-type: none"> ➤ Better cooperation among teams in the preparation and implementation of activities ➤ FR team is invited to the PR preparation, the invitation is attached with the proposed budget plan which needs to be issued ➤ FR team needs to be informed long before the meeting to prepare the funds which will be needed ➤ Call LSS trainer consultants 1 - 2 weeks before scheduled meetings 	<ul style="list-style-type: none"> ➤ Decrease the number of visits for PR members from 4 to 2 per cycle ➤ Divide PR members from 4 big groups into 8 small groups ➤ Call LSS trainer consultants 1 - 2 weeks before scheduled meetings 	<ul style="list-style-type: none"> ➤ Reports need to be sent every cycle (cycle I and III are still in process) ➤ Ask CE team to do a retraining about management of uterine atony and the skill of bimanual compression ➤ The fund for transportation is already agreed upon based on distance and got support from Dinas

CONTINUING EDUCATION

QUESTION	HSS	BATOLA	BANJAR
B. Relationships			
1. Do all members attend the meetings of your team?	No response	All attend (because it is divided based on the region, one region = 3 CE trainers)	All attend
2. What Problems is your team having with relationships between members?	After CE activities, members of the team do not discuss the results. This makes it difficult to write the report	<ul style="list-style-type: none"> ➤ Distance ➤ Conflict with routine jobs ➤ Place for meeting 	<ul style="list-style-type: none"> ➤ The problem is distance and getting messages to members about meetings
1. What is working well in your team?	Each member of the CE team knows her responsibility in CE preparation and implementation	Good, even though the distance from each other is quite far, we still can attend CE prep meetings	<ul style="list-style-type: none"> ➤ The CE cycle ran according to schedule ➤ Team members support each other ➤ Good cooperation with LSS trainers
C. Are your biggest successes up to now?	<ul style="list-style-type: none"> ➤ Clinical skills are very strong, such as manual removal of the placenta ➤ CE team is very solid in carrying out it's activities 	<ul style="list-style-type: none"> ➤ Increase self confidence and responsibility of the profession ➤ Successful in transferring knowledge and skills ➤ Both members and participants are more competent ➤ Relationship in the organization is becoming closer 	<ul style="list-style-type: none"> ➤ CE team feels more confident ➤ 95% of participants attend CE ➤ Participants contribute actively to CE sessions ➤ Both CE members and bidan have greater clinical knowledge and skill
What are your biggest problems up to now:			
Administrative	CE team has never developed a CE budget CE team is often not on time	Late in finalizing and sending report	About 5% of the time the CE invitation got to participants late because of geographic problems
Clinical knowledge and skills	None	<ul style="list-style-type: none"> ➤ Not enough manuals and guidebooks for all participants ➤ CE trainers still have limitations in knowledge 	None

CONTINUING EDUCATION (cont.)

QUESTION	HSS	BATOLA	BANJAR
I. Others	Sometimes difficult to find place for CE and location of models	<ul style="list-style-type: none"> ➤ In Batola there are not midwifery tutors, or doctors for OB-GYN or Peds to consult with ➤ The place used for CE is not really appropriate ➤ There is a limitation of time because of long distances that participants need to travel ➤ Funds not quite enough to pay for 2 cycles per year 	<ul style="list-style-type: none"> ➤ The building for CE sessions not very good ➤ Large number of participants
E. What solutions do you have for your biggest problems (and have these solutions worked)?	<ul style="list-style-type: none"> ➤ Adjust the schedule of service ➤ Develop better planning skills in the CE team 	<ul style="list-style-type: none"> ➤ Manuals - borrow or get more from MC ➤ Funds - do more fundraising or change system so it is less expensive ➤ Place for CE - plan to fit the place better with the situation and number of participants 	<ul style="list-style-type: none"> ➤ Send messages to members by public transportation driver (and give driver a tip) ➤ Need to plan schedule in advance so can find suitable place for CE ➤ Divide participants into smaller groups and teach gradually

FUNDRAISING

QUESTION	HSS	BATOLA	BANJAR
B. Relationships			
1. Do all members attend the meetings of your team?	Yes	Yes	Not all
2. What Problems is your team having with relationships between members?	No problems	Distances are very far so transportation is hard to find to attend meetings	Team communication is not really smooth because of other job responsibilities and people are far apart
3. What is working well in your team?	Members of the team: ➤ Work together well ➤ Know their responsibilities	➤ All members agree about how to plan activity ➤ Good understanding among team members ➤ There is support from IBI district branch	➤ Loan system is working well with loans now made for 5 cycles ➤ Selling of IBI uniforms is working well
C. Are your biggest successes up to now?	➤ Have developed regulations for the loan system (require written agreement and loan is known by bidan coordinator) ➤ We have raised loan amount that can be given from Rp 300,000 to 500,000 and members are eager to borrow	➤ Our profit is increasing as the principle amount increases ➤ The members point of view is increasing	➤ Can afford PR cycles No. 3 & 4 ➤ Out of the entire principle amount, Rp 3,000,000 is earning deposit interest
D. What are your biggest problems up to now:			
1. Administrative	During the second cycle a member moved to another place and never returned the money	The profit from the principle amount is still not enough to support the yearly activity plan	Returning loans are often late
2. Clinical knowledge and skills	Smooth	Smooth	Smooth
3. Others	Fund has never been used for PR visits and CE because there is fund from Dinkes	Members do not pay back the borrowed money on time	No response
E. What solutions do you have for your biggest problems (and have these solutions worked)?	After the experience of losing money (loan not returned), all members borrowing money must write a letter, acknowledged by her bidan coordinator.	Program can run through support from IBI district branch, district Dinas, personal charity and IBI fund.	We can encourage timely returns on loans by sending a letter to the borrower.

SUMMARY OF OTHER GENERAL QUESTIONS

QUESTION	HSS	BATOLA	BANJAR
A. Please describe the relationship between teams (is communication easy or difficult, do you communicate frequently, description of any problems)?	Relationships among teams is good enough, they always communicate every month or sooner if there is an issue.	<ul style="list-style-type: none"> ➤ CE: Smooth, any problems can be handled ➤ PR: Cooperation has not been smooth because there is no plans for PR 	Smooth
B. Please describe the relationship between the PR / CE /FR System and Dinas (is communication easy or difficult, do you communicate frequently, description of any problems, does Dinas support the PR /CE / FR System and in what way):	District Dinas supports the system strongly by giving members permission to leave work for meetings and sometimes providing the meeting place	District Dinas supports the system strongly by giving members permission to leave work for meetings and providing the meeting place	District Dinas supports the system strongly by giving members permission to leave work for meetings and providing the meeting place
C. Please describe the relationship between the PR / CE / FR System and IBI District and Province level representatives:	Both IBI district and province levels support the teams well and attend their meetings	Good relationship and IBI district and province always attend the meetings. Also the IBI district president lends her house as a meeting place.	Good relationship as the province level comes to district meetings and gives input
D. Please describe the relationship between the PR / CE / FR System and the OB-GYN / Pediatrician in your area (is communication easy or difficult, do you communicate frequently, description of any problems, does OB-GYN / Pediatrician support the PR /CE / FR System and in what way:	Relationship is good during visits to Puskesmas and during MPA activities.	No OB-GYN or Pediatrician in the district. However, doctors come from other districts for the Maternal Perinatal Audit meetings. These meetings are only 2 hours, so there is limited time to transfer knowledge	No problems, always gives support and materials asked