World Vision, Inc.

Third Annual Review Report

Landak Child Survival Project
Landak District, Indonesia
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Acronyms

ADP	Area Development Program
ARI	Acute Respiratory Infections
BCC	Behavior Change Communication
BKKBN	National Family Coordination Board
CBDDS	Community-based Disease and Death Surveillance
CU	Credit Union
DHO	District Health Office
DIP	Detailed Implementation Plan
EPI	Expanded Program of Immunization
FY	Fiscal Year
HC	Health Center
HE	Health Education
HIS	Health Information System
IMCI	Integrated Management of Childhood Illness
ITN	Insecticide Treated Nets
KAMI	Indonesian Anti-Malaria Coalition
KPC	Knowledge, Practices and Coverage survey
LCSP	Landak Child Survival Project
LQAS	Lot Quality Assurance Sampling
KSM	Community Self Help Group
MCH	Maternal and Child Health
MED	Micro Enterprise Development
MOH	Ministry of Health
MTE	Midterm Evaluation
NGO	Non-Governmental Organization
ORS	Oral Rehydration Solution
POD	Village Drug Post
PHO	Provincial Health office
PIN	National Immunization Week
TAR	Third Annual Review
TBA	Traditional Birth Attendant
TOT	Training of Trainers
USAID	United States Agency for International Development
VHV	Village Health Volunteers
WVIDN	World Vision Indonesia
WVUS	World Vision United States

Bahasa Indonesia terms commonly used:

Bupati	District Chief
Desa	Village
Dusun	Sub village
Posyandu	Village Health Post, or Integrated Service Post
Posyandu Cadre	Village Health Volunteer
Pos Obat Desa (POD)	Village Drug Post
Polindes + Bidan	Village Birthing Post with a midwife
Polindes - Bidan	Village Birthing Post without midwife
Pustu	Sub Health Center
Kecamatan	Sub district
Puskesmas	Sub district Health Center

Executive Summary

USAID approved the implementation of the Sul-Teng Rural Entrepreneurs and Advocates for Child Health in Indonesia in 1999. After one year of implementation, the project location was changed due to violence. The revised Landak Child Survival Project (LCSP) began in July 2000 and covers two rural sub districts of Landak District in West Kalimantan Province. The total population is 73,879 people, including 1,876 infants and 7,864 children under five. Initially approved for fiscal years 2000-2003, the project was awarded a one-year no-cost extension until September 2004.

The goal of this project is to "To contribute to the reduction of mortality and morbidity of the under five children and mothers in two sub-districts of Mandor and Sengah Temila." The local partners are the provincial and district health office staff, the government health centers and various community-based organizations. The main strategies, as defined in the LCSP Detailed Implementation Plan (DIP), are to (1) Strengthen the quality and coverage of existing child survival programs in the area; (2) Empowerment and equip communities for the prevention, early & complete management of common diseases; (3) Initiate and establish linkages between micro enterprise activities and health; (4) Integrate child survival activities to Area Development Programs' activities and programs; and (5) Become a demonstration site and multiplier to scale up. The LCSP initially focused on four technical interventions: immunization, vitamin A supplementation, control of diarrheal diseases, and control of malaria. The ARI intervention was later adopted upon recommendation of the DIP review team. Key TAR findings include:

The LCSP Third Annual Review (TAR) focuses on achievements and constraints since the Mid-term Evaluation (MTE) and makes recommendations for the last year of the project from an internal perspective. The TAR team discussed the project achievements and constraints using the MTE report as a guideline and the preliminary comments and various documents prepared by the LCSP staff. The TAR team conducted a three-day field visit to target groups, key participants and stakeholders of the LCSP in the three project health centers areas.

- The fiscal year 2004 strategy and plan are consistent with the DIP, MTE and TAR recommendations, and the LCSP staff and partners are all aware of the need to start transferring project activities to the ADP, MOH and communities.
- A few technical child survival interventions still require attention to ensure that the related end-of-project objectives are achieved: use of insecticide treated bednets; appropriate knowledge and health seeking behavior for ARI; and avoidance of antidiarrheal medicine.
- LCSP and Area Development Program (ADP) staff should clarify the priority capacity building and sustainability objectives and strategies with the District Health Office (DHO), local authorities and communities so that a detailed phase-out plan can be prepared, agreed-upon and implemented accordingly. The priority issues are:
  - Sustaining two critical inputs of the LCSP in community health activities -- the use of motivators and logistical support to health workers.
  - Improving access to midwives.
  - Ensuring that community-based organizations and local authorities provide adequate support to community health volunteers.

- Ensuring that the ADP staff has the knowledge and skills to continue child survival activities in LCSP areas.

- The LCSP conducted malaria control studies in FY2003. The team undertook a major study of the efficacy of chloroquine treatment on *Plasmodium Falciparum* in the project area, and was successful in raising awareness and support from various local authorities on the importance of malaria control in the area. The LCSP now plans to conduct further studies and analyses to assist the Landak District Bupati (District Chief) and DHO in developing and adopting appropriate policies.
- LCSP activities should be scaled-up and lessons disseminated widely. LCSP has already implemented approaches and activities that have the potential to be successfully sustained in the project areas and adopted in other areas by the Pontianak ADP, the DHO, Provincial Health Office (PHO), World Vision or other organizations. LCSP will conduct a Lessons Learned workshop in FY2004 to share its experience with the Ministry of Health (MOH) and World Vision staff members from ndonesia and abroad. Ongoing LCSP activities will be scaled up to the entire ADP Pontianak area.

I. Introduction & Methodology

USAID approved the implementation of the Sul-Teng Rural Entrepreneurs and Advocates for Child Health in Indonesia in 1999. After one year of implementation, the project location was changed due to violence. The relocated Landak Child Survival Project began in July 2000 and covers two rural sub districts of Landak District in West Kalimantan Province. The total population is 73,879 people, including 1,876 infants and 7,864 children under five. Initially approved for the period 2000-2003, the LCSP was awarded a one-year no-cost extension until September 2004. Appendices 1 and 2 present the map and demographic data of the project area.

The goal of this project is to "To contribute to the reduction of mortality and morbidity among under five children and mothers in two sub-districts of Mandor and Sengah Temila." The local LCSP partners are the staff of the provincial and district health offices, the government health centers and various community-based organizations. The main strategies defined in the LCSP Detailed Implementation Plan (DIP) are to (1) Strengthen the quality and coverage of existing child survival programs in the area; (2) Empowerment and equip communities for the prevention, early & complete management of common diseases; (3) Initiate and establish linkages between micro enterprise activities and health; (4) Integrate child survival activities to Area Development Programs' activities and programs; and (5) Become a demonstration site and multiplier to scale up. The LCSP initially focused on four technical interventions: immunization, vitamin A supplementation, control of diarrheal diseases, and control of malaria. Upon recommendation from the DIP review, World Vision adopted a fourth ARI intervention during the first year of project implementation.

The LCSP Third Annual Review (TAR) focuses on achievements and constraints since the MTE and makes recommendations for the last year of the project from an internal perspective. Main accomplishments include:

- Distribution of 1500 ITNs
- Conducted an in-vivo chloriquine efficacy study in 32 villages
- Establishment of 3 new village health posts (posyandu)
- Trained 611 village health volunteers and 305 traditional birth attendants on prenatal care and TT immunization
- Trained 25 health staff and 2 health motivators on IMCI
- Developed and distributed Vitamoin A posters
- Developed Behvaior Change Communication Framework for Malaria
- Developed movies on nutrition and malaria for students and village health volunteers
- Lot quality Assurance Sampling (LQAS) conducted

The review was conducted primarily by the LCSP and selected ADP staff, with participation of representatives from the DHO and PHO, and facilitated by the WVIDN National Health Advisor and two external consultants. The TAR Terms of Reference and team composition are provided in Appendices 3 and 4.

The TAR initially consisted of a series of group discussions and field visits by the entire TAR team from September 30 to October 5, 2003. On October 6, the TAR team then presented its key findings and recommendations to 35 stakeholders, representatives of the DHO and the BKKBN (National Family Planning Coordination Board), sub district chiefs, health centers chiefs, community leaders and posyandu cadres. Lastly, from October 13 to 15, a smaller team of four LCSP staff and one external consultant further discussed TAR findings and prepared the report.

During the first phase of the review, the entire TAR team discussed project achievements and constraints using as a guideline the MTE report, preliminary LCSP staff comments and other documents. Three different discussion groups each reviewed one of three MTE recommendations -- LCSP technical approaches, cross-cutting approaches, or management recommendations. The groups were composed of members with appropriate backgrounds to represent the various perspectives of the LCSP staff and external reviewers. Each group then presented and discussed in a plenary session the main achievements and issues that they identified. The plenary group then prepared questions for the interviews of the target groups of the field visits. The interview guidelines are provided in Appendix 5.

Prior to the TAR, the LCSP prepared a three-day program of field visits to include as target groups all LCSP key participants and stakeholders from the three project health center areas. The TAR team divided itself into three field visit groups. Each group included at least one member from each of the aforementioned discussion groups. One field visit group interviewed the Landak Bupati and DHO staff, and all three groups visited and interviewed all the other target groups in the three project areas. Each group also met with various stakeholders, such as village and sub village chiefs. Each field visit group prepared daily chronological reports of their findings. Each discussion group received copies of these reports to complement the description of the project achievements and issues prepared on the first day of the TAR. These discussion group reports were then presented in plenary sessions and formed the basis of the DHO presentation on October 6. The field visit schedule is provided in Appendix 6. The table breaks down the 48 interviews conducted by the TAR team by target group and project area.

Number of interviews conducted during the field visits of Third Annual Review

Field visit target group	Mandor	Senakin	Pahauman	Total
Camat or his staff	1		1	2
Pukesmas chiefs	1	1	1	3
Pustu health worker	1		1	2
Polindes/Bidan			3	3
Caders, in Posyandus	3	3	3	9
Caders, in meetings	3	2	1	6
Mothers in Posyandus	3	3	3	9
TBA, in meetings	1	2	1	4
TBA, in Posyandus	1	1	2	4
PODs	2	1		3
Shopkeepers			1	1
KSM members	1			1
MED members		1		1
Total	17	14	17	48

The TAR report includes a series of appendices, among which:

- Appendix 7 provides achart listing program objectives, an overall estimation of the progress of the LCSP towards each end-of-project objective, as stated in the DIP, and related appropriate comments.
- Appendix 8 presents the FY04 work plan prepared by the authors of this report on the basis of the TAR. This work plan will be further revised on a quarterly basis until the end of the project in September 2004.
- Appendix 9 presents the results of the LQAS jointly conducted by the LCSP and ADP staff in the entire ADP Pontianak area.
- Appendix 10 lists the training events conducted by the LCSP project and those attended by LCSP staff.
- Appendix 11 presents the organogram of the ADP/LCSP staff as revised for the TAR.
- Appendix 12 presents two posyandu HIS tools and data summaries, including the monthly reports and the posyandu scoring.

The table in Section II presents the main achievements, constraints, and TAR recommendations for each MTE recommendation. It represents the work of the entire TAR team, the feedback from the DHO meeting, and additional information or recommendations prepared by the authors of the report.

II. Accomplishments since MTE

The LCSP accomplished significant progress towards objectives in FY2003. A detailed description of LCSP achievements is provided in the table on the following page. Program management information is provided in section C of the table, and includes human resources, finances, technical support and information management. Despite progress made, the LCSP team did experience challenges that impeded progress, including:

- Lack of ITN purchase using discount vouchers.
  LCSP will continue to promote ITNs based on research results.
- ITN size was too small.
  LCSP agreed to exchange large ITNs for extra-large ones.

- Lack of implementation of correct procedures for syringe burning.
  LCSP will do a systematic assessment of universal precaution procedures at health centers.
- Signs and symptoms of ARI were not clearly understood by village health volunteers, mothers, and TBAs.
  Communicate dangers signed and referral critera for ARI.
- Lack of clear DHO supervision plan for village health posts.
  Encourage DHO to allocate a reasonable amount of time and funds for village health post supervision.

The LCSP does require additional technical assistance to achieve optimal program results. Activities in which may require additional assistance are:

- Development of BCC materials on malaria
- Identification of community and individual ITN use through a doer-nondoer analysis
- Conducting BCC exercise for malaria
- Development of a sustainability plan, including objectives and indicators
- Development ofa plan to prepare and finalize training materials for the Lessons Learned Workshop.

In FY2003, there was one substantial change to the LCSP that required a modification to the cooperative agreement. World Vision, Inc. requested a one-year no-cost extension because of [1] project relocation due to violence, [2] activity delay due to Landak district start-up, and [3] underspending due to currency fluctuation.

MTE Recommendations	Achievements	TAR Recommendations
a. **Technical Interventions**		
1. Malaria		
Conduct participatory strategic planning exercise at the community and district levels focusing on possible local malaria control strategies, including environmental action, and build consensus and commitment for action.	• Meetings were held with community leaders / cultural leaders, cadres to discuss effects of illegal gold mining on environment and malaria incidence. The last meeting was a workshop held in Menjalin together with cultural leaders of West Kalimantan. • Malaria control strategies, including the presentation of the Chloroquine Efficacy Study, at the West Kalimantan Provincial Level in September 2003.	The recommended proposed malaria control strategic planning exercises should still be conducted and include community action.
Continue to research the best strategies for sustainable distribution of ITNs and related coverage objectives. In particular, research should explore the possibilities for Pancur Kasih to replace the main ITN distributor in Pontianak; the potential roles of ADP, KSM, Credit Unions (CU), and other community groups; and the role of the village midwives and other health center	• Changed distribution route, formerly through KSM (Self Help Group) to Koperasi Pancur Dangeri (provincial level credit union) as the main distributor. Previously, the KSM received ITNs from the Pontianak ADP. They can now access ITNs directly from the Koperasi. Continued use of other channels of ITN distribution. To date, about 1,500 ITNs have been	Continue to research and document the best strategies to increase ITN coverage. Continue to promote ITNs based on the research results.

MTE Recommendations	Achievements	TAR Recommendations
staff and of the Posyandu cadres to promote ITN purchase and use as part of the neonatal package of services.	distributed as compared to 200 at the Mid Term Evaluation. • Distribute 30% discount vouchers for pregnant mothers in the two of the project subdistricts. To date, only a few mothers have bought ITNs using the vouchers. • Most of the community members have already heard of ITNs but they have not seen and do not own one ITN. Some of the community members prefer thick bednets and some do not like bednets because they are too hot. • Most community members said that the ITNs are too small and demand extra-large size. LCSP will exchange 500 L size ITNs to extra-large size. • Conducted small study on the use of Deltamethrine tablets and ordered 200 tablets as the first trial for this strategy.	
Design and implement a vigorous malaria behavior change program including campaigns just before the peak malaria season at the end of the rainy season (April –May).	• After Posyandu day, the motivator and/or posyandu cadres conducted health education and distributed malaria posters. • Also, showed the Malaria VCD to junior & senior high school students, Catholic Youth Groups, 400 children participating in youth camps, and cadres during meetings and trainings. • From the field visit, according to Landak DHO, the number of people who went to health facilities to find services has increased, and community awareness may have increased. Also, the posyandu cadres and mothers understand the poster messages on malaria prevention and treatment.	Continue promoting messages on malaria prevention and treatment through cadre training, posters, movies, etc.
The LCSP should promote effective malaria case management at the community level and: - Train or retrain Posyandu cadres, POD cadres, shopkeepers, TBAs, KSM groups, Credit Union staff, and farmer's groups in effective malaria treatment	• Trained or retrained POD cadres, Posyandu cadres, and shop-keepers about treatment for malaria. • Developed guidebooks and handouts for POD cadres. • In the field visits, the POD cadres had guidebooks and handouts, and said that they always read these before giving	Maintain the achievement among those who have already been trained. Wait until a decision is made on the first-line drug for malaria, before training other target groups. POD cadres should be carefully selected since they distribute the

MTE Recommendations	Achievements	TAR Recommendations
and prevention - Develop and distribute job aids for cadres with simple contact description and related treatment regimen.	medicine to clients. However, Recording & Reporting was not complete. Two POD cadres were not often present at home and the drugs seemed to be distributed by their wife, who should be the one to be trained.	drugs.
The LCSP should give opportunities for one microscopist in each health center in the project area to receive training or retraining in malaria diagnosis for two weeks in Pontianak, and provide new microscopes to the health centers if needed.	• Facilitated training for 21 microscopists from health centers in Landak District, except Menjalin HC (didn't come). • Plans to give microscope to all HCs: LCSP prepared a proposal for new microscopes but still waits for DHO's confirmation to avoid double-funding.	Obtain agreement with the DHO on the number of microscopes needed.
The LCSP should assist Landak District Health Office in conducting a malaria epidemiology assessment in the project area and: - Conduct an in-vivo chloroquine resistance study according to the WHO standard protocol and in coordination with the National Malaria Control Program. This study would also be an opportunity to assess proportion of vivax and falciparum malaria cases - Initiate vector surveillance to determine areas where transmission is the highest - Document the role of illegal mining and deforestation on malaria transmission in the project area - Identify socioeconomic (geography, habitat, occupation, culture) differences in malaria epidemiology, including knowledge and behavior in the project area	• On May 26 – July 21, 2003, LCSP successfully conducted the in-vivo chloroquine efficacy study in 32 villages in 5 sub-districts. 45 staff from MOH RI, West Kalimantan PHO and Landak DHO participated in this study. Results were presented at the Provincial Level on Sept 5, 2003. • Dr Laihad said that the priority for other studies was to conduct in-vivo artemicinin efficacy study as the drug of choice in Landak, because vector surveillance is more difficult. The vector surveillance will result in learnings about the connection between illegal mining (dompeng) and malaria. • LCSP is developing a movie about the role of illegal mining and malaria.	Continue ongoing work. With Dr. Ferdinand Laihad (MOH RI), determine the parameters of the next study.
The LCSP should initiate advocacy activities at the District, Provincial and National levels to raise awareness of the role of illegal mining and deforestation on malaria transmission in the project area, and induce political and community action. At the national level, the CDC and Environmental Health and the Community Health Departments	• Advocacy conducted through meetings with cultural leaders, District Chief, District government, and with the District People's Representative/DPRD in December 2002. Addressed the issue during the seminars on the results of First Annual Review and the Mid Term Evaluation. • Addressed advocacy issues with	Continue ongoing work .

MTE Recommendations	Achievements	TAR Recommendations
should be involved.	the DHO. • The Bupati and the DHO appreciate WVI's work on advocacy for malaria prevention and gold mining and encourage WVI to continue this type of work. • Hired Dr. Ferdinand Laihad, Chief of Malaria Subdirectorate (MOH RI) as consultant on malaria. • Developed a short movie on the illegal mining / dompeng.	
WVI and LCSP should join the National Anti Malaria Coalition (Koalisi Anti-Malaria Indonesia (KAMI), the USAID-funded secretariat hosted by the US Navy Medical Research Unit No 2, and the Ministry of Health.	Dr. Kristiawan Basuki from WVIDN joined the National Anti Malaria Coalition.	Dr. Basuki should communicate with and support the work of LCSP on the malaria prevention and control as possible.
2. Immunization		
Given the success of the reactivated and new Posyandus in increasing attendance to immunization services, the LCSP should create new Posyandus in areas not presently covered.	• Since MTE, there are 3 new posyandus (1 in Mandor, 1 in Pahauman, and 1 in Senakin). Another 2 new posyandus will be open in Mandor in October 2003 (Penawar & Semanyam). One other posyandus will open in Senakin in October 2003 (Sidik kayuaga). The posyandu cadres in Senakin have not yet been trained, although the training has been requested. • Two new posyandus established satisfactorally.	Continue collaboration with Pontianak ADP on opening 6 or 7 new Posyandus .
Initiate monitoring of the quality of EPI services at the Posyandu level, using observation checklists, exit interviews, and other explicit methods.	• A posyandu monitoring system using Observation Checklists, Exit Interviews, and Posyandu Scoring is implemented quarterly.	The Observation Checklist needs to be redesigned. The use of these three tools still needs to be finalised and documented in a technical guideline.
Train posyandu cadres and TBAs to refer newly identified pregnant women to the Posyandu, Pustus, Polindes, or Health Centers for TT vaccination.	• Trained Posyandu cadres (611) and TBAs (305) to refer newly identified pregnant women to Posyandu or other health facilities for pregnancy check up including TT immunisation. • Developed new pregnancy poster for posyandu cadres and mothers. • Used guidebook for TBAs training. • The trained TBA motivated and refered pregnant mothers to health facilities to have antenatal check. Collaboration between	Continue ongoing work.

MTE Recommendations	Achievements	TAR Recommendations
	TBA and midwives is good, and TBAs have regular meetings with midwives. When there is no midwife, pregnant women do not want to come for ANC visits. • According to Dinkes Landak, the ANC visit may have increased.	
Promote BCC messages on immunization in KSM, CU, farmers, and mothers groups.	• Immunization posters were distributed to the community, farmers, mothers, and also to KSMs through Integrated MED – Health activities. • KSM members including MED seem to understand health messages from the promotion materials. • Health education sessions are delivered by posyandu cadres or health staff using posters and MCH booklets.	Provide the MED program members with health education skills so that they can conduct such activities themselves.
Continue to facilitate the distribution of MCH booklets for newly identified pregnant women	• Continued facilitating the distribution of MCH booklets. In case a pregnant woman has not received MCH booklet, motivators ask cadres to ask health staff for more booklets, and also ask health staff to bring booklets. • LCSP asked health centers and the DHO whether there are shortage of MCH booklets in the field. There still seems to be shortages of MCH booklets in the health centers. Not clear whether it is shortage at the MOH/DHO level or mismanagement. • From the field visit, Health Centres visited have MCH booklets (old and new). Most cadres have seen the MCH booklet but have not read it because it is for the mothers and they do not own one themselves. Some mothers do not have it but have read it because they borrowed it from neighbours. Mothers who have read it seem to have practiced the messages.	Confirm with the DHO and Health Centers on the availability of MCH booklets and the distribution system.

MTE Recommendations	Achievements	TAR Recommendations
Introduce incinerators for safe disposal of sharp and used syringes in Health Centers, Pustus, and Polindes. Another possibility is to use small incinerators, if available in the local markets, which could be carried during Posyandu activities.	• Most health centres seem to have the same procedures to burn syringes and bury needles, but sometimes it is not strictly implemented.	Do a systematic assessment on the universal precaution procedures in the Health Centers. Make decisions for appropriate responses according to the assessment results.
Support the National Immunization Week (PIN) in Landak, while avoiding losing focus on strengthening routine immunization services.	• Posyandu cadres were mobilized to spread the news to the community and to motivate mothers to bring their child to posyandus and other PIN posts. Motivators also helped health staff to give immunization and did sweeping activities. • During the field visits, most mothers have heard of PIN (National Immunization Week) and brought their child to be immunised. • Most but not all cadres have been active in mobilising mothers. Most cadres mentioned that the LCSP Health Motivators helped them during the PIN.	Continue ongoing work.
Reconcile the immunization coverage estimates from the KPC surveys and the service statistics to better understand the true coverage of the immunization program, improve the monitoring of future activities, and eventually increase the immunization coverage.	• Health and District Health Office staff understands that differences between service statistics and KPC surveys may be due the fact that there are people who are not reached by present health services. • LCSP and Health staff from 3 health centers met to discuss the Posyandu's monthly report as a tool to monitor increased coverage.	Include explanations about this discrepancy in the KPC report. Include if possible this discrepancy during the Health Information System (HIS) Workshop.
3. Diarrhea		
Assist the District Health Office in the development and adoption of a policy, and in the management and distribution of ORS in health centers and Posyandus.	• LCSP has discussed it with health centers and DHO, and they have increased the ORS supply to the community. • During the field visit, ORS supply seemed to have improved at the Posyandu level. There seems to be enough ORS in the District Health Office level	Continue monitor the availability of ORS at the Posyandu level.

MTE Recommendations	Achievements	TAR Recommendations
Improve dietary management of diarrhea among mothers by strengthening the related interpersonal and counseling skills of Posyandu cadres and health staff. The ongoing training in IMCI of health centers staff, to be followed by that of Posyandus cadres, may already address dietary management of diarrhea.	• Trained 25 health staff and 2 health motivators on IMCI. • Trained Posyandu cadres on dietary management of diarrhea including using role plays on counseling, routine meetings, and MCH booklets socialization. Some cadres have already counseled mothers who have children with diarrhea. • During field visits, most cadres and mothers understood that they should give more food and more drinks for children with diarrhea.	Continue the cadre trainings on dietary management of diarrhea and counseling skills. Continue to train health staff on IMCI.
Continue the promotion of measures of diarrhea prevention such as breastfeeding, domestic hygiene (hand washing, use of latrines, proper waste disposal) and access to clean water.	• Promotion is done by distributing diarrhea posters and healthy environment posters. The posters are also used as health education tools. • During the field visits, most cadres and mothers seemed to understand the messages in diarrhea poster. The cadres and mothers like the new diarrhea poster, perhaps because it has attractive colors, big pictures, and not too many words.	Continue the promotion of diarrhea prevention messages. Assist ADP in the identification of areas without access to clean water.
Introduce case definition of diarrhea and more detailed questions on diarrhea prevalence and related behaviors in the next KPC survey, while maintaining the current indicator for comparison purposes.	• Some additional indicators were included in the September 2003 LQAS survey.	Review diarrhea indicators for final KPC.

MTE Recommendations	Achievements	TAR Recommendations
4. ARI		
Ensure that the ongoing IMCI training of health center staff be followed by that of Posyandus cadres to effectively address case management of pneumonia. Train midwives and Posyandu cadres to target pregnant women with education on early recognition of pneumonia signs and symptoms and in timely health care seeking by appropriate providers.	• Trained health staff on ARI case management during IMCI training (mostly midwives). • Trained posyandu cadres on recognising ARI signs and symptoms (not respiratory rate) and referral criteria during cadres training and regular meetings. MCH booklets training for cadres, and ARI posters also strengthen the messages. • During the field visits, the signs and symptoms of ARI were not clearly understood by cadres, mothers and TBAs.	LCSP should explore and develop additional training materials on ARI, including an IMCI movie and new ARI poster.
Develop an appropriate curriculum and train TBAs in early pneumonia recognition and referral as part of the newborn care package.	• Although the curriculum for TBA training on ARI is not developed yet, LCSP has discussed with the midwife in Senakin the inclusion of pneumonia danger signs and case management during TBA monthly meetings. • LCSP is still focusing on delivery and post-partum care by TBAs. Although they have been trained, the old TBAs have difficulties in changing the way they handle deliveries. The young ones accept and implement changes more easily. • Based on the field visits, it was not clear whether the TBAs understood the specific signs of pneumonia, but they realised the necessity to refer newborns to the midwife if there is a health problem.	LCSP should adapt and use the available health education materials developed for cadres train TBAs on ARI case management. Find opportunities to communicate to TBAs key messages on danger signs and referral criteria for pneumonia.
Find or develop Behaviour Change Communication (BCC) materials on pneumonia early recognition and referral.	ARI posters were developed and distributed to the community.	See above.
5. Vitamin A		
Assist the District Health Office in the development of a plan of action for postpartum vitamin A supplementation that includes BCC and supply. Although it is not the MOH policy to have TBAs distribute vitamin A capsules, the LCSP should explore this and other options for involving TBAs in this intervention.	• LCSP has already discussed Vitamin A supplementation informally with District Health Office and Health Centers. They agreed to include TBAs in distribution of Vitamin A capsules for post partum mothers. Health Centers have a supply of Vit A for post partum mothers in the "Vit A months" stock and give it to midwives and TBAs, as needed. There	Continue the activity.

MTE Recommendations	Achievements	TAR Recommendations
	does not seem to be shortage of VitaminA. • TBAs asked for Vitamin A capsules for postpartum mothers during their routine meetings with midwives, from Posyandus cadres, when they meet health staff. • During the field visits, the TBAs knew about post partum Vitamin A supplementation and they did it eagerly with the coordination with the midwife.	
The LCSP and the DHO should improve the recording of Vitamin A supplementation on immunization cards and MCH booklets (growth cards and MCH booklets have a column for this), and consider introducing a sticker system to track Vitamin A supplementation on the EPI tracking form.	• LCSP trainings for cadres are also used to strengthen the message and making sure that posyandu cadres filled the card correctly. • LCSP has discussed this with health centers and they also agreed that it is important to have correct recording. Motivators make sure that the cards are filled correctly. • The sticker system is considered not sustainable because it is not applied by the MOH/DHO.	Continue monitor the recording of Vitamin A.
The LCSP and the DHO should promote vitamin A messages during vitamin A months in February and August.	• LCSP promoted Vitamin A messages just before Vitamin A months. Developed and distributed Vitamin A posters. Cadres mobilized community to go to Posyandus.	Continue to promote Vitamin A messages prior to and during Vitamin A months. Continue community mobilisation.

MTE Recommendations	Achievements	TAR Recommendations
b. **Cross-cutting Approaches**		
1. Commnity mobilization and Advocacy		
The ADP staff, including that from the LCSP, should conduct visioning exercises at the village/Dusun level to galvanize all stakeholders and to articulate a unified vision for health and development. These exercises should involve village leaders, religious leaders, teachers, cadres and KSM groups.	The Local Capacity For Peace (LCP) ADP officer facilitated a pilot village visioning exercise on 29 – 30 November 2002.	The LCP ADP officer should train at least 10 villages in the ADP-LCSP areas (at least three batches in each LCSP areas) on visioning.
The ADP staff, including that from the LCSP, should develop a common community mobilization strategy and related indicators.	ADP and LCSP agreed to use the cadre association to mobilize the community and monitor the Posyandu activities.	Refine the ADP community health mobilization strategy. Optimise the existing community health mobilization activities. The ADP and LCSP should facilitate the KSMs to establish

MTE Recommendations	Achievements	TAR Recommendations
		health-related indicators.
WV should strengthen LCSP staff communication and advocacy skills to influence community organizations and government health staff.	Some of the LCSP staff had opportunity for instance joining ADP's leadership training.	Advocacy skills training will be facilitated by the ADP Manager in January 2004 for ADP and LCSP staff.
2. BCC		
WVIDN and WVUS should assist the ADP staff, including that of the LCSP, in the development a detailed health behavior change communication strategy and action plan with local partners and communities. This strategy should be based on formative assessment to identify the specific behaviors to be changed among the various community members, the messages most likely to be understood and accepted, the most effective media and agent of change for each audience (including non-visual methods such as puppet shows, songs, skits, local radio, etc). This assessment should encompass all the behaviors included in IMCI, and conducted to benefit the entire Landak District. The LCSP may choose to focus first on the set of community and individual behaviors related to malaria, including the use of ITNs, individual malaria prevention measures and treatment, and collective and environmental measures to decrease transmission.	Various LCSP core team members and WV technical advisors developed a draft BCC framework on malaria.	• LCSP and ADP Pontianak will conduct BCC exercise for malaria with community members, including cadres association and KSMs. • Conduct Doers and Non Doers analysis to identify community and individual behaviours related to use of ITNs. • Develop BCC strategy for malaria with the ADP. • Develop BCC materials on malaria. • External technical assistance might be required for these activities.
The LCSP and the DOH should train the cadres on the use of the MCH booklets for delivering health messages during home visits.	LCSP and Health Center staff had trained cadres about MCH booklets in Mandor and Pahauman.	LCSP should consider providing each cadre with one MCH booklet for health education activity. Train cadres in counselling skills to use MCH booklet during quarterly cadres meeting (usually participated by 100 – 150 cadres)
Pilot test the introduction of micro-credit with health education with the Pancur Kasih Foundation.	Discussion with Pancur Kasih has been initiated. LCSP and ADP decided to pilot test integrated health and MED in four posyandus (Singkut, Banying, Kapur, and Gombang), two KSMs and one women's group. Members of these groups were trained on economic and	Advocate the top management of Pancur Kasih Foundation to link with the Health Centers. Continue integration of health and MED in posyandus.

MTE Recommendations	Achievements	TAR Recommendations
	health topics (malaria and nutrition) in August 2003.	
Consider the use of mobile videocassette players / monitors / generators for disseminating health education messages at community and Posyandu levels.	LCSP team developed short movies on nutrition and malaria. These movies have been used for health education for junior and senior high school students, Posyandu cadres, KSMs and local church youth associations. LCSP plans to develop additional short movies in a VCD which can be used for conducting health education sessions at posyandus day using local VCD player.	Continue developing video materials and show the videos to cadres, students, and community members.
3. Capacity Building		
WVUS and WVIDN should assist the LCSP in clarifying its capacity building objectives and indicators, in conducting the baseline assessments, and in implementing the relevant activities. This plan should address the DHO and HC in the project areas, the KSM groups, and the Posyandus.	Activity was planned with WVUS but postponed due to U.S. State Department travel warnings on travel to Indonesia. ADP has developed tools and assessed KSMs. Questions on health topics have been tested for at least 13 KSMs.	Define the capacity building indicators and related indicators for KSMs, Posyandus, Cadres union, KSM association. Conduct at least one assessment of the key project partners before the end of the project. This work should be done with close ADP collaboration.
Establish new Posyandus to cover the remaining 46 uncovered sub-villages (dusuns), and develop indicators and instruments to track the quality of services provided in the Posyandus.	Since the MTE, there are 3 new posyandus (1 in Mandor, 1 in Pahauman, and 1 in Senakin). Another 2 new posyandus will be opened in Mandor area in October 2003 (Penawar & Semanyam). One other posyandus will be opened in Senakin in October 2003 (Sidik kayuaga). The posyandu cadres there have not been trained yet but have already requested the necessary training.	Collaborate with health centers, community members, and ADP to open 6 or 7 more posyandus before the end of the project.
Strengthen the capacity of KSM groups to engage in other community health activities than ITN distribution. Such activities include building fish ponds, growing Vitamin A rich vegetables, establishing Village Drug Posts (POD), and providing health education to POD clients.	Conducted social preparation to construct fish-ponds in Singkut. In Senakin and Mandor, 14 POD cadres (some of which are also KSM members) have been trained and have received Rp 900,000 worth of drugs. Findings from field visits: Incorrect monthly financial reports and differences between actual stocks and sales records.	Continue strengthening the KSMs in the health sector. LCSP should conduct thorough quarterly supervisory visits of PODs. The responsibility of supervision should be gradually given to Health Centers.

MTE Recommendations	Achievements	TAR Recommendations
Formalize, document, and include various project staff in the otherwise already established regular meetings and contacts that the TTL has with the PHO/DHO staff. This should be begin in FY 2003 and would be essential during the scale up phase of the project.	LCSP conducted meetings and sent monthly reports to inform to DHO and PHO of LCSP activities.	Formal quarterly meetings with DHO would be appropriate during the last year of the project.
WVUS/WVIDN and the LCSP should begin planning for the a lessons-learned / promising-practices workshops to take place at the end of FY 2003 and provide the basis for scaling up to the other 2 sub-districts of ADP (Sungai Pinyuh and Toho).	A meeting was conducted to discuss overall scale-up plans and sustainability between ADP and LCSP. Preliminary discussion about lessons learned workshop was conducted in August 2003.	Begin defining scope of the workshop, and decide on the dates early so that LCSP staff have at least 3 months of preparation. Begin identification and documentation for the lessons learned workshop.
4. Health Workers Performance Improvement		
The LCSP should conduct regular assessments of the performance of the community members (Posyandu cadres, TBAs, POD cadres and shopkeepers) trained by the project during supervision visits, using explicit standards of performance. They should then develop and implement a performance improvement plan based on these findings and that gives more emphasis on on-the-job training, coaching and mentoring rather than only initial or refresher training.	Developed and implemented Posyandu scoring, Observation Checklist, and Exit Interviews. Data from these tools already notified some weaknesses in the preparation of posyandu activities. For TBAs, LCSP is working with health workers to develop tests to screen TBAs who are able to receive kits. LCSP and health centers agreed to conduct quarterly meetings with PODs cadres. There are no tools yet to assess POD activities.	LCSP should review training materials and develop tools to assess the effectiveness of training cadres and TBAs. Develop tools for supervision of PODs.
The LCSP and HC staff should evaluate the current system of supervision of Posyandus to assess its effectiveness and modify it accordingly.	LCSP and HCs have already discussed the current system in September 2003. Unfortunately, the DHO staff could not attend the meeting.	Continue to implement and evaluate the Posyandu monitoring system. Develop guidelines on how to use theObservation Checklist, Exit Interview, and Posyandu scoring tools.
Empower the Posyandu cadres by providing them skills in analyzing their own data and use them for actions.	LCSP trained the cadres to do simple analyzing skills, and motivators also tried to improve their skills in every H+ day (day after the Posyandu). LCSP staff have motivated some cadres to take simple actions.	Continue the effort after HIS training in October 2003.
Include the LCSP health motivators with clinical background in the MOH IMCI training so that they can fully support the introduction of IMCI in health center and Posyandus.	As many as 25 health staff in Landak district and 2 LCSP health motivators trained in IMCI. Planned to train one more staff from each Health Center and one LCSP health motivator in the Provincial IMCI training.	Continue to encourage DHO to monitor implementation IMCI approach in Health Centers. Collaborate with PHO to conduct one IMCI TOT, then one regular IMCI training to accelerate implementation of IMCI in Health Centers.

MTE Recommendations	Achievements	TAR Recommendations
5. Sustainability		
Accelerate the development of a phase out strategy with the MOH, community and other key stakeholders. This exit strategy can be for FY2003 if the project ends as currently planned, then revised for FY2004-2006 if the recommendations to extend the project for two years is granted.	LCSP and ADP have already met, discussed and developed a common understanding of how to transfer the LCSP program to ADP Pontianak. LCSP already motivated cadres to form a Cadre Association to ensure sustainability of the LCSP activities.	Sustainability Action Plan should be completed by second quarter of FY 2004. Preparation and follow up with WVUS and WVIDN. Possible actions: 1. Social preparation (internal staff) 2. Set up unions to increase community participation 3. Integration of MED with health 4. Networking with various sectors to get support from local leaders, government and legislaors in the area
Define a few key sustainability objectives and develop the appropriate indicators.	Not done.	Technical assistance from WVUS is required. Elements of sustainability analysis might include: 1. problems solved does not re-appear 2. systems and approaches introduced does not collapse 3. funding level introduced is maintained 4. improvement for further development possible
The DHO should allocate a specific budget for the support of posyandus.	Indirect support of posyandus through health center funding of gasoline for health staff and supplementary feeding.	Continue advocacy to get commitment from DHO to provide optimum services for Posyandus.

MTE Recommendations	Achievements	TAR Recommendations
C. Program Management		
1. Planning, monitoring and evaluation		
The ADP Pontianak, including the LCSP, should continue integration of LCSP activities as a key strategy for capacity building and sustainability.	Integration at management level has been encouraged. A meeting was organized to develop a strategy for project phase-out. At field level, integration was started by the project to improve the road to Sidik village in collaboration with ADP and community members in order to enable health staff to travel to Posyandus.	Considering LCSP will enter its final year, an operational strategy and plan of action should be developed for sustainability purposes.
WVIDN and WVUS should take advantage of the LCSP to further develop the rational and strategies for integrating of child survival activities in the ADP Pontianak development programs. This should specifically	Examples of integration of CS activities to development program: • Integration of MED (Micro-enterprise Development) programs with health education, planned to be	All Self Help Groups should integrate their MED with health education. In all sub-districts, Cadre Union should be established and the

MTE Recommendations	**Achievements**	**TAR Recommendations**
include ways to achieve LCSP targets without sacrificing other development principles.	conducted in all Self Help Groups (KSM). • Establishment of 2 cadre associations. • ADP used the LCSP's LQAS results (Lot Quality Assurance Sampling) as their baseline.	development of their own action plan should be encouraged.
WVIDN and WVUS should provide assistance to ADP Pontianak in implementing these strategies and drawing lessons for other ADPs in Indonesia and elsewhere. To that effect, WVIDN and WVUS should consider training health staff about development principles, and training development staff about health. Also, development and health staff from ADP Pontianak should meet quarterly to share lessons learned and best practices with this respect.	This assistance for the ADP has not yet been provided. HIS training in 7-21 October 2003 is one of the initiations of this assistance.	In the remaining life time of the LCSP project, WVIDN and WVUS should develop a plan to prepare and finalise training materials for the Lessons Learned Workshops
Consider developing area-specific strategies and quarterly action plans. These plans, coordinated by the LCSP Technical Team Leader, might adopt the same overall strategies and timeline but include all the activities and information needed by the persons in charge of their implementation such as the sub district or health center staff, the health motivators; etc.	From the project field assessment, there was no longer the need to develop specific strategies for each sub-district based on community differences.	Consider developing area-specific action plans with each health center to gradually transfer project activities to them.
The ADP and LCSP should develop policies regarding implementing project activities in communities outside the project areas. (See the case of KSM group outside the project areas interested in distributing ITNs).	There is no clear policy concerning the use of project funds outside the project area. Decisions made to use the funds were made on a case by case basis. In the case of distribution of ITNs to the community, a local cooperative and credit union were used because they have the channels to distribute to the whole district and province.	A clear policy should be developed.
The ADP and LCSP staff should ensure a timely submission of all progress and financial reports to ensure timely response and actions from the relevant technical and administrative officers. The time needed to prepare complete but concise reports should be provided to the staff responsible for their preparation.	Fund request for field project activities presently has to be submitted at the first week for disbursement, and reported at the last week of every month. The timely submission of progress reports still need to be improved.	A different strategy in managing progress reports should be taken to ensure timely submission.
WVIDN and the LCSP should strengthen the use of detailed technical work plans to coordinate, delegate and assume responsibility for project activities.	Quarterly detailed technical plans are developed by LCSP. Some activities in the plan were postponed, as agreed by WVIDN.	WVIDN should review the submitted technical work plans and give comments for revision within an agreed time frame, and follow the agreed plans.

MTE Recommendations	**Achievements**	**TAR Recommendations**
		The TAR team developed an annual work plan for the last year of the project that should be further detailed and adopted by the ADP and WVIDN.
2. Human Resources Management		
As the integration of the child survival activities into the ADP progresses, the ADP Pontianak and LCSP should consider relying more on community development specialists than on health specialists for all relevant activities.	Integration of community development and health activities has been tried out in a number of activities but total integration has still to be reached. In the LCSP project, staff is still using a health specialist.	The existing health staff should be provided with community development skills. As changes in the LCSP core team occur, WVIDN should review the job descriptions and workload of LCSP staff and make the appropriate changes in a timely manner.
WVIDN and WVUS should continue teambuilding efforts and emphasize leadership, teamwork, and professional development as opposed to a more administrative and directive style of management.	Several teambuilding efforts have been implemented such as training facilitated by external trainer, coordination meetings, etc.	Team building activities such as "Outward Bound" type activities should be implemented for WVIDN, ADP and LCSP staff.
WVIDN and WVUS should increase responsibility, ownership and accountability of the LCSP staff at all levels.	Some responsibilities still need to be clarified between WVIDN, WVUS and LCSP.	WVIDN and WVUS should develop plans and targets with input from ADP and LCSP. Authority to develop their own detailed activity plan should be given to LCSP staff, to be implemented based on the local conditions, with limited input from WVIDN.
3. Financial management & Logistics		
Given the delayed start-up, the relative underspending, and the opportunity for achieving sustainable results in the Landak District, the MTE recommends a 2-year no-cost extension.	LCSP received a 1 year no-cost program extension.	No further recommendations
The LCSP staff in the field should thoroughly study the activities that they plan to conduct and their costs before developing and submitting their action plan and budget.	All motivators develop monthly action plans and submit to the Technical Team Leader. Team Leader submits monthly financial plans to the Finance Officer.	No further recommendations
The LCSP should recruit a bookkeeper as soon as possible.	Recruitment process is completed and a final decision is pending.	No further recommendations
The LCSP should review the job description of the Administrative Officer to include logistics in the roles and responsibilities and direct reporting to the Financial Officer.	Job descriptions have been developed	Special forms should be developed for the Administrative Officer to report quarterly to the Financial Officer.
4. Technical and Administrative Support		
WV senior technical staff and the	Communication between WV and	Better improvement of

MTE Recommendations	**Achievements**	**TAR Recommendations**
LCSP staff in Pinyuh/Landak should plan in advance the backstopping visits and negotiate at least some of the specific aspects of the project that need to be addressed. This negotiation can be done at least partially through the development and approval of detailed work plans (annual, quarterly, and monthly) and scopes of work.	LCSP is done regularly. Technical backstopping has been negotiated and implemented with onnly minor problems.	backstopping mechanisms.
WVUS should emphasize the internal analysis and accountability aspect of the required Third Annual Report, and assign the primary responsibility for this exercise to the CSP management team and its local partners. The time and resources needed should be made available to the entire CSP team and partners, and WVUS should provide its assistance if appropriate.	The Third Annual Review field team included World Vision staff from Indonesia and the Asia Pacific Regional Office.	No further recommendations
5. Information management		
Adopt a limited set of key process indicators, as recommended during the DIP review and FAR, and include them in the quarterly or annual reports, as appropriate. Some simple indicators are the number of functional Posyandus; the number of Posyandu days as compared to those expected; the attendance at these Posyandus days; the number of supervision visits made, the number of trainees by type and topics as compared to those planned, etc.	Process indicators have been developed and are used in the project's monthly report.	No further recommendations
Assist the DHO in the management, analysis and interpretation of the data currently collected by the Posyandu cadres (Monthly Posyandu Report) and other health services. Such data provide a direct measure of the activities of the health services that the LCSP intends to improve.	Activity reports submitted to the DHO are not used for DHO's program planning. DHO receives monthly LCSP report but it is often delayed. Reports are used for comparison purposes with DHO data. Activity reports submitted to health centers are being used minimally for HC's program development.	LCSP should develop a more detailed plan (with deadlines and flow of reporting) for project report.
Develop a guideline for the supervision of Posyandus. The observation checklist and exit interview developed in October 2001 may provide the basis for a set of tools to be used during such supervision. Systematically collected and analyzed, supervision data may provide data for indicators of the quality of those services.	Supervision tools are used by the project. Health Centers have not used these tools. There is a sustainability issue on this subject. DHO has no supervision plan for posyandus. They have a check list for supervision of midwifes. Currently supervision is not routine because of limited budget.	The health center chief should do the posyandu program supervision. Because supervision is vital for the quality of posyandu services, DHO should allocate a reasonable amount of funds for posyandu supervision.
Begin and monitor the implementation of the various community-based information systems: the CBDDS, the	A training workshop on community-based HIS is planned for Ocotber 2003, and will be	Follow up on HIS training workshop.

MTE Recommendations	**Achievements**	**TAR Recommendations**
EPI and the Pregnancy Tracking Forms, the revised Monthly Posyandu Report. A first step would be to write down a description of the various tools, the data to be collected, the links between tools, the indicators that can be constructed, and the use of the information generated by these forms. The LCSP should assess the current community-based information system (its timeliness, completeness, validity, cost and usefulness) and build on this experience when introducing the new systems and tools. The simplest and the smallest number of indicators will probably have the highest chance of success and sustainability. The LCSP should write a protocol to assess the feasibility and usefulness of the systems that it introduces by the end of the project. The LCSP should only introduce the CBDDS if the project is extended, because it will take more than a year to assess its feasibility and usefulness.	followed by implementation of introduction or improvements of selected tools. Women support groups are not yet established to help cadres in implementing the Pregnancy Tracking Form. During field visits, women expressed different views on the establishment of village womens' groups, people answered with a variety of reactions – some said would be difficult, while others said that they would participate. currently, there are some existing groups in the community that can be used to help Posyandu cadres.	
Continue facilitating the distribution of the new MCH booklets to pregnant women.	Based on field visits, not all pregnant women received MCH booklet. Most mothers have a growth monitoring card (KMS) but only few have MCH booklets. Some mothers who have MCH booklet do not read it. Some women practice messages provided in the booklet.	LCSP should facilitate the distribution of MCH booklets which are printed by the DHO so that every pregnant woman and, if stock permits, every mother visiting the posyandu receives a MCH booklet. All cadres should be provided with an MCH booklet. Because not all mothers who own the MCH booklet read it, cadres should give information to mothers on certain important topics in the booklet. LCSP motivators should train cadres on how to promote certain topics in the MCH booklet.
Train cadres, TBAs, and health staff in the use of data that they collect. The health information system and indicators that they use should be clearly defined and documented in order to provide clear instructions and skills during this type of training.	Trained cadres to fill in monthly posyandu reports. Types of reports are monthly posyandu reports, weight register and immunization of babies and underfives. Not all cadres fill in the pregnancy tracking form.	LCSP should train cadres on how to use posyandu reports by involving the sub-village or village chief. LCSP health motivators should facilitate posyandu cadres and health staff to identify service problems based on posyandu reports and do the follow-up action and problem solving.
Carefully check the consistency	Project indicators as approved by	Final evaluation will use the 30-

MTE Recommendations	**Achievements**	**TAR Recommendations**
between the questions in the baseline and midterm KPC and the formulation of the project objectives before finalizing the final evaluation instruments. One of the goals in conducting a series of survey is to compare the values of the same indicators over time. The sample size and the related sampling error must be taken into account when making such comparisons.	USAID are used in the survey. LQAS (Lot Quality Assurance Sampling) was completed in September 2003.	Clusters Rapid Survey method. Results from the LQAS will be used for comparison purposes.

III. Conclusions & Recommendations

The LCSP is beginning its fourth and last year with a full program of activities to achieve project objectives. The overall strategies and current plans are consistent with the DIP, MTE and TAR recommendations, and the staff and partners are all aware of the need to start transferring project activities to the ADP, MOH and communities.

A few technical child survival interventions still require attention to ensure that the related end-of-project objectives are achieved, incluidng the use of insecticide treated bednets; appropriate knowledge and health seeking behavior for ARI; and the avoidance of antidiarrheal medicine.

As the LCSP and ADP staff enters the last year of the project, they should quickly clarify the priority capacity building and sustainability objectives and strategies with the DHO, local authorities and communities so that a detailed phase-out plan can be prepared, agreed-upon and implemented accordingly. Priority issues include:

- Sustaining two critical inputs of the LCSP: (1) the use of motivators to support community volunteers in defined areas and (2) the provision of logistical and technical support to health workers involved in posyandu activities.
- Improving access to midwives. The collaboration between TBAs and midwives established during the LCSP can only meet part of the need for qualified perinatal care since there are midwives in only 15 of the 31 Polindes in the project areas.
- Ensuring that community-based organizations and local authorities provide adequate support to community health volunteers.
- Ensuring that the ADP staff has the knowledge and skills to continue supporting child survival activities in the initial and extended LCSP areas.

In FY2003, the LCSP undertook a major study on the efficacy of chloroquine treatment on *Plasmodium Falciparum* malaria in the project area, and was successful in raising awareness and support from various local authorities on the importance of malaria control in the area. LCSP plans in FY2004 to conduct additional studies and analyses to assist the Landak Bupati and DHO develop and adopt appropriate policies. These efforts should continue and focus on specific advocacy objectives achievable by the end of the project.

One of the objectives of the LCSP is to "become a demonstration site and multiplier to scale up." The LCSP indeed implemented various approaches and activities that have the potential to be successfully sustained in the project areas and adopted in other areas by the Pontianak ADP, the DHO and PHO, World Vision and other organizations. These activities should be carefully documented to ensure effective dissemination and scale-up after the end of the project. LCSP will conduct a Lessons Learned Workshop in FY2004 to share its experiences with MOH and other World Vision staff members from Indonesia and abroad. This workshop will provide the opportunity to have documented best practices reviewed by peers before wider dissemination. Examples of potential best practices are:

- Integration of child survival in an ADP;
- Building effective collaboration between TBA and midwives;

- Establishment of Cadres Associations in health centers areas;
- Implementation of a chloroquine efficacy study by MOH staff;
- Distribution of ITNs through provincial cooperative organization (Pancur Dangeri);
- Doer/ non-doer analysis on the use of ITNs;
- Dvelopment of a monitoring system for posyandu activities;
- Use of motivators to facilitate the re-establishment of posyandu activities;
- Evaluation of the effectiveness of training community volunteers;
- Establishment of PODs; and
- Introduction of health education into Micro-Enterprise Development organizations.

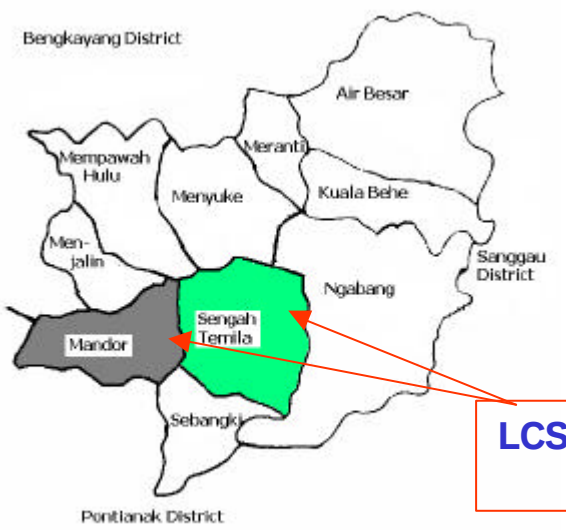
The current LCSP activities can best be scaled up to the Pontianak ADP project area. This option is justified by the current status of the project implementation, the remaining time until its termination in September 2004, and the otherwise long-term commitment of the Pontianak ADP towards child survival in the area. Pontianak ADP will extend the beneficiary population from 73,879 to 105,041. Pontianak ADP can then build on the LCSP achievements by supporting selected activities. The planned documentation and transfer of activities to the DHO and other local partners during the last year of the LCSP will ensure that successful LCSP activities can also be implemented in locations outside the LCSP project area.

The LCSP has gained motivated and competent staff since the MTE. As the end-of-project comes closer, some LCSP staff may consider other employment options if not provided with clear prospects within World Vision. WVIDN should begin addressing this issue with each staff member to ensure their best career options and the availability of the best human resources for the LCSP. As the LCSP core team changes, WVIDN should review of the job descriptions and workload of the LCSP staffs and make the appropriate changes in a timely manner.

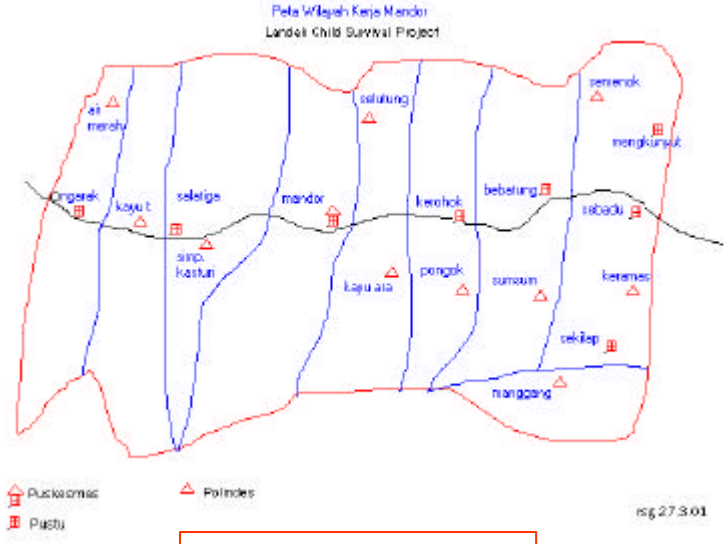
IV. Appendices

1. Map

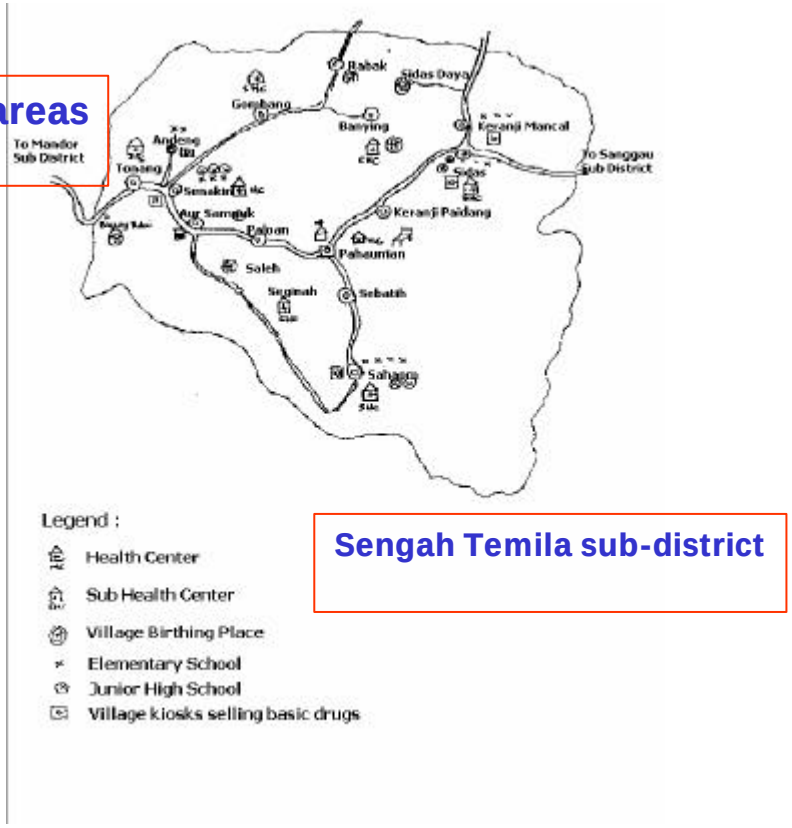
LCSP PROJECT AREAS



LCSP project areas



Mandor sub-district



Sengah Temila sub-district

2. Demographic & Health Service Profile

	MANDOR	SENGAH TEMILA		TOTAL
		Senakin	Pahauman	
Population *)				
Total	24,109	19,958	29,812	73,879
Households	5,130	4,246	6,343	15,719
Pregnant mothers	671	556	836	2,063
Babies	610	506	760	1,876
Under-fives	2,557	2,120	3,187	7,864
Health workers **)				
Trained cadres				
(Posyandu cadres)	148	183	280	611
Trained TBAs	85	110	110	305
Trained Shopkeepers	126	96	45	267
Administrative units ***)				
Dusun / Sub village	60	34	45	139
Desa / Village	17	5	9	31
Health Facilities ****)				
Posyandu / Village Integrated Post	29	30	44	103
Polindes : Total	17	5	9	31
- Midwives	*10*	*1*	*5*	16
+ Midwives	*7*	*4*	*4*	15
Pustu / Sub health centers	7	3	3	13
Puskesmas / Health centers	1	1	1	3

Sources:

*) Landak DHO, Dec '2002 - Aug '2003

**) LCSP, Sept ' 2003

***) Sub District (field data)

****) Health centers, Sept '2003

3. Terms of Reference

LANDAK CHILD SURVIVAL PROJECT (LCSP)
WORLD VISION
USAID COOPERATIVE AGREEMENT # FAO-00-99-00027-00
TERMS OF REFERENCE FOR THE THIRD ANNUAL REVIEW
(September 29, 2003 – October 06, 2003)

General Objective:
To conduct a third annual program activity review of the Landak Child Survival Project (LCSP) and make recommendations on future child survival activities and capacity building needs in Landak District.

The Purpose of the Review

The purpose of the third Annual Review is to identify what is working well, determine the adequacy of responses to the DIP Review recommendations, identify areas that need improvement, and recommend useful actions to guide the staff through the next one year of the project. The review should recognize the achievement of the project and staff, assess progress toward sustainable high quality implementation and monitoring of child survival activities, identify barriers to achievement of goals and objectives, and recommend strategies for future extension and expansion of the project

Specific Objectives

1. To review the accomplishments and constraints of the project from the end of the second year to the end of the third year compared to the actual accomplishment with the set goals and objectives, results, and/or outputs established in the Detailed Implementation Plan (DIP) for the period.
2. To identify factors which have contributed to the achievement of the progress and factors that have impeded progress and make recommendations.
3. To identify any substantial changes required from the approved agreement and DIP which would require a modification to the cooperative agreement and recommend if any are found.
4. Identify project areas where te4chnical assistance4 is required
5. To review the DIP Technical Recommendations and identify how the project is addressing each recommendation of the DIP Technical Recommendations and document any other actions taken as a result of the recommendations.
6. Communicate key review findings, conclusions and recommendations of the review to clients, and document them in the form of a Third Annual Review Report, which should include but is not limited to the followings:
   - Summary and Recommendation including review methods, site visited, and dates of field work
   - Project Background
   - Quality of Programming
   - Quality at the community level
   - Quality of Health Worker and Facility Services
   - Capacity Building and Sustainability
   - Technical and Administrative Support
   - Main accomplishments and constraints
   - Recommendation

7. To make over-all recommendations for the strategy for the continuation of the project activities.

Evaluation Methodology

The Terms of Reference proposes a review strategy that fulfills the criteria established by the USAID Child Survival Annual Review Guidelines. The review methodology will include the following:

Review Team Leader

The team leader **Dr. Marc Jean-Paul Debay, PhD, MPH** will facilitate the review activities in a participatory manner and ensure that the review process is conducted according to USAID standards.

Data Collection and Analysis: The review team leader will be responsible for overall methodology and design of the data collection techniques, facilitating the analysis of the data, and providing an assessment of the quality of project implementation based on this data. The data collection technique may include:

- An internal review based on data generated by the Health and Management Information System
- Field visits/observation
- Focus group discussion; and key informant interviews with stakeholders
- Review of project documents
- Others as required by the review team

Proposed Review Schedule

Sep 29	Arrival of all review team members in Pontianak Meeting with the Chief and officers of West Kalimantan Provincial Health Office. Preliminary discussion and tools development Depart to Pahauman sub-district (one of project areas)
Sep 30	Meeting with the entire team, briefing of project progress, develop tools, share expectations and desired outcomes/accomplishment, complaints and constraints and develop a review strategy with the team. Review project records and files.
Oct 1- 3	Field Visits – District Health Office and Health Centers, Integrated Service Post (Posyandu), community and partner NGOs. Review project records and files, staff interviews. Discuss principal findings and recommendations.
Oct 4 - 5	Briefing with LCSP/ADP in Ngabang Preparing Third Annual Review report draft
Oct 6	Presentation and Debriefing in the District Level and local stakeholders
Oct 6 – Oct 20	Report Writing

Team Composition

Review Team Leader:

- Dr. Marc Jean-Paul Debay, PhD, MPH (John Hopkins University Bloomberg School of Public Health)

Coordinators:

- Mr. Edi Sianipar, (General Manager, Yayasan Wahana Visi Indonesia)

- Mrs. Mary Lengkong, DDS, DDPH (National Health Advisor WV Indonesia)
- Drs. Untung Sidupa (ADP Manager Pontianak/Landak)
- Dr. Andre Tanoe, MHP (Technical Team Leader Landak CSP)

Team Members:
- Dr. Sri Durjati Boediharjo, MSc, DPH (Reproductive & Child Health Program, PHN)
- Dr. Fe Garcia (World Vision US)
- Dr. H. Mohammad Subuh, MPPM (Chief of the Maternal & Child Health Division, West Kalimantan Provincial Health Office)
- Dr. Isman Ramadi, MMed.OM (Chief of CDC Division, Provincial Health Office – West Kalimantan)
- Dr. Alex Papilaya, DTPH (Public Health Faculty- University of Indonesia)
- Mr. Wynn Flaten (World Vision Indonesia)
- Ms. Joanne Chia (World Vision East Timor)
- Mr. Alberto Araujo (World Vision East Timor)
- Ms. Esther Indriani, MPH (Project Officer Landak CSP)
- Various stakeholders from Landak District
- Team LCSP – ADP Pontianak

Expected Outcome

Dr. Marc Jean-Paul Debay, PhD, MPH, the external review consultant, will be responsible for preparing the final report which must meet all the requirements outlined in the Annual Review guideline. A draft review report will be completed and presented at the conclusion of the review visit at the District, Provincial, and National levels. Following the visit, the consultant will edit and refine the draft document into final form. It will be the responsibility of the consultant to forward the final draft to the country office (Mr. James L Tumbuan), the regional office (Dr. Sri Chander) and the WVUS office (Mrs. Fe Garcia / Mrs. Laura Grosso) for approval and comments. It is essential that the Annual Review Report is received by all offices no later than October 20, 2003.

4. Team Composition

Discussion groups

TEAM 1 : TECHNICAL
- Dr. Marc Debay
- Dr. Andre Tanoe
- Mariani
- Alberto
- Esther
- Edi
- Markusius

TEAM 2 : CROSS CUTTING
- Pak Untung
- Ibu Mary
- Pak Markus
- Lina
- Bonar
- Didi

TEAM 3 : PROGRAM MANAGEMENT
- Dr. Alex Papilaja
- Rainy
- Joanne
- Albert S
- Dewi
- Muliawati

Field Visit groups

TEAM 1	TEAM 2	TEAM 3
Dr. Marc Debay Pak Untung Joanne Rainy Maria Pak Abang Suhaimi	Dr. Alex Papilaja Dr. Andre Tanoe Esther Erna Ibu Since	Ibu Mary Bp. Markus Akim Alberto Mariani Ibu Sumiyati
Field Staffs Day 1 • Didi • Wawat Day 2 • Bonar • Dewi • Edi Day 3 • Lina • Markusius	 Day 1 • Dewi • Bonar • Edi Day 2 • Lina • Markusius Day 3 • Didi • Wawat	 Day 1 • Lina Monika • Markusius Day 2 • Didi • Wawat Day 3 • Bonar • Edi Dewi

5. Interview Guidelines

Questions for DHO (District Health Office)

1. How much budget is allocated for Posyandu?
2. What is the policy for ORS distribution to health center and posyandu?
3. Does the DHO and health centers regularly receive report from posyandu? If yes, what kind of report and how they use it for?
4. Has the DHO come-up with any plan to address the Malaria issues after the efficacy survey?
5. How does DHO overcome the lack of hepatitis B?
6. Do you have evidence of increased utilization of health services (ANC, Malaria, Pneumonia)?
7. Does DHO have supervision system for Posyandu? If yes, what is it?

Questions for chief of district government (bupati)

1. How much is your budget allocation for health department (APBD) in a year?
2. What policy has been taken to address Malaria issues?
3. What is government's perception of WV advocacy malaria survey result, illegal mining (to do advocacy to community leaders, district parliament, cadres, SHG committees)?
4. What is government's plan for the coming period (3-5 years) to improve health status of children under-five and pregnant mothers?
5. Does the government intend to support cadre association in each sub district (Mandor and Sengah Temila)?
6. What is government advice or recommendation for WV activity in the Landak District?

Questions for "polindes" (Village Birthing Post)

1. Do you have evidence of increased utilization of health services by pregnant women (ANC) in this Polindes?
2. Do you know whether pregnant women who come to Polindes receive complete TT vaccination?
3. Do you distribute Vitamin A for post-partum mother through trained TBA or not?
4. Do you have experience in delivering baby in collaboration with the TBA? How was the TBA performance while assisting the delivery?
5. Do you have meetings for trained TBA in Polindes?

Question for KSM (Self Help Group) – MED (Micro Enterprise Develp) groups

1. Did you have MED training?
2. Did you have health training (Malaria and nutrition)?
3. Are you interested in having that knowledge?
4. Do you have any suggestions to distribute health education material?
5. How do you think KSM is beneficial to you?

Questions for Cadre Association

1. When was the cadre association established? What is the purpose?
2. What are the plans for future activities?
3. What are the predicted problems that will present in the future to conduct cadre union activities?
4. What will the association do when LCSP ends?

Questions for POD (Village Drug Post)

1. How is your POD activity?
   a. Runs smoothly
   b. Does not really works well
   c. Does not work

   If it does not work, what is the problem? Please explain.
2. What is the average number of visitors in a week?
   a. Day time. …...
   b. Evening ….
3. Observe the completeness of drugs in the POD:
   a. POD cabinet/cupboard:
      - Neatly arranged
      - Not neatly arranged
   b. Types and numbers of drugs (see the form of POD drugs supply below and fill in the column of remaining drugs)
   c. If the drug is finished, ask why the POD cadre has not bought the new supply.
4. Check the accuracy of these registers:
   - Drug Use Register/Book
   - Drug List Register
   - Financial Record

Additional question for community lives near the POD (minimum 2 persons):

1. Have you heard about POD?
2. Have you ever used the drugs from POD?
   a. Yes. For what disease did you use it? What kind of drug was given? How much was the price of the drug?
   b. Never.

Questions for Shopkeepers

1. Have you ever joined training before?
   a. Yes → What is the benefit of the training compared with before joining the training?
   b. Not yet → are you interested in joining training?

Question for Health Center Chief

1. What is the action done to the used syringe and needles?
2. Is there any midwife/nurse who has not join IMCI Training?
   a. Yes. Is there any plan to give IMCI training for the untrained personnel?
   b. Not all of them.
3. Has this Health Center implemented IMCI case management to the underfive children visiting the Health Center?
4. How is the preparation from the Health Center to open new Posyandu?

Questions for Posyandu visitors (Mothers)

1. Have you ever seen the MCH booklet? If yes, have you ever read the MCH booklet?
2. If yes, have you ever practiced the messages in the MCH booklet? Such as….?
3. Do you know the danger of Malaria? Please mention.
4. What do you know about ITNs (Insecticide Treated Nets)? Do you have ITNs? If not, why? Do you want to buy ITNs?
5. Have you ever received health education on malaria by using film and poster, etc.? If yes, do you think those materials are understandable? Are they useful?
6. Have you ever seen immunization poster? If yes, do you think the messages in the poster can be understood (show messages in the poster)? Are they useful?
7. Have you ever heard about PIN? If yes, has the cadre informed you to bring your child to the PIN Post?
8. Have you ever seen diarrea poster? If yes, do you think the messages in the poster can be understood (show messages in the poster)? Are they useful?
9. Have you ever seen pneumonia poster? If yes, do you think the messages in the poster can be understood (show messages in the poster)? Are they useful?
10. According to you, who owns the Posyandu?
11. Is there any possibility to form a group of mothers to assist the Posyandu cadres?

Questions for TBAs

Technical Aspect

A. *Immunisation*
   1. Have you ever suggest pregnant mother to check her pregnancy to posyandu or other health facilities? Was there any pregnant mother who refused to do so? If yes, what was her reason?

B. *ARI*
   1. Can you mention the symptoms of children with pneumonia? What should be done if you find child with those symptoms?

C. *Vit A*
   1. During the last delivery assistance, did you give Vitamin A capsule to postpartum mother? Where did you get the Vitamin A? Is there any difficulty to obtain Vitamin A? How to distribute Vitamin A to postpartum mothers?

Program Management

1. If you assist the delivery, to whom and how you report it?

6. Schedule of Field Visits

DAY	TEAM 1	DAY	TEAM 2	DAY	TEAM 3
Wednesday, 1 October 2003		Wednesday, 1 October 2003		Wednesday, 1 October 2003	
07.00 - 10.00	Depart Basecamp to Ngabang	07.00 - 08.30	Depart Basecamp to Pahauman	08.00 - 08.30	Depart Basecamp to Mandor
10.00 - 11.00	Meet **Bupati** Kabupaten Landak	08.30 - 09.30	Meet **Camat** Sengah Temila	08.30 - 09.30	Meet **Camat** Mandor
11.20 - 12.30	Meet **Dinkes** Kabupaten Landak	09.30 - 10.00	Depart Pahauman to Tonang	09.30 - 12.00	Visit **Puskesmas** Mandor
12.30 - 13.30	Lunch in Ngabang	10.00 - 11.00	Visit **Posyandu** Tonang		Attend regular meeting of **TBAs**
13.30 - 15.30	Depart Ngabang to Betung Pulai	11.00 - 11.30	Lunch in Senakin	12.00 - 13.00	Lunch in Mandor
15.30 - 17.30	Meet **Posyandu Cadres** in Bt Pulai	11.30 - 12.30	Depart Senakin to Keranji Birah	13.00 - 13.30	Depart Mandor to Liancipi
	Visit **Polindes**	12.30 - 13.30	Visit **Posyandu** Kr Birah	13.30 - 14.30	Visit **Posyandu** Liancipi
17.30 - 18.30	Go back to Basecamp	13.30 - 15.30	Meet **TBAs** and **Cadres** in Kr Birah	14.30 - 15.30	Meet **Cadres** and **TBAs** in Liancipi
		15.30 - 16.30	Depart Kr Birah to Saleh	15.30 - 15.45	Depart Liancipi to Pa'peleng
		16.30 - 17.30	Visit **Polindes** Saleh in Senakin	15.45 - 16.45	Visit **POD** in Pa'peleng
		17.30 - 19.00	Go back to Basecamp	16.45 - 17.30	Go back to Basecamp

DAY	TEAM 1	DAY	TEAM 2	DAY	TEAM 3
Thursday, 2 October 2003		Thursday, 2 October 2003		Thursday, 2 October 2003	
06.30 - 07.30	Depart Basecamp to Pahauman	07.30 - 09.00	Depart Basecamp to Agak Hulu	07.00 - 08.30	Depart Basecamp to Senakin
07.30 - 08.00	Visit **Puskesmas** Pahauman	09.00 - 11.00	Visit **Posyandu** Agak Hulu	08.30 - 09.30	Visit **Puskesmas** Senakin
08.00 - 09.30	Depart Pahauman to Rabak	11.00 - 12.00	Depart Agak Hulu to Sekilap	09.30 - 10.00	Depart Senakin to Gundaleng
09.30 - 11.00	Visit **Posyandu** Rabak	12.00 - 13.00	Lunch in Sekilap	10.00 - 11.00	Visit **Posyandu** Gundaleng
	Meet **shopkeeper, TBA, Cadres**	13.00 - 15.00	Attend **Cadres meeting**	11.00 - 11.30	Depart Gundaleng to Senakin
11.00 - 12.00	Lunch in Rabak		Meet **Midwife, Village Chief**	11.30 - 12.30	Lunch in Senakin
12.00 - 13.30	Depart Rabak to Pahauman	15.00 - 15.30	Depart Sekilap to Agak Hilir	12.30 - 14.00	Depart Senakin to Singkut Durian
13.30 - 15.00	Attend **Cadres meeting** in ADP office	15.30 - 17.00	Visit **POD** Agak Hilir	14.00 - 16.00	Meet **Cadres, TBAs, POD** in Sk Durian
15.00 - 17.00	Go back to Basecamp		Meet **Cadres** and **KSM members**	16.00 - 19.00	Go back to Basecamp

DAY	TEAM 1	DAY	TEAM 2	DAY	TEAM 3
	or	17.00 - 18.30	Go back to Basecamp		
13.30 - 15.00	Visit **Posyandu** Barekop				
15.00 - 15.30	Depart Barekop to ADP office				
15.30 - 17.30	**Attend Cadres meeting** in ADP office				
17.30 - 19.00	Go back to Basecamp				

DAY	TEAM 1	DAY	TEAM 2	DAY	TEAM 3
Friday, 3 October 2003		Friday, 3 October 2003		Friday, 3 October 2003	
07.00 - 08.30	Depart Basecamp to Mandor	07.00 - 08.30	Depart Basecamp to Seginah	07.00 - 09.00	Depart Basecamp to Sidas
08.30 - 10.00	Visit **Posyandu** Mandor	08.30 - 10.00	Visit **Pustu** Seginah	09.00 - 10.00	Visit **Pustu** Sidas
10.00 - 10.15	Depart Mandor to Ngarak		Meet **Cadres, KSM members, TBAs**	10.00 - 11.00	Visit **Polindes** Sidas
10.15 - 11.15	Visit **Pustu** Ngarak	10.00 - 11.30	Depart Seginah to Singkut	11.00 - 12.00	Depart Sidas to Sumia
11.15 - 12.00	Depart to Air Merah	11.30 - 12.30	Lunch in Singkut	12.00 - 13.00	Lunch in Sumia
12.00 -13.00	Lunch in Air Merah	12.30 - 13.00	Depart to Sidik	13.00 - 14.00	Visit **Posyandu** Sumia
13.00 - 15.00	Visit **POD** in Air Merah	13.00 - 14.30	Attend **Cadres meeting** in Sidik	14.00 - 15.00	Attend **TBAs meeting**
	Meet **TBA, KSM members, Cadres**		Meet **Hamlet chief, Shopkeeper**		Meet **Cadres**
15.00 - 16.00	Depart Air Merah to Ngarak	14.30 - 17.00	Go back to Basecamp	15.00 - 18.00	Go back to Basecamp
16.00 - 17.30	Attend **Cadres meeting** in Ngarak				
17.30 - 18.00	Go back to Basecamp				

7. LCSP Progress Towards Objectives (by the End of the Project in 2004)

Intermediate Results	Indicators	Progress	Comments
1. Increased use of integrated child and maternal health services by the target population ***2. Increased participation and contribution of communities for the prevention and early / complete management of diseases***	**EPI** • 80% of children 12 to 23 months completely immunized verified by card. (Baseline 23%). • 50% of mothers with children less than 2 years of age received TT2 before the birth of their youngest child (Baseline - 97% of mothers did not have a TT card during the survey). • 100% of health facilities have cold chain temperature recorded in the expected range and vaccines within expiration date. (Baseline 20%)	• **YES** • **YES** • **YES**	
1. & 2. As above	**VITAMIN A** • 90% of children 12 to 23 months received Vitamin A in the past 6 months. (Baseline 54%) • 50% of mothers with children less than 2 years received Vitamin A within one month of their last delivery. (Baseline estimate 12%)	• **YES** • **YES**	
1. & 2. As above	**MALARIA** • 75% of mothers with a child less than 2 years of age who was ill with fever during the past 2 weeks seek treatment	• **YES**	

Intermediate Results	Indicators	Progress	Comments
	(Modified indicator). • 45% of children less than 2 years of age with febrile episode that ended during the last 2 weeks were brought to a health facility within 48 hours after fever began (Modified indicator). • 30% of children whose mothers report the presence of insecticide treated bednet in the house (Added indicator during FAR). • 20% of children less than 2 years of age who sleep under an ITN the previous night (Added indicator).	• **YES** • **NO** • **NO**	• Some of community usually bring the children with fever to health facility after 2 days. • So far only about 5% using ITN because some constraints such as in distribution and price problems.
1. & 2.as above	**DIARRHEA** • 75% of children less than 2 years of age who had diarrhea in the past two weeks received oral rehydration therapy. (Baseline 43%) • 75% of children less than 2 years of age who had diarrhea in the past two weeks received the same / amount or more of fluids or breast milk. (Baseline 63%) • 70% of children less than 2 years of age who had diarrhea in the past two weeks received the same / amount or more of food. (Baseline 34%) • Less than 10% of mothers with child less than 2 years who had diarrhea in the past two weeks report their child received an antidiarrheal medicine. (Baseline 40%) .	• **YES** • **YES** • **YES** • **NO**	• This habit of the practice using antidhiarreal medicine is difficult to change.
1. & 2.as above	**ARI/ PNEUMONIA** • 80% of mothers with a child less than 2 years of age	• **NO**	• Recent data (KPC & LQAS)

Intermediate Results	Indicators	Progress	Comments
	who mention at least 1 symptom of pneumonia (Added indicator). • 75% of mothers with a child less than 2 years of age who had symptoms of pneumonia seek treatment. (Added indicator).	• **NO**	suggest that these 2 objectives may not be achieved. Field visit found that the key ARI messages were still not well known by cadres, TBAs, and mothers.
3. Equip communities to invest their limited resources in low cost high impact CS interventions and to strengthen their household livelihood.	**Micro Enterprise Development** • 20 KSMs (Self-Help Village Groups) trained to deliver CS health education and conducting monthly community CS health education sessions. (Baseline = 0)	• **NO**	• One KSM had been trained. • The target probably will not be achieved, however LCSP might be able to train additional KSMs in collaboration with ADP.
CAPACITY BUILDING ***1. Local health care delivery system, NGO partners, and communities equipped and providing CS interventions at all***	• Provincial Health Office meeting on bimonthly basis for updates of project process and provincial office providing facilitators for key training events. • District Health Management Team supported to further strengthen their newly formed district. ADP and Project Manager conduct monthly meeting for planning and priority setting for upcoming activities as well as review of accomplishments to date. • Strengthening of health center management teams in direct impact areas for routine supervision and use of	• **NO** • **YES** • **NO**	• Such formal meetings with PHO are not necessary on monthly basis. • The current ad-hoc meetings will be made more formal and systematic during the last year of the project. • LCSP has not worked directly with health center management

Intermediate Results	Indicators	Progress	Comments
levels (home, community, health services)	data for targeting and decision-making. Health center teams have map design demonstrating catchment area including presence of village health volunteers and TBAs and a plan for CS intervention coverage and supervision for their area.		team on routine supervision. After HIS training, LCSP may work with HC staffs on data for decision making.
	• Capacity building of all levels of staff including: health center, sub center, and village post staff for CS interventions.	• **YES**	• Some health staff were trained in IMCI, malaria microscopy, nutrition.
	• Support provided to revitalize the Integrated Service Posts, village health posts and the functioning of the village health volunteers.	• **YES**	
	• Capacity building of ADP staff in CS interventions and related skills (behavior change communication, quality improvement, data for decision making, credit with education, etc)	• **YES**	• LCSP will conduct training in basic Child Survival interventions.
	• Capacity Building/ Organizational Development of Local NGO, including activity plan and operations in accordance with established MOU.	• **NO**	• LCSP only had limited activities with local NGO.
	• Capacity building of informal health partners for CS initiatives including Traditional healers, shop keepers, self help village groups, community leaders, households, etc.	• **YES**	• Except for Traditional healers.
SUSTAINABILITY	• Health center and post staff regularly supervising and encouraging village based volunteers.	• **YES**	• Health worker visit Posyandu on a nearly monthly basis but usually focus on providing health

Intermediate Results	Indicators	Progress	Comments
1. District and Provincial Health Offices prioritizing the delivery of CS interventions and engaging with community volunteers for creating an enabling environment for improved maternal and child health.			services.
	• Health center staff and village -based volunteers utilizing participatory education methodologies and visual health education materials to promote CS interventions. Shop keepers and traditional healers able to state treatment protocols and danger signs indicating need for referral.	• **NO**	• Health educations session usually are delivered by cadres, not by Health center staff. <u>Shopkeeper may need retraining.</u> **<u>DONE!!!</u>**
	• Increased coverage for all CS interventions demonstrating high community participation.	• **YES**	
	• At least 70% of the village will establish community based EPI/Pregnancy Register and CBDDS (Community Based Death and Disease Surveillance)	• **NO**	• Some of these community based HIS tools may be implemented only in some villages by the end of project.
2. Communities engaging in prevention and early and complete management of common illnesses.	• At least 60% of the self-help village groups will spend profits on items/activities that contribute to improved household health and child survival. Groups will be engaged in the promotion of CS messages at the village level.	• **NO**	• Most KSM do not have budget allocated for health
	• ADP staff trained in key CS interventions and ADP design plans include at least 20 percent of resources being spent on health.	• **YES**	• ADP Pontianak is now become a child survival focus ADP

8. Fiscal Year 2004 Work Plan

Narrative	Schedule											
	2003			2004								
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Technical												
Malaria												
Strategic planning exercise should be conducted to have community actions					X			X			X	
Buy Permanet XL size			X									
Develop & distribute Promotion materials for ITN (season)					X	X						
Promote ITNs				X	X	X	X	X	X	X	X	X
Deltametrine tablets distributed				X	X	X	X	X	X	X	X	X
Malaria & illegal gold mining movie for HE completed			X									
Promoting Malaria messages to cadres, PODs, TBAs, communities					X	X				X	X	
Seminar on Malaria treatment for health centers staffs (Artemicinin)					X							
Obtain agreement with DHO / PHO about the number of microscope needed		X										
Provide new microscopes			X									
Doer - Non Doer study		X	X	X	X							
Confirmation from dr Laihad about Artemicinin study and implementation		X	X	X	X							
Advocacy activities on Malaria at the District, Provincial and National level					X				X			X
Immunization												
Facilitate opening 7 Posyandus	X						X					
Redesign supervision tools (OC, EI, PS)			X									
Develop guide book for TBA training				X								
HE session to KSMs & CU				X			X			X		
Assessment on the universal precautions procedures in the Health Centers.		X										
Actions for universal precautions				X								
Diarhea												
Monitor availability of ORS in Posyandu level				X	X	X						
Tools development & Assessment on training needs for dietary management and counselling skills			X	X								
Train cadre on dietary management for diarrhea (including counselling skills)				X								
IMCI TOT for health staffs				X								
IMCI training for health staffs					X							
Promotion of diarrhea prevention messages					X				X			

Narrative	Schedule											
	2003			2004								
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Pneumonia												
Assessment of needs & methods to teach TBAs the danger signs of Pneumonia and refer to the nearest health facilities.			X									
Develop curriculum for TBAs				X								
Train TBAs					X	X	X					
Explore and develop additional training materials on ARI including IMC movie and new ARI poster (Posyandu cadres and POD cadres)					X							
Train Posyandu cadres and POD cadres						X	X					
Vitamin A												
Promote vitamin A messages to mobilize people				X						X		
Facilitate distribution of Vitamin A for post partum mothers	X	X	X	X	X	X	X	X	X	X	X	X
Cross-cutting												
Visioning exercise				X		X		X				
Communication & advocacy skills training session for LCSP - ADP staff				X								
Developed & completed sustainability plan & Exit strategy			X	X	X							
BCC exercise for Malaria with LCSP - ADP staffs, health staffs, the community, local NGO					X	X						
Developing BCC strategy for Malaria with ADP							X					
Implementing BCC strategy for Malaria								X				
Monthly TBAs meeting	X	X	X	X	X	X	X	X	X	X	X	X
Quarterly Cadre meeting		X			X			X			X	
Advocate Pancur Kasih to conduct HE at the CU's members regular meeting		X	X	X								
Fascilitate CUs to conduct HE sessions for their members						X		X		X		X
Train KSMs to deliver HE sessions for their members						X						
Continue develop HE movies							X					
Show the HE movies to the community			X		X		X		X		X	
Capacity building												
Conduct Organizational Capacity Assessment (OCA) with ADP (for KSMs, Posyandus, HCs)								X	X			
Close supervision for POD			X			X			X		X	
Community meeting about POD		X			X			X			X	
Formal meeting with DHO		X			X			X			X	

Narrative	Schedule											
	2003			2004								
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Plan & conduct Lessons learned Workshop with Cambodia								X	X	X		
Develop,improve and implement supervision tools for POD & Posyandu cadre (including guidelines)		X			X			X			X	
Develop tools to assess the training results directly for TBA, POD, Cadre			X									
Supervise and assess POD, TBA, Posyandu cadre				X	X		X			X		
Assess the knowledge & skills of shopkeepers			X	X	X							
Retrain Shopkeepers on protocol and identifying danger signs of key childhood diseases						X	X					
Sustainability												
Advocacy to DHO & Health centers to provide optimum health services to the community	X	X	X	X	X	X	X	X	X	X	X	X
Devide 'Posyandu - KSM' for MED program to 4 different KSMs		X										
Program Management												
Establish Cadre Union in Senakin Area		X										
Provide CS training for Development motivators and vice versa				X								
Team building activities (Outbound activities)				X								
Develop special forms of Logistics report for Administrative Officer to be submitted to the Financial Officer quarterly		Y			Y			Y			Y	
Provide MCH Booklet for each Cadre						X						
Test and Implement selected Community Based HIS Tools	X	X	X	X	X	X	X	X	X			

9. Landak CSP LQAS Results

Number	Indicator	Total Correct in Each Decision Rule								Total Correct in Program	Sample Size								Total Sample Size in Program	Average Coverage = Total Correct / Sample Size			Coverage Target
		1	2	3	4	5	6	7	8		1	2	3	4	5	6	7	8		ALL	NON	LCSP	LCSP
CIRCLE IF BELOW AVERAGE COVERAGE DECISION RULE, MARK WITH STAR IF BELOW COVERAGE TARGET DECISION RULE																							
Immunization																							
1	% of children 12 to 23 months completely immunized verified by card	9 (7 8)	6	1	0	3	2	3	2	26	12	7	4	2	4	4	5	4	42	61,9%	52,6%	69,6%	80,0%
2	% of mothers with child less than 2 years of age received TT2 before the birth of their youngest child	6* (2 7)	9 (2 7)	6* (2 7)	3* (2 7)	4* (2 7)	1* (2 7)	3* (2 7)	2 (2 7)	34	19	19	19	19	19	19	19	19	152	22,4%	13,7%	36,8%	50,0%
Vitamin A																							
1	% of children **12 to 23** months received vitamin A in the past 6 month	13 (10 11)	6	7	5	4	7	8	11* (10 12)	61	14	7	8	8	6	11	10	15	79	77,2%	70,0%	89,7%	90,0%
2	% of children **6 to 23** months received vitamin A in the past 6 month	16 (11)	10 (9)	14 (10)	8 (8)	9 (8)	8 (8)	12 (10)	12 (11)	89	18	14	16	13	12	13	15	18	119	74,8%	69,0%	83,3%	NA
3	% of mothers received vitamin A within one month of their last delivery	9 (5 7)	13 (5 7)	5* (5 7)	7 (5 7)	2* (5 7)	8 (5 7)	7 (5 7)	6* (5 7)	57	19	19	18	19	19	19	19	19	151	37,7%	31,6%	48,2%	50,0%
Malaria																							
1	% of mothers with child less than 2 years of age who was ill with fever seek treatment	3	9	2	6	3	4	3	4	34	5	10	6	11	4	5	5	8	54	63,0%	60,6%	66,7%	75,0%
2	% of children less than 2 years of age with a febrile episode that ended during the last 2 weeks who were brought to a health facility within 48 hours after the fever began	0	1	0	4	1	4	0	2	12	4	3	5	8	2	5	3	5	35	34,3%	47,8%	8,3%	45,0%
3	% of children whose mothers report the presence of insecticide treated bednet in the house	2 (3)	0 (3)	1 (3)	0 (3)	1 (3)	1 (3)	1 (3)	1 (3)	7	19	19	19	19	19	19	19	19	152	4,6%	4,2%	5,3%	30,0%

Number	Indicator	Total Correct in Each Decision Rule								Total Correct in Program	Sample Size								Total Sample Size in Program	Average Coverage = Total Correct / Sample Size			Coverage Target
		1	2	3	4	5	6	7	8		1	2	3	4	5	6	7	8		ALL	NON	LCSP	LCSP
CIRCLE IF BELOW AVERAGE COVERAGE DECISION RULE, MARK WITH STAR IF BELOW COVERAGE TARGET DECISION RULE																							
4	% of children less than 2 years of age who slept under an ITN	1 / 1	0 / 1	0 / 1	0 / 1	1 / 1	1 / 1	0 / 1	0 / 1	3	19	19	19	19	19	19	19	19	152	2,0%	2,1%	1,8%	20,0%
Diarrhea																							
1	% of children less than 2 years of age who had diarrhea received ORS	5	7	7* (7 8)	3	4	0	4	4	34	7	8	13	7	7	4	5	5	56	60,7%	53,6%	67,9%	75,0%
2	% of children less than 2 years of age who had diarrhea received same amount or more fluids	5	8	10 (3 4)	2	5	4	2	3	39	7	8	13	7	7	4	5	5	56	69,6%	57,1%	82,1%	75,0%
3	% of children less than 2 years of age who had diarrhea received same amount or more foods	4	2	7	1	4	3	1	0	22	7	8	13	7	7	4	5	5	56	39,3%	32,1%	46,4%	70,0%
4	% of children less than 2 years of age who had diarrhea received antidiarrheal medicine (orally)	2	3	3	4	2	2	0	0	16	7	8	13	7	7	4	5	5	56	28,6%	28,6%	28,6%	10,0%
ARI/ Pneumonia																							
1	% of mothers with children less than 2 years of age who mention at least 1 symptom of Pneumonia	11* (7 13)	11* (7 13)	11* (7 13)	10* (7 13)	14 (7 13)	5* (7 13)	5* (7 13)	10* (7 13)	77	19	19	19	19	19	19	19	19	152	50,7%	46,3%	57,9%	80,0%
2	% of mothers with children less than 2 years of age who had symptoms of Pneumonia seek treatment	3	6	2	6	2	1	3	4	27	5	7	7	11	4	1	4	8	47	57,4%	57,1%	57,9%	75,0%

The last revision

= dark shaded cells indicated data not applicable, meaning LQAS can not be used in this assessment because the coverage is either too low or too high to assess an SA (Supervision Areas)

= hashed (to right) shaded cells indicated where alpha or beta errors are > = 10%

= hashed (to left) cells indicated where alpha or beta errors are > 15%

SA1 = Pahauman HC area SA2 = Senakin HC area SA3 = Mandor HC area

10. List of LCSP Training Events Over the Life of the Project

TRAINING JOINTLY FACILITATED BY LCSP

DATE	AREA	TRAINING TOPIC	FACILITATOR	PARTICIPANTS
May 19, 2001	Mandor & Sengah Temila	Training on Malaria for Health Staff	PHO, DHO, dr. Ferdinand J. Laihad, DMM, MPHM (MOH RI)	43 government health staff 10 LCSP staff
June 7-9, 2001	Sengah Temila (Senakin)	Posyandu Cadre Training	HC Staff	25 Cadres
June 12-14, 2001	Mandor	Posyandu Cadre Training	HC Saff	25 (Cadres, KSM, Kades)
June 25, 2001	Sengah Temila (Senakin)	Shopkeeper Training	HC Staff	11 Shopkeeper
September 11-13, 2001	Mandor	Posyandu Cadre Training	HC Staff	89 (Cadres, KSM, Kades)
June 28-30, 2001	Sengah Temila (Senakin)	Posyandu Cadre Training	HC Staff	28 Cadres
July 23-25, 2001	Sengah Temila (Senakin)	Posyandu Cadre Training	HC Staff	33 Cadres
August 10-12, 2001	Sengah Temila (Pahauman)	Posyandu Cadre Training	HC Staff	29 Cadres
January 17-19, 2002	Sengah Temila (Pahauman)	Posyandu Cadre Training	HC Staff	30 Cadres
January 18, 2002	Mandor	Shopkeeper Training	HC Staff	20 Shopkeepers
January 28, 2002	Mandor	Shopkeeper Training	HC Staff	11 Shopkeepers
January 30, 2002	Sengah Temila (Senakin)	Shopkeeper Training	HC Staff	16 Shopkeepers
February 1, 2002	Sengah Temila (Senakin)	Shopkeeper Training	HC Staff	7 Shopkeepers
February 2, 2002	Sengah Temila (Senakin)	Shopkeeper Training	HC Staff	25 Shopkeepers
February 19, 2002	Mandor	Shopkeeper Training	HC Staff	13 Shopkeepers
February 21, 2002	Mandor	Shopkeeper Training	HC Staff	12 Shopkeepers
February 26, 2002	Mandor	TBA Training I	Midwives	17 TBAs
March 4, 2002	Sengah Temila (Senakin)	Shopkeeper Training	HC Staff	9 Shopkeepers
March 6, 2002	Mandor	TBA Training I	Midwives	25 TBAs
March 7, 2002	Sengah Temila (Senakin)	Shopkeeper Training	HC Staff	25 Shopkeepers
March 11-13, 2002	Sengah Temila (Senakin)	Posyandu Cadre Trainiing	HC Staff	33 Cadres
March 11-13, 2002	Sengah Temila (Senakin)	Posyandu Cadre Trainiing	HC Staff	34 Cadres
March 12-14, 2002	Sengah Temila (Pahauman)	Posyandu Cadre Training	HC Staff	37 Cadres
March 12-14, 2002	Sengah Temila (Pahauman)	Posyandu Cadre Training	HC Staff	33 Cadres
March 20, 2002	Mandor	TBA Training I	Midwives	26 TBAs
March 20, 2002	Mandor	TBA Training I	Midwives	17 TBAs
March 21, 2002	Mandor	Shopkeeper Training	HC Staff	14 Shopkeepers
March 27, 2002	Mandor	TBA Training II	Midwives	17 TBAs
April 2, 2002	Mandor	TBA Training II	Midwives	40 TBAs

DATE	AREA	TRAINING TOPIC	FACILITATOR	PARTICIPANTS
April 2-4, 2002	Sengah Temila (Pahauman)	Posyandu Cadre Training	HC Staff	26 Cadres
April 3-5, 2002	Sengah Temila (Pahuman)	Posyandu Cadre Training	HC Staff	28 Cadres
April 18, 2002	Sengah Temila (Senakin)	TBA Training I	Midwives	27 TBAs
April 26, 2002	Mandor	TBA Training II	Midwives	4 TBAs
April 30, 2002	Mandor	Shopkeeper Training	HC Staff	10 Shopkeepers
April 30, 2002	Mandor	Shopkeeper Training	HC Staff	11 Shopkeepers
May 1, 2002	Mandor	TBA Training III	Midwives	39 TBAs
May 2-4, 2002	Sengah Temila (Pahauman)	Posyandu Cadre Training	HC Staff	40 Cadres
May 3, 2002	Sengah Temila (Senakin)	TBA Training I	HC Staff	12 TBAs
May 17-18, 2002	Mandor	Posyandu Cadre Refresh	HC Staff	45 Cadres
May 31, 2002	Sengah Temila (Senakin)	TBA Training II	Midwives	27 TBAs
June 1, 2002	Mandor	TBA Training IV A	Midwives	36 TBAs
June 3, 2002	Sengah Temila (Senakin)	TBA Training I	Midwives	17 TBAs
June 5, 2002	Sengah Temila (Pahauman)	TBA Training I	Midwives	26 TBAs
June 11-13, 2002	Mandor	Posyandu Cadre Training	HC Staff	34 Cadres
June 17-18, 2002	Mandor	POD Cadre Training	HC Staff	22 Cadres
June 19, 2002	Mandor	TBA Training IV	Midwives	12 TBAs
June 21, 2002	Mandor	TBA Training III	Midwives	24 TBAs
June 21, 2002	Pahauman	Shopkeeper Training	HC Staff	8 Shopkeepers
June 26-27, 2002	Mandor	Posyandu Cadre Refresh	HC Staff	54 Cadres
June 28, 2002	Sengah Temila (Senakin)	TBA Training II	Midwives	18 TBAs
June 29, 2002	Sengah Temila (Senakin)	TBA Training I	Midwives	18 TBAs
June 29, 2002	Sengah Temila (Pahauman)	TBA I & II	Midwives	24 TBAs
July 2, 2002	Mandor	TBA Training IV B	Midwives	41 TBAs
July 8-13, 2002	Pontianak	IMCI Training	Provincial Health Office	6 Midwivess, 1 DHO staff
July 3-4, 2002	Sengah Temila (Senakin)	POD Training	HC Staff	15 Cadres
August 21, 2002	Mandor	TBA Training IV	HC Staff	26 Cadres
August 27, 2002	Sengah Temila (Pahauman)	TBA Training III	Midwives	29 Cadres
August 29, 2002	Sengah Temila (Pahauman)	Shopkeeper Training	HC Staff	14 Shopkeepers
September 20, 2002	Sengah Temila (Pahauman)	TBA Training	Midwives	15 TBAs
September 23 – 28, 2002	Pontianak	IMCI Training	Provincial Health Office	18 HC Staff, 2 LCSP Staff
October 8, 2002	Sengah Temila (Pahauman)	TBA Training III	Midwives	27 TBAs
October 8, 2002	Sengah Temila (Senakin)	TBA Training III	Midwives	27 TBAs
October 17, 2002	Sengah Temila (Senakin)	TBA III	Midwives	22 TBAs
October 14-26, 2002	Landak	Analyst Training: Malaria	Provincial Health Office	13 HC Staff
November 1-2, 2002	Pahauman dan Senakin	TOT: Metode partisipatif	PKBI Staff	24 HC Staff

DATE	AREA	TRAINING TOPIC	FACILITATOR	PARTICIPANTS
November 1, 2002	Mandor	TBA Refresher Training	HC staff	59 TBAs
November 2, 2002	Mandor	TBA Selection for dukun kit	Midwives	64 TBAs
November 5, 2002	Mandor	Cadre Meeting	HC Staff	72 Cadres
November 7, 2002	Sengah Temila (Senakin)	TBA Training III	Midwives	19 TBAs
November 9, 2002	Sengah Temila (Pahauman)	TBA Training IV	Midwives	45 TBAs
November 14-16, 2002	Sengah Temila (Pahauman)	Cadre Training	HC Staff	33 Cadres
November 25, 2002	Sengah Temila (Senakin)	TBA Training II	Midwives	20 TBAs
January 16-18, 2003	Sengah Temila (Pahauman)	Cadre Training	HC Staff	24 Cadres
January 17, 2003	Mandor	Shopkeeper Training	HC Staff	23 Shopkeepers
January 22, 2003	Sengah Temila (Pahauman)	Cadre Meeting	HC Staff	172 Cadres
January 24-25, 2003	Sengah Temila (Senakin)	Cadre Training	HC Staff	30 Cadres
January 29, 2003	Sengah Temila (Pahauman)	TODA/TOMA Meeting	HC Staff	20 TODAs/TOMAs
January 29, 2003	Mandor	TODA/TOMA Meeting	HC Staff	25 TODAs/TOMAs
January 30, 2003	Sengah Temila (Pahauman)	TBA Selection for Dukun Kit	Midwives	24 TBAs
January 31, 2003	Mandor	Shopkeeper Training	HC Staff	12 Shopkeepers
February 3, 2003	Mandor	Pembentukan & Serah Terima POD	HC Staff	POD Cadres Mdr, POD Cdres Snk, Kades
February 4, 2003	Sengah Temila (Pahauman)	TBA Selection for Dukun Kit	Midwives	20
February 7, 2003	Sengah Temila (Pahauman)	TBA Selection for Dukun Kit	Midwives	17
February 11, 2003	Sengah Temila (Senakin)	TBAs Selection for Dukun kit	Midwives	21 TBAs
February 14, 2003	Mandor	Health Education for community	TODA/TOMA, LCSP Staff	30 masyarakat Desa Pongo (most of men)
February 15, 2003	Sengah Temila (Pahauman)	TBAs Meeting	Midwives	62 TBAs
February 18, 2003	Sengah Temila (Pahauman)	Health Education for High School Student	HC Staff, LCSP Staff	69 Senior High Sch. Student 68 Junior High Sch.
February 20, 2003	Mandor	Health Education for Community	TODA/TOMA, LCSP Staff	40 mothers that attend posyandu Sumsum
February 21, 2003	Mandor	Health Education for Community	TODA/TOMA, LCSP Staff	60 mothers that attend posyandu Keramas 20 mothers that attend posyandu Atong
February 22, 2003	Sengah Temila (Senakin)	TBAs selection for Dukun Kit	Midwives	15 TBAs
March 5, 2003	Sengah Temila (Pahauman)	Health Education for Senior High School Student	HC Staff, LCSP Staff	113 Senior High school Students
March 10, 2003	Sengah Temila (Senakin)	Health Education for Junior High School Student	HC Staff, LCSP Staff	147 Junior High school Students

DATE	AREA	TRAINING TOPIC	FACILITATOR	PARTICIPANTS
March 15, 2003	Sengah Temila (Pahauman)	TBAs Meeting	Midwives	55 TBAs
March 17, 2003	Sengah Temila (Senakin)	TBA Selection for Dukun Kit	Midwives	18 TBAs
March 22, 2003	Sengah Temila (Senakin)	TBAs Meeting	Midwives	18 TBAs
April 11, 2003	Sengah Temila (Senakin)	WPO Training	HC Staff	14 Shopkeepers
April 12, 2003	Sengah Temila (Senakin)	Community Health Education	LCSP & HC Staff	Masyarakat Dusun Raba Sekuap (" 100 org)
April 21 – May 3, 2003	Landak	Analyst Training: Malaria	Provincial Health Office	10 HC Staff
April 29 – May 2, 2003	Landak	Nutrition Training	Provincial Health Office	28 HC Staff, 5 LCSP Motivator
May 28, 2003	Sengah Temila (Senakin)	Cadre Meeting	HC Staff	113 cadres
May 31, 2003	Sengah Temila (Pahauman)	Shopkeeper Training	HC Staff	23 shopkeepers
June 19, 2003	Sengah Temila (Senakin)	TBA Training	Midwives	16 TBAs
June 24, 2003	Sengah Temila (Pahauman)	TBA Training	Midwives	15 TBAs
June 24, 2003	Sengah Temila (Pahauman)	Cadre Meeting	HC Staffs	187 cadres
July 8, 2003	All area (Mdr + Senakin + Phn)	Cadre Meeting	HC Chief and LCSP Team	160 cadres
July 10, 2003	Area Paroki Pahauman	Health Promotion about Malaria to MUDIKA	LCSP Team	500 MUDIKA members
July 17, 2003	Mandor	POD Refresher Training	HC Chief and LCSP Team	7 POD Cadres, 14 Desa/Dusun Chief
July 28, 2003	Anjungan and Toho	MED Training	ADP Pontianak And LCSP Team	20 KSM members
July 29, 2003	Sengah Temila (Pahauman)	TBA Training	HC Staff	30 TBAs
July 31 – Aug 1, 2003	Mandor	MCH Booklet Training for cadre	HC Staff	20 cadres
Aug 1, 2003	Sengah Temila (Senakin)	Training for mother of malnourished child	HC Staff and LCSP Team	24 mothers
Aug 6, 2003	Mandor	Cadre Meeting	LCSP Staff and Lecturer from UKSW Salatiga	85 cadres
Aug 6, 2003	Sengah Temila (Senakin)	TBA Selection for Dukun Kit	HC Staff	11 TBAs
Aug 7, 2003	Sengah Temila (Pahauman)	MED Training	ADP Pontianak and LCSP Team	30 KSM members
Aug 9, 2003	Mandor	Cadre Training about TOGA	Lecturer from UKSW Salatiga	5 cadres
Aug 27, 2003	Sengah Temila (Pahauman)	MCH Booklet Training for Cadre	HC Staff	33 cadres
Aug 28, 2003	Sengah Temila (Pahauman)	TBA Training	HC Staff	18 TBAs
Aug 29, 2003	Sengah Temila (Pahauman)	Cadre Meeting	HC Staff and LCSP Team	136 cadres

TRAINING / WORKSHOP ATTENDED BY LCSP

DATE	TRAINING / WORKSHOP	STAFF
October 3-4, 2000	Detailed Implementation Plan & Sustainability Workshop of LCSP	Mr. Hendrik Rupang (LCSP Monev Officer) Mr. Albert Silalahi (LCSP Finance Officer) Ms. Esther Indriani (LCSP Project Officer) Ms. Dini Susanti (Candidate for staff – now Health Motivator) Ms. Titien Zurianti (Candidate for staff – now Health Motivator) Ms. Lina Monika (Candidate for staff – now Health Motivator)
February 2001	Grant Accounting Workshop in Bangladesh	Mr. Albert Silalahi (Finance Officer)
December 11-13, 2000	PLA (Participatory Learning for Action)	Mr. Hendrik Rupang (LCSP Monev Officer) Ms. Esther Indriani (LCSP Project Officer) Ms. Dini Susanti (Health Motivator) Ms. Titien Zurianti (Health Motivator) Ms. Lina Monika (Health Motivator) Ms. Novianti (Health Motivator) Ms. Petronella (Health Motivator) Ms. Dewi (Health Motivator) Mr. Michael Thommy (Health Motivator)
April 10-11, 2001	Training of Trainers (TOT) for Health Staff	Ms. Dini Susanti (Health Motivator) Ms. Titien Zurianti (Health Motivator) Ms. Lina Monika (Health Motivator) Ms. Novianti (Health Motivator) Ms. Petronella (Health Motivator) Ms. Dewi (Health Motivator) Mr. Michael Thommy (Health Motivator)
May 19, 2001	Malaria Training	Dr. Andre Tanoe (Technical Team Leader) Dr. Ronald Gunawan (Technical Training Coordinator) Mr. Hendrik Rupang (LCSP Monev Officer) Ms. Esther Indriani (LCSP Project Officer) Ms. Dini Susanti (Health Motivator) Ms. Titien Zurianti (Health Motivator)

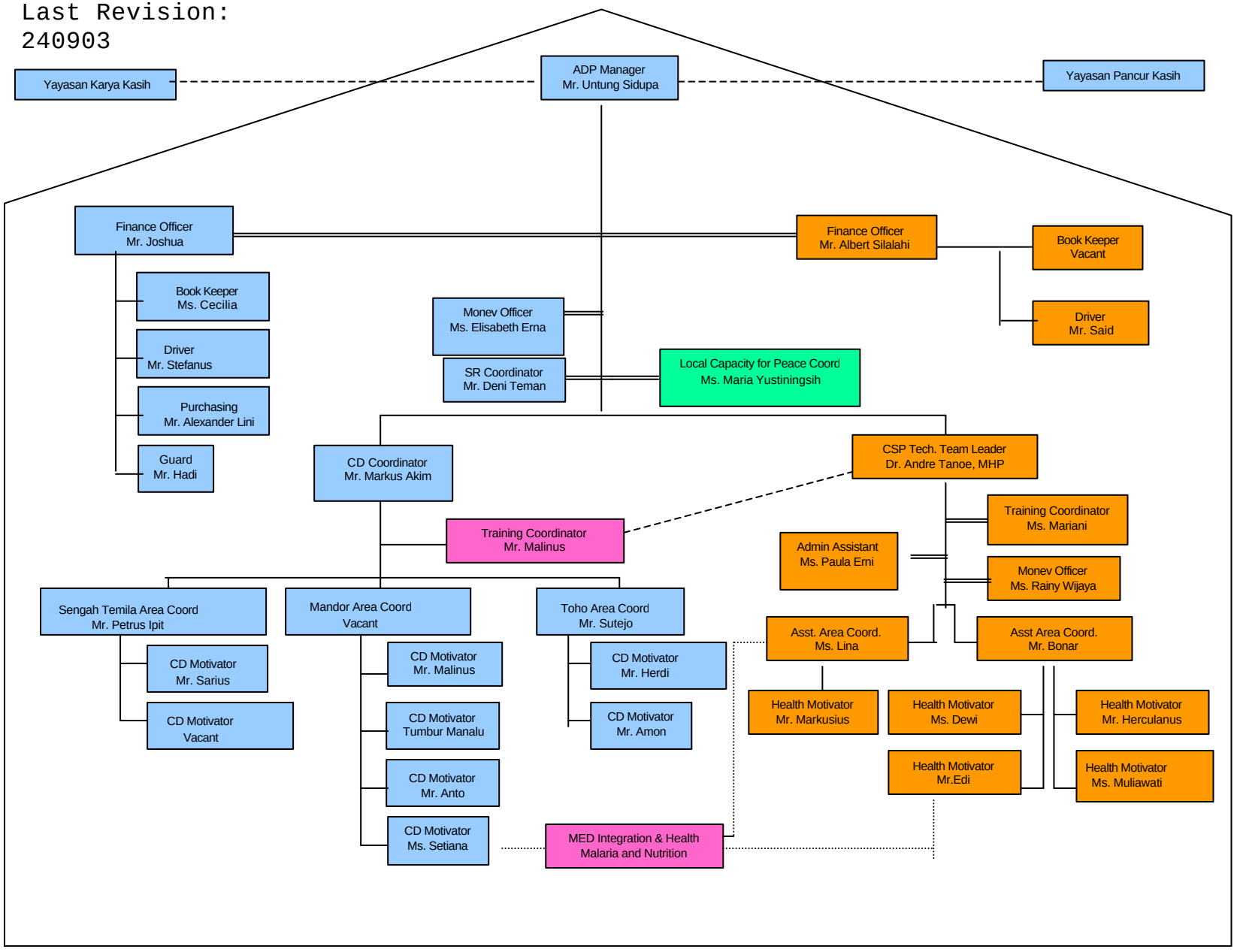
DATE	TRAINING / WORKSHOP	STAFF
		Ms. Lina Monika (Health Motivator) Ms. Novianti (Health Motivator) Ms. Petronella (Health Motivator) Ms. Dewi (Health Motivator) Mr. Michael Thommy (Health Motivator)
June 2001	Training of Trainers (TOT) in Utilization of MCH Book	Dr. Ronald Gunawan (Technical Training Coordinator)
June 3-16, 2001	Inter-country IMCI Training	Mrs. Mary Lengkong, DDS, DDPH (National Health Advisor)
July 22-28, 2001	IMCI Training	Dr. Andre Tanoe (Technical Team Leader) Dr. Ronald Gunawan (Technical Training Coordinator) Ms. Esther Indriani (LCSP Project Officer)
September 17-19, 2001	Local Capacity for Peace Building - WVI	Dr. Ronald Gunawan (Technical Training Coordinator) Ms. Dini Susanti (Health Motivator) Ms. Titien Zurianti (Health Motivator) Ms. Lina Monika (Health Motivator) Ms. Novianti (Health Motivator)
November 5-23, 2001	Regional Workshop on Monev in Reproductive Health, Bangkok.	Mr. Hendrik Rupang (LCSP Monev Officer) Ms. Esther Indriani (LCSP Project Officer) Dr. Mohammad Subuh (Chief of the Family Health Dept. of the West Kalimantan Provincial Health Office)
November 24 – December 24, 2001	Regional Collaboration to Build Field capacity to Conduct KPC Survey, Cambodia	Dr. Andre Tanoe (Technical Team Leader)
February 4-8, 2002	BCC (Behavior Change Communication) Workshop in Johannesburg, South Africa	Drs. Untung Sidupa (ADP Pontianak Manager) Mrs. Mary Lengkong, DDS, DDPH)
September 11 – 21, 2002	Final Evaluation Ballia Rural Integrated Child Survival, India	Dr. Andre Tanoe (Technical Team Leader) Mr. Markus Akim (Community Development Coordinator) Ms. Mariani (Training Coordinator)
September 23 – 28, 2002	IMCI Training, Pontianak	Ms. Dewi Helpina (Health Motivator) Ms. Muliawati (Health Motivator)
February 3 – 7, 2003	Behave Training, Cambodia	Ms. Mariani (Training Coordinator)
April 14 – 16, 2003	Local Capacity for Peace (LCP) Training,	Ms. Rainy Wijaya (Monev Officer)

DATE	TRAINING / WORKSHOP	STAFF
	Pontianak	Ms. Lina Monika (Motivator)
April 29 – 2 Mei, 2003	Nutrition Training, Pontianak	Mr. Bonar Panjaitan (Health Motivator) Mr. Herkulanus Sumadi (Health Motivator) Mr. Edi (Health Motivator) Ms. Dewi Helpina (Health Motivator) Ms. Muliawati (Health Motivator)
May 19 – 24, 2003	Transformational Development Indicator Roll Out ADP Sanggau, Sanggau	Ms. Rainy Wijaya (Monev Officer)
June 24 – 27, 2003	Positive Deviance Inquiry Training, Relokasi Sungai Asam, Pontianak	Ms. Dewi Helpina (Health Motivator) Ms. Muliawati (Health Motivator) Mr. Markusius (Health Motivator)
July 14 -- 16, 2003	Local Capacity for Peace (LCP) Training, Pontianak	Ms. Mariani (Training Coordinator)

11. Organogram

ADP PONTIANAK – LANDAK CHILD SURVIVAL PROJECT
ORGANIZATION CHART

Last Revision:
240903



12. Posyandu Monitoring System

Monthly Posyandu Activity Report Form

Posyandu Name : …….. Desa / Dusun : ……..

Date : …….. Health Staff : ……..

Weighing results	Infants	U fives
• Number of Infants & U fives in this Posyandu **(S)**		
• Number of Infants & U fives that have Growth monitoring card or listed **(K)**		
• Number of new Infants & U fives weighted in Posyandu this month **(B)**		
• Number of old Infants & U fives that come to this Posyandu this month **(L)**		
• Number of new infants & U fives with weight below red line **(BGM-N)**		
• Number of old Infants & U fives who gained weight **(N)**		
• Number of old infants & U fives with weight below red line **(BGM-O)**		
• Number of old infants & U fives with stagnant weight **(T)**		
• Number infants & U fives who do not show up on Posyandu day **(A)**		
• Number of U Fives who received vitamin A this month **(VA)**		
• Number of infants & U fives who have / had diarrhea this month **(MD)**		
• Number of infants & U fives died this month		
• Number of infants & U fives who have / had fever this month		
• Number of infants & U fives who are referred to Health Center this month		

• Number of pregnant mothers in Posyandu	……..….persons
• Number of pregnant mothers received IRON tablets **(FE)**	Pregnant : …….
• Number of Post Partum mothers received VITAMIN A	P. Partum : …….
• Number of pregnant mothers referred to Health facilities	Pregnant : ……. Delivery : …….
• Number of newborns who were delivered by the help of trained TBA this month • Number of newborns who were delivered by the help of untrained TBA this month • Number of newborns who were delivered by the help of midwives this month	……..……..Infants ……..……..Infants ……..……..Infants
• Number of pregnant mothers died this month	……...… persons
• Number of mothers died during giving birth – 28 days after delivery this month	……persons
• Number of ORALIT (ORS) gave to the community this month **(ORL)**	……packs
• Number of Health staff present on posyandu day	……....persons
• Number of Posyandu cadre present on posyandu day this month **(KA)**	……....persons
• The dates of the next posyandu day	……

Chief of village/sub village /House Hold **Posyandu Cadre**

Monthly Posyandu Activity Report results for Mandor Health Center area in February 2003

Num.	POSYANDU (Inte-grated service post)	Health motivator	February'03														Coverage By+Bl (%)	BGM/D (%)	N/D (%)	Vitamin A	
			S-by	D-by	S-bl	D-bl	N	T	BGM	Diarrhea	Dead	Fever	Pregnant mothers	Health workers	Immunization	Cadres				By	Bl
1	Agak hulu	Lina	8	8	52	26	17	7	7	0	1	0	0	1	Yes	3	56,7	**20,6**	50,0	5	26
2	Semenok	Lina	17	7	63	29	23	3	6	2	0	0	3	2	Yes	5	45,0	16,7	63,9	5	28
3	Manggang	Lina	36	22	75	30	15	4	8	3	0	0	3	2	No	5	46,8	15,4	28,8	13	29
4	Keramas	Muliawati	20	15	31	19	10	21	5	0	0	0	4	5	Yes	2	66,7	14,7	29,4	7	19
5	Sekilap	Muliawati	56	29	70	50	38	29	11	1	1	1	8	4	Yes	8	62,7	13,9	48,1	16	58
6	Abuan	Muliawati	15	13	20	20	17	11	4	2	0	3	2	2	Yes	4	94,3	12,1	51,5	6	19
7	Tampi	Muliawati	12	9	33	29	13	18	4	1	0	4	5	1	Yes	4	84,4	10,5	34,2	7	29
8	Pak Peleng	Lina	36	32	75	36	34	26	7	0	0	0	2	1	Yes	5	61,3	10,3	50,0	14	75
9	Kayu Ara	Muliawati	17	10	36	30	26	15	4	3	1	4	5	2	No	3	75,5	10,0	65,0	8	30
10	Mengkunyit	Muliawati	30	11	76	19	24	3	3	0	0	1	3	4	Yes	5	28,3	10,0	80,0	30	76
11	Kayu Tanam	Lina	19	19	76	38	19	18	5	0	0	0	5	5	Yes	4	60,0	8,8	33,3	Got vitamin A	
12	Pongok	Lina	28	19	72	29	45	3	4	0	0	0	1	1	Yes	5	48,0	8,3	93,8	24	44
13	Liancipi	Lina	14	14	55	35	20	20	4	2	0	0	0	0	No	6	71,0	8,2	40,8	4	21
14	Selutung	Muliawati	12	11	35	17			2	1	0	1	1	2	Yes	2	59,6	7,1		7	28
15	Air Merah	Muliawati	11	8	18	7	12	2	1	0	0	1	2	1	Yes	5	51,7	6,7	80,0	5	7
16	Atong	Muliawati	16	16	25	18	17	14	2	3	1	3	2	3	Yes	2	82,9	5,9	50,0	7	18
17	Simpang Kasturi	Lina	15	12	41	22	22	10	2	0	0	0	4	1	Yes	3	60,7	5,9	64,7	10	45
18	Agak Hilir	Muliawati	8	7	30	30	14	19	2	5	0	7	4	1	Yes	4	97,4	5,4	37,8	4	29
19	Bamek	Lina	5	4	26	19	5	18	1	0	0	1	0	1	Yes	4	74,2	4,3	21,7	3	19
20	Sum Sum	Lina	14	14	74	16	17	9	1	0	0	0	2	3	Yes	5	34,1	3,3	56,7	0	0
21	Pempadang	Muliawati	20	20	49	15	22	12	1	0	0	2	0	1	Yes	4	50,7	2,9	62,9	11	32
22	Ngarak	Muliawati	65	46	318	25	37	31	2	8	1	9	5	3	Yes	4	18,5	2,8	52,1	28	25
23	Kemenyant	Muliawati	11	10	47	40	27	19	1	3	0	0	3	3	Yes	3	86,2	2,0	54,0	4	40
24	Buluh Bala	Lina	3	3	13	12	4	1	0	0	0	0	0	2	Yes	5	93,8	0,0	26,7	1	12
25	Kerohok	Lina	19	18	88	67	18	63	0	0	0	0	2		Yes	5	79,4	0,0	21,2	10	55
26	Salatiga	Lina	86	31	90	45	54	1			0	1	6	2	Yes	4	43,2	0,0	71,1	13	109

Num.	POSYANDU (Integrated service post)	Health motivator	February'03														Coverage By+Bl (%)	BGM/D (%)	N/D (%)	Vitamin A	
			S-by	D-by	S-bl	D-bl	N	T	BGM	Diarrhea	Dead	Fever	Pregnant mothers	Health workers	Immunization	Cadres				By	Bl
27	Setabar	Lina	40	18	40	10	18	13	0	0	0	0	6	3	Yes	4	35,0	0,0	64,3	9	56
28	Mandor	Muliawati	34	25	199	44	28	32	0	0	0	0	1		Yes	4	29,6	0,0	40,6		
29	Sebadu	Lina	27	26	119	14	29	10	0	0	0	0	2	1	Yes	3	27,4	0,0	72,5	16	120
		TOTAL	**694**	**477**	**1946**	**791**	**625**	**432**	**87**	**34**	**5**	**38**	**81**	**57**		**120**	**48,0**	**7,1**	**49,9**	**267**	**1049**

Keterangan :

S : Target number
by : Infants
bl : Underfives children
D : Attend (to posyandu)
N : Number of infants & under fives whose weight is increasing
T : Number of infants & under underfives whose weight is decreasing
Vitamin A- bl : Number of under fives whose get vitamin A
BGM : Underweight child (the weight is below the red line of growth monitoring chart)

D-by/S-by =	68,7	%
D-bl/S-bl =	40,6	%
T/D =	34,5	%
N/D =	49,9	%
BGM/D =	7,1	%
Immunization =	89,3	%
Vitamin A- bl =	58,3	%

Posyandu Scoring Form

Standard	Score				
	0	1	2	3	4
D- day (day before posyandu day)					
❖ Cadres prepare weighing-scale	☐	☐	☐	☐	☐
❖ Cadres prepare growth monitoring card (GMC/KMS)	☐	☐	☐	☐	☐
❖ Cadres prepare mid upper arm circumferren measuring tape	☐	☐	☐	☐	☐
❖ Cadres prepare health education session material	☐	☐	☐	☐	☐
❖ Cadres prepare health education session equipments	☐	☐	☐	☐	☐
❖ Cadres conduct community mobilization					
a. Give health education session to the community	☐	☐	☐	☐	☐
b. Do home visit	☐	☐	☐	☐	☐
c. Have meeting with village's chief or commitee	☐	☐	☐	☐	☐
d. Others ……..	☐	☐	☐	☐	☐
……..	☐	☐	☐	☐	☐
❖ Cadres do job distribution for D day (posyandu day)	☐	☐	☐	☐	☐
❖ Cadre make sure that on the D day, the health workers will come	☐	☐	☐	☐	☐
D day (posyandu day)					
❖ MCH (Mother and Child Health) booklets or GMC has been used in posyandu	☐	☐	☐	☐	☐
❖ All old visitors have MCH booklets or GMC	☐	☐	☐	☐	☐
❖ All new visitors get MCH booklets or GMC	☐	☐	☐	☐	☐
❖ MCH booklets or GMC filled up correctly	☐	☐	☐	☐	☐
❖ Cadre can explain child growth & and give counselling	☐	☐	☐	☐	☐
❖ Health education session has been done during posyandu day	☐	☐	☐	☐	☐
❖ When underweight child has been found, cadre do :					
a. give health education session to the mother	☐	☐	☐	☐	☐
b. give health education session to another visitors	☐	☐	☐	☐	☐
c. refer the child to health center	☐	☐	☐	☐	☐
d. report the child to health worker	☐	☐	☐	☐	☐
e. others ……..	☐	☐	☐	☐	☐
❖ Cadre refers whenever needed	☐	☐	☐	☐	☐
❖ Routine immunization has been done	☐	☐	☐	☐	☐
❖ Added activity : a. Supplementary feeding	☐	☐	☐	☐	☐
b. Arisan (group activity to collect money and distribute in turn)	☐	☐	☐	☐	☐
c. Others ……..…	☐	☐	☐	☐	☐
D+ Day (after posyandu day)					
❖ Report (weighing register, monthly report, tracking form) correctly filled up	☐	☐	☐	☐	☐
❖ Cadre give posyandu report to health center	☐	☐	☐	☐	☐
❖ Cadre give posyandu report to village committee	☐	☐	☐	☐	☐
❖ Cadre evaluate the results of D- day and D day	☐	☐	☐	☐	☐
❖ Cadre make plan for the next D- Day and D day	☐	☐	☐	☐	☐
❖ There are meetings with village aparatur	☐	☐	☐	☐	☐
Other activities					
❖ Posyandu has family herbal medicine garden	☐	☐	☐	☐	☐
❖ Cadres give health education session to the community besides on the posyandu day	☐	☐	☐	☐	☐
❖ Posyandu has productive activity (business)	☐	☐	☐	☐	☐
❖ Others : ……..	☐	☐	☐	☐	☐
Total Score					

Give a √ sign in each box, then calculate the total score and fill that score in the score box.

Score 0 – 4 means :

0 : cadres never do such activity before
1 : cadres had done such activity before, but now not anymore & there are no plan to do it again
2 : cadres do the activity sometimes, only 1 times in the last 3-monthly period.
3 : cadres do the activity frequently but not routine, more than 1 times in the last 3 monthly period.
4 : cadres do the activity routinely (monthly) and do it correctly according to the guidelines.

Posyandu scoring recapitulation for Mandor, Senakin, & Pahauman Health Center areas in February 2003

No	Area	Posyandu	Motivator	D- day	D day	D+ day	Other activity	Total Score
1	Mandor	Sekilap	Muliawati	34	55	22	7	118
2	Senakin	Singkut Durian	Didi	38	54	21	4	117
3	Pahauman	Saham	Dewi	33	56	22	5	116
4	Pahauman	Barekop	Bonar	35	54	22	5	116
5	Pahauman	Baet	Bonar	34	54	24	4	116
6	Mandor	Mengkunyit	Muliawati	33	59	22	0	114
7	Pahauman	Lenggot	Bonar	33	55	23	3	114
8	Mandor	Kayu Tanam	Lina	32	54	18	9	113
9	Pahauman	Nilas	Bonar	31	51	20	11	113
10	Pahauman	Petai	Dewi	28	55	22	6	111
11	Senakin	Tembok	Didi	34	53	21	3	111
12	Pahauman	Padang	Dewi	33	53	19	6	111
13	Mandor	Abuan	Muliawati	34	54	22	0	110
14	Mandor	Selutung	Muliawati	34	53	23	0	110
15	Pahauman	Pahauman	Bonar	33	51	22	4	110
16	Mandor	Keramas	Muliawati	37	50	23	0	110
17	Senakin	Kapur	Didi	39	47	22	2	110
18	Pahauman	Ubah	Bonar	31	55	20	3	109
19	Pahauman	Kase	Dewi	32	53	22	2	109
20	Pahauman	Sumia	Bonar	34	52	20	3	109
21	Pahauman	Bintang	Bonar	33	51	22	3	109
22	Pahauman	Tolong	Dewi	32	48	23	6	109
23	Mandor	Air Merah	Muliawati	35	47	23	4	109
24	Mandor	Manggang	Lina	30	53	18	7	108
25	Mandor	Salatiga	Lina	30	51	23	4	108
26	Mandor	Tampi	Muliawati	34	52	20	1	107
27	Mandor	Kerohok	Lina	26	51	21	8	106
28	Mandor	Atong	Muliawati	34	44	24	4	106
29	Mandor	Liancipi	Lina	27	51	23	4	105
30	Pahauman	Bandang	Bonar	33	45	24	3	105
31	Pahauman	Pook	Dewi	29	52	18	5	104
32	Mandor	Kemenyan	Muliawati	28	54	19	1	102
33	Mandor	Setabar	Lina	30	52	20	0	102
34	Mandor	Kayu Ara	Muliawati	33	49	20	0	102
35	Senakin	Bakabat	Didi	31	47	19	3	100
36	Mandor	Sebadu	Lina	30	47	18	4	99
37	Mandor	Agak Hilir	Muliawati	33	44	21	1	99
38	Senakin	Andeng	Didi	30	48	20	0	98
39	Mandor	Ngarak	Muliawati	30	48	18	0	96
40	Senakin	Tampi Bide	Didi	29	48	19	0	96
41	Senakin	Serimbang	Yessy	32	42	22	0	96
42	Pahauman	Jering	Bonar	30	45	19	1	95
43	Mandor	Bamek	Lina	29	44	22	0	95
44	Pahauman	Sebatih	Dewi	28	44	20	3	95
45	Pahauman	Lanso	Bonar	32	42	17	4	95
46	Mandor	Simpang Kasturi	Lina	26	53	15	0	94

No	Area	Posyandu	Motivator	D- day	D day	D+ day	Other activity	Total Score
47	Pahauman	Raden	Bonar	31	41	19	3	94
48	Pahauman	Kr. Birah	Dewi	26	47	17	3	93
49	Pahauman	Nangka	Dewi	25	47	19	2	93
50	Pahauman	Kebadu	Dewi	26	45	20	2	93
51	Mandor	Sumsum	Lina	24	44	20	5	93
52	Pahauman	Kepayang	Dewi	25	42	22	4	93
53	Pahauman	Tempala	Edi	22	56	14	0	92
54	Senakin	Tampala'as	Didi	27	42	20	3	92
55	Mandor	Agak Hulu	Lina	28	38	22	4	92
56	Mandor	Pongok	Lina	22	51	18	0	91
57	Pahauman	Bingge	Dewi	23	48	17	3	91
58	Mandor	Mandor	Muliawati	23	50	17	0	90
59	Mandor	Pempadang	Muliawati	26	45	19	0	90
60	Senakin	Pakatan	Didi	27	43	19	0	89
61	Senakin	Raba Sekuap	Yessy	19	48	19	1	87
62	Mandor	Pa' Peleng	Lina	22	47	15	3	87
63	Senakin	Gombang	Didi	23	46	18	0	87
64	Pahauman	Paloatn	Bonar	26	40	18	2	86
65	Senakin	Saleh	Didi	25	40	17	3	85
66	Mandor	Semenok	Lina	24	46	14	0	84
67	Pahauman	Kr. Paidang	Dewi	24	42	16	1	83
68	Senakin	Seginah	Yessy	22	43	16	0	81
69	Pahauman	Tumahe	Edi	20	44	16	0	80
70	Pahauman	Pelanjau	Dewi	27	39	12	2	80
71	Pahauman	Tebing Tinggi	Edi	20	47	12	0	79
72	Pahauman	Lagon	Edi	18	47	14	0	79
73	Senakin	Bayang	Didi	21	44	14	0	79
74	Pahauman	Pa'upat	Bonar	22	43	14	0	79
75	Senakin	Sapatah	Didi	25	39	15	0	79
76	Mandor	Buluh Bala	Lina	24	39	16	0	79
77	Senakin	Asong Palah	Didi	22	37	18	0	77
78	Pahauman	Sa'ango	Dewi	25	37	13	1	76
79	Pahauman	Tumabakng	Edi	19	47	8	0	74
80	Pahauman	Sanyang	Edi	18	45	11	0	74
81	Senakin	Bajamu Sairi	Didi	16	42	11	3	72
82	Senakin	Kemayo	Yessy	19	40	12	0	71
83	Pahauman	Sidas Daya	Edi	18	42	10	0	70
84	Pahauman	Rabak	Edi	17	42	11	0	70
85	Pahauman	Lintah	Edi	15	42	13	0	70
86	Senakin	Tonang	Yessy	10	44	12	0	66
87	Senakin	Ne' Kompong	Yessy	14	41	11	0	66
88	Senakin	Betung Pulai	Yessy	11	42	12	0	65
89	Pahauman	Pak Buis	Edi	15	38	11	0	64
90	Pahauman	Sidas	Edi	12	43	8	0	63
91	Senakin	Roba Sairi	Yessy	13	40	8	0	61
92	Pahauman	Kalawit	Edi	14	37	9	0	60
93	Pahauman	Kalimue	Edi	18	31	9	0	58
94	Pahauman	Kr. Mancal	Edi	14	33	10	0	57
95	Senakin	Aur Sampuk	Yessy	15	32	8	0	55

No	Area	Posyandu	Motivator	D- day	D day	D+ day	Other activity	Total Score
96	Senakin	Runut	Yessy	11	32	12	0	55
97	Pahauman	Banying	Edi	12	32	8	0	52
98	Senakin	Gundaleng	Yessy	16	20	12	0	48
99	Senakin	Ayo	Yessy	11	24	8	0	43
100	Senakin	Senakin	Yessy	9	24	8	0	41
101	Senakin	Kalere	Yessy	10	28	0	0	38
102	Senakin	Sanurian	Yessy	10	28	0	0	38
		TOTAL		2567	4596	1720	188	9071
		Score max		4488	6528	2448	1224	13464
		% Total/score max standard		**57,2 %**	**70,4 %**	**70,3 %**	**15,4 %**	**67,4 %**