ONE ORGANIZATIONAL MODEL FOR COLLABORATIVE TECHNICAL ASSISTANCE

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The Government of Indonesia committed itself, in its fourth five-year plan, to lowering morbidity and mortality of children under five. Two of its primary concerns have been to bring about better control of dehydration due to diarrheal disease (through oral rehydration therapy) and to decrease the prevalence of vitamin A deficiency.

The incidence of diarrhea in Indonesia is estimated to be between 200 and 400 cases per 1,000 population per year. Sixty to eighty percent of these cases are estimated to occur among children under five. Dehydration caused by diarrhea is the leading cause of infant mortality in Indonesia. Since 1978, the government has pursued a national plan and program to promote oral rehydration therapy (ORT), organized and managed by the Department of Health through its communicable diseases sector.

Vitamin A deficiency is also a major public health problem in Indonesia. Each year approximately 50,000 to 60,000 preschool age children suffer blinding corneal lesions (xerophthalmia) from this deficiency. The prevalence of milder eye disease associated with this problem is at least ten times higher. Vitamin A may also have a much larger role to play in lowering childhood morbidity beyond reducing the prevalence of nutritional blindness. Field trials in Indonesia by Dr. Alfred Sommer and his associates have suggested that sufficient intake of vitamin A can improve diarrhea morbidity rates. In recent years, the government's improved Family Nutrition Program has managed Indonesia's activities regarding vitamin A.

As part of its efforts in both of these priority child survival intervention areas, the Government of Indonesia (GOI) requested the assistance of USAID in developing an operations research project in Central Java, beginning in 1986. Helen Keller International secured funding from A.I.D. in support of the project, which became known as "ROVITA"—an acronym for "Rehidrasi Oral" and "Vitamin A." The project's target intervention areas are the two regencies (or counties) of Demak and Jepara, located approximately one hour and 2.5 hours respectively from the Central Java provincial capital of Semarang. The total population of Demak and Jepara is approximately 1.5 million with an estimated 230,000 children under five years of age. The ROVITA Project office is located in the Department of Health (DOH) provincial headquarters in Semarang. Within the DOH, ROVITA is a cooperative effort of staff in the diarrheal disease control, family nutrition, and health education directorates.

ROVITA's work in the area of diarrheal disease control has focused to date on increasing mothers' awareness and understanding of the dangers of dehydration from diarrhea and the importance of replacing lost fluids through home fluids, sugar-salt solution, and prepackaged ORS. The project's activities which aim at decreasing the
prevalence of vitamin A deficiency have concentrated on one aspect of the government's three-pronged vitamin A promotion strategy: specifically, the distribution of megadose vitamin A capsules.

The overall Government of Indonesia plan for vitamin A calls for:

- increased target audience consumption of vitamin A rich foods, including dark green leafy vegetables, fruits, and fish;
- distribution of megadose (200,000 IU) vitamin A capsules twice annually through Village Health Posts;
- vitamin A fortification of selected foodstuffs.

The ROVITA Project is a Department of Health intersectoral cooperative effort at both the national and provincial levels, and also presents a unique model of collaborative work among various nongovernmental partners. With the Indonesian Department of Health as implementor, the project relies additionally upon the expertise of Diponegoro University (in Semarang) as internal evaluator and Helen Keller International as management facilitator. ROVITA receives social marketing assistance from A.I.D.'s HEALTHCOM Project, conducted by the Academy for Educational Development. It has also involved the private sector in various aspects of ROVITA's health promotion activities.

The ROVITA model--in which governments, private voluntary organizations, a university, and the private sector operate within a partnership that provides sound overall management--has proved to be both a good system for getting the job done and an excellent system for sharing skills among institutions. This field note describes the unique contributions of these different organizations to the ROVITA program, provides examples of their interaction, and discusses lessons learned from their experiences working together.

CONTRIBUTIONS OF THE COLLABORATING ORGANIZATIONS

Department of Health

The ROVITA Project is unusual in that it "crosses lines" within the typical health bureaucracy. Two technical areas combine with health education in supporting the
project's goals. Cooperation within the Department of Health is therefore vital to the project's success. ROVITA is fortunate in being able to rely upon a strong management team. The head of the Provincial Department of Health (KaKanwil) serves as ROVITA's field advisor, an important role in that it ensures ongoing efficient project operations at the field level. Three different sectors of the Provincial Department of Health are represented by highly talented and motivated DOH veterans. These include the head of the Central Java Nutrition/Vitamin A Program, the head of the Central Java Diarrheal Disease Control Program, and the head of the Central Java Community Health Education Department, who is in charge of all social marketing activities within ROVITA. Although all of these team members are very busy and have numerous daily responsibilities in addition to their roles within ROVITA, they are committed to the operations research activities of the project and keenly interested in its potential for affecting health policy at the national level.

Diponegoro University (UNDIP)

During the early planning stages of ROVITA, the GOI decided that including Central Java's premier public university (UNDIP) would provide programmatic benefits to the project and at the same time opportunities to institutionalize skills at UNDIP through interaction with the ROVITA professional team. The primary responsibilities of Diponegoro University are in the area of evaluation. The university took on the task of evaluating vitamin A capsule distribution, ORS packet distribution and use, and the impact of social marketing activities within ROVITA. UNDIP is also conducting an assessment of the impact of megadose vitamin A capsules on diarrheal disease incidence and severity in a sample of children. UNDIP occasionally provides short-term experts from its faculty and graduate schools to assist the project with market research. ROVITA's principal field director is a faculty member of Diponegoro University's School of Medicine, thus strengthening the link between their mutual activities.

Helen Keller International

Helen Keller International (HKI) is a private voluntary organization based in New York, with long experience in prevention of blindness and promotion of community participation both in the U.S. and in Indonesia and other developing countries. HKI provides overall management and administrative assistance to ROVITA. They also provide some technical assistance in the areas of epidemiology, vitamin A, and anthropology. HKI is responsible for the project's fiscal management, with the majority
of funding coming from A.I.D./Washington. Along with the Central Java Department of Health, HKI also monitors program progress in the areas of planning, implementation, and evaluation, and provides progress reports to the GOI, USAID, and other program donors.

HEALTHCOM

The HEALTHCOM, or Communication for Child Survival Project, was invited in 1986 to assist with initial project planning related to ROVITA's social marketing component. Eventually HEALTHCOM was asked to provide long-term technical assistance by supplying a resident advisor to assist ROVITA's social marketing program head, the Central Java Health Education Department chief. Additionally, HEALTHCOM is providing various short-term consultants and administrative and technical support through its home office in Washington, D.C. The HEALTHCOM advisor arrived in country in mid-April of 1988, well after ROVITA initiated program activities. Because the typical project start-up work had already been completed, quick launching of social marketing activities was possible.

Additional Private Sector Organizations

The ROVITA Project has successfully involved local private sector organizations in the implementation of its market research, evaluation, and mass media activities. Several examples described later demonstrate the importance of these other organizations to the success of ROVITA's collaborative efforts.

EXAMPLES OF INSTITUTIONAL COLLABORATION

Project Initiation

ROVITA is by design a cooperative venture among different sectors of the Department of Health. At the time of project initiation, the GOI established a steering committee for the ROVITA Project at the national level, thus creating a collaborative foundation for ROVITA and generating an important spirit of cooperation. The steering committee is an intersectoral effort of the Nutrition Directorate, the Communicable Disease Control Directorate, and the Center for Community Health Education. The country director for Helen Keller International provides liaison to the committee. This intersectoral cooperation at the national level has provided a model for the Provincial Department of Health management team for the ROVITA Project. Such intersectoral
cooperation is unusual in developed as well as developing countries and is probably the single most important factor in ROVITA's effectiveness.

The steering committee provides policy direction and technical guidance in relevant program areas. This top-down guidance, however, has not been constraining. In fact, each level of the complex Indonesian health bureaucracy has effectively turned to the level beneath it in this project. The steering committee has been willing to delegate control of project management to the Central Java provincial level partners. The provincial level team, in turn, has reached out to the regency and district levels of the public health system. At the project's inception, the ROVITA team held meetings with staff from the government's community health centers (known as puskesmas), with formal and informal village leaders, and with village health volunteers (kader), to describe project goals and activities planned and to ask for participants' feedback and commitment. This has provided the setting for subsequent training activities and successful interaction between mothers and their primary contacts within the Indonesian primary health care system—the village kader, who are usually mothers from that community.

In completing the management team, HKI saw the need to keep project control within local institutions. They identified numerous ways in which the resources of Diponegoro University could be used to contribute to project development. At the same time, they saw the need for outside expertise in the field of social marketing and sought out HEALTHCOM—informally at first—to help with project planning in this area.

Lastly, some of the seemingly mundane contributions of HKI to project initiation and administration have also been some of the most essential to ROVITA's success. Among these are HKI's very efficient facilitation of finances, its selection and supervision of office personnel, its provision of basic equipment, and its overall logistical support for program activities. In contrast to the situation among many similar projects in Indonesia and elsewhere, ROVITA's technical staff do not have to go through lengthy bureaucratic steps to request funds for producing communication materials, to negotiate short-term work with private sector production companies, or simply to find typists or computer operators. These services, moreover, are made possible through a modest program budget.

Formative Research and Project Evaluation

HKI arranged for the University of Diponegoro to oversee the impact evaluation of the ROVITA Project. The major summative evaluation activities involve the design
and implementation of: 1) a pre- and post-intervention assessment of the distribution systems and coverage of vitamin A capsules and ORS; 2) a large quantitative pre- and post-program KAP of mothers with small children; and 3) a longitudinal study of the impact of vitamin A capsules on diarrheal disease morbidity. The university concentrated its own efforts on the distribution assessment and the morbidity study. The ROVITA team opted to seek outside technical assistance for the second major evaluation activity, and HEALTHCOM, through its subcontractor, the Annenberg School for Communication of the University of Pennsylvania, provided expertise for this pre- and post-intervention evaluation of the impact of social marketing activities. At Annenberg's suggestion, ROVITA contracted an experienced Indonesian private sector research firm, Survey Research Indonesia (SRI), to conduct all field interviews for this evaluation, which made the activity more cost efficient. The baseline study was completed in October of 1988; a post intervention survey was conducted 1989. Subsequently, another wave of post-intervention evaluation was conducted by Survey Research Indonesia in 1990 without Annenberg assistance.

In addition, UNDIP has provided assistance to the head of the Health Education Department and the HEALTHCOM resident advisor in designing and conducting market research studies with target consumers, as the foundation for ROVITA's social marketing activities. For example, the project conducted audience research to determine media usage and appropriate promotion channels among target consumers. It also carried out an ethnographic survey of knowledge and practices among primary and secondary audiences in the two intervention areas. Human resources--interviewers and data analysts--for these two studies came from a small Indonesian private sector research firm whose staff are for the most part also members of the UNDIP faculty or graduate schools.

As part of the formative research base, HEALTHCOM, the DOH, and UNDIP designed a study of kader behaviors and activities within the village health post setting. Kader are vital to the project's efforts to communicate correct and up-to-date information to mothers regarding vitamin A deficiency and diarrheal disease case management. These volunteers are responsible for providing services (such as registration of mothers, weighing of infants, and provision of ORS packets) one day each month at a designated location within their village. Each village has approximately five such health posts, or posyandu. Previous studies, however, have shown that volunteers often drop out of this activity soon after training.
Part of HEALTHCOM's expertise lies in the field of behavior analysis and in the design of studies to examine what motivates desired practices. HEALTHCOM therefore brought in a behavior analysis consultant to work with ROVITA's principal field director and UNDIP to design the study of health volunteers. The study consists of in-depth interviews with kader and direct observations of their performance from two perspectives: their interactions with mothers and their participation and level of motivation within the government's integrated village health posts. The study was implemented by faculty members of UNDIP with an analysis of the data to be conducted jointly by UNDIP and HEALTHCOM's behavioral consultant.

Lastly, HKI was influential in computerizing the ROVITA Project, making such extensive research activities possible. HKI has brought in computer consultants to train ROVITA staff in questionnaire design and in statistics. In many of the examples mentioned above, the analysis of data is being carried out on HKI computers by ROVITA personnel.

**Intervention Activities—Combining Areas of Expertise**

The true "marriage" of expertise shared among the Government of Indonesia, HKI, UNDIP, and HEALTHCOM, lies in the actual messages of the ROVITA interventions and in the methods of bringing these to target mothers. The Government of Indonesia--with its representatives from the three relevant program areas of public health (diarrhea, vitamin A, and health education)--UNDIP's School of Medicine nutritional experts, and HKI--with its long experience in the fields of blindness and the role of vitamin A--have provided expertise essential to the technical content development of intervention messages. In addition, the GOI combined its new interest in micro-training with HKI's experience in community participation to design a three-day participatory training program for kader. The Department of Health trained 4,500 of these volunteers in preparation for the semiannual vitamin A capsule intervention in August of 1988.

HEALTHCOM's chief contributions have been its expertise in the field of social marketing and its focus upon the consumer perspective. Up to this time HEALTHCOM's experience has been in the area of ORT, EPI, and other child survival interventions; its experience promoting vitamin A capsules has been limited. However, HEALTHCOM has been able to assist in the design of simple, action oriented, memorable messages, and the translation of these messages into appropriate media. Moreover, the resident advisor has been able to demonstrate to the ROVITA team the importance of media planning and the necessity of pretesting messages--whether printed on banners or communicated through radio scripts--with actual consumers.
HEALTHCOM has also increased the GOI's appreciation of the potential contribution of the private sector to ROVITA and similar projects. It aided in negotiations with a private radio station that has been able to create and produce quality radio spots economically. The HEALTHCOM advisor also helped select radio stations with the greatest reach and frequency in the project's target areas of Jepara and Demak. Lastly, HEALTHCOM assisted the project in collaborating with private sector research firms to conduct developmental investigations of the target audiences.

LESSONS LEARNED

The ROVITA experience demonstrated a number of principles which apply to development projects in other settings. Among these are the following:

- The importance of such "mundane" administrative matters such as facilitation of budgets, fiscal reporting, provision of office space and equipment, and economical project computerization, can be critical to project success. In the ROVITA Project, the contribution of HKI to administrative logistics has been substantial.

- On-site participation of a full-time project administrator and support staff (provided in this case by HKI) allows other technical experts to focus on programmatic inputs and goals.

- Intersectoral cooperation within a government setting provides a solid basis for program success. Such cooperation works best when the provincial level and the national level are in agreement, formally and informally, as to project direction. During the early stages of this project, a member of the national level steering committee was in residence in the province working with the provincial team to create the detailed project implementation plan.

- A steering committee at the national level which is active and responsive to program needs can contribute greatly to a program by making quick and responsible policy decisions. On the other hand, an operations research project which keeps such a steering committee informed by means of programmatic success stories has the potential to affect national policy. These interactions between the national level and field level have been greatly facilitated through the head of the Provincial Health Department (Ka. Kanwil) and the HKI country director (based in Jakarta at the national level), who serves as the liaison between the two sets of actors.
• The private sector can contribute to the economy and efficiency of interventions. Wise negotiation with radio production companies, printers, and others increases with practice.

• Private research companies and universities can cooperate effectively in evaluation activities. These participants often need careful supervision and direction. Outside expertise is best employed in the design of actual studies and instruments. Those involved in implementation learn through the cooperative experience.

• Universities can be a source of important resources, human and otherwise, to a program. However, some university faculty and students may be less aware than private sector businesses of the importance of meeting project deadlines. Clear supervision is necessary to assure project goals are met on time.

• The marriage of institutions providing content expertise and social marketing experience is a valuable one. Each institution involved gains from the collaborative experience, and the skills of all are strengthened.

• Institutionalization takes place only when local program managers are responsible for decision making. In some cases, inefficient implementation is a necessary trade-off to the acquisition of new skills through hands-on experience.

• "Operations research" projects such as ROVITA have a better chance for replicability on a wider scale when based within existing government health systems (in this case, community health centers and village health posts). This provides a management system already in place and allows for easier incorporation of lessons learned, policy changes, and so forth.

CONCLUSION

The ROVITA model has proved to be both an efficient way of bringing together different organizations to achieve common public health goals, and a natural way of strengthening those institutions who share in the effort. Within the ROVITA Project, for example, HEALTHCOM has gained new experience in the field of vitamin A, while transferring skills to both the Indonesian Department of Health and HKI, in the area of consumer research and message development. UNDIP has contributed significantly to the evaluation activities, while gaining hands-on practical experience for their faculty and students in marketing research methodologies. Various private sector organizations have contributed to the economy and efficiency of ROVITA's interventions, while learning about the needs of public health programs. The Government of Indonesia has
received concrete, applied research results for its policy decision making. Most importantly, mothers have gained from the cooperation of many institutions working to contact them effectively with valuable information and materials to improve their children's health.

NOTES


2. ROVITA is funded through the A.I.D. FVA/PVC Office (PDC-02840A-00-6131) with support from the HEALTHCOM Project.

3. See also the field note in this volume entitled, "The Use of Intergrated Media for Vitamin A Capsule Social Marketing Activities in Central Java, Indonesia," which describes the ROVITA intervention.