

*JAYAWIJAYA WATCH PROJECT*  
**EVALUATION REPORT**

By  
MICHAEL DIBLY

**JAYAWIJAYA WATCH PROJECT EXTENSION**  
AusAID - WORLD VISION INDONESIA – DEPKES RI  
1994

**A. Executive summary**

**I. Background**

The improvement of maternal and child health remains one of the development priorities for Irian Jaya. Jayawijaya, the site of the WATCH project, is an isolated district in the central highlands of the province. Development programs in this and other highland districts of Irian Jaya, face significant constraints. These areas are isolated with no road links to the provincial capital and only a few roads within each district. The communities are in a state of social transition following the recent sustained contact with the outside world. Many traditional roles in society have been lost or changed at a very rapid pace. These changes have contributed to an imbalance in gender relations. Women and children in these districts face many problems including low income, malnutrition, poor health status with a high incidence of communicable diseases and low life expectancy.

WATCH is an innovative project attempting to create a new approach to the development of primary health care that is better suited to the situation in the highland regions of Irian Jaya. The WATCH project has implemented activities that tackle the root causes of ill-health through a combination of community development, gender role change, improved essential clinical services for women and children, and community based preventive health programs. More needs to be done to refine and document the WATCH health development strategy and the key function that gender role change can play in improving the health of women and children in the highlands of Irian Jaya.

## **II. Impact**

The project has improved the training of nurses and village midwives by providing better teaching facilities and adapting the curriculum to local needs. It has strengthened the local health service by developing the health information system, improving the skills of staff and by facilitating the development of policies appropriate to the needs of the district. Case management protocols for the major illnesses causing childhood deaths have been developed and community health staff trained in their use. A framework for improved health services for women during pregnancy and delivery has been launched by training traditional birth attendants and by making the training of midwives more community oriented. However much work is still needed to improve the management of obstetric emergencies in the community and at health centers.

Community based preventive of illness has been supported by the establishment of village groups interested in health and nutrition and through the careful selection of inputs for existing health prevention activities, for example the improvements to the immunizations cold chain. The extent of malnutrition documented in the baseline survey however indicates the need for more nutrition education activities during the proposed extension.

The field team recognized the weaknesses in the women in development portion of the project design and have established a new strategy for gender issues in community development in the highlands of Irian Jaya. However the project has only limited experience in applying this strategy in the community.

The project has established over 100 community groups in about 40 percent of villages from all regions of the Jayawijaya district. These groups have started to implement many different income generating activities, infrastructure projects, agricultural and animal husbandry activities to provide new food sources and income for their communities. Where possible the project has involved women in the formation and running of these community groups. Furthermore many of the activities through these groups have provided work that can be done by men and reduced the workload of women.

### **III. Sustainability**

In the health care sector the project has strengthened the district health services through training and skill development, an improved health information system, better designed and implemented essential clinical services and improved preventive services. These project inputs will ensure that the district health service can more effectively utilize future routine government budgets to improve the health of women and children.

The establishment of numerous community groups with village volunteers has left a framework of village organizations that can respond to other community development initiatives either from the communities themselves, from other LSMs or from the government.

Finally the project model for development of primary health care services in highland areas of Irian Jaya is likely to be upscaled in future years effectively extending the impact of the current investments in establishing the model.

### **IV. Lessons learned**

An integrated approach to the development of primary health care is essential in the highland regions of Irian Jaya where there are few community organizations and community knowledge about health and nutrition is limited. Activities to alleviate poverty need to be included to provide the community with new food sources and additional wealth to contribute to the costs of health care services. The project design recognized these vital elements for developing primary health care and they have been well implemented by the field team.

The project has identified the importance of the imbalance in gender relationships in the highland communities as a significant contributor to the poor health of women and children. The design of future community development and health projects in these communities needs to address these issues taking into account the impact of outside contact on gender roles.

The use of non-government organization to implement this multi-sectoral, bilateral government funded project has proven very effective. This approach has bridged gaps between different government agencies and freely allowed for the involvement of other relevant non-government agencies in the project.

## **V. Conclusions and Recommendations**

The main elements of the WATCH project strategy appear to offer an appropriate approach to developing primary health care for highland communities in Irian Jaya. The pace of change in the highland communities of Irian Jaya is slow and project designs and policy makers should recognize the need for gradual but sustained implementation of community-based health development projects. It is therefore strongly recommended that the project be extended for a further 3 years in order to refine the approach to developing a packet of community development, gender role change and health care interventions for highland and nutrition of women and children. The project should continue to receive support of the Ministry of Health since it has demonstrated how it can effectively contribute to the development of the district health service.

## **B. Lessons learned**

- **An integrated approach is essential for the development of primary health care services especially in Irian Jaya.** This approach will require community development activities that help alleviate poverty, develop community organizations and community leadership. It also requires adult education activities to raise awareness within the community of the critical social issues that influence poverty and health, in the case of the highlands of Irian Jaya one of these key issues is the imbalance in gender roles. At the same time activities are needed in the formal health sector to make essential clinical services and preventive services as efficient and effective as possible. Finally a strategy is needed to link the community to the formal health care sector. This might include overcoming cultural and social barriers to access of services or providing services directly in communities. The WATCH project has demonstrated that this integrated approach is essential

especially in resource poor communities. The delivery of clinical services and preventive technologies alone will not work in Irian Jaya.

- **A non-government community development organization can effectively manage an integrated primary health care project.** The Watch project has demonstrated that an NGO or LSM can provide flexible management for an integrated primary health care project. The project manager has the role of coordinating the various resources needed to improve community health. The goal is not to replace government services but to make them more effective by stimulating micro-policy changes, training staff of government agencies in new skills and influencing their approach to working in the community. The LSM brings experience and close contacts in the local community. It should be able to work with other local organizations as partners in developing community groups and leading these groups to identify their needs. Finally the project manager must act as a create effective links between formal health care services and other government services and the community.
- **The imbalance in gender relationships in the highland communities is a significant contributor to the poor health of women and children.** The WATCH project has highlighted the importance of gender role imbalance as a barrier to the community development process. Women in the highlands are overworked, they have low levels of educational achievement, they have limited roles in community organizations and they are poorly nourished. The traditional role of men as warriors have been removed and they have yet to develop new productive social roles. These social circumstances provide many barriers for women to effectively participate in community development and community health interventions. The design of future community development and health projects will need to address these gender role issues.
- **Projects that aim to develop service delivery models need to have flexible designs and adequate resources for evaluation and documentation.** The WATCH project has experienced difficulties in both these areas. Firstly, the classical planning approach implied in AIDAB project logframes assumes that the expected outputs from a set of inputs can be predicted with a high degree of certainty and that these can be measured by predetermined indicators. These assumptions work well established technologies that involve little interaction with the community. However when bringing new health technologies to communities it can be hard to predict which approach will work and which technologies will be acceptable. In these circumstances a process documentation and learning approach is more appropriate as a model for managing projects. This management method monitors activities and client responses to determine which activities work, how to modify activities to make them more effective and how to reallocate resources based on this information.

This approach can be accommodated within a logframe provided there is a willingness to accept periodic changes. Secondly, when developing a service delivery model the project design must include adequate resources for technical inputs, monitoring and evaluation of project activities. It is crucial that these special investments produce sound model that are well documented to assist in the formulation of informed public policies and appropriate resource allocations from future routine GOI budgets.

## **Conclusions and recommendations**

### *Assessment of Strengths and Weaknesses*

#### **Strengths**

1. There is highly motivated and well organized project team that works closely with local communities and relevant agencies, and which has effectively implemented the project activities. Overall the project has been well managed utilizing a sound approach to project management developed by World Vision International Indonesia.
2. The project has a well developed strategy to integrate community development and health interventions aimed at the key problems related to the poor maternal and child health in the highlands of Irian Jaya. This strategy takes account of variations in the cultural patterns of the main tribal groups in the district.
3. The formulation of an innovative approach to gender in development which recognizes the impact of outside contact on gender roles and identifies the importance of gender role imbalance as a factor influencing the poor maternal and child health of highland societies. This strategy provides a well documented framework for working with the community groups established by the project.
4. The significant impact of the project on the district health service by acting as a catalyst for local policy changes, by improving management of services and by developing staff skills.
5. The management of this multi-sector project by an LSM working closely with the Ministry of Health and other relevant ministries has provided a flexible and effective approach to project implementation.
6. The project has strong profile within the Ministry of Health at both the provincial and central levels and is perceived as a potential model for primary health care and community development in the highland regions of Irian Jaya.

#### *Weaknesses*

1. The project design was too ambitious in proposing to cover almost all villages in the district. Fortunately the local government adjusted the boundaries of villages shortly after the project started and increased the number of villages from 108 to 258. Although the project continues to be active in the same number of sites as noted in the design this now represents only 40 percent of the villages in the district.
2. The project design was also too ambitious in the range of interventions and new health related technologies to be introduced into community, for example the healthy home, which most probably represents a project in itself, was wisely abandoned.
3. The project design failed to include a community preparation phase before village activities began. The lack of community preparation has resulted at times in a mismatch of community of the project.
4. The project design does not have a clearly defined strategy to progressively increase involvement by members of the local Irian Jayanese community in the supervision and management of the project.
5. The nutrition prevention and especially nutrition education is not well developed in the project. These activities are important given the high levels of child and maternal malnutrition in the community.
6. There is insufficient field staff to support and guide the work of the village volunteers and to monitor the development of the community groups.
7. The lack of technical consultants has weakened some of the activities and delayed the implementation of the project.
  - a. The absence of a gender specialist made it much more difficult for the project team to develop an effective gender in development strategy and delayed the implementation of this component.
  - b. The absence of a primary health care consultant has resulted in some lack of clarity about aspects of the health interventions. For example there is no well developed strategy to link the community groups with the formal health care sector and with clinical services.

8. The monitoring and evaluation of project activities needs further development. This is a serious weakness given that the project aims to create a model for primary health care in the highlands of Irian Jaya.
9. The Project Advisory Committee does not effectively link the WATCH project with other community development programs in the district.

## **Recommendations and feedback**

### ***Overall recommendations***

1. It is strongly recommended that the project be extended for a further 3 years in order to refine the approach to developing a packet of community development, gender role change and health care interventions for highland communities in Irian Jaya and to document the impact of the program on the health and nutrition of women and children.
2. The project should continue to receive the support of the Ministry of Health since it has demonstrated how it can effectively contribute to the development of the district health service and to improvements in the health status of the community.
3. The main elements of the WATCH project strategy appear to offer an appropriate approach to developing primary health care for highland communities in Irian Jaya. Towards the end of the proposed extension it is recommended that the activities be upscaled to cover all villages in Jayawijaya district and introduced in stages into other highland communities in Paniai and Manokwari districts of Irian Jaya.

### **Project implementation and management**

1. The project is understaffed at present and an additional 12 local field staff are needed to implement and monitor the community based activities. These additional local field officers will ensure the project can maintain an adequate level of contact with the community.

2. Ministry of Health contributions to the project should include seconding additional staff for the field team. This contribution should include as much of the supporting budget as is feasible within the MOH administrative system, for example transportation costs for field visits, office space and equipment. At this stage the project would benefit from having a nutritionist and several midwives assigned for the duration of the extension.
3. Project monitoring and evaluation needs strengthening to ensure the optimal implementation of activities and to document the process and the impact of the project. Specific recommendations include :
  - The project extension should include a component for monitoring and evaluation. The major suggested activities for this component include : an annual community household survey to collect information on health, nutrition, community development, health services and their utilization; monitoring of how the case management protocols are implemented; monitoring of the community development process and gender role change activities; and further evaluations of some of the health care technologies introduced in the first stage of the project.
  - The formation of an evaluation and monitoring team with the addition of 6 local staff to collect data.
  - Monitoring of health sector activities especially for case management protocols, the quality of services, follow-up of technical training should be done collaboratively with the district health service to ensure the long term sustainability of these activities.
  - Simple qualitative methods need to be developed to monitor the impact of the gender role change activities and the community development process.
  - Monitoring and evaluation activities need to be supported by technical inputs from a consultant epidemiologist, a computer programmer and a gender and development specialist.
4. The Project Advisory Committee needs to be reviewed to more effectively link the WATCH project with other community development programs in the district. It is suggested that this committee meet in Wamena and include representatives from the Kanwil Kesehatan, the Jayawijaya District Health Office, the Bupati's staff, Bangdes and LSM that are active in the district as well as the WVII BOM for Irian Jaya. This local committee would help promote the WATCH health and community development strategy to the district administration and other organizations active in community development. It would help introduce community groups established by WATCH to other programs for example the IDT (Inpres Desa Tertinggal) from Bangdes.
5. The project should continue to act as a catalyst for local policy changes that would support project activities. The extension proposal should therefore include funds for meetings and seminars at a

district and provincial level to review specific health and community development policy questions. High on the agenda for policy review should be the problem of appropriate drug supplies for Community Health Centers that are consistent with the standard case management protocols developed by WATCH.

### ***Technical Support for the Project***

1. Resources should be allocated for the project field manager, appropriate members of the team, and the head of the District Health Office to visit Papua New Guinea to learn about the PNG experience with primary health care in highland regions. The schedule should include meetings with staff of district health services, the PNG Medical Research Institute in Goroka and NGOs active in health and community development. This study tour should take place as soon as possible so that lessons learnt from experiences in Papua New Guinea can be incorporated into project extension activities.
2. The project received limited technical support during the first phase. This lack of technical assistance slowed the development of key aspects of the project, especially the gender and development component. The following short term technical inputs are strongly recommended to ensure that an effective primary health care model has been developed and documented by the end of the extension.
  - An **epidemiologist** with experience in primary health care and paediatrics to assist with developing an integrated approach to case management of the sick child, the design and analysis of the project monitoring and evaluation activities and the health information system.
  - A **computer programmer** with experience in the management of health data and competence with Pascal language to complete the programming for computerized district health information system and to develop a system for processing the project monitoring and evaluation information.
  - An **obstetrician** with experience in community based antenatal and referral programs to assist with the development of community obstetric case management protocols, the design of the referral system from community to district hospital and to provide training for medical staff in emergency obstetric procedures.
  - A **nutrition education specialist** with experience in developing community based education programs to assist the team develop a set of nutrition messages for use in community groups.

- An **adult education specialist** to train the Watch team on education approaches and methods suitable for the community groups and especially on how to increase of gender roles in society.
- A **gender in development specialist** to review the gender role change strategy and to assist in developing indicators to monitor gender role change activities and to design the evaluation of these activities.
- An **agricultural specialist** with experience in integrated agricultural development in tropical highlands (preferably Papua New Guinea) to review the current agricultural inputs of the project and to identify other crops that might be introduced to the community groups, for example mushrooms or tree crops.

### *Amplified Sustainability*

1. The participation of local members of the Irian Jayanese community in the management and implementation of the project should be expanded. The creation of new positions for field officers, a monitoring team, a janitor, cashier and assistant to the community development coordinator should provide an opportunity to increase local participation in the project.
2. The local field officers should be supported to learn more about community development and primary health care through short term work experiences, participation in short courses and study tours in other parts of Indonesia. Potential work experience sites for these field officers could include other AIDAB funded health sector projects such as Healthy Start in Lombok or other primary health care projects managed by WVII.
3. The project extension should include from two to four scholarships for suitable local Irian Jayanese candidates to undertake academy or undergraduate level training in community development, nutrition or nursing. These individuals should provide an important human resource for any future upscaling of the project activities.
4. Two key project field staff should be provided with scholarships for postgraduate study in Australia. This training will help ensure that important project activities are adequately evaluated and documented. Furthermore, with additional skills these individuals are likely to be able to make significant contributions to any process of upscaling the project model and contribute to the long term sustainability of the development process in Irian Jaya. Specific recommendations are as follows :

- Dr. Sukwan Handali, the project field manager, should be encouraged to study in a doctoral program at the Tropical Health Program of the University of Queensland which has several staff members extensive experience in public health in Papua New Guinea. The University of Queensland would allow him to return to Irian Jaya after 1 year of course work in Brisbane and thus continue to be closely involved with the project while completing his studies.
- Mrs Susana, the gender and development coordinator, should be encouraged to study for a masters degree in development studies to further develop the model of gender role change in community development.

## **Summary**

### ***Lessons learned***

1. An integrated approach is essential for primary health care in Irian Jaya.
2. A non-government organization can effectively manage an integrated primary health care project.
3. Imbalance in gender relationships in the highland communities is a significant contributor to poor health of women and children.
4. Projects that aim to develop service delivery models need flexible designs and adequate resources for evaluation.

### ***Strengths***

1. Highly motivated and well organized project team that works closely with local communities and relevant agencies.
2. A sound approach to project management developed by World Vision International Indonesia.
3. Well developed strategy to integrate community development and health interventions.
4. An innovative approach to gender in development which provides a framework for working with the community.
5. Significant impact on the district health service through local policy changes, improving management and developing staff.
6. Management of project by LSM working closely with MOH: a flexible and effective approach to project implementation.
7. The project has a strong profile and is perceived as a potential model for primary health care in the highlands of Irian Jaya.

### ***Weaknesses***

1. Project design was too ambitious in proposing to cover almost all villages in the district.
2. Project design was also too ambitious in range of interventions and new health related technologies to be introduced.
3. Project design failed to include a community preparation phase before village activities began.
4. No clearly defined strategy to progressively involve the Irian Jayanese community in supervision and management of project.
5. The nutrition prevention and especially nutrition education is not well developed in the project.

6. Insufficient field staff to support and guide the work of village volunteers and to monitor the community groups.
7. Lack of technical consultants has weakened some activities and delayed the implementation of the project.
8. Monitoring and evaluation of project activities needs further development.
9. Project Advisory Committee does not effectively link WATCH with other community development programs in the district.

## **Recommendations and Feedback**

### ***Overall recommendations***

1. It is strongly recommended that the project be extended for a further 3 years.
2. Recommend continued support from MOH since WATCH has contributed to the development of the district health service.
3. Main elements of WATCH strategy offer an appropriate approach to primary health care for Irian Jaya highlands.

### ***Project Implementation and Management***

1. The project is understaffed and an additional 12 local field staff are needed to implement and monitor community activities.
2. Ministry of Health contributions to the project should include seconding additional staff for the field team-nutritionist and midwives.
3. Project monitoring and evaluation needs strengthening.
4. The project extension should include a component for monitoring and evaluation.
5. The formation of an evaluation and monitoring team with the addition of 6 local staff to collect data.
6. Monitoring of health sector activities should be done collaboratively with the district health service.
7. Simple qualitative methods are needed to monitor the gender role change activities and the community development process.
8. Monitoring and evaluation activities need to be supported by technical inputs from consultants.
9. Review Project Advisory Committee needs to more effectively link WATCH with other community development programs in district.
10. WATCH should continue to act as a catalyst for local policy changes that would support project activities.

### ***Technical support for the project***

1. Resources should be allocated for a visit to Papua New Guinea to learn about primary health care in their highland regions.
2. The following short term technical inputs are strongly recommended
3. An epidemiologist with experience in primary health care and paediatrics.
4. A computer programmer with experience in the management of health data.
5. An obstetrician with experience in community based antenatal and referral programs.
6. A nutrition education specialist with experience in developing community based education programs.
7. An adult education specialist to train the Watch team on adult education approaches and methods.
8. A gender in development specialist to review gender role change strategy and develop indicators to monitor these activities.
9. An agricultural specialist with experience in integrated agricultural development in tropical highlands.

### ***Amplified sustainability***

1. Expand participation of local Irian Jayanese community in the management and implementation of the project.
2. Support for local staff to learn more about community development and primary health care through study tours in other parts of Indonesia.
3. Scholarships for suitable local candidates to undertake training in community development, nutrition or nursing.
4. Two key project field staff should be provided with scholarships for postgraduate study in Australia.

## Conclusions and Recommendations

### *Assessment of strengths and weaknesses*

#### **A. Strengths**

- There is highly motivated and well organized project team that works closely with local communities and relevant agencies, and which has effectively implemented the project activities. Overall the project has been well managed utilizing a sound approach to project management developed by World Vision International Indonesia.
- The project has a well developed strategy to integrate community development and health interventions aimed at the key problems related to the poor maternal and child health in the highlands of Irian Jaya. This strategy takes account of variations in the cultural patterns of the main tribal groups in the district
- The formulation of an innovative approach to gender in development which recognizes the impact of outside contact on gender roles and identifies the importance of gender role imbalance as a factor influencing the poor maternal and child health of highland societies. This strategy provides a well documented framework for working with the community groups established by the project.
- The significant impact of the project on the district health service by acting as a catalyst for local policy changes, by improving management of services and by developing staff skills.
- The project has a strongly profile within the Ministry of Health at both the provincial and central levels and is perceived as a potential model for primary health care and community development in the highland regions of Irian Jaya.

#### **B. Weaknesses**

- The project design was too ambitious in proposing to cover almost all villages in the district. Fortunately the local government adjusted the boundaries of villages shortly after the project started and increased the number of villages from 108 to 258. Although the project continues to be active in the same number of sites as noted in the design this now represents only 40 percent of the villages in the district.

- The project design was also too ambitious in the range of interventions and new health related technologies to be introduced into the community, for example the healthy home most probably represents a projects in itself – wisely it was abandoned by the team.
- The project design failed to include a community preparation phase before village activities began. The lack of community preparation has resulted at time in a mismatch of community expectations and planned project activities.
- The project design does not have a clearly defined strategy to progressively increase involvement by members of the local Irian Jayanese community in the supervision and management of the project.
- The nutrition prevention and especially nutrition education is not well developed in the project. These activities are important given the high levels of child and maternal malnutrition in the community.
- There is insufficient field staff to support and guide the work of the the village volunteers and to monitor the development of the community groups.
- The lack of technical consultants has weakened some of the activities and delayed the implementation of the project.
- The absence of a gender specialist made it much more difficult for the project team to develop an effective gender in development strategy and delayed the implementation of this component.
- The absence of a primary health care consultant has resulted in some lack of clarity about aspects of the health interventions. For example there is no well developed strategy to link the community groups with the formal health care sector and with clinical services.
- The monitoring and evaluation of project activities needs further development. This is a serious weakness given that the project aims to create a model for primary health care in the highlands of Irian Jaya.
- The Project Advisory Committee does not effectively link the WATCH project with other community development programs in the district.

### ***Recommendations and feedback***

#### **1. Overall recommendations**

- a. It is strongly recommended that the project be extended for a further 3 years in order to refine the approach to developing a packet of community development gender role change and health care interventions for highland communities in Irian Jaya and to document the impact of the program on the health and nutrition of women and children.
- b. The main elements of the WATCH project strategy appear to offer an appropriate approach to developing primary health care for highland communities in Irian Jaya. Towards the end of the proposed extension it is recommended that the activities be upscaled to cover all villages in Jayawijaya district and introduced in stages into other highland communities in Paniai and Manokwari districts of Irian Jaya.

## **2. Project Implementation and Management**

- a. The project is understaffed at present and an additional 12 local field staff are needed to implement and monitor the community based activities. These additional local field officers will ensure the project can maintain an adequate level of contact with the community.
- b. Project monitoring and evaluation needs strengthening to ensure the optimal implementation of activities and to document the process and the impact of the project.
- c. Specific recommendations include :  
The project extension should include a component for monitoring and evaluation. The major suggested activities for this component include : an annual community household survey to collect information on health, nutrition, community development, health services and their utilization; monitoring of how the case management protocols are implemented; monitoring of the community development process and gender role change activities; and further evaluations of some of the health care technologies introduced in the first stage of the project.
- d. The formation of an evaluation and monitoring team with the addition of 6 local staff to collect data.
- e. Monitoring of health sector activities especially for case management protocols, the quality of services, follow-up of technical training should be done collaboratively with the district health service to ensure the long term sustainability of these activities.
- f. Simple qualitative methods need to be developed to monitor the impact of the gender role change activities and the community development process.

- g. Monitoring and evaluation activities need to be supported by technical inputs from a consultant epidemiologist, a computer programmer and gender and development specialist.
- h. The Project Advisory Committee needs to be reviewed to more effectively link the WATCH project with other community development programs in the district. It is suggested that this committee meet in Wamena and include representatives from the Kanwil Kesehatan, the Jayawijaya District Health Office, the Bupati's staff, bangdes and LSM that are active in the district as well as the WVII BOM for Irian Jaya. This local committee would help promote the WATCH health and community development strategy to the district administration and other organizations active in community development. It would help introduce community groups established by WATCH to other programs for example the IDT (Inpres Desa Tertinggal) from Bangdes.
- i. The project should continue to act as a catalyst for local policy change that would support project activities. The extension proposal should therefore include funds for meetings and seminars at a district and provincial level to review specific health and community development policy questions. High on the agenda for policy review should be the problem of appropriate drug supplies for Community Health Centers that are consistent with the standard case management protocols developed by WATCH.

### **3. Technical Support for The Project**

Resources should be allocated for the project field manager, appropriate members of the team, and the head of the District Health Office to visit Papua New Guinea to learn about the PNG experience with primary health care in highland region. The schedule should include meetings with staff of district health services, the PNG Medical Research Institute in Goroka and NGOs active in health and community development. This study tour should take place as soon as possible so that lessons learnt from experiences in Papua New Guinea can be incorporated into project extension activities. The project received limited technical support during the first phase. This lack of technical assistance slowed the development of key aspects of the project, especially the gender and development component. The following short term technical inputs are strongly recommended to ensure that an effective model of primary health care for highland communities in Irian Jaya has been developed and documented by the end of the extension.

- An **epidemiologist** with experience in primary health care and paediatrics to assist with developing an integrated approach to case management of the sick child, the design and analysis of the project monitoring and evaluation activities and the health information system.

- An **obstetrician** with experience in community based antenatal and referral programs to assist with the development of community obstetric case management protocols, the design of the referral system from community to district hospital and to provide training for medical staff in emergency obstetric procedures.
- A **nutrition education specialist** with experience in developing community based education programs to assist the team develop a set of nutrition messages for use in community groups.
- An **adult education specialist** to train the Watch team on education approaches and methods suitable for the community groups and especially on how to increase their awareness of gender roles in society.
- A **gender in development specialist** to review the gender role change strategy and to assist in developing indicators to monitor gender role change activities and to design the evaluation of these activities.
- An **agricultural specialist** with experience in integrated agricultural development in tropical highlands (preferably Papua New Guinea) to review the current agricultural inputs of the project and to identify other crops that might be introduced to the community groups, for example mushrooms or tree crops.

#### 4. **Amplified sustainability**

The participation of local members of the Irian Jayanese community in the management and implementation of the project should be expanded. The creation of new positions for field officers, a monitoring team, a janitor, cashier and assistant to the community development coordinator should provide an opportunity to increase local participation in the project.

The local field officers should be supported to learn more about community development and primary health care through short term work experiences, participation in short courses and study tours in other parts of Indonesia. Potential work experience sites for these field officers could include other AIDAB funded health sector projects such as Healthy Start in Lombok or other primary health care projects managed by WVII.

The project extension should include from two to four scholarships for suitable local Irian Jayanese candidates to undertake academy or undergraduate level training in community development, nutrition or

nursing. These individuals should provide an important human resource for any future upscaling of the project activities.

Two key project field staff should be provided with scholarships for postgraduate study in Australia. This training will help ensure that important project activities are adequately evaluated and documented. Furthermore, with additional skills these individuals are likely to be able to make significant contributions to any process of upscaling the project model and contribute to the long term sustainability of the development process in Irian Jaya. Specific recommendations are as follows:

- Dr. Sukwan Handali, the project field manager, should be encouraged to study in a doctoral program at the Tropical Health Program of the University of Queensland which has several staff members with extensive experience in public health in Papua New Guinea. The University of Queensland would allow him to return to Irian Jaya after 1 year of course work in Brisbane and thus continue to be closely involved with the project while completing his studies.
- Mrs. Susana, the gender and development coordinator, should be encouraged to study for a masters degree in development studies to further develop the model of gender role change in community development.