INDONESIA HEALTH SECTOR TECHNICAL ADVISORY GROUP

Report of Review of Jayawijaya Women and Their Children's Health (WATCH) Project

To

Australian Agency for International Development (AusAID)

September 2000

TABLE OF CONTENTS

List of Abbreviations and Acronyms

ANC	Antenatal Care
ARIF	A DepKes based criteria for measuring progress of groups
AusAID	Australian Agency for International Development
Bappeda	Badan Perencanaan Pembangunan Daerah (Agency for Regional Development)
Bappenas	Badan Perencanaan Pembangunan Nasional (National Planning and Development Board)
BDD	Bidan di Desa (Village Midwife)
Bidan	Midwife
BKKBN	Badan Koordinasi Keluarga Berencana Nasional (National Family Planning Coordinating Board)
Bupati	Chief of the District; Mayor
Cadre	Village or Health Centre Volunteer
Camat	Chief of Subdistrict
CDD	Control of Diarrhoeal Disease
CMP	Case Management Protocols
DepKes	Departemen Kesehatan (Ministry of Health)
DHO	District Health Office
Dinas	Provincial / District government agency
Dukun	Traditional Birth Attendant
EOC	Emergency Obstetric Care
GOI	Government of Indonesia
HIS	Health Information System
IEC	Information, Education and Communication
JPKM	Jaminan Pemeliharaan Kesehatan Masyarakat (Community health maintenance insurance)
JPS	Social Safety Net
Kanwil	Provincial office of central agency
Kanwil DepKes	Provincial Health Office
LEISA	Low External Input for Sloping Agriculture
LKMD	Lembaga Ketahanan Masyarakat Desa (Village Council)
LSS	Life Saving Skills
MAF	Mission Aviation Fellowship
Mantri	Nurse auxiliary
MCH	Maternal and Child Health
NGO	Non-Governmental Organization
PCR	Project Completion Report
PDD	Project Design Document
PHC	Primary Health Care
PKK	Program Kesejahteraan Keluarga (Family Welfare Programme)
PLA	Participatory Learning and Action
PMD	Pembangunan Masyarakat Desa (Community Development)
POD	Pos Obat Desa (Village medicine post)
Polindes	Pos Bersalin Desa (Village Birthing Hut)

Poned	Emergency Obstetric and Neonatal Care
Posyandu	Pos Pelayanan Terpadu (Integrated Health Post)
Puskesmas	Pusat Kesehatan Masyarakat (Community Health Center)
Pustu	Village Health Post
Rp.	Rupiah
SM	Safe Motherhood
SSN	Social Safety Net
SPK	Nurses Training College
TAG	Technical Advisory Group
TBA	Traditional Birth Attendants
TOT	Training of Trainer
UNICEF	United Nations Children's Fund
USD	United States of America Dollar
WATCH	Women and Their Children's Health
WVA	World Vision Australia
WVI/ADP	World Vision Indonesia/Area development Program
YASUMAT	Yayasan Sosial Untuk Masyarakat Turpencil

PROJECT DATA SHEET

JAYAWIJAYA WATCH PROJECT

Location of Project: Jaya wijaya District, Irian Jaya

Implementing Agency: Ministry of Health - Dinas Kesehatan, PKK and LKMD

Managing Contractor: World Vision Australia/World Vision Indonesia

---

Goal: Improve the health and nutritional status of women and children in rural communities of Jayawijaya district of Irian Jaya

Objective: A functioning and sustainable primary health care model with high levels of community participation and ownership.

Project Components:

- Maternal and infant health
- Health System capacity
- Preventative health
- Community development
- Management

Technical assistance (person-months)

Long-term advisers	11
Short-term advisers	Not found

Key Project Data

Planned:

AusAID contribution		**1998/99**	**1999/00**
	Component 1	$ 27,815	$ 58,394
	Component 2	$ 45,167	$ 100,041
	Project Management	$ 145,125	$ 112,633
	TOTAL	**$ 218,107**	**$ 271,068**

GoI contribution		**1998/99**	**1999/00**
	Component 1	$ 7,425	$ 15,169
	Component 2	$ 700	$ 600
	Project Management	$ 8,500	$ 11,500
	TOTAL	**$ 16,625**	**$ 27,269**

Estimated 2000/2001:

AusAID contribution		**2000/01**
	Component 1	$ 16,858
	Component 2	$ 17,240
	Project Management	$ 45,881
	TOTAL	**$ 79,979**

GoI contribution		**2000/01**
	Component 1	$ 4,975
	Component 2	$ 0
	Project Management	$ 5,800
	TOTAL	**$ 10,775**

Key Dates:

PDD	April 1990
Project start	April 1991
Project review	April 1994
3 year extension	Oct 1994 - Sept 1997
Extension agreed	Nov 1997
Project Review	Dec 1997
Interim extension	Oct 1997 - Oct 1998
New PDD	July 1998
Project start - 2 year extension	Nov 1998 - Oct 2000
Expected Project Completion	Oct 2000

Key Performance Indicators

- Decreased maternal mortality rate from 450/100,000 to 225/100,000
- Decreased infant mortality rate by 35% from 98/1,000 to 65/1,000
- Increased number of under fives above <-2 line in WHO weight/height scale
- Increased number and % of pregnant women with middle arm circumference of >18cm.

1.0 EXECUTIVE SUMMARY

The A$3.08 million WATCH project (1991-2000) aims to improve the health of women and their children in Jayawijaya District through building capacity in existing government, mission primary health care (PHC) programs and communities; and strengthening existing community development initiatives.

The project will end in October 2000 and assessment of outputs achieved include: training and support for midwives, cadres, mantris and traditional birth attendants (TBAs); gender awareness activities; innovative nutrition activities; development of appropriate IEC materials for community, cadres and health staff; support for non-government organisations (NGOs) and strengthening of community development initiatives such as the self reliance packages and farming exposure trips.

Despite the relative success of community development activities, these initiatives will be difficult to sustain without ongoing support. Sustainability of project efforts will be enhanced with the appointment of two key project staff to Dinas at the completion of the project.

Implementation of activities during the final months of the project are constrained by continuing socio-political unrest - the rapid growth of a strong independence movement; the emergence of SATGAS (a militia/task force at village level committed to the achievement of autonomy); consequent difficult access to the project area by the project team with the deterioration of law and order and cessation of regular flights to Kanggime and Mamit; and inter-tribal conflict.

Activities which are outstanding are: documentation of processes and primary health care model developed by the project; the second health information system review; the final survey to inform Dinas and community plans; evaluation of the training and supervision activities; and finalisation of the scheduled construction of bridges and water supplies.

Documentation of project approaches for the benefit of future programs is underway with all papers and PHC model expected by October 2000. The proposed CD Rom detailing project processes will be completed after the addition of the Project Completion Report in November 2000. Additional time to complete this task effectively will be required.

Two bridges and two water supplies have yet to be completed. Materials have been purchased and await delivery to the project sites. Cessation of MAF flights to Mamit and infrequent flights to Kanggime has prevented delivery. The TAG recommends air charter of materials to Kanggime and transport by foot to Mamit before the project ends.

The software for the health information system has been installed for use by Dinas and UNICEF. However, lack of trained personnel, poor numeracy skills, poor quality of data collected and complex recording forms (often not available) makes the sustainability of

this activity questionable. The TAG considers that follow-up activities are not warranted, however, UNICEF may utilise the software program.

The scheduled third survey instrument has been prepared, however lack of access prevents implementation. As part of routine monitoring activities, spot surveys will be conducted opportunistically and the survey process used as an exercise to bring closure to the project.

The exit strategy proposed consists of lessons learnt seminars in Wamena and Jakarta; closing ceremonies in Wamena and Jakarta and the project completion report. The TAG recommends that an exit report be prepared to cover activities until the end of the project to complete outstanding outputs.

Evaluation of training and supervision will not be possible with the deteriorating access to the project area and increasing safety concerns for project staff. It is doubtful if the evaluation would provide any new information for the health system of UNICEF team. The lessons learnt seminars will include feedback on training and supervision activities.

The capacity of the counterpart agency needs further support. This will be provided in part by the UNICEF Safe Motherhood Program. The TAG suggests the following future support to sustain activities:

- the UNICEF Safe Motherhood Program to conduct further training of health staff trained by the project (subject to safety and access); as well as adaptation and further production of IEC materials and case management protocols
- continuation of community development activities through local NGOs, including supervision of bridge and water supply construction through the existing World Vision Area Development Program in Jayawijaya district
- further support for NGOs such as Yasumat, Humi Inane and Bethesda through AusAID SAS/ACCESS programs
- Dinas Kesehatan to replicate activities subject to funding available following decentralisation.

The Jayawijaya WATCH Project leaves a legacy of an innovative experiment by the Australian and Indonesian governments working collaboratively with the health system and NGOs to improve the health and social conditions of remote communities.

Despite nine years of implementation, there is little evidence that women's and children's health and nutrition status has been improved. It is unlikely that the activities can be sustained without further support although 7% of community groups have achieved self-sufficiency according to the ARIF scale. The deteriorating socio-political situation which has led to the increasing distraction of village cadres and leaders from community development to involvement in the independence movement is reportedly preventing scheduled planting of crops. Food shortages may result. This could severely impact on the community development progress made during the past nine years.

1.1 Summary of Recommendations

Recommendation 1:
Project team to draw up an exit strategy, including the documentation plan with budget, based on the discussion with the TAG, and present this as soon as possible to AusAID.

Recommendation 2:
The training and supervision evaluation activity be dropped and the "lessons learnt" workshops be used to discuss effectiveness of training and supervision.

Recommendation 3:
- A plan for the completion of the bridge and water supply activities be developed and include details of tasks to be completed; timeframe for completion of activities; roles and responsibilities for completing tasks; and provision for ongoing maintenance.

- The materials for bridges and water supplies be delivered to Kanggime by air charter and transported on foot to Mamit before the completion of the project.

Recommendation 4:
The following future support to sustain activities is recommended:

- The UNICEF Safe Motherhood Program to conduct further training of health staff trained by the project (subject to safety and access); as well as adaptation and further production of IEC materials and case management protocols

- Continuation of community development activities through local NGOs such as Yasumat, and supervision of bridge and water supply construction through the existing World Vision Area Development Program in Jayawijaya district

- Further support for NGOs such as Yasumat, Humi Inane and Bethesda through AusAID SAS/ACCESS programs

- Dinas Kesehatan to replicate activities subject to funding available following decentralisation.

2.0 INTRODUCTION

2.1 Background

The Women and their Children's Health (WATCH) Project operates in the Jayawijaya District of Irian Jaya Province with activities targeting the Kembu (Mamit) and Kanggime subdistricts. Jayawijaya includes the Province's largest population (426,414 in 1996) after Jayapura Kotamadya.

The WATCH Project originally commenced in April 1990. Following positive reviews which identified the need for further interventions, the project was extended on two occasions: firstly until 1997 and secondly until October 2000.

The goal of the current Project is to improve the health of women and children in Jayawijaya District by addressing such problems as high mortality rates, malnutrition, gender inequality, high rates of communicable diseases and low life expectancy. The Project attempts to achieve this goal by developing a functioning and sustainable primary health care system with high levels of community participation and ownership.

The expected outputs of the current Project include:
- consolidation of the maternal and infant health program
- strengthening of the capacity of the health system, staff and community
- implementation of a preventive health and nutrition program
- strengthening of existing community development activities
- implementation of a management system.

2.2 Purpose and Method of Review

The Indonesia Health Sector TAG undertook an assessment of World Vision WATCH Project in Jayawijaya District of Irian Jaya Province to provide AusAID and World Vision with an assessment of the achievements of the Kanggime Extension Project (1998-2000) in meeting its goal, objectives and outputs; to provide AusAID with a list of outputs not yet achieved; to recommend the most appropriate options for finalisation of identified outputs; and to list options for future and ongoing support.

This assessment is based on review of relevant documentation and meetings in Jakarta with 3 project team members, project director of World Vision Australia, project managers of World Vision Indonesia and Jayawijaya Dinas counterpart. The TAG was unable to travel to Wamena due to the unstable political situation.

The TAG and the AusAID staff who accompanied them wish to express their appreciation to the Project team who travelled to Jakarta to assist in the conduct of this review.

3.0 ASSESSMENT OF PROJECT

3.1 Project Achievements against Performance Indicators

While most activities have been achieved and many have been successful, the effectiveness and sustainability of some activities is uncertain. Despite only a few weeks of the project remaining, several activities are still to be accomplished. The political and social environment is constraining the completion of some activities.

AP Ref	Output	Achievement	Comments
Component 1 - Maternal and Infant Health			
1.1	Appropriate maternal and infant health program consolidated	Largely achieved - registration of pregnancies, deliveries, infant births and maternal and infant mortality cases	Constrained by ongoing civil disturbance in Mamit and Kanggime and limited literacy and numeracy skills amongst health workers and TBAs. Sustainability at risk without ongoing supervision and support
1.2	Distribute iron tablets, pyrantel pamoat and chloroquine	Achieved only in Kanggime due to lack of access to Mamit. Dinas distributing worm tablets	Sustainability doubtful
1.3	Immunise all infants (0-11 months)	Not achieved - false reporting of immunisation to Dinas	Problems with cold chain, spoilage of vaccines. Despite JPS set up as incentive, this was not distributed to health workers so no Posyandu visits conducted.
1.4	Conduct refresher training of all midwives and TBAs in ANC, high risk pregnancy and 3 major diseases	Achieved - 13 BDD Kanggime, 12 Mamit trained; 36 Kanggime, 27 Mamit TBAs trained	Evaluation showed 60% increased knowledge post test.
1.5	Supervision of all maternal health	Achieved	Unlikely to be sustained due to access and distance issues unless GoI approves UNICEF selection of Karubaga as subdistrict for extension of Safe Motherhood project
1.6	Construction of bridges completed	Not achieved - materials purchased and some delivered	Requires more time to negotiate community role. Needs to be followed up by WVI-ADP. Materials to be delivered to villages before project completion
Component 2 - Capacity building for health system, staff and community			
2.1	Develop and explain supervisory system to health staff	System explained and need for supervision accepted however, system not developed	Poor capacity at Puskesmas level and below

AP Ref	Output	Achievement	Comments
2.2	Supervisory visits implemented	High level of supervision by project staff to health workers achieved but no supervision of health workers by Puskesmas staff	Poor motivation and capacity of health staff to visit pustu, POD and posyandu.
2.3	Training for mantris and midwives	Achieved with increased knowledge post test	Rapid return to previous behaviour; financial pressures on mantris to dispense inappropriate treament including injections
2.4	Cadres (POD and Posyandu) trained to diagnose and treat 3 major diseases	Training conducted; 25% achieved correct reporting	Low capacity of many cadres. Lack of follow-up after training
2.5	Programmer to complete software repairs to HIS and assistance and training given to district health officers in HIS	HIS consultant yet to complete report.	Finalisation of software near completion.
2.6	Assistance and training for DHOs in HIS	Training for Dinas conducted	Only one HIS trained staff member remaining
2.7	Assessment and use of HIS	Problems in system identified, but system not yet fully developed	Problem with the system including unwieldy forms, lack of ongoing support and resources, need for future training constraints to sustainability.
2.8	NGO workshop	Conducted April 1999 - strategy developed	Strategy not implemented due to lack of NGOs and capacity in Kanggime and difficulties in joining with Mamit
Component 3 - Preventative health and nutrition program			
3.1	Distribution of nutrition plot starter packs	Achieved well - 100% groups received as well as 17 cadres and 10 BDDs	No evaluation of the impact of new crops on nutritional status of women and children
3.2	Promote use of sweet potato flours and powders	Sweet potato flours and powders promoted well - 66 cadres in Kanggime and 54 cadres in Mamit trained in use	Despite training, little continuing use of these due to time and labour required; but use as oralyte in areas where difficult access to packaged oralyte
3.3	Develop IEC materials based on PLA studies	Appropriate materials developed and most distributed	Materials impressive and potentially adaptable for other districts and projects
3.4	Training given in food preparation	80% groups trained	Uncertain if this has influenced cooking behaviours as new foods prepared only for special occasions and visitors
3.5	Promote use of and assist construction of latrines	60 groups have introduced latrines	No budget to support this activity
3.6	Safe water construction	Not achieved	Community lack of readiness. Could be followed up by WVI-ADP. Constrained by difficulties in transporting materials to sites. Materials to be distributed before end of project.

AP Ref	Output	Achievement	Comments
Component 4 - Existing community development initiative strengthened			
4.1	Training for community groups in agriculture, animal husbandry, appropriate technology and LEISA	Training provided for groups according to self reliance stage; 36 cadres (including 9 women) experienced exposure tour	Limited involvement of women; some benefits from exposure tours
4.2	Promote group skills	100% groups Kanggime and 50% Mamit provided with knowledge of organisational management, activities, appropriate technology and use of packages. Competitions	WATCH state that 7% of groups have reached high level on the ARIF scale but will need ongoing support to be sustained
4.3	Supervision of groups by staff and cadres	Group supervision well maintained by project staff and cadres	Difficult to sustain supervision and support with communities/cadres preoccupied with SATGAS activities
4.4	Assist groups to develop functional LEISA system (include organic agriculture and terracing system)	40% groups have achieved functional LEISA system	Difficult to sustain agriculture generally due to SATGAS activities - planting of crops suspended, possibly resulting in future food shortages.
4.5	Increase gender awareness at district level	3 workshops held on gender awareness for district staff including SPK; appropriate technology training included gender awareness	IEC materials on gender awareness viewed. Good local concepts but use of drawings not as graphic as photos
4.6	Increase small business/cooperatives awareness and capacity	Not achieved	Most prolific small businesses established could be injection-giving by cadres; also evidence of new crops and products being sold instead of for consumption by family
Component 5 - Management system implemented			
5.1	Design surveys for all project related activities	2 surveys conducted; 3rd survey tool developed but unlikely to be conducted	No feedback on analysis; final survey not possible due to civil unrest and time limitations - this will occur opportunistically during the closing months of project
5.2	Refresh SPK students in collection methods	Achieved for first 2 surveys: Nov 98 - Jan 99, Feb 2000	SPK students have attained skills and gender awareness as a result of WATCH project
5.3	Collections conducted and written up	In progress	
5.4	Baseline analysis conducted	Achieved except for 3rd survey	
5.5	Documentation/evaluation reports implemented	Papers commissioned but not yet completed; consultant reports to be completed; PCR due	Plan needed to document models and project activities.

AP Ref	Output	Achievement	Comments
5.6	Collation of documents into CD Rom form	In progress	Quotes received; due for completion in November after acceptance of PCR
5.7	Community plans drawn up following the midterm annual survey	No information	
5.8	Project closure and lessons learned seminar	Lessons learnt seminars planned for Wamena and Jakarta	
5.9	Reports submitted regularly	Achieved though often late	Project team has had ongoing problems with reporting as English is second language.
5.10	Area committee meetings	Achieved	

3.2 Assessment of Objectives and Outputs of Components

The WATCH project has evolved a model of health care specific to the Jayawijaya environment. It has integrated curative and preventive health strategies to enhance community development and improve the formal health system. The correction of gender imbalances was identified as a key strategy for improving women's and children's health.

The purpose of the project was **to improve the health and nutritional status of women and children in rural communities** of Jayawijaya district of Irian Jaya. The complex and challenging nature of the Jayawijaya environment demanded an innovative and flexible approach to improving health care for women and children. The objective of the Kanggime extension was to **achieve a functioning and sustainable primary health care model with high levels of community participation and ownership**.

The project was implemented by World Vision Indonesia (WVI) in association with World Vision Australia (WVA) - an NGO with a long term commitment to the highlands of Irian Jaya. This commitment will continue, through the World Vision Area Development Program, potentially enhancing prospects for sustainability of community development activities which may lead to improvements in women's and children's health. UNICEF Safe Motherhood Programme is expanding to Jayawijaya province and could provide some continuity and support for health system capacity building.

Assessment of the extent that the outputs have achieved the objective and goal

1) **Maternal and Infant Health** - the provision of appropriate antenatal services for pregnant women; immunisation; refresher training; supervision and construction of bridges to encourage access for women to antenatal care and supervised deliveries

Late recognition of a realistic definition of scheduling of visits for antenatal care has impeded the achievement of the output or the objective. Bridges have not yet been constructed making access to antenatal care difficult for many women in Kanggime and Mamit.

2) **Health System Capacity Building** - capacity of health system, staff and community strengthened through supervision of health staff; training for midwives, mantris and TBAs; supervision of health staff; and Dinas staff trained in software for health information system.

Effectiveness of training in Kanggime and Mamit areas has been doubtful due to the low absorptive capacity of many health staff and cadres. Supervision and support of health staff and cadres by the project team has been effective and may be sustained through the UNICEF Safe Motherhood programme. Lack of trained personnel, poor numeracy skills of sub-district health staff and cadres, poor quality of data collected and complex recording forms (often not available) has meant that activities in this component have

contributed little to assist in planning, monitoring and evaluating women's and children's health.

3) **Preventive Health** - a preventive health and nutrition program implemented through distribution of nutrition plot starter packs; promotion of sweet potato flours and powders; development of IEC materials; training in food preparation; promotion of the use of and construction of latrines and safe water construction.

There is evidence that this component has had an impact on improving the variety and increased the intake of nutritious foods for women and children (families), although there is some resistance to attempts to introduce new foods into local diets. Some innovative IEC materials have been developed which have increased awareness of gender issues, nutrition and food processing. These materials have not been evaluated for their effect on women's and children's health but could be adapted and utilised in other provinces and programmes to improve women's and children's health. Food preparation techniques have been found to be time-consuming and therefore not frequently used by communities.

4) **Community Development** - existing community development initiative strengthened through training for community groups in agriculture, animal husbandry and LEISA; support for groups; gender awareness at all levels; increased small business awareness and capacity.

The commitment and regular supervision and support for community groups and cadres, and training in agriculture and animal husbandry have provided a supportive environment for community initiatives likely to improve women's and children's health. Diversification of crops and livestock has had mixed success with these new ventures used in many cases as income generating activities rather than as more nutritious foods for the family. Some progress has been made towards small business awareness; and good progress in increasing gender awareness.

5) **Management** - management system implemented including surveys; training for nurses in data collection methods; baseline analysis and documentation of reports; community plans drawn up; area committee meetings and collation of documents into CD ROM form.

These activities will document the achievements and constraints of the primary health care model and the innovative activities of the project with the view to adapting them for use in other provinces and programmes to improve women's and children's health.

Despite nine years of implementation, there is little evidence that women's and children's health and nutrition status has been improved. It is unlikely that the activities can be sustained without further support although 7% of community groups have achieved a level of self-sufficiency according to the ARIF scale. The deteriorating socio-political situation which has led to the increasing distraction of village cadres and leaders from community development to involvement in the independence movement is reportedly

preventing scheduled planting of crops. Food shortages may result. This could severely impact on the community development progress made during the past nine years.

3.3 Key Issues and Constraints

3.3.1 Difficult operating environment

The project has operated in an isolated area of Irian Jaya where access by Indonesian project staff and Dinas health personnel to Wamena and to the two main villages is mainly by air and walking tracks. Civil unrest has been a feature of the area for many years so security has been a long-term issue for all stakeholders.

The project closes in an environment of inter-tribal conflict and preoccupation with the SATGAS movement towards independence. Many cadres and group members are now involved in the independence movement with no time for ongoing project activities, even at household level.

This will make sustaining community activities difficult. Flights to Mamit have now ceased and access is via walking tracks from Kanggime. Distribution of materials and supplies has been an ongoing problem for the project with MAF Cessna planes capable of only small loads of freight. The same difficulties experienced by the project staff and stakeholders are also experienced by women attempting to access health services. The situation could worsen access for women to health services.

This deterioriating civil situation will prevent the completion of some project activities and threaten their continued sustainability in the longer term. For example, administration of the third survey and ongoing supervision and support for community groups.

3.3.2 Effective Project Activities

Considering limited absorptive capacity of the Dinas and the community, the project team considers that the most effective activities have included:

1) Networking and partnerships developed over the life of the project have led to partnerships in pilot schemes and trials of innovative activities, and useful sharing of the project's vast experience in the region with other donors and community development organisations.
2) Significant development of NGOs such as Yasumat (who are now applying for further funding to continue activities); and Humi Inane (now recognised by Bappenas and has strong links with women's and gender issues
3) Development of appropriate case management protocols are being applied in other regions of Irian Jaya and are being considered for use in other provinces
4) With training and support for TBAs, many have changed their behaviour and now know the importance of ANC, tetanus toxoid immunisation for pregnant women, can identify and refer difficult births, and carry out more hygienic practices during childbirth

5) Many POD cadres can diagnose and treat malaria, diarrhoea and pneumonia.
6) Community development activities such as use of self-reliance packages, farming training and gender awareness have had a visible impact.
7) Exposure trips have resulted in the establishment of demonstration plots and a training centre set up by a local NGO with cadres as trainers.
8) SPK nursing students have been skilled in data collection and analysis, community development and gender awareness.

Many of the capacity building activities designed to target the Dinas and sub-district and village health staff are not sustainable due to low capacity of staff, ineffective training methods, lack of understanding of the importance of supervision, lack of doctors and nurses in health centres, rapid turnover of nurses/midwives who do not remain in their villages, and the difficulties with geographical access to rural populations.

Activities of limited effectiveness include:
1) sweet potato processing which is considered too time-consuming for locals except for special occasions; and cultural barriers to the method of processing.
2) Health Information System database which is considered unsustainable without additional long-term support; and due to fundamental weaknesses within GoI system
3) Capacity of health staff to diagnose and treat diseases is still below standard despite training.

3.3.3 Exit Strategy

The project team have yet to document an exit strategy which accounts for outstanding activities, includes documentation of models and innovative initiatives, provide a plan for the preparation and distribution of a CD-Rom, prepare for lessons learnt workshops and closing ceremonies, and organise for the handover of assets to GOI.

A list of outstanding activities presented to the TAG included:
(a) third survey (AP 5.1)
(b) completion of HIS review (AP 2.5)
(c) evaluation of training and supervision (AP 5.5)
(d) documenting the PHC model and specific papers (AP 5.5)
(e) completion and distribution of CD-Rom (AP 5.6). AusAID proposes the following format for the CD Rom:
    1. PCR
    2. Primary Health Care Model
    3. IEC Materials
    4. Photo Gallery

    As key resources. The remaining documents to be completed as per the documentation plan should be included as annexes, hyperlinked on the CD-Rom to the PCR and the PHC as the main documents of interest.
(f) construction of bridges (AP 1.6) and water supplies (AP 3.6)

(a) The scheduled **third survey** instrument has been prepared, however lack of access due to the civil unrest prevents implementation. As part of routine monitoring activities, spot surveys will be conducted opportunistically and the survey process used as an exercise to bring closure to the project.

(b) The software for the **health information system** has been installed for use by Dinas and UNICEF. The lack of trained personnel, poor numeracy skills, poor quality of data collected and complex recording forms (often not available) makes the sustainability of this activity questionable. The TAG considers that follow-up activities are not warranted, however, UNICEF may utilise the software program in other districts.

(c) **Evaluation of training and supervision** will not be possible with the deteriorating access to the project area and increasing safety concerns for project staff. It is doubtful if the evaluation would provide any new information for the health system of UNICEF team. The lessons learnt seminars will include feedback on training and supervision activities.

(d) **Documentation of the models, papers and project approaches** for the benefit of future programs is underway with all papers and PHC model expected by October 2000.

(e) The proposed **CD Rom** detailing project processes will be completed after the addition of the Project Completion Report in November 2000. Additional time to complete this task effectively will be required.

(f) **Two bridges and two water supplies** in each of the sub-districts (Kanggime and Mamit) i.e. four bridges and four water supplies, have yet to be completed. Materials have been purchased and await delivery to the project sites. Cessation of MAF flights to Mamit has prevented delivery. The TAG recommends air charter of materials to Kanggime and transport by foot to Mamit before the project ends.

Recommendation 1:
Project team to draw up an exit strategy, including the documentation plan with budget, based on the discussion with the TAG, and present this as soon as possible to AusAID.

Recommendation 2:
The training and supervision evaluation activity be dropped and the "lessons learnt" workshops be used to discuss effectiveness of training and supervision.

Recommendation 3:

- ***A plan for the completion of the bridge and water supply activities be developed and include details of tasks to be completed; timeframe for completion of activities; roles and responsibilities for completing tasks; and provision for ongoing maintenance.***

- ***The materials for bridges and water supplies be delivered to Kanggime by air charter and transported on foot to Mamit before the completion of the project.***

3.3.4 Management Deficiencies

The focus of World Vision has been on the community development aspects of the project to the detriment of effective management to strengthen the team through providing technical support. The timely appointment of short-term technical expertise would have greatly improved the project staff's ability to achieve objectives. World Vision's capacity and time to manage the project effectively was limited by lack of resources.

The deficiencies in producing project documentation have shown little progress in the past year, although it is recognized that it has become increasingly difficult to get additional personnel into Jayawijaya. The team's poor capacity to produce documentation needed to be recognized and supported by World Vision management early in the Extension.

3.4 Options for Future Support of WATCH Activities

Some of the community development activities may be able to be sustained under peaceful conditions however, with the increasing civil unrest, this is unlikely without considerable support from local NGOs and committed individuals.

The capacity of the counterpart agency will also need ongoing support. This will be provided in part by the UNICEF Safe Motherhood Program.

Recommendation 4:
The following future support to sustain activities is recommended:

- *The UNICEF Safe Motherhood Program to conduct further training of health staff trained by the project (subject to safety and access); as well as adaptation and further production of IEC materials and case management protocols*

- *Continuation of community development activities through local NGOs such as Yasumat, and supervision of bridge and water supply construction through the existing World Vision Area Development Program in Jayawijaya district*

- *Further support for NGOs such as Yasumat, Humi Inane and Bethesda through AusAID SAS/ACCESS programs*

- *Dinas Kesehatan to replicate activities subject to funding available following decentralisation.*

4.0 PROGRESS REGARDING TAG RECOMMENDATIONS 1999

Recommendation TAG Report	Progress re Implementation
Support for management: Further support for the WATCH project team be provided by the team leader UNICEF SM Project until the end of the current extension	Support has been ongoing and UNICEF SM project activities have now begun.
Documentation of the project's processes: Further resources may have to be allocated for documentation	Documentation process is well under way although TAG suggests that a plan for completion with budget be provided before project ends.
Support for Monitoring System: AusAID consider funding an institutional strengthening project as part of the Integrated District Health for Dinas Kesehatan in Jayawijaya to support the activities of staff working in the sub-districts	Provinces and districts to participate in District Integrated Health Program have not yet been chosen. Current civil unrest would make Jayawijaya district a difficult district for expatriates and Indonesians to work in.
Maintenance and support for field activities: AusAID consider assistance to NGOs in Jayawijaya to develop the capacity and support community activities	Further support for local NGOs is recommended by TAG

5.0 CONCLUSION

The Jayawijaya WATCH Project leaves a legacy of an innovative experiment by the Australian and Indonesian governments working collaboratively with the health system and NGOs to improve the health and social conditions of remote communities.

The project team has operated effectively within an environment characterised by isolation, lack of support, poor capacity of the counterpart agency and, at times, hostility caused by inter-tribal conflict. There has been a continual struggle to recruit health staff and project staff who are willing to work under such conditions. Despite this, strong relationships between counterparts, project team and other stakeholders have been forged.

Achievements have included training and support for midwives, cadres, mantris and TBAs; gender awareness activities; innovative nutrition activities; development of appropriate IEC materials for community, cadres and health staff; support for NGOs and strengthening of community development initiatives such as the self reliance packages and farming exposure trips. Most of these successes have been achieved within the community development component of the project. Replication of innovative project initiatives has begun in other provinces such as use of case management protocols from the WATCH project in NTT and Maluku.

Despite these achievements, sustainability of inputs from nine years of project implementation is unlikely without ongoing support.

APPENDIX 1

TERMS OF REFERENCE FOR TECHNICAL ADVISORY GROUP

Terms of Reference
for
Indonesia: Jayawijaya WATCH project
Technical Advisory Group (TAG) Monitoring Mission
August/September 2000

1. Introduction

1.1 JAYAWIJAYA WATCH PROJECT

The $A3.080 million Jayawijaya Women And Their Children's Health (WATCH) project commenced in April 1991 and was to be completed in September 1994, however following a positive review in April 1994, the project was extended for a further 4 years. Following another positive review in December 1997, a second two-year extension was approved to extend the project from November 1998 to October 2000. The current extension will consolidate activities and establish systems to promote long-term sustainability.

The objective of the project is to improve the health of women and their children in Jayawijaya (central highlands of Irian Jaya), where the problems faced by the population include malnutrition, high incidences of communicable diseases and low life expectancy. The project will improve effectiveness of existing government and mission primary health care programs in the district. The project will also provide a multi-sector approach focused primarily on health; a new model for primary health care; and, a bilateral project using an NGO as the implementers.

The provision of adequate health services in Irian Jaya faces unique constraints and challenges. These include a rapidly changing socio-cultural environment, the difficulty of travel in the province, low human resource development and a poorly educated population. WATCH has achieved some important results over the last nine years, but its processes and experience has been poorly documented. A major objective of the current project extension is to document the key lessons learned to develop an integrated model for primary health care in the highlands.

2. TAG Objectives

The objectives of the TAG Mission are to:

- provide AusAID, UNICEF and World Vision Indonesia and Australia with an assessment on the achievements of the projects in meeting their goal, objectives and outputs as defined in Project Design Documents and Annual Plans; and

- provide AusAID, UNICEF and World Vision Indonesia and Australia with an assessment of the ongoing appropriateness of the goals, objectives and outputs of the projects and if necessary provide suggested changes.

3. Scope of Services

The Monitoring Mission team will be required to:

- familiarise themselves with all relevant documentation, including the Project Design Documents, Annual Plans, Six Monthly and other available reports;

- participate in a one-day briefing session in AusAID Canberra.

- undertake an in-country mission including field investigations and consultations with project staff, liaison and consultations with AusAID Jakarta, GOI officials, other donors and NGOs as appropriate;

- assess and comment on the achievements of the projects in meeting their goal, objectives and outputs as defined in Project Design Documents and Annual Plans;

- assess the adequacy of monitoring systems to ensure they will enable an objective assessment to be made of the project's progress towards achieving agreed objectives;

- comment on the ongoing appropriateness of the goals, objectives and outputs of the projects and make recommendations if necessary on suggested changes;

- assess and comment on whether outputs and targets were met in a high-quality and sustainable manner and make recommendations if necessary on suggested actions that may assist in the achievement of sustainable outputs and targets;

- assess to what extent the TAG's recommendations resulting from a previous visit to the projects in October 1999 have been incorporated into the projects' activities, and what effect this has had on the progress of implementation.

- assess whether adequate synergies, coordination and information sharing exists between the projects and areas where this could be improved;

- assess gender strategies/approaches and extent of government and community participation and ownership;

- in the case of the WATCH project, assess the appropriateness and adequacy of the project's documentation strategy, and assess progress made in implementing this strategy in terms of timing of activities and availability of resources/expertise.

- Prior to departure from Indonesia prepare an exit report, which summarises the findings of activities undertaken during the mission, for submission to AusAID Jakarta, UNICEF and World Vision Indonesia.

4. Duration

The Review Team will conduct the mission over the period 28 August through to 9 September 1999, a full itinerary will be arranged by AusAID Jakarta.

A briefing prior to departure will be held in AusAID Canberra on 11 August 2000.

5. Team Composition

Lea Shaw - *Team Leader* – will be responsible for coordinating the preparation of the exit report and monitoring mission reports.

The other members TAG monitoring mission, as listed below, will be responsible to the Team Leader for preparation of appropriate input to the exit report and monitoring mission reports:
Dr Michael Douglas
Dr James Blogg

6. Reporting

Outputs from the Review Mission will include:

- an exit report for discussion with the AusAID Jakarta, UNICEF, World Vision and GOI officials prior to departure from Indonesia;
- electronic copies of draft monitoring reports on the UNICEF Safer Motherhood project and Jayawijaya WATCH project within 10 working days of return from the mission;
- the main monitoring report documents, excluding annexes, should be restricted to around 20 pages, a suggested format is as follows:

  Contents

  Maps

  List of Acronyms

  Executive Summary

  Project Profile

  Key Issues and Findings

  Recommendations

  Annexes – TOR, itinerary, meetings/people met, etc;
- an oral debriefing in Canberra by the TAG Team to AusAID and other interested parties; and
- electronic copies of a final report within five (5) working days of receipt of AusAID collated comments on the draft report.

APPENDIX 2

EXIT REPORT

Indonesia Health Technical Advisory Group (TAG) Monitoring Mission

Indonesia: World Vision Women and their Children's Health (WATCH) Project, Irian Jaya

AIDE MEMOIRE
7 September, 2000

The views expressed in this report are those of the TAG Consultants and not necessarily those of AusAID.

1. The A$3.08 million WATCH project (1991-2000) aims to improve the health of women and their children in Jayawijaya District through building capacity in existing government, mission primary health care (PHC) programs and communities; and strengthening existing community development initiatives.

2. The Indonesia Health Sector TAG undertook an assessment of World Vision WATCH Project in Jayawijaya District of Irian Jaya Province to provide AusAID and World Vision with an assessment of the achievements of the Kanggime Extension Project (1998-2000) in meeting its goal, objectives and outputs; to provide AusAID with a list of outputs not yet achieved; to recommend the most appropriate options for finalisation of identified outputs; and to list options for future and ongoing support. This assessment is based on review of relevant documentation and meetings with 3 project team members, project director and Jayawijaya Dinas counterpart in Jakarta. The TAG was unable to travel to Wamena due to the unstable political situation.

3. The project will end in October 2000 and assessment of outputs achieved include: training and support for midwives, cadres, mantris and traditional birth attendants (TBAs); gender awareness activities; innovative nutrition activities; development of appropriate IEC materials for community, cadres and health staff; support for non-government organisations (NGOs) and strengthening of community development initiatives such as the self reliance packages and farming exposure trips.

4. Despite the relative success of community development activities, these initiatives will be difficult to sustain without ongoing support. Sustainability of project efforts will be enhanced with the appointment of two key project staff to Dinas at the completion of the project.

5. Features of the project are: committed project staff during time of political uncertainty, the isolation of and difficulties in locating technical support for project staff, the positive relationship of the project team with Dinas personnel, and the collaboration with GOI and NGO agencies to share experiences in

designing and implementing new approaches to PHC and community development.

6. Implementation of activities during the final months of the project are constrained by continuing socio-political unrest - the rapid growth of a strong independence movement; the emergence of SATGAS (a militia/task force at village level committed to the achievement of autonomy); consequent difficult access to the project area by the project team with the deterioration of law and order and cessation of regular flights to Kanggime and Mamit; and inter-tribal conflict.

7. Activities which are outstanding are: documentation of processes and primary health care model developed by the project; the second health information system review; the final survey to inform Dinas and community plans; evaluation of the training and supervision activities; and finalisation of the scheduled construction of bridges and water supplies.

8. Documentation of project approaches for the benefit of future programs is underway with all papers and PHC model expected by October 2000. The proposed CD Rom detailing project processes will be completed after the addition of the Project Completion Report in November 2000. Additional time to complete this task effectively will be required.

9. Two bridges and two water supplies have yet to be completed. Materials have been purchased and await delivery to the project sites. Cessation of MAF flights has prevented delivery. The TAG recommends air charter of materials to Kanggime and transport by foot to Mamit before the project ends.

10. The software for the health information system has been installed for use by Dinas and UNICEF. However, lack of trained personnel, poor numeracy skills, poor quality of data collected and complex recording forms (often not available) makes the sustainability of this activity questionable. The TAG considers that follow-up activities are not warranted, however, UNICEF may utilise the software program.

11. The scheduled third survey instrument has been prepared, however lack of access prevents implementation. As part of routine monitoring activities, spot surveys will be conducted opportunistically and the survey process used as an exercise to bring closure to the project.

12. The exit strategy proposed consists of lessons learnt seminars in Wamena and Jakarta; closing ceremonies in Wamena and Jakarta and the project completion report. The TAG recommends that a work plan be prepared to cover activities until the end of the project to complete outstanding outputs.

13. Evaluation of training and supervision will not be possible with the deteriorating access to the project area and increasing safety concerns for project staff. It is

doubtful if the evaluation would provide any new information for the health system of UNICEF team. The lessons learnt seminars will include feedback on training and supervision activities.

14. The capacity of the counterpart agency needs further support. This will be provided in part by the UNICEF Safe Motherhood Program. The TAG suggests the following future support to sustain activities:
    - the UNICEF Safe Motherhood Program to conduct further training of health staff trained by the project (subject to safety and access); as well as adaptation and further production of IEC materials and case management protocols
    - continuation of community development activities through local NGOs, including supervision of bridge and water supply construction through the existing World Vision Area Development Program in Jayawijaya district
    - further support for NGOs such as Yasumat, Humi Inane and Bethesda through AusAID SAS/ACCESS programs
    - Dinas Kesehatan to replicate activities subject to funding available following decentralisation.

15. The Jayawijaya WATCH Project leaves a legacy of an innovative experiment by the Australian and Indonesian governments working collaboratively with the health system and NGOs to improve the health and social conditions of remote communities. Replication of project initiatives has begun in other provinces such as use of case management protocols from the WATCH project in NTT and Maluku. However, sustainability of inputs from nine years of project implementation is unlikely without ongoing support.

16. The TAG and the AusAID staff who accompanied them wish to express their appreciation to the Project team who travelled to Jakarta to assist in the conduct of this review mission.

APPENDIX 3

LIST OF PEOPLE CONSULTED

Itinerary/List of People Consulted

Day/Date	Meeting/Organisation	Name
Monday 28 August	Briefing at AusAID	Matt Stephens, Judith Ascroft, Nina Yulianti
	World Vision Indonesia	Mary Lengkong, Andrew Newmarch, James Tumbuan, Soedarto, Drg Gabriel Yuristianti Andayani, Budi Subianto, Ingrid Milman, Deri MS, Victor Malissa, Maurits Rumsayor, Matt Stephens,
Tuesday 29 August	World Vision Indonesia	Mary Lengkong, Andrew Newmarch, Soerdato, Anti Yuristianti, Budi Subianto, Ingrid Milman, Deri MS, Victor Mallisa, Maurits Rumsayor, Matt Stephens
	UNICEF, Irian Jaya	Budi Subianto, Ingrid Milman
Tuesday 29/8 - Wednesday 6/9	Field Visit to West Java to monitor UNICEF Safe Motherhood Programme	
Thursday 7 September	Debrief meeting with AusAID - WATCH project	Matt Stephens, Nina Yulianti
	Debrief meeting with AusAID - UNICEF project	Judith Ascroft, Nina Yulianti
Friday 8 September	Debrief meeting with UNICEF team	Rolf Carriere, Khin-Sandi Lwin, Retnowati, Cynthia, Peggy Thorpe (CIDA), Clare Blenkinsop, Judith Ascroft, Nina Yulianti, Y. Mathur.
	Debrief meeting with DepKes and WATCH	Dr Dachroni, Director Health Promotion + 2 reps from DepKes, Mary Lengkong (WATCH), Matt Stephens