

## CHAPTER 3 - PROJECT ANALYSIS AND CONCLUSIONS

### 3.1 Preliminary assessment of project impact

This project is understood to be the longest AusAID bilateral project in Indonesia. It has undergone two formal extensions and an interim phase. It has therefore been difficult to summarise the extent of activity. The first part of this section will provide details of project impact according to the Kanggime Extension (1998-2000) design - a detailed table of targets and achievements is at Appendix 4.

The second part of this section will provide a broader (goal and purpose level) impact assessment of the project as a whole across a variety of views. A much more extensive consultancy report has been written providing a review of the whole project.

#### 3.1.1 KANGGIME EXTENSION - IMPACT

##### A. Purpose level achievement

OBJECTIVE	TARGET INDICATORS	ACHIEVEMENT
A functional and sustainable primary health care system with high levels of community participation and ownership	At least 50 % groups from Kanggime and 30 % groups from Mamit reach self reliance stage. Kanggime ; 23/46 groups Mamit ; 15/50 groups Total ; 38/96 groups	Kanggime groups: Not developed = 50 % ( 23) Medium progress = 43 % (20) Advanced progress = 7 % ( 3) Mamit groups: (Due to the independence issues prevalent towards the end of the project life, it was not possible to evaluate the groups in Mamit)

##### Notes :

1. Not developed = these could be labelled 'still developing' on the basis that they still needed a lot of supervision, assistance and motivational support mainly because they were a long way from the centre of the subdistrict).
2. Groups which were rated as not developed were nearly all new groups formed during WATCH phase 3, while all the other groups that had made progress had been established previously and were continuing.
3. Of the groups that had made advanced progress, 2 of the 3 were established groups before phase 3 but one of the groups was a new group - a substantial achievement.
4. The indicators used to measure the stages of development of groups, as expressed in the PID, were Pratama (primary/beginning), Madya (medium/progressing), Purnama (full/established) and Mandiri (self reliant/advanced). The development conditions and criteria set earlier appeared to be quite difficult so the scoring system was simplified to include the following criteria:
  - .Group organisation.
  - .Group activities.
  - .Appropriate technology skills.
  - .Use and development of grants (seeds and tools)
  - .Role of cadre towards group.

Based on the questionnaire the highest score could 37. The evaluation scores were then set as 3 categories as follows :

Score: 0 - 12 = Not developed  
 13 - 25 = Medium progress  
 26 - 37 = Advanced progress

A paper discussing the development and strategies of groups is at Appendix 1.

##### B. Health

Output 1 - Appropriate maternal and infant health program consolidated

1.1 This activity focused a lot on the registration of ante natal visits and deliveries by trained personnel as indicators. The statistics show that the project did not reach the targets set for registrations, reaching approximately 75% of targeted women. However, only a low percentage of these women made ante natal visits in the last trimester. What is more significant is that these visits tended to decrease the further away in time from the training and education. It should be noted that level of puskesmas and posyandu recording was also low, so these figures may not be a true indicator of women's willingness to register.

1.2 This activity was to distribute iron, pyrantel and chloroquine to pregnant women. Distribution of pyrantel was not recorded by the puskesmas and distribution in Mamit was much weaker (below 25%) than in Kanggime (average of about 75%) for iron and chloroquine.

1.3 Immunisation records were poorly kept (some indications were that more immunisations were given than babies). It is clear that immunisation was conducted however.

1.4 Refresher training targets for bidans in Kanggime and Mamit were on target. Training for TBAs was at 64% for Kanggime and just under 50% for Mamit.

1.5 Maternal health supervision of bidans, mantris and TBAs was carried out regularly but not to as many places as hoped due to logistical difficulties in getting to villages.

1.6 The bridges at Kanggime (2) and Mamit (2) were not constructed by the end of the project. The reason for this was it took a long time to negotiate an appropriate agreement with the local community who had set views of what they could extract from the project. All the materials have been delivered to the sites and arrangements negotiated for local artisans and NGOs to supervise the construction after the evacuation in October 2000.

## **Output 2 Capacity of health system, staff and community strengthened**

2.1 This activity was about establishing supervisory systems. More than 50% of mantris received training in Kanggime but less than 50% in Mamit. Puskesmas staff did not supervise by making regular visits to POD, posyandu etc as recommended. Records were not kept regularly nor sent to Wamena regularly.

2.2 Supervisory visits by project staff to puskesmas and posyandu did not reach targets. Kanggime only reached 50% of target visits and Mamit only 25% of target visits.

2.3 Less than 10% of target mantris in Kanggime and Mamit were trained in case management protocols or Hb testers.

2.4 About 150% of POD cadres received training in diagnosis of basic diseases but very few were able to make correct reports on this training. Over 150% of posyandu cadres received training in basic weighing and recording and health education.

2.5 A consultant reviewed and upgraded the computing side of the HIS. His recommendations to complete the upgrading were not followed.

2.6 The computer programmer gave some instruction to district office staff but more training would have been included once the programming was complete.

2.7 A consultant was employed to review the operations of the health information system (HIS). Recommendations were made for improvement in recording and supervision

2.8 The project facilitated a workshop for NGOs to examine how project initiatives could be sustained in the district. Twelve NGOs attended the workshop.

### **Output 3 Preventive health and nutrition program consolidated**

3.1 All nutrition starter packs were distributed in both Kanggime and Mamit. These were seeds to start small gardens around the living quarters.

3.2 All registered posyandu cadres, POD cadres, mantris and bidans were trained in making sweet potato flour. Sweet potato flour was distributed to posyandu cadres in Kanggime only (not Mamit) for use in posyandu oral rehydration. More than half the PODs and posyandus were making the flour routinely.

3.3 IEC materials were produced and distributed to a wide range of target area leaders. These materials were produced later than expected and it is difficult to determine to what extent behaviour has changed.

3.4 Over 100% of target groups received training in food preparation and new foods. Many groups have been producing these foods for profit and consumption

3.5 Promotion of latrines has been part of general health education but this activity has not been supported by activities and supervision.

3.6 A health education/GAD consultancy was conducted with Dr Barbara Grimes. Materials were produced as a result of this consultancy and recommendations from the consultancy followed.

3.7 The construction of safe water supply systems was delayed for similar reasons to the bridges above. Community negotiations were prolonged before reaching suitable agreements. All the materials had been purchased and most of the materials were delivered before the evacuation. Arrangements were made with local NGOs/churches to collect and supervise the final construction of the water supply systems.

### **Output 4 - Existing community development initiatives strengthened**

4.1 All agricultural packages (tools, animals and seeds) were delivered although some very late. All groups received grants of small animals. All groups received training in LEISA and 91% in appropriate technology. The target of 50% women cadres was not reached with 32% being achieved. This is still a commendable achievement given the cultural climate.

4.2 Group competitions were only held in Kanggime, but not in Mamit. These are important events to consolidate the importance of learning in groups and celebrate achievements.

4.3 Supervisory visits by GAD staff were above target for Kanggime but below for Mamit. This was because of logistical difficulties, particularly towards the end of the project when the airstrip was closed.

4.4 Only 50% of the target indicator owned a LEISA demonstration plot. The majority of these were in Kanggime. However, about 41% of all groups had elements of LEISA in their activities. Commodities produced by the groups included peanuts, carrots, red onions, coffee and red fruit.

4.5 District level workshops on gender were held 4 times, double the target. The fourth one was held in conjunction with Yayasan Huni Inane. This women's NGO was formed as a direct result of project facilitation.

4.6 Two workshops were held at district level, according to plan, to increase small business awareness and capacity. In addition a further workshop was held in Kutime, part of the Kanggime area.

4.7 The plan called for 2 exposure trips to Java and an adjusted target of 20 instead of 30 cadres per trip. 50% of the participants should be women. The 2 trips were held to central Java with 36 cadres participating and of these 9 (25%) were women. 60% of the cadres were cooperative in sharing their learnings - this may increase as time goes on. It should be noted that the target of 50% women participants was quite optimistic. A 25% return was in fact very significant and demonstrates the high level of trust that the villagers showed in project staff. It should also be noted that the level of political activity at the time of the second trip

severely hindered the coordination, as many villagers were fearful they would not be allowed to return home.

4.8 The plan called for 10 local NGO leaders to be sent on external courses. The project achieved this target and sent 2 sets of leaders to a central Javanese course run by a large national NGO (YIS). 50% of the participants of the second group of 6 were women.

4.9 A set of modules on gender awareness had been produced earlier in the project and a target was to upgrade and reproduce the module. Although the module was upgraded later than planned, 300 copies in Indonesian and Lani were completed and distributed. The target of 500 copies of the appropriate technology module were also produced and distributed.

4.10 Every cadre was to be trained in gender awareness, mostly using the gender modules. This target was achieved as gender awareness training preceded every appropriate technology training. In addition to this training, on at least 14 formal occasions, meetings were held with church leaders to discuss gender issues and explain the module processes. No measurement was taken of the extent to which behaviour change had occurred, however, the emergence of womens groups and the participation of women in travel to Java are two significant proxy indicators of change.

### **3.1.2 VIEWS ON PROJECT IMPACT**

The project's impact has not been limited to the district of Jayawijaya. Its longevity and location, in what some regard as exotic territory, has attracted attention not only within AusAID but has also been well received by the Indonesian Department of Health. However, the depth of the impact and the extent to which project outputs can be sustained is unclear. When working with communities who have had little contact with the technological age it is hard to bring about change that conforms to systems and technologies of the 21<sup>st</sup> century. A comparable study for Australians would be the extent to which government health programs have improved the lot of Aborigines. Some would say that genuine behaviour change would take at least 2 generations. The following list shows the range and depth of impact made by the project:

#### *Jayawijaya District*

##### **Centre of influence**

The WATCH office has effectively become a centre of influence for many health and community activities in the district. Most international NGOs, government officials in health and community development and other agencies such as multilateral agencies (eg WHO and World Bank) would invariably visit or be recommended to the WATCH office to see what they were doing or trying in the district. Many community representatives, missionaries, churches and medical personnel (eg doctors from non WATCH areas) would also include a visit to the WATCH office if they were coming to Wamena. Some of this impact was designed as far as linkages with government departments were concerned through regular Area Committee meetings. The project impact took on a broader influence than expected and is probably not matched in any district in the province. Other government institutions such as LIPI and BPPT saw an avenue in WATCH to implement new ideas or at least discuss them. This is elaborated further in section 3.2 - Project Effectiveness.

##### **PKK (Family welfare movement)**

The project has worked closely with the PKK in Wamena, particularly in training members in nutritional initiatives, cooking methods and the development of cooperatives. These activities were then spread more widely due to the network of PKK membership. This created the impetus for the development of a cooperative located in Wamena to service products from around the district. In addition, the level of activity led to the PKK and WATCH being invited to display activities and products at the annual Expos in Jayapura. Although these developments were followed and supported by the bupati, the impact was also highly dependant on the motivation of the bupati's wife which at present is lacking.

### **Integrating health and community development**

The head doctor (counterpart manager) for the district instituted variations on the duties of health staff at health centres and posts to incorporate more community involvement, including vegetable growing, animal husbandry and general community organising. This worked for a time but fell away over the last 2 years. However, the ideas of integrating health and community development have been picked up by other institutions. The missions and churches now request training at their institutions so that their activities can be more wholistic.

Other agencies are now trying out the ideas that WATCH has promoted eg the Bethesda agency from Yogyakarta (Community Development section) is managing a project in Anggruk and the Baliem valley and will use a WATCH style approach.

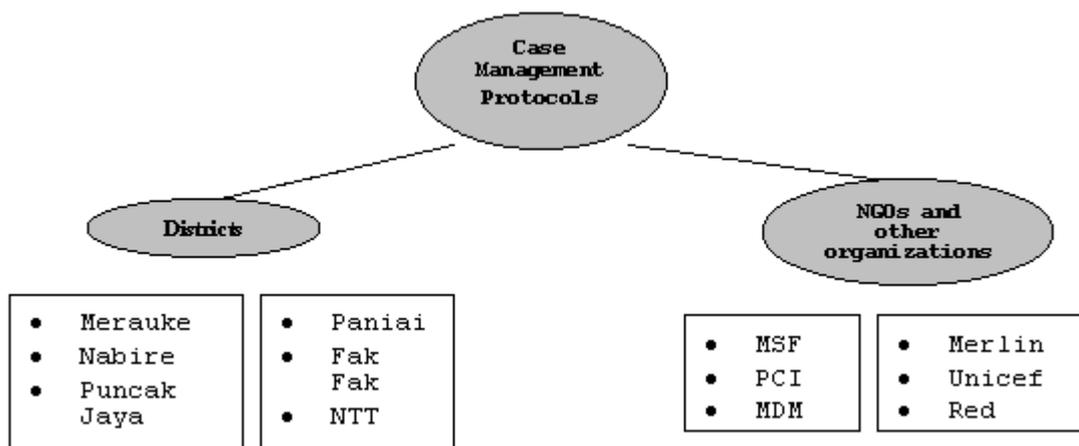
### ***Promotion of sweet potato***

The sweet potato is the staple crop and diet of the highlanders. The project has tried to use this crop to develop a super oralite as well as a weaning food. In addition, the project has had substantial links with specialist agencies on sweet potato, particularly following the famine in late 1997. Links were initially established with the Bogor Institute of Agriculture (IPB = Institut Pertanian Bogor) with Dr Fred Rumawas, but were also established with Cendrawasih University Faculty of Agriculture in Manokwari who were doing work on sweet potatoes, the Sustainable Agriculture Development Program (SADP) funded by the ADB through the Disaster Mitigation Centre in the Department of Plantations (Perkebunan) and the International Potato Centre (CIP) in Bogor. WATCH provided two things: an account of how sweet potatoes were being used and also a mechanism for monitoring experiments both in terms of type of sweet potato planted but in terms of uses for the sweet potato.

*Irian Jaya Province and beyond*

### **Case management protocols**

Not only were case management protocols written for the three main diseases in Jayawijaya but an additional 30 protocols were written with the advice and input from all doctors in the district. This package is now being used throughout the district and is available to other districts and is being examined in other provinces. These protocols have become known as the 'Brown book' as they once had a brown cover.



### **Health and training**

For several years, project staff have been invited to participate in annual province wide training for nurses and midwives, held near Jayapura. The project staff have contributed training in the approach to links between

community development and health, nutritional initiatives, case management and better practices in maternal care and birthing.

WATCH was invited to contribute to the thinking of the provincial crisis centre on health outbreaks eg recent outbreak of measles. This involved travel to Jayapura and preparation of materials.

### **HIV/AIDS**

The University of Cendrawasih (Uncen) has a particular interest in gender conditions and in the spread of HIV/AIDS. Important links were therefore established with the anthropology and demography schools. WATCH staff developed an interest in AIDS and the Project Manager was invited to present results of surveys undertaken.

The surveys taken on AIDS by WATCH staff had an ethnographic focus and has become a model for other agencies and places. Path requested WATCH staff to come to other districts to conduct this type of survey. HAPP has just won a tender with USAID to implement the HIV/AIDS Prevention Project and invited WATCH staff to participate. The survey model has been used in both Merauke and Sentani to gather better quality information.

### **Displays at annual Expos**

Project staff and community members exhibited nutritional initiatives developed within the project at the annual Expo in Jayapura. This first occurred in 1994 and was noted with an article in the provincial newspaper. These exhibitions have been at the request of the bupati who viewed the work of the project with pride. In 1999, the project also exhibited at the World Food Day exhibition in Jayapura, concentrating mainly on the types of uses for sweet potato. This increased interest in what the project was doing and increased the networks of the project.

### **Contrast and referrals to multilateral projects**

The approach of the project attracted the attention of the previous head of the provincial health office and led to favourable reflections comparing the project with the UNDP project in Merauke. In addition, the project was influential in determining the style of activity pursued by the CHN3 project in Irian Jaya.

### *National*

#### **Health Information System (HIS)**

***From the beginning of the project until late 1996, the existing health information system required community health centres in villages to fill and file 34 different reports each month. It was frustrating for health workers and often times the reports were not reliable due to inaccurate information. With WATCH facilitation, the Jayawijaya health office managed to simplify the 34 forms into 6 simple reports; the number of items reported on went from 1,000 down to 200. In addition, this system was programmed for computer and provided a facility for faster and more graphically presented feedback from the central health office in Wamena to the health centres.***

The development of this system was noticed by the central authorities in Jakarta. Saptono, then Monitoring and Evaluation Officer, was invited to a conference of national health directors to present this system. Dr Zulfian Muslim, then counterpart manager of the project, was chosen as a member of the national team to formulate a new national system. Unfortunately, the new system was not adopted nationally nor implemented anywhere else. However, the district of Jayawijaya was granted exemption from the national system and will operate its own system for a period of 5 years.

### **Model for new autonomous districts**

**The approach of the WATCH project attracted support and interest amongst senior officials in the health department in both the province of Irian Jaya and in Jakarta. At the PCB in Jakarta held on 10 January 1997, a recommendation was made by the central government (Bappenas and Depkes) that the WATCH staff should be prepared to make a presentation to the general briefing for 32 districts that were to be given autonomy to determine their own health budgets from 1997-98. It was considered that the lessons learned needed to be shared and that they would be invaluable for this pilot project with autonomous districts. This recommendation was never taken due to the series of crises that overtook Indonesia from mid 1997.**

#### **Publications - (see also Appendix 3)**

- . There were 13 newspaper articles written up in Indonesian newspapers from September 1994 to October 1996
- . There have been 4 articles contributed from 1993 to November 1996 to Indonesian journals

#### *AusAID/Australia*

#### **Development of the Alor Community Based Health Project**

A significant reason for success in accessing funds for the Alor community Based Health Project was the perceived success of the WATCH project. The social preparation planning, the phasing approach, the use of qualitative data, medical anthropology, consultancies and the attention to quantitative detail and documentation have been inspired by the WATCH project. Alor CBHP is now a model project of community based integrated health activity.

#### **Eastern Indonesia Population and Development Research Project**

There has been continuing contact with both the Canberra and Jakarta bases of this project with provision of information and willingness to participate in proposed research in Wamena. An article was written on the project for the newsletter of the Eastern Indonesia Population and Development Research Project, Volume 1, No 4, in December 1995.

#### ***Publications***

. AusAID (formerly AIDAB) published a booklet on Indigenous Peoples in 1993 to celebrate the International Year of the World's Indigenous Peoples. Four pages of this booklet were given over to describing the Jayawijaya WATCH project

. An article has been written on the project for Global Issues, a supplement to Australian Geography Teacher Association journals, Volume I No 1 1994. This article contained material for class exercises. Global Issues is funded by AusAID

. a set of study material for high school students was published by AusAID and placed on its website in early 2000. One of the case studies on health was on the WATCH project. The same case study has also been printed as Chapter 2 of the book Global Education: an international perspective on development and health, produced jointly by the Victorian Home Economics and Textiles Teachers Association and the Global Development Education Project.

. A student on assignment with the Australian National Internships Program, Mike Cowley, wrote his paper on 'Health in Irian Jaya - The impact of the WATCH Project', in June 1996.

. AusAID's March/April 2001 edition of its quarterly publication, Focus, will be dedicated to women and children issues and will contain an article on women from the WATCH project.

### **Parliamentary related**

. The Embassy in Jakarta used this project to signify significant development to the members of the Simons Review of the aid program and also to the Parliamentary Secretary for Foreign Aid when visiting Jakarta in 1996

. The project was included amongst briefings of best development projects requested by the Deputy Prime Minister in May 1997

### *Community*

#### **Self reliance and development of institutions**

One of the purpose indicators for this project is the development of self reliant groups. Other sections of this report will give details on this process (eg Appendix 2). The number of groups actually reaching this level is less than 50% but the impact of the process has been significant. A specific womens NGO, Humi Inane, was officially registered in 2000. This is the first independent womens organisation in Jayawijaya.

In addition to Humi Inane, there are a number of other groups in which the WATCH project has had an influence. The most significant of these is Yasumat in the Soba/Ninia area. It now has its own office, employs staff to teach in schools and supports health activities.

A new yayasan, Obor Sukacita, has been formed in Kutime, part of the Kanggime area. Yayasan Hama Dana has formed in Manda, near Kurulu, to the north east of Wamena and a small yayasan has formed in Mamit.

In addition to this, the womens groups in Kanggime are strong and there is a growing awareness in the churches of the need for wholistic development and the need to undertake responsibility for activities initiated by the project in their area.

#### **WVA**

. Influenced design processes

It is clear that WVA have learned a lot from the WATCH project in terms of working within the bilateral arrangements and writing better designs for Indonesia. The Alor Community Based Health Project has seen a much more efficient beginning in terms of social preparation, survey work and consultancies but has also had a better track record in monitoring quantitative information. It is also clear that AusAID have recognised the importance of the substantial social preparation needed to conduct community development in the eastern regions of Indonesia.

The project has also helped the capacity of WVA in terms of its understandings of the requirements of bilateral projects, particularly in the substantial recording and documentation requirements. This has influenced the ability of WVA in considering whether to bid for bilateral contracts with or without partners.

#### **WVII**

. Influenced the development of new strategies - ADP (Area development projects)

The project has shown how to bring innovation and creativity to the project but at the same time maintain World Vision's values and systems; personnel have learned new approaches on community development and primary health were able to develop existing approaches further; increased capacity to manage a development project professionally and expand networking and learning experiences

. Influenced perspective on development and linkage to government

The project has shown how high quality technical inputs in design and implementation are required and that intensive interactions with technical consultants, experts from other institutions and policy makers can enhance project effectiveness

. Access to Health department

The project has seconded several staff from the Department of Health which has enabled close relationships to be made at district, provincial and national levels. In addition, WVII have assisted the government in finding solutions which has enhanced the relationship.

### *Individuals*

The profile of the project and the outstanding work of individuals has meant the opportunity for 3 staff to receive offers of scholarships:

- . Dr Sukwan Handali to the USA
  - . Dr Handali attended a short term scholarship to attend development training in Sydney in May 1993. He also took leave of absence from the project to do preparatory research methodology in the USA in early 1996. He took an offer to undertake PhD study in the USA and left the project in September 1996.
- . Saptono to Brisbane to do post graduate study
  - Saptono Djoko Priyadi received a short term scholarship to attend development training in Sydney in May 1995. He subsequently received an AusAID scholarship to study epidemiology in Brisbane and was awarded a diploma.
- . Susana Sринi offered scholarship
  - Susana's development of the gender awareness material and her research into the presentation of that material has attracted the attention of government officials. She completed a correspondence Masters degree in Health Services from University of Gadjah Mada (UGM) in Yogyakarta in May 1999.
- . Dr Zulfian Muslim to post graduate study
  - Dr Zulfian, the counterpart manager until August 1999 attended a month long course at the Key Centre for Womens Health in Melbourne in January 1998. He also took the correspondence Masters degree in Health Services at UGM, finishing in May 1999. His thesis contrasted the development of programs in Tiom and WATCH target areas. A summary of this thesis was presented as a Powerpoint presentation at the PCC in August 1999.
- .Dorce Sande - nutrition
  - Dorce spent 2 years with the project as the nutritionist and has gone on to a 3 year course in nutrition at the Health Academy in Jayapura.
- . Drg Gabriel Yuristianti - short courses
  - Drg Anti, the Project Manager, attended 2 courses: firstly, in Melbourne at the Key Centre for Womens Health in January 1998 and secondly, attended a course on reproductive health at Amsterdam University in June 1999.
- . Staff committed to returning
  - Most staff were committed to work in Irian Jaya, either with government, World Vision or some other capacity. Personal circumstances and the uncertainty resulting from the independence movement may prevent some staff from doing this.

### **3.1.3 Sectoral Impact**

#### ***Environment***

The major impact on the environment was to introduce terracing and low external input agriculture (LEISA). The reason this was done was because of the degree of deforestation that has occurred throughout the district. The ideas behind terracing are not particularly new but many villagers have forgotten how their forebears conserved the environment. Not only that but there were traditional ways of doing things that the project initiative was challenging and this needed a lot of supervision before real change was affected.

The LEISA method was to enhance the carrying capacity of the land which is quite low and also to arrest the erosion of topsoil. Nitrogen fixing trees such as casuarina were planted with fruit trees, grasses for fodder and mulch distributed amongst the plants and on bare areas. These plants then formed a micro climate for food crops. In addition, some cash crops were introduced such as coffee.

Many of the hills in the district are bare from slash and burn farming and the cutting of trees for firewood. There are government projects to reforest the hills and the project's activities are consistent with the government efforts.

As can be seen above in Activity 4.4, the project only reached 50% of its set targets. This is slightly misleading because high standards were set for meeting the target. As also mentioned, many others had elements of LEISA in their activities.

### ***Gender***

Following the production of the gender modules by the project, the bupati (mayor) established a task force within the Jayawijaya district to arrange instruction in gender awareness for all district and sub district level government officials. In his opinion, the gender modules supported his contention that there were "three legs to the stool of development" of the highlands: youth, women and culture. This training is still continuing, several years later.

A specific womens NGO, Humi Inane, was officially registered in 2000. This is the first independent womens organisation in Jayawijaya. The leadership in Ibu Salomina, has come out of the PKK movement but that movement is now leaderless in Wamena. Salomina attended the eastern Indonesia womens network conference in Kupang in 1996 along with 5 other women from Irian Jaya. Humi Inane now has links with other womens groups in Irian Jaya namely :

- . P3W in Jayapura (Pembinaan, Pelatihan dan Pengembangan Wanita = Welfare, Training and Development of Women) which concentrates mainly on residential facilities for girls and women as well as welfare programs. This agency was formerly part of the GKI church.

- . KKW in Jayapura which is a part of the YPMD NGO. This agency does not have a lot of activities but is linked in to the eastern Indonesia womens network

- . Yatari in Merauke (Yayasan Wanita Mandiri = Self Reliant Womens Foundation)

- . Yayasan Peduli Perempuan

- . links with all WATCH groups of which the womens groups in Kanggime are particularly strong

The group has undergone some internal pressures as it struggles to define itself, particularly in the context of the independence movement.

It is difficult to measure the impact of gender awareness training apart from these specific examples. However, the fact that a number of women were allowed to travel to Java was very significant. In addition, anecdotal evidence would suggest that a greater number of girls were attending high school in Wamena than previously.

### ***Poverty***

The closest measure of the impact on poverty would be the development of groups and the extent to which they reached self sufficiency. A paper on groups is at Appendix 2. Although the results would suggest a low achievement, what is significant is that most groups would argue that they have improved their lot by linking to WATCH. This would be true of groups in phase 1 and 2 as well as phase 3.

In addition to this evidence, there is anecdotal evidence of individuals or groups that have been very successful in marketing new products or using their money/resources. The man from the outskirts of Wamena on the way to Kurima ran a small business selling toilet bowls made from concrete following training from WATCH. Another person was able to buy some land in Wamena as a result of implementing all training activities in their home village. The village of Tangma attracted a reputation for proficiency in growing carrots and made a lot of money from that.

### ***Health***

The impact on mortality rates is dependant on the records from the puskesmas. These have not been clear in providing useful information. However, nutritional data may provide a better view of progress. Spot survey results across different measures show good results in latter years but should not be compared directly as they measure different people for different things in different places.

Table 1. The level of malnutrition in mothers and toddlers in Jayawijaya (1992-1994)

Place	Sample	Toddler			Mother	
		WAZ (%)	HAZ (%)	WHZ (%)	IMT (%)	LLA (%)
Soba	76	39.5	51.4	7.9	18.9	95.9
Oksibil	84	23.8	53.6	2.4	15.5	58.3
Okbibab	37	45.9	51.4	8.1	-	-
Nipsan	70	40.0	59.6	4.5	40.3	87.1
Mbua	47	45.0	50.0	6.4	30.8	89.7
Lolat	58	<b>82.8</b>	-	-	<b>77.6</b>	<b>98.3</b>
Kobakma	104	50.0	71.2	5.8	44.2	94.0
Korupun	101	73.3	<b>86.1</b>	<b>24.8</b>	64.1	97.1
Borme	66	61.0	59.3	6.3	50.0	-

Remarks : WAZ = Weight-for Age Z Score < -2; HAZ = Height-for Age Z Score < -2

WHZ = Weight-for Height Z Score < -2

IMT = Body Mass Index < 20 kg/m<sup>2</sup>; LLA = Upper Arm

Circle < 23.5 cm

Table 2. Nutrition status (Energy rating) 1997

Age	SOBA	MAMIT	KORUPUN	KURULU	NINIA
<b>Standard</b>	870 kal	870 kal	870 kal	870 kal	870 kal
<b>0-12 months</b>	1,001.9 kal (115.16 %)	500.9 kal (57.58 %)	350 kal (40.22 %)	521.1 kal (59.9 %)	620 kal (71.27 %)
<b>Standard</b>	1,210 kal	1,210 kal	1,210 kal	1,210 kal	1,210 kal
<b>1-3 years</b>	1,005.8 kal (83.13 %)	1,647 kal (136.11 %)	738.2 kal (61.01 %)	-----	1,650.2 kal (136.38 %)
<b>Standard</b>	1600 kal	1,600 kal	1,600 kal	1,600 kal	1,600 kal
<b>4-5 years</b>	982.9 kal (61.43 %)	1,748.6 kal (109.29 %)	594.6 kal (37.16 %)	1,123.2 kal (70.2 %)	1,504 kal (94 %)
<b>Standard</b>	2650 kal	2,650 kal	2,650 kal	2,650 kal	2,650 kal
<b>Lactating 20-29 years</b>	1,221.9 kal (46.11 %)	2,411 kal (90.98 %)	789.17 kal (29.78 %)	1,590 kal (60 %)	1,843.3 kal (69.56 %)
<b>Standard</b>	2150 kal	2,150 kal	2,150 kal	2,150 kal	2,150 kal
<b>Women 19-39</b>	1,014.8 kal (47.20 %)	-----	857 kal (39.86 %)	2,190.6 kal (101.89 %)	1,088.8 kal (50.64 %)
<b>Standard</b>	1518,60 kal	1,518.60 kal	1,518.60 kal	1,518.60 kal	1,518.60 kal
<b>Youth 19-39 years</b>	870.1 kal (57.30 %)	1,527.1 kal (100.56 %)	847 kal (55.75 %)	1,260.4 kal (83 %)	979.2 kal (64.48 %)

Table 3. Anthropometric data in phase 3

### Anthropometric Data in Kanggime Sub-District 1999-2000

Church/Area	Sample	Male	Female	Good status Z > -2	Malnutrition Z score ≤ -2
Kanggime	27	10 (37.0 %)	17 (63.0 %)	25 (92.6 %)	2 (7.4 %)
Paba	30	15 (50.0 %)	15 (50.0 %)	29 (96.7 %)	1 (3.3 %)
Yaliwak	34	19 (57.6 %)	14 (42.4 %)	33 (100 %)	0 (0 %)
Bogonuk	37	19 (51.4 %)	18 (48.6 %)	36 (97.3 %)	1 (2.7 %)
Kutime	30	20 (66.7 %)	10 (33.3 %)	30 (100 %)	0 (0 %)

### Anthropometric Data in Mamit / Kembu Sub-District 1999-2000

Church/Area	Sample	Male	Female	Good status Z > -2	Malnutrition Z score ≤ -2
Kage	27	16 (59.3 %)	11 (40.7 %)	26 (96.3 %)	1 (3.7 %)
Pangonga	7	1 (14.3 %)	6 (85.7 %)	7 (100 %)	0 (0 %)
Telenggeme	26	14 (53.8 %)	12 (46.2 %)	26 (100 %)	0 (0 %)
Woraga	40	12 (30.0 %)	28 (70.0 %)	40 (100 %)	0 (0 %)
Mamit A-S	15	7 (66.7 %)	8 (53.3 %)	15 (100 %)	0 (0 %)

It cannot be claimed that the WATCH project has been responsible for the low levels of malnutrition and high levels of good nutrition and that these conditions apply in other places, but they are indicative of a higher standard than that for the whole district.

#### **Training**

There are a number of basic issues which have challenged the training environment of the project:

- . low human resources due to the fact that very few people had basic education, even to completion of primary school. Even if they had, the quality of education was often poor and not designed to help people understand better

- . language issues. Although officials need to speak Bahasa Indonesia, this is not the first language of most villagers. The situation is changing whereby villagers are understanding Indonesian better, but since most conversely more easily in their local language, this is a better instrument of instruction. This then raises the challenge of finding people who have adequate understanding of subject material in both Indonesian and local language to translate accurately

- . practical training is far more important and appropriate than text or classroom based training. Government training systems however, are not used to this action approach and the challenge is to change the mindset of the government officials as well as provide innovative training for villagers. This was a difficult issue for the project when training in the health system. It was rare for NGOs to be training government officials and supervising officials doing training. It could also appear to be undermining government structures and systems if activities were carried out in alternative ways.

- . it was often the case that villagers understood the theory - or at least that was what was being reported. However, the extent to which they were able to apply the theory to practice was not always discernible. This was because local customs and culture were deeply imbedded in their practice and required constant supervision to demonstrate the worth of change. This is a challenge in any community development situation and even more so when government training does not provide that supervision framework to sustain training.

### **3.2 Project effectiveness**

As an NGO in a government environment, the project was able to move easily between the two sectors. The project was able to communicate with many structural levels, from the hamlet to Depkes/AusAID in Jakarta. The project was also able to operate freely at a horizontal level and move across government departments, institutions, international NGOs and local NGOs throughout Jayawijaya district. This is the main reason the project was able to be an effective centre of influence in the district.

***The Area Committee meeting was an effective tool in bringing together key players in the community development arena in the district. Having only one counterpart department was also effective in that it meant there was no rivalry between departments, which has occurred on other projects. On occasions, Bappeda chaired the Area Committee meeting. On the one hand, the meeting was more effective with them as it had potential to harness local government energy and resources. However, this was highly dependant on the motivation of the local government officials. On the other hand, WATCH chairing offered a more informal sharing session which engaged all the participants and generated activity and collaboration that was not dependent on formal agreements.***

The project has only employed national staff in the project, some seconded staff from the Department of Health. This has had significant advantages in that they understood the local people better, and systems and procedures of working with and in government. Where this was not as effective was in having staff who were not able to articulate clearly in English and understand western mindsets and foreign government accountability requirements. A secondary staffing issue was the fact that the project did not have local Irianese as core staff or have those who could speak the local language.

#### **Individual exposure trips**

The exposure trips undertaken by the project had a dramatic effect on community members in that their perception of wealth, officialdom, the country of Indonesia, distance and the nature of work. Since 1996 two more exposure trips were undertaken to Java specifically concentrating on agriculture and in addition, two more trips for NGO capacity building were made. The development of the yayasans as described above, has been part of the result of these trips.

The exposure trips were a very effective method of introducing village people to new ideas. One of the key needs for Irian Jaya was to inform villagers of other realities, particularly in government, culture and business. Not all the cadres who went on these trips changed their lives but there were sufficient numbers of people who began to think differently and alter their way of life and became influential in their communities. For others it may take longer for the effects of the exposure trips to begin and for others there will be no effect. Future projects should factor in these types of trips but this will have to be determined in accordance with the emerging independence movement.

#### **Operating at village level**

The design and purpose of the project was to promote change at village level. The WATCH project used a system of national staff that worked with teams of cadres and groups to implement activities in the villages. In some cases and places this worked particularly well.

Groups in Ninia, Holuwon, Kanggime and other villages have been very successful in income generating activities such as raising rabbits, goats, chickens and pigs. They have made significant progress in agricultural endeavours, such as farming soybean, peanuts and other crops. In Ninia 12 groups have been able to multiply some 50 rabbits to more than 600. They have sold some 100 rabbits to other groups in Holuwon village. Rabbit farming in Holuwon has also registered positive progress as the number of rabbits has grown to more than 400.

The initial stages of the project saw core project staff visit villages and groups on a routine basis. The final extension of the project saw staff appointed to spend long periods of time in the villages. This was a far more effective strategy in terms of building up capacity. In the long term, the full benefits of this strategy were not realised as the degree of change in the last three years of the project negated some of these advantages.

#### **Linkage to WATCH project in PNG**

The Jayawijaya WATCH project made an effective link with the Wantoat WATCH project from PNG. Sister Mamba Katur, the Health Coordinator from that project made a trip to Irian Jaya in 1995 during which she participated at the provincial midwives and nurses training. Sister Katur then proceeded to Wamena where she participated in training for local midwives, nurses and paramedics. This was a very significant occasion because the local people recognised that someone like them, although a highlander from PNG, was significant enough to be referred to by local staff and officials.

#### **Use of more consulting inputs**

The project could have been made more effective with the use of more short-term consultant expertise. Staff inputs could have benefited from the consultant observer to focus on targets more appropriately. Regular consultants could have also played a mentoring role for the staff in providing the stimulation of new ideas and updates on best practice. Regular consultant visits could also have provided an objective observation on community conditions when staff got too close to the community, especially from regular or routine activities. This process of reflection could have enhanced staff morale and technical capacity.

#### **3.2.1 Cost effectiveness of the project**

The project has not attempted to do any formal cost benefit analysis of the project as a whole or any of the components. Many of the socio-economic benefits of the project have been mentioned above. Other benefits of this nature may take years to eventuate eg one of the cadres in WV activities 15 years ago is now the Deputy Speaker of the local parliament.

Given the logistics of operating in this district, it would be reasonable to say that there have been economic benefits to the district. During the famine, the health protocols were of great use and the community were familiar with the staff and the procedures. These protocols are now being used in other districts which is a saving for the province. The infrastructure introduced by the project eg Nurses Training School facilities and cold chain equipment are still in use years after installation. The bridge building has benefited those close to Wamena for those using the bridge over the Baliem River. For those bridges in more remote areas, the social benefits would be higher than the economic benefit due to access to services and community and reduction of physical strain.

The in kind grants and training to the groups have yielded many economic

benefits even though they have not resulted in identifiable self reliance by the criteria set by the project. More people from the project areas have travelled to Wamena and other villages as a result of project activity although in some areas eg Kanggime, this has been as a result of infrastructural activity by local government. The level of empowerment of groups has also increased, evidenced by the number of little NGOs formed in the past year and the extent to which local people are taking socio-political matters into their own hands.

The longevity of the staff has made the project more effective in that they have carried a common understanding of the goals and purposes of the project, have developed a close understanding of the people and government as well as local institutions. This has meant that little orientation has been needed for most staff as the project progressed from phase to phase. Indeed, even some of the new staff were already based in Jayawijaya and were partly selected on the basis that they were familiar with the project and the area.

### 3.3 Project efficiency

#### Cost

The costs of any activity on this scale in Irian Jaya are quite substantial, mainly due to the difficulty of travel. If the travel costs were taken out the costs would be substantially less. The final costs for the project show that in the first phase from 1991 to 1994 the project spent \$ 0.962m with \$369,000 carry over. The first extension phase from 1994-1997 cost was \$1.105m and the second extension phase is expected to cost just over \$425,000. Overall, this 9 year project has thus cost approximately \$2.493m. This is a small cost compared to most bilateral projects of this length and size. These cost efficiencies have been reached by contracting an NGO which has operated with NGO expenditure structures and few expatriate consultant inputs.

The project has been audited consistently throughout the life of the project. Although earlier systems were poorly administered, the systems were quickly put in order and have consistently received high internal audit ratings since.

The fact that all of the finances for the project were administered through the project rather than through the government system has also meant that there has been very little to no leakage of funds from this project.

#### Cost overruns and underexpenditure

There were no major cost overruns in the first phase. In the second phase, the major cost overrun occurred with the production of case management protocols and assistance with water supply that was added to the program. In the third phase, major cost overruns have occurred with bridge construction, production of IEC materials and exposure trips to Java. The reason for these overruns has been due to increased costs of materials and design of the bridges, increased range and number of materials produced and thirdly, increased costs of travel going outside Irian Jaya. Some other overruns have been with the use of consultants. Budgeting was difficult for consultants because the cost of expatriate consultants was vastly different to that of nationals and it was not always clear in advance which type of consultant would be contracted. Generally speaking, the

*project budgeted for national consultants.*

*Under expenditure was a constant issue. Part of the reason for this was the difficulty in estimating accurately on the one hand and also ensuring that contingencies were taken into account on the other. Project budgeting erred on the side of caution so as not to incur the requirement to ask for permission to spend more funds. However, the under expenditure in many cases has enabled the project to add more activities or increase the depth of input in particular activities which has been of great value.*

#### **Timeliness**

The initial objectives of the project were very ambitious and reflected an insufficient understanding of the complexity of the area and the government administration. This led to the initial objectives not being completed and to the subsequent extensions. The project sometimes suffered from an inability to deliver outputs on time. This was due to a combination of geographic issues relating to the field, communication problems and operating within a process framework rather than a focus on outputs. The reporting standards were inconsistent throughout the project due mainly to the lack of English capacity in the project and also to the attempts to capture specific time periods eg months, that were punctuated by field visits.

#### **Communications**

Irian Jaya is a long way from Australia and from Jakarta and communication systems were very poor at the beginning of the project. It is only recently that phone and fax lines have been able to handle the communications traffic between Australia and Irian Jaya efficiently. Despite the possibility of communication, it was not always been easy to get through. The difficulty of communication made it harder to ensure that information concerning systems, procedures, requirements and approaches were adequately understood and followed. There was little opportunity for discussion on these issues when in fact they required negotiation, especially given the cross cultural nature of the staffing structures. In addition, the management of the project faced new challenges, as the requirements of the bilateral program were more stringent than previously experienced.

### **3.4 Assessment of sustainability**

There has been considerable discussion on the sustainability of this project over the past 18 months. There is evidence that some activities will be sustained but in general most activities will require further support, whether by government, other agencies or projects. There are four elements to this discussion to be noted:

*a) Systems - systems have been implemented within the Department of Health that will continue with the department; these include case management protocols and the HIS. The case management protocols are already in use in other places (see 3.1) and will be useful for a long period of time. The CMPs form the basis of the HIS. In terms of structure, the HIS data collection system is ready and operational. However, it is up to the government to ensure that they continue to be completed, collected and analysed effectively. The software system to analyse the collected data is not complete. The recommendations of the Health TAG in September 2000 was that follow up activities to complete the software program were not warranted, given the ineffectiveness of the operations of the system at present. It is possible that Unicef may be able to address this issue in the future.*

***b) Other project - The UNICEF Safe Motherhood project is based in Jayawijaya district and are already using some of the instruments from the WATCH project. These have mainly been the case management protocols and the specialised IEC materials. They have produced flow charts for new approaches, particularly supervision of bidans and nurses.***

c) Communities - this is the area where there is least anticipation of sustainability. There are still many communities where groups have not reached self reliance stage yet and many communities which have had relatively little contact with project activities. It is difficult to assess the extent to which these communities can continue without continued input and support.

On the other hand, it must be noted that there are already examples of fledgling NGOs being formed and operational to support the continuation of project initiatives and future activities (see 3.1). External support for these groups may be possible through funding such as SAS or ACCESS. However, the issues of capacity building and monitoring are difficult and the constant problem of core funding is one that few donors want to support. Supporting activities with funding is not the same as having regular supervision to mentor growth at the pace that the community want to move.

d) Individuals - several individuals from the staff of the project intend to remain in Jayawijaya. This augurs well for the experience and commitment of the staff to see their efforts continued. Some staff may be placed in the government sector within the Department of Health, others will be in the community sector.

e) WVII - World Vision have established 4 Area Development Programs (ADPs) within the Jayawijwya district. These projects have all adopted key initiatives from the WATCH project, such as the gender awareness modules. These projects will continue for at least another 10-15 years and so reinforce the work already accomplished by the project. One of the ADPs, Karubaga, is supported with funds from WVA and covers the area of the Kanggime extension.

An issue related to sustainability is the length of time of the project. The initial project design was for only 3 years but it did not intend to cover the whole district - that scope was introduced following AusAID appraisal. Even the extension of the project by a further 3 years has shown that all the activities have not been able to be fulfilled throughout the district and these led to a further extension, with a far more limited area. Furthermore, it should be noted that this project should not be regarded as a 9 year project but rather a series of 3 year projects that were in the same area with the same staff and same purpose. A 9 year project, or even a 6 year project, would have been designed differently.

It is important to note that development is not merely a matter of supplying inputs and expecting outputs to occur. In the case of this project, several indigenous groups are going through rapid transition into a modern technological world and it takes time for that to happen, even without the huge dislocations that have occurred in Indonesia over the final 3 years of the project. A relevant comparison can be made with the Aboriginal programs in Australia.

*In October 2000 clashes between independence and government forces resulted in the evacuation of all the WV staff until further notice. There is now considerable uncertainty over the legacy of the project which illustrates the point that political stability is a necessary pre-condition for effective and sustainable development projects.*

### **3.5 Identification of major strengths and weaknesses**

#### *Strengths*

➤ A bridge between community and government

The most significant element in the Jayawijaya WATCH strategy is that it combined activity with both the government and with communities. It is often the case that NGOs prefer not to work directly with government; it is also true to say that government sometimes feels uncomfortable working directly with NGOs. It is also the case that in more remote areas of Indonesia, the policies and structures proposed by the Indonesian government have not been able to be fully implemented, if at all, because of a lack of resources. In Jayawijaya, even the government supported community structures are not functioning.

The role of the NGO can therefore be crucial in assisting the government to achieve its purposes.

The Jayawijaya WATCH project thus provided an appropriate vehicle for an NGO to conduct activities that were grounded in the community yet also be linked to the government structures. This provided the opportunity to enhance the community's capacities but also to influence government policy. This bridging function in WATCH has been crucial to its impact because the project was able to stand in both camps.

There are two key reasons why this bridging effect was able to take place:  
a) the backing of the bilateral program for an NGO contractor has provided status for the NGO to achieve a level of influence that could not be achieved otherwise,  
b) the Project Manager was of at least a similar status and experience to the counterpart manager, the District Health Officer.

➤ Staff

. The staff employed by the project proved to be key components of the success of the project. The quality of the staff was a consistent theme in the responses from government officials and expatriates asked to comment on the nature of the project.

. The longevity of the staff in the project has also contributed to the project. The GAD Coordinator and Training Officer from the last phase were with the project for the full duration. The Bookkeeper was in the project for over 8 years. The first Secretary was with the project until the final phase. Others such as the Monitoring and Evaluation Coordinator from the first phase were associated with the project until the last year.

The main turnover of staff has been the Health Coordinator (HC). Over the duration of the project, three Health Coordinators were employed. Although this turnover occurred, the former HCs remained in contact with the project. There have been 3 Monitoring and Evaluation Coordinators and the project remained without one for over a year at the end of the project. However, the second person in this position had been working in Wamena and eventually became the Project Manager. The Project Manager position has only had 2 substantive people - as mentioned above, the Monev Coordinator became the second substantive Project Manager.

➤ Effective coordination of government interests

. In some projects difficulties have arisen with coordination of bilateral projects because one department has the lead role in implementation of the project. In such cases, other departments, or even sections of departments, have displayed reluctance to commit themselves to the project because there is little, if any, kudos or resources in return for their expenditure of time and effort.

. In this case the project was administered by an NGO which circumvented inter departmental rivalry. As an external, neutral body, there was the opportunity to bring departments together and ask for a coordination of their expertise to deliver solutions.

There was a perception of a win-win situation in that departmental officers saw opportunities to move beyond bureaucratic procedures to experiment with

their expertise and to do this without necessarily expending their own departmental resources. In addition, local solutions could be attributed back to their contribution.

➤ Flexibility to address needs as they arise

A good example of this was the provincial request for the WATCH staff to be involved in provincial level training of midwives and nurses. This had not been considered in planning terms previously and therefore no specific budget had been allocated. The project was able to reallocate funds quickly and participate effectively in the training.

➤ Address real grass roots issues at the grass roots

. Projects implemented at district level and below address the needs of community level people more directly. Negotiations are held with actual community leaders and community members, rather than representatives at either government or community level.

. Community ownership of activities comes from strategies and techniques used to include community members in decision making.

. The community are thus more likely to be committed to the interventions being implemented within the project and recognise the qualities of community development organisations.

. Project staff monitor the actual people and activities of the project

➤ Employment of local staff means redistribution of national expertise

. This has been a key factor noted in the relationships that have existed in the Project Coordinating Board meetings. The Project Manager was on secondment from the counterpart department and therefore knew the senior officials involved in the meetings.

. The level of relationship was close in these meetings because the local staff knew the personnel in the meetings, knew the systems intimately and also spoke the local language

. From a national government point of view, the employment of local staff meant the distribution of local expertise in areas where the government struggle to recruit good staff.

. The senior government officials at PCBs could expect a high level of compliance for recommendations made, and advice given, at those meetings

➤ Government has confidence it can exert control if necessary

. The Indonesian government has at times been wary of involvement of external, and some local, NGOs in community activity. The arrangements for this project were such that the government remained in counterpart management of the project and nothing was done beyond the knowledge of government officials.

. The kind of management arrangements in this project ensured both the informality, initiative and flexibility of an NGO together with government procedures, policy and control.

. This is a model that could be replicated in future arrangements with the Indonesian government given that government programs and structures are so pervasive, right down to village level, in Indonesia.

. It should also be noted that, due to some staff being on secondment from the counterpart government department, there were instances where the staff knew the expectations of the government, and secondly, that these staff would not go beyond the bounds of government propriety since they intended to return to government service.

. Senior government officials had an opportunity to exert policy recommendations and implementation procedures at the PCB.

➤ Survey of expatriate opinion - this survey in 1997 showed the following strengths:

- . extending the project by a further 3 years in 1994 was very important.
- . excellent project staff, often being willing to leave Wamena for extended periods and stay in the project locations.
- . not being discouraged where the community leaders were weak.
- . contact with some areas has stimulated development of local institutions.
- . teaching/training in the village area on new ideas eg rabbits. Some noted good progress that will be long term.
- . seminars for groups of health officials were well done.

#### *Weaknesses*

➤ Quantitative documentation. As noted in earlier sections of the report, the project had extreme difficulty in collecting valid data. Baseline study information has not been compiled adequately nor has ongoing quantitative data. Surveys at the end of the first extension produced useful information on the self reliance status of groups. The second extension has continued to find difficulty in producing comprehensive quantitative information due mainly to the lack of monitoring staff, especially capable data collectors, and poor data records in the health centres. A substantial document has been compiled that covers the baseline data collected in the second extension but includes other relevant information that shows a detailed profile of the whole district.

➤ Capacity of local staff. It was difficult to find well trained local Irianese staff who had the education and capacity to participate in core staff roles. In addition, there were many weaknesses amongst the supposedly educated personnel in the district to participate in data collections. This became a severe constraint in conducting surveys.

➤ Process documentation and evaluation. The project has been weak at analysing the processes used in the community development components and documenting them. One of the reasons for this is the amount of time it takes to effect change both for the community and for the administration of the project given its distance and access to adequate communication facilities. A second reason is the lack of monitoring staff during the second extension. However, a set of documents has been compiled as recommended by the Project Documentation Review that sets out issues and details key aspects of the life of the project.

A second issue in the process of documentation is that there were many initiatives undertaken - indeed this was a strength of the project. However, each idea was not fully fleshed out and set out as a proposal. The ideas were sometimes implemented until a stage was reached where it became evident that it would work or not. Accounts of these ideas were often recorded in the project reports but were not often reported against objectives. Sometimes these ideas appeared to work and in those cases they were included in Annual Plans or extension designs. Due to the ideas not really being proposed and completing objectives, it inevitably became difficult to evaluate them. In some ways this was perhaps the major weakness of the project - the fact that the strengths of permitting initiative undermined substantive management control.

➤ English language. The project has lacked a capacity for high level of English, both written and spoken. This has been a significant constraint in an environment where the donor requires high level English reporting and analysis. A number of reports have been produced by the project staff in Indonesian. Some of these reports are of interest to a wider readership. Some of these have been circulated to other projects, including AusAID funded, where there is an Indonesian language capacity.

➤ Supervision. This is an issue for the government to pursue but it needs to be noted that given the size of the area and the number of staff available it was very difficult to ensure adequate supervision of activities. This resulted in situations where training could not be followed through, where training could not be adapted to local situations more appropriately, where use of protocols and other innovations could not be monitored thoroughly, where corruption of funds was possible, where access of women to more substantial participation in decision making was not furthered etc. This issue, however, is endemic throughout more remote areas of Indonesia and is not easily resolved. In addition, it is difficult to design adequate supervision without a substantial investment of resources and because many places require context specific solutions.

➤ Drug distribution system. There have been persistent calls throughout the project life for a more efficient pharmaceutical purchase and distribution system from the government. The government system was characterised by poor administration in terms of stock control, security and access. There have been some NGO measures in place in the district but these have not been consistent and have often relied on the support of external funding. There are also private shops supplying drugs but these are mostly out of reach of villagers both geographically and financially. Although an NGO approach can work this issue is essentially an issue for the government to resolve.

➤ Survey of expatriates - this survey in 1997 noted the following weaknesses:

- . the area was too large and thus the results were inconsistent
- . the initial surveys were weak
- . relationship with coordinators was inconsistent
- . too much money put into administration and overheads
- . lack of supervision and follow up sometimes resulting in misuse of money and false reporting
- . lack of research on tribal culture and groups before implementation of interventions
- . some observed too much turnover of staff which weakened continuity
- . not enough staff

### **3.6 Identification of lessons learned**

#### **3.6.1 Ownership of community development**

In a community development environment it is very important to determine whose interests are being served by projects. When bilateral or external donors are involved an added complexity can often be introduced. In addition, when the contractor for a project is an NGO committed to community development principles and interests, it is often extremely difficult for the contractor to satisfy the donor and national government interests, or at least, not appear to be in opposition to those interests. It is thus of great importance for all sides to have a realistic understanding of potential pitfalls in the path of development activity so that political intentions and perspectives are not placed on contractors and the community does not suspect it is being used.

#### **3.6.2 Timing of design**

Designs for community development should be implemented quickly after the design/feasibility studies. This is because community expectations can be high after designers have come through with questions and ideas. In the case of Jayawijaya, health sector studies had been carried out in 1989 as well as preliminary design work by WV. Implementation was not begun until 1991.

Alternately, it should be the case that implementation is not done too quickly. In the case of Jayawijaya, implementation expectations were made earlier than WV was ready in order for AusAID to spend budget before the end of the financial year. The project was then seen to be late in starting and grossly underspent.

In both cases, it would be useful to start with a small level of activity,

that allows for change and expansion.

### **3.6.3 Understanding the community**

In an environment where tribal beliefs have not been studied extensively, it is recommended that ethnographic and medical anthropology studies be conducted early in the project life to ensure an adequate understanding of community beliefs and perceptions. There are a range of issues to do with Jayawijaya highland culture such as cargo cults, perceptions of what constitutes 'the good life', wealth creation versus distribution that should be studied before embarking on too many activities. In medical areas, it is important to understand local perceptions of disease and healing so as to understand what some of the constraints to national medical practice might be.

### **3.6.4 Phasing of projects**

Activities in underdeveloped areas require substantial amounts of social preparation. The amount of social preparation should be in proportion to the development status of the area. The WATCH project needed to possess more sophisticated anthropological and sociological data before embarking on behaviour change activities. The Alor Community Based Health Project successfully designed a 6 month social preparation phase into the project and this has paid dividends in the relationships with the community and officials.

The social preparation phase is also necessary to establish the capacity of the human resources in the area to participate in the collection of data. This has been a persistent problem for the Jayawijaya WATCH project in finding sufficiently skilled (we are only talking about basic literacy and numeracy skills) assistants to collect data.

Location and geography. The original design did not cover the whole of the Jayawijaya district but the recommendation of the AusAID appraisal was that the project should extend into the eastern areas for reasons of culture, remoteness and denomination. Most comments received by the project have said that the area covered was too large.

The intention behind the appraisal comments were sound in the sense that the eastern area of the district needed attention. The solution to the problem of area is to focus on specific sites as representative of parts of the district. This is the direction which the project took but at the same time the geography of the district meant that it was very difficult to single out certain sites because villages were so scattered that a site in a subdistrict did not necessarily become representative.

On reflection, it would have been more effective to select some sites near Wamena, to establish early credibility and tangible results, and then to select only a few other key sites with reasonably dense population. These could be expanded as time went on and success generated.

Finally, for projects such as these ie the integration of community development with government systems, a minimum time requirement would be 5 years. Behaviour change cannot be brought about within less than that time. In the case of WATCH, the project proceeded from 3 year phase to 3 year phase but this did not add up to a 6 year project, where you could plan to develop things slowly.

### **3.6.5 The staffing mix**

The project has used a national as project manager. This has had advantages as noted in the strengths above. In the two substantive cases, the project manager had worked in the district health office system and knew the systems of the government at the kabupaten level in Jayawijaya. In circumstances where national civil servants are seconded into project management, it would be wise if the project manager was of a higher status than the counterpart manager given the culture of respect and obedience to higher status levels.

An added value of employing nationals in the project in leadership positions is that opportunities may exist for them to continue in the project area. In Jayawijaya, it appears that some of the Health department secondees will continue to work in the Jayawijaya district. Expatriates are highly unlikely to be brought into local government administration, even as

consultants, following project closure. It is interesting to note that in the case of Alor, the Project Manager will be appointed as the new District Health Officer, the position the counterpart manager held.

Although it is important to have nationals in leadership there is an important role for expatriates. This project suffered by never having an expatriate brought into the project staffing mix. Having an expatriate provides an alternative mind set to the prevailing government culture and provides an English language facility within the project. It is extremely useful if the expatriate can also speak and write in Indonesian because this facilitates communication with the community as well as government and staff.

The preferred role for expatriate staff would be in the Monitoring and Evaluation role or in a documentation role. These are areas where English language facility is very productive. This provides the expatriate with a senior role and therefore an ability to participate in decision making that relates to the contractor and the donor and a mindset to understand their respective requirements.

The third category of personnel/staff that needs to be considered is that of local staff. In the Alor project, all core staff were from different parts of Indonesia except the midwife. She was from Alor and was far more effective than an 'outsider' because she had local language skills and therefore trust, especially with sensitive issues to women such as pregnancy and birthing. In the Jayawijaya project, no senior core staff were from Irian Jaya until the last phase. In the last phase, a Toradjan who had grown up in Wamena was employed but he was still not 'local'. The janitor from the beginning of the project took a Cadre Supervisor role in the last phase and another supervisor joined the team in the last year.

The difficulty in Irian Jaya was to find adequately trained staff to take on management roles. It would be a useful exercise to employ a number of local people to work alongside core staff as 'trainees' or assistants. Although this would add to staffing costs, the total outlay would not be very high, given the nature of local salaries. This would provide a sound basis for sustainability and the ability of the project area to access and manage funding in the future.

#### **3.6.6 Use of consultants**

WV's experience in use of technical consultants was limited but the use of these experts in the project became increasingly common. The project would have benefited from a more comprehensive use of consultants for parts of the project. This was sometimes difficult to perceive during the project as many things were new, the initial tasks were constrained by the lack of skills in the local community and the size of the area required to be covered by AusAID was too large.

It could have been useful to have a team of consultants to assist and monitor the project. Given the integrated nature of the project this would have provided a consistent and ongoing source of advice. The advantage of having a team would have been the team a sounding board to test ideas from all sectors against each other and the advantage of having the same team come regularly would have been an ongoing understanding of the project developments.

The use of consultants from a central source can be very valuable. During the first phase of the project, there was some confusion over the ability of the project to procure the services of consultants. The lack of consultants was noted in the evaluation of the first phase. The Extension phase saw more extensive use of consultants and a consistent source in Gadjah Mada University from Yogyakarta. There are potential risks in using consultants from the same source but the project found that the cross fertilisation from the same centre was useful as was the logistics of going to only one centre when visiting consultants.

Linkage with other AusAID projects. Prior to the Extension, there had been little contact with other AusAID projects, even with other WATCH projects in the region. The best example of contact was the visit of Sister Mamba Katur, the Health Officer from the PNG WATCH project. This visit had a significant effect on local women's perception of their status and that

they could rise to a position of respect by men and officials. It would probably have been useful to have a second visit from Sister Katur if the first visit had been conducted earlier.

### **3.6.7 Quantitative vs qualitative measures**

As mentioned earlier, it can be very difficult to collect data in a geographical location such as the highlands of Irian Jaya. Apart from the logistical difficulties, there are issues of finding sufficiently qualified collectors who will deliver valid information. It is known that in some projects in difficult areas, the emphasis on collecting quantitative data has meant that the collection costs have exceeded normal project budget. That is certainly a risk in this area.

Qualitative information is thus a more viable option in such a situation. The use of Participatory Learning and Action (PLA) became an important tool from about midway through the project. It provided a mechanism by which communities could contribute to the survey process and see results working out for them.

In either method of collecting data, a key factor is supervision. This is one of the major problem areas for any project in Indonesia, especially when bringing together an NGO implementation with a government system as the government system is payment based with few quality controls.

A further issue in measuring performance is how the indicators are established. The logframe approach is a standard but when compiled and applied rigorously does not allow for the flexibility required when dealing with community development. In this project, the output statements were rather broad in nature and they allowed a greater degree of flexibility in shifting emphasis during the project. The down side of this is that it has been very difficult to evaluate the project and provide quantitative results.

Flexible funding arrangements. Depkes officials often acknowledged that the funding arrangements with AusAID funding were more flexible than with other external funders. This allowed the project to adopt new ideas and approaches without excessive administration. Government budget line items and the budgets of some other donors were very restricted and could not be changed easily to cope with changing circumstances.

Somehow there needs to be an integration of action/research approaches based on activities such as PLA and the continual revision of logframe targets and indicators. The problem with this is that it constitutes a lot of paperwork constantly revising the documents and has the potential over a long project to be quite confusing.

### **3.6.8 Methods of working**

Groups. One of the interesting developments in the 9 years was the shift from working with groups to one where individuals were being seen as an important strategy. The formation of groups was a standard WV policy 10 years ago and has been an effective form of organising activity. However, this may be more applicable in earlier periods of activity and where less sophisticated activity is being implemented. As groups grew more competent and their range of activities widened, it became evident that certain individuals were being constrained by having to work in groups and secondly, there were advantages in encouraging individuals to develop their own interests. These people could then become models to others for what could be achieved. This kind of development was very hard to articulate and very hard to identify and quantify in the designs but was nevertheless an important observation.

Working outwards. A second area of method was whether it was better to start from the whole district as opposed to starting in a small area. The Alor project was deliberately designed starting small on the basis of experience in Jayawijaya and it proved to be a better model - at least for that area. Given that WATCH was only expected to last 3 years it would have been impossible to start small and achieve all its targets in that time. However, starting big did not achieve the community targets nor the health system ones apart from the production of numbers through training or infrastructure.

Exposure trips. During the first extension of the project, two trips were made to Java with indigenous highlanders. These were extraordinary trips for these people, none of whom had seen the sea let alone had a concept of the sea. The first trip took only 4 field coordinators but the second trip took 15 field coordinators. The overwhelming impression left with these people was not only the actual differences between Jakarta and Wamena, but also the differences in what they perceived to be the differences. These reflections justify the experiment and we can only hope that the experiences continue to influence the motivation of villagers in the highlands.

These trips were repeated in the second extension but went to different training locations in Java. This provided a diversity of experience and training approaches.

Workshops. The project used workshops for doctors and senior health officials to develop the case management protocols and to discuss problems and issues within the district. These were very effective mechanisms that provided a focus for the regular meetings that the government attempted to hold.

Secondly, workshops were also used in the last phase to bring together a diverse group of people and institutions to discuss gender awareness. These workshops did much to alert officials and community leaders to the seriousness with which the project was approaching gender issues. The repeated meetings and staggered agendas of these meetings helped to encourage the establishment of Humi Inane, the women's NGO.

Malaria bednets and healthy housing. The bed net program implemented in Kobakma was not as successful in changes to behaviour and lowering incidence of malaria. There were community factors which were largely responsible for the conclusion of this activity. However, it is important to note that there was a change of mindset by the community. They had previously believed that malaria came from dirty water and it was only after the project education that they came to understand that mosquitoes were the problem. The point of this issue is that it is still worth trying activities because they address needs even if they don't work out as expected. The need to change mindsets is one of the biggest challenges and often the hardest obstacle to community development.

An additional lesson which was important was that the project showed the DHO that external agencies could be co-opted to assist in research and development. The project successfully engaged the services of the American Naval Malaria Research Unit (NAMRU), based in Jakarta, to assist in research of mosquito types and habits. In later times, this extended to German volunteers who assisted with bee keeping training and other activities.

Another area of need was the type of housing for villagers. It was evident that the honais were contributing to pneumonia and ARI. The project identified this need in the first design but as the project progresses, it became clear that many other efforts were being made to address this issue and most of them were not successful. Taking the local people from their honais was not the answer to the problem and it would take a mindset change before the villagers could find answers themselves.

Supervision. As mentioned before, supervision is a very difficult and very critical need in this kind of project. For the community development (CD) activities, it is important to have staff located in the villages as much as possible. This requires extremely dedicated staff as the conditions are spartan. Furthermore, in this region, villages are far apart and the CD staff will need to stay over in different villages over a period of time.

Within the government system, there will need to be long negotiations with government officials as to how to enforce the existing supervision system and ensure that payment, as prescribed by the system, is forthcoming. If this is not done, the system collapses, as the payment method appears to be the only means of motivation to perform these tasks.

### **3.6.9 Marketing of activities**

There are 3 areas of activity where it was observed that greater efforts

in marketing would have benefited the project. Firstly, to the government. Although there was tacit agreement with project activities and although there were many government officials involved in training or workshops, there needed to be more effort put into explaining the rationale of why such a project as WATCH was important for the district. Furthermore, this process needed to explain that the methods employed were strategic and not just another set of tasks. This related particularly to the gathering of information by PLA methods, the sensitisation of the community to the role of women, the need for supervision to ensure that tasks were actually carried out and the implementation of information systems for monitoring purposes. Government officials needed to be convinced that systems were there for the purpose of enhancing people's health

The second area of activity was to the community. Although it is standard practice for NGOs, and most agencies working with indigenous groups, to use local language and visuals, this did not occur until late in this project. Part of the problem was the confusion as to whether the project should follow government lines and approaches which did not take this into account. This became increasingly unworkable so the project shifted to the local languages and pictures.

At the same time, some of the innovative activities within the health sector were perhaps not sold to the community enough. These included the use of sweet potato for various purposes such as weaning food and super oralyte. If visuals in local language had been used earlier this may not have occurred. However, at the same time, the project was faced with the fact that the community were always more impressed with packaged goods than producing cheaper products themselves from their own produce.

The third area of marketing was to the donor community. Not enough stories were written about the events and issues in the project. These were sometimes captured in the Indonesian language by local press but there was not the English language facility nor the time to spend on this type of activity. This is an area that could be explored and funded better in the future.

#### **3.6.10 Levels of power**

The Coordinating mechanisms for the project were useful. The PCC was a useful mechanism to ensure that central level and district level officials met each other and saw each other's environment. There is no doubt that this ensured a greater degree of interest and sympathy for this project - although some suggest it was just the exotic location! The PCC was recognised as a valuable tool in establishing the project in the eyes of government and establishing profile within the Department of Health. These meetings were an essential element of the relationship developed between the Department, the contractor and AusAID.

The Area Committee was also a useful mechanism, combining local government officials, NGOs and institutions such as LIPI. This committee was chaired by either the deputy mayor of the district or the project manager and became an opportunity to discuss project activities and development of the district. The difficulty with this committee was that it did not have power to enforce activity.

The issue of enforcement was also interesting in that it would appear that central level Health officials had little power to enforce or control funding arrangements within districts. That is even more the case now with 'autonomy'. This issue was never clearly understood by anybody who was not Indonesian until the latter years of the project. In one sense it did not definitely affect the project but in another sense it could have affected the pressure placed on central level officials regarding the GOI contribution.

### **3.7 Assessment of relations with government**

The WATCH project was quite different to other bilateral projects. It was community based and because of that operated at a far 'lower' level of administrative authority than most bilateral projects. In addition, the approaches of the project were more community oriented than output oriented.

The first issue this raises was that at central level, the understanding of activities was not as high as for more policy oriented projects. Secondly, the central authorities are usually more influenced by the size of budgets and the perceived advantage that spending will make to the achievement of objectives.

At the provincial level, similar concerns existed and some may have seen the project as a novelty, especially as it was to be implemented by an NGO. However, there were personnel at provincial level who felt passionately about this approach and thus the project had strong provincial support. At the district level, the counterpart agency found that there was no financial advantage for the government operations and that budget was controlled by the project itself. In addition, the counterpart agency personnel were not familiar with community development approaches and this began a long learning curve and change.

The major contribution of the counterpart agency was the provision of office space, free use of utilities (apart from phone) and regular use of vehicles. At the initial stages of the project, the counterpart agency funded all travel to PCC meetings but as the economic downturn began to impact on national finances, the project/donor subsidised these costs. There was no requirement to supply staff to the project but it was significant that secondment nominations from the counterpart agency were approved quickly. Although counterpart budget for training was limited there was recognition of the importance of district wide meetings for doctors and other health officials so these initiatives were supported.

A further issue was that the full understanding of the nature of GOI funding to districts was not known and the administrative linkages were not fully appreciated. It is only in more recent times that this understanding has become clearer and exposed the difficulties of central authorities having control over rewards and penalties necessary to elicit compliance with health program objectives. It raises serious questions as to whether MOUs with central authorities can ever be implemented, let alone enforced.

This became apparent because the practice in the Health Department had been to combine the policy (Kandep) and implementation (Dinas) arms in one person, even though there were two offices. About a year from the end of the project, the district government proposed to split these functions for political reasons and the person who had been counterpart manager for almost the whole duration of the project was advised of his relocation to the Kandep position. This forced a reassessment of who the MOU was with and it became clear that it was with the Dinas. Thus a new person came in who had no experience at all of the project or the approach.

There were some difficulties with the counterpart agency due to differing styles of operation. The Dinas approach relied on rigid national priority planning and funding and was not flexible to accommodate different approaches or individual community needs. Dinas methods of training relied more on lecture style rather than informal participative styles. Most difficult was that supervision was inconsistent and influenced by financial incentives as opposed to the inclusive and motivated style of the project staff.

The AusAID management approach has been a flexible one and supportive. Throughout the project life AusAID consistently made allowances for slippages and for weaknesses, particularly English language capacity. However, the amount of work required in implementing the documentation requirements of a bilateral have been significantly different to other projects implemented by the contractor.

In addition, the NGO approaches have been different to the usual bilateral contractors. One of these is picked up by the Quality Assessment Group in AusAID. This relates to bilateral contractors being likely to achieve objectives whereas NGOs are more likely to achieve desired results. This project has shown that the broad logframe objectives have made it difficult to achieve quantitative objectives/outputs yet there have been some outstanding results from the project. There is more awareness of these issues in NGO circles now than there was 9 years ago. However, it would be useful for AusAID to ensure that NGO contractors are fully aware of the extent of the documentation requirements before implementation.

A dilemma for an NGO implementing such as project was the ability to influence and coerce the counterpart agency, particularly at central level. AusAID should assist new entrants to the bilateral arena with more support in obtaining counterpart funds of a substantive nature and explaining the procedures for obtaining those funds. Included in this process there should be explanation to all parties of the significance and enforceability of counterpart budgets.

### **3.8 Overall assessment of the project**

The conclusion of the consultant on the WATCH primary health care (PHC) model was that the project was a useful pilot for the comprehensive PHC approach and in line with the Alma Ata declaration launched by WHO-UNICEF in 1978. Furthermore, the project continued the development of the PHC approach begun in central Java in the early 1970s. These experiments had fallen into disuse for a variety of reasons. As Dr Suriadi says,

The WATCH project leaves a legacy of an innovative experiment by the Indonesian and Australian government working collaboratively with the health services and NGOs to improve the health and social conditions of remote communities. Decentralization and flexible planning - using unconventional approaches to maximize the human and material resources of communities, government services and NGOs - is an appropriate strategy for expanding coverage of a PHC program in a poor and isolated area. Even in countries such as Indonesia, where the national social-political climate is not yet favorable for widespread community participation in development, PHC programs can be established, provided some community-supportive backing is available at an intermediate level of government administration.

Alternative design approaches have been listed in the Lessons learned section above but suffice to say that the key ones would be a phased approach with social preparation, a longer time commitment for a whole project, a greater use of consultants and the use of expatriates or at least having a high level of English language competency on the project.

When considering alternative approaches to assisting the government, the use of workshops for key health officials was a useful mechanism for gaining agreement on ways to move forward and the CMPs were a vital outcome from this process. Enforcement of supervision protocols is something that needs to be assessed very carefully.