

**PROJECT STAFFING**

*Phase 1*

Project Manager  
Dr Sukwan Handali - 1991 -  
Health Coordinator  
Dr Dolarina de Breving - 1991 to 1994  
Monitoring and Evaluation Coordinator  
Ir Saptono Djoko Priyadi - 1991 -  
Community Development Coordinator  
Ir Sisbandi - 1991 to April 1994  
WID Coordinator  
Dra Susana Srini MKes - 1991-1994  
Secretary  
Luciana Ong - 1991 -  
Bookkeeper  
Damaris Kiding - 1991 -  
Janitor  
Tius Kogoya - 1991 -

The numbers of field staff and data collection staff associated with the project have changed over time depending on the strategy employed at the time.

**Phase 2**

Project Manager  
Dr Sukwan Handali - 1994 to August 1996  
Ir Saptono Djoko Priyadi - Acting from September 1996 to January 1997  
Drg Gabriel Yuristianti Andayani - January 1997 -  
Health Coordinator  
Dr Murti Andriastuti - January 1995 to April 1996  
Dr Deri Maria Sihombing - July 1996-  
Monitoring and Evaluation Coordinator  
Ir Saptono Djoko Priyadi - 1994 to August 1996  
Drg Gabriel Yuristianti Andayani - September 1996 to January 1997  
GAD Coordinator  
Dra Susana Srini MKes- 1994 -  
GAD Assistant  
Martha Kombong - April 1994 to 1997  
Nutritionist  
Dorce Sande - September 1995 to 1997  
Midwife  
Maria Nukuboy (part time)- September 1995 -  
Secretary  
Luciana Ong - 1991 - 1998  
Bookkeeper  
Damaris Kiding - 1991 -  
Janitor  
Tius Kogoya - 1994 - September 1998  
Cashier - Martha Alua - 1994 -

**Phase 3**

Project Manager  
Drg Gabriel Yuristianti Andayani - October 1998 -  
Health Coordinator  
Dr Deri Maria Sihombing - October 1998 -  
Monitoring and Evaluation Coordinator  
Tito Adonis Hermawan - October 1998 - July 1999  
GAD Coordinator  
Dra Susana Srini, MKes- October 1998 -  
GAD Assistant  
Viktor Malissa - October 1998 -

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Training Officer

Martha Kombong - October 1998 -

Cadre Supervisor

Agustinus Tekege - December 1999 - 2000

Cadre Assistant

Tius Kogoya - October 1998 - 2000

Nutritionist

Dr Cecilia Wening - October 1998 - March 1999

Dr Nini Deritana - May 1999 -

Midwife

Maria Nukuboy (part time)- October 1998 to June 1999

Jacqueline Fakdawer - August 1999 -

Secretary

Kartiika Septuarini - October 1998 - January 2000

Bookkeeper

Damaris Kiding - October 1998 - February 2000

Lembong Mendila - February - March 2000

Leni Sidauruk - April 2000 - 2000

Janitor

Warius - October 1998 - 2000

Cashier

Martha Alua - October 1998 to September 1999

*GROUP STRATEGIES AND DEVELOPMENT*

This appendix is designed to identify the changes in strategy that occurred in the Jayawijaya WATCH Project with regard to the use of groups. The basic concept of using groups is that in rural communities, people operate more communally rather than individually. In addition, the group becomes a focus for encouragement and support for each of its members. Furthermore, the group is a more efficient mechanism for relaying information to a community than by individuals and more effective than with the whole community.

Of greater significance for the WATCH project was the use of groups as the mechanism to implement the activities that bring about better community health. The objective for community health was to bring communities to a position where they had sufficient knowledge, skills and structures for them to care for themselves at a basic level. The indicators for this were the existence of functional *posyandus* (integrated posts), *pos obat desa* (village dispensaries) and, as much as possible, *polindes* (birthing huts). In addition, there was the objective for them to have sufficient knowledge of the formal health system so that they knew what kinds of services to access.

The group strategy may at times have looked like it had nothing to do with health because the bulk of the time was spent on doing things associated with agriculture and animal husbandry. There are four points that need to be clear:

**firstly**, the lack of community organisation skills meant that most villages did not have the capacity to run an effective *posyandu* with skills such as data collection and interpretation, or a *pos obat desa* where there was a need for financial management skills for ordering and medical knowledge for dispensing;

**secondly**, the agricultural and animal husbandry skills were important as adjuncts to the nutritional health of the groups because the villagers learnt to grow a wider range of crops, learned to cook in different ways and learned to eat different foods that all provided them with a more balanced diet;

**thirdly**, the agricultural and animal husbandry activities provided the villagers with sources of income. Income is a critical issue if they are to participate in the formal health system as most of these villagers are so poor they would not be able to afford treatment;

**fourthly**, the ability to organise, to make decisions based on information received, to assess information and to plan for their lives is a critical issue for the highlanders. The modern world is encroaching on their lives in a variety of ways and these people need to be able to have some additional skills and structures within which to identify what is happening around them and to assess the impact of those inputs.

**1. A group strategy - Stage 1 - selection of groups on administrative divisions**

The first groups were based around administrative divisions in *kecamatans* (sub districts) and *desa* (villages). This was a logical step given that the project was implemented with the government as a partner and was intended to improve government services. The original strategy was to develop agricultural groups around men and then develop womens activities as an extension of these groups. However, it was quickly realised that agriculture was not an appropriate sectoral basis for the

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groups nor was it likely that the men would be most appropriate for agriculture groups nor would women necessarily join in as an extension.

The other important point to note from the beginning was the strategy to train men and women separately. This would be understandable given the definite roles that men and women in these highland societies have. In some cases this separation was a useful idea for training but overall it was not accepted as an effective strategy. The main reason for this was that the project was concerned to address the gender boundaries that existed in the highlands and it appeared that there were existing circumstances where men and women gathered together. In addition, some meetings found that the input of both genders at the same meeting was important to refine the sometimes overstated remarks of one gender. It should be noted however, that the amalgamation of men and women in groups did not begin to occur until at least 18 months into the project life and in most cases not until after 2 years of project activity.

### **2. Group strategy - Stage 2 - Selection based on community groupings**

The second stage in the development of groups occurred after about 9 months into the project, sometime before June 1992. The first step in this strategy was to select cadres from church and mission groups. It had become clear that the church was the central structure for highland societal organisation even though the project was seeking to work with the government and operate along its structures. In some places there was a clear similarity between the government and church boundaries but there were many other places where the *jemaat* (congregation) and *desa* (village) did not. The mission agencies still had significant influence in the project areas and in many circumstances their informal training in health and other activities was superior to the formal training provided to government officials.

The selection process was to select cadres from churches and missions listed in our plans and ensure two cadres from each *desa*. Eventually about 150 cadres were registered with the project. Initial training in group management and basic theory about what we were trying to do and basic development concepts were given. Cadres were asked to assist the project to carry out activities, motivate community members and prepare for visits by project staff and/or trainers. In some circumstances they would be given instruction in how to train their groups by themselves. For those being trained in Wamena there was no material (photocopied notes) given whereas for those in the more remote areas material was taken in as it was anticipated that it may be some time before another visit.

Another dimension to the training sessions is important to note here. Many of these 'training' sessions were conducted in such a way that they were like social preparation sessions. Techniques such as Participatory Rural Appraisal (PRA)<sup>1</sup> were used that provided opportunities for villagers to talk about their village situation and ideas that they had for their village. It was on these occasions that there was very useful interaction between men and women and a lot of helpful information was gathered that eventually found its way into the gender modules prepared by Susana Sрни, the Gender and Development Coordinator.

Following the training sessions, cadres were assisted to develop plans for their own area. These

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1 In more recent times in the project, and indeed the final evaluations, an updated improved version of PRA, Participatory Learning and Action (PLA) has been used. PLA provides much more for not only gathering information but also being a catalyst for interaction amongst the villagers themselves.

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plans were then discussed within the cadre's own community. The cadres then returned to Wamena for discussion about what kind of activities should be conducted in their area and assisted by the project. Following agreement on the plans, resources and training was provided for activities to start. Initial activities were simple ones such as carrot growing or chicken raising.

The initial training was given to cadres from around the Wamena area and training held in Wamena. In some circumstances, cadres were invited into Wamena for training but for other training, it had to be held away from Wamena due to distance factors - many villages, especially in the Kurima area, were up to and beyond one weeks walk away from Wamena. For those in the eastern kecamatans of Oksibil, Kiwirok and Abmisibil, it was necessary for the project staff to organise flights into the areas. There were very few occasions when cadres from the eastern areas came into Wamena for training and activities associated with the project.<sup>2</sup>

### **4. Group strategy - Stage 3 - Further selection changes and in situ training**

By the middle of 1994, towards the end of the first phase of the project, it became apparent that many groups had not been progressing as well as hoped. There was an apparent lack of self motivation and a lack of skill transfer from the cadres to the community. A second reason for lack of progress was that the basis of groups may still not have been optimal. Groups had been based on communities but within several communities it was apparent that there was division between membership of different clans. This division resulted in suspicion, lapsed responsibility and little delegation. A third factor became apparent and this was that a uniform approach was not appropriate for work in the highlands. For the Dani and the people from the Wamena area, the clan groups progressed well such as in Manda, Mamit and Kobakma whereas in places like Kanggime the groups could still operate by community. However, in Yali areas it was better to have smaller groups and even use individuals as the communal land concept was not as well accepted. As a result of these findings, a more contextualised selection was made for the groups, depending on the area

The method of training was also changed at this time as a result of these findings. Training had often been held in Wamena but now that the groups were being arranged on different bases the training could not be as uniform; training needed to be tailored to the particular group and its area. This required a new set of logistics as staff travelled to the villages more often with a larger workload. In addition, a system developed in the office for all staff to 'cover' or 'supervise' the activities in particular centres. The administrative staff, including the janitor, had developed an appropriate body of knowledge about the purposes of the project to be able to 'supervise' their groups or cadres and

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2 It is important to note the difficulties associated with training cadres, or anybody for that matter, through this project. It is a recognised fact that the terrain of this district of Irian Jaya is very difficult. For those in the eastern areas to travel to Wamena by foot would take at least a week or more through areas unfamiliar and hostile to them and often faced by extremes of cold, particularly at night. There would be no shelter or special clothing for them. The only other means of travel to Wamena was by small single engine plane. In most circumstances, this would have involved a negotiation with the two groups flying the planes to come out to their airstrip especially. It would also usually have involved a stopover in Sentani near the coast and a change of plane to commercial aircraft to fly into Wamena. Only quite advanced villagers could have organised and carried out such a trip.

On the other hand, for the staff to travel to the east usually involved a round trip through Sentani as well. In addition, the logistics were such that it was necessary to take all food anticipated for consumption on the trip as the kecamatan centres in the east had no shops or provisions for purchasing such supplies. It is important to note that places like Oksibil, the main kecamatan in the east, only has a runway for vehicles. There are no roads as there are no vehicles, no motor bikes and not even any bicycles. People walk along tracks.

report back to the senior coordinators if there were issues that needed addressing.

## **5. Integration of further activities**

The second half of 1994 saw the beginning of further activities to the groups and the community development approach of this health project.

- Exposure visits. Earlier in 1994 there had been the introduction of inter village visits whereby project staff provided opportunities for villagers to observe the progress of activities in other villages. In some cases villagers would be seeing villagers from the same ethnic grouping, in others not. The purpose was to show that other highlanders were capable of succeeding with certain activities and to encourage other villages to replicate what they had seen or adapt it to their own circumstance.

The major exposure was to take a group of 4 selected cadres to Bogor in Java to attend training at the agricultural institute but also to be introduced to what happened in different parts of Indonesia. This was an extremely significant development because many of the highlanders had erroneous perceptions of what wealth creation, status and life in Indonesia was all about. A subsequent visit by 16 cadres in July 1996 had a much larger impact and the impressions on all those villagers was recorded in a visit report.

These exposure visits continued in the Kanggime extension with two trips of about 20 people each to Java in 1999 and 2000. Additional trips were conducted to Java with more specific purposes to train leaders in NGO capacity building. Reports of all these trips are in the project records.

- The project staff developed alternative methods of preparing oralyte solution for diarrhoea from local resources. In addition, an energy density food was developed from local resources. These were sometimes called respectively, super oralyte and power powders. The promotion of the techniques for making these substances and promotion of their use was done principally through the groups. Training was also provided to the PKK where possible and they were able to promote the methods more widely.
- Appropriate technology was introduced in the form of devices for making peanut oil and more efficient cooking stoves. These and other devices and methods were introduced through the groups.
- In August 1994, project members exhibited activities from the project at the Jayapura Expo. This enabled the project members to feel a greater sense of pride and for the project to gain a greater profile. Articles appeared in the provincial newspaper highlighting the project activities.
- Cooperatives had been part of the design for the project extension and much work was done on trying to make these work. However, the process of establishing cooperatives took longer than expected due to the different expectations and demands of groups. As mentioned before, some groups needed to be smaller or even broken up into individual families as they were far more entrepreneurial and individualistic. Small 'kiosks' opened in some of the villages and eventually

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the project activities became part of a PKK cooperative set up in Wamena and opened by the *bupati* in August 1996.

- From the end of 1994 the range and level of activities was much more diverse and intense. Infrastructure activities were being carried out such as improvement of tracks to provide better access to centres. Bridges of various sizes were also being constructed to provide similar access to centres. In some cases, bridges were built together with other NGOs and non project communities as they would benefit project communities. Groups were also progressing to the health stage of group life with several posyandus either being established or upgrading their quality substantially. Many groups had a sanitation program that accompanied the development of their posyandus.

Many of the groups were starting to think about the development of home industries, small businesses and cash crops. They even started to think in terms of measuring their own productivity and doing 'research' as to how to improve their conditions.

### **6. Measuring the group strategy**

As noted in other places in this report, the gathering of data was a constant problem in the project. Questions were asked as to how we would know if we had been successful in the groups strategy. At about this time a health official from Jakarta attending a PCB in Wamena mentioned the ARIF system which was a method of measuring the effectiveness of posyandu. This system was adapted to measure groups.

The basis of this idea was that it was possible to set criteria for activities and rank the activities on a scale. At certain levels of scores the group could then be ranked higher. The ultimate aim was to reach the stage of self sufficiency. This rating system is now the central point of evaluation of the project effectiveness amongst the community as the criteria is comprehensive in its coverage. All forms of activity listed above are included: group organisation, introduction and use of powders, use of appropriate technology, progress in agriculture and animal husbandry, establishment of posyandu and pos obat desa, application of gender principles and so on. A full list of criteria in two forms is set out at Attachments 1 and 2.

In the last published report on the status of groups in April 1996, only one group had reached self sufficiency. However other results were encouraging. The following table shows the number of groups at the different stages in the two years they were surveyed.

<b>Group stages</b>	<b>1995</b>	<b>1996</b>
Pratama (stage 1)	25	10
Madya (stage 2)	30	39
Purnama (stage 3)	5	8
Berkelanjutan (stage 4) Self sufficient	0	1

The Kanggime Extension was not able to complete a full survey of the status of groups but it was estimated that only about 10% of the 76 groups reached stage 4 against all the criteria listed in the

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attachments. At the same time it must be remembered that about 3 groups have gone further and have become NGOs and several womens groups, particularly in Kanggime, are very active.

### **7. Evaluating groups**

The Jayawijaya Watch Project has been using a group strategy for several years. In 1995 a system was developed to assess the progress of the groups against the range of interventions that were being implemented. The system was based on a system used in the Indonesian Department of Health called ARRIF<sup>3</sup> which is used to assess the quality of posyandu service. The Watch project has adapted this system to evaluate groups in surveys conducted since 1996.

The criteria for evaluating the groups cover 4 sectors using 35 variables:

- organisation of groups
- economic activity
- health activities, and
- gender development.

The method for assessing the groups is to use a questionnaire that scores each question but some are weighted differently according to the importance the project staff have placed on the activity. The groups are referred to by their Indonesian names/titles but basically stand for primary/first, medium, full and sustainable. The following is a summary of the criteria for the different levels of groups and the score required to achieve that level. The list of questions and scores is at Attachment 1. An attempt to view these criteria in a tabular format is at Attachment 2.

#### *a) Pratama (primary/first)*

A pratama group is one which exists at the beginning of basic activities. There are members and some organisation. The group follows activities training, uses resources provided and begins to develop. A pratama group would receive a score of 20-50%.

#### *b) Madya (medium)*

A madya group is organised, has begun to receive results from economic activities, has begun to think of revolving inputs to others, has begun to take initiatives in primary health and begun to make efforts in gender awareness. This group would score between 51-70%.

#### *c) Purnama (full)*

A purnama group has an established social organisation, economic activities which produce results for the members, activities are increased both in quantity and quality and continue, activity inputs being to revolve to other groups,

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<sup>3</sup> Analisa, Rumusan, Rencana, Intervensi, Forum-Komunikasi = Analysis, Formulation, Planning, Intervention, Forum for communication

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others around begin to copy activities, begin to conduct primary health care activities by themselves and already have begun gender awareness activities on a regular basis. This group would score between 71-80%.

#### *d) Mandiri/berkelanjutan (self reliant/continuing)*

This group has an established organisation, economic activities have been successful for its members, can increase inputs by themselves (without assistance from outside), have given inputs to other groups, primary health activities are established and there are signs of positive change in gender behaviour. Scores for this group range from 81-100%.

It is important to note from the assessment that development trends in the group activities will change from time to time and the score should not be seen as a definitive assessment of the group's status.

### ***Note on sustainability***

Sustainability is always an interesting issue in discussions about groups. This is important because much experience attests to the fact that group activities often collapse when projects finish because there is no follow up, leadership or supervision. This is a valid question for groups who have been working together with the Watch project. This is a difficult question to answer but what is clear is that there have been efforts to overcome the constraints. Amongst others, the following efforts have been made to anticipate the problems of sustainability:

- efforts to strengthen groups (so that they can stand alone and become a section of regular society). The linkage with the project is one of consultant/facilitator rather than a giver of things
- strengthen assistants (cadres) so that they can quickly supervise the establishment of groups. The reinforcement of cadres is done without making them dependent (apart from owning efforts for their families).
- Working together with other institutions such as Bangdes (PKK, Desa), departments of agriculture, animal husbandry and others so that groups can also become a part of the responsibility of these institutions.
- Working together with NGOs (churches) on site so that they can become part of the services provided
- Agricultural groups become integrated groups (posyandu) which hopefully will always have a connection with the puskesmas and related institutions.
- Working together with World Vision, so that groups which are not ready to continue can come under their responsibility and supervision, until the groups can become self reliant.

## **INDICATORS AND CRITERIA FOR ASSESSING THE DEVELOPMENT OF GROUPS**

### **A. Organisation Of Groups**

#### A1. Membership

- 0: membership and order not clear
- 10: there is membership and an organiser
- 20: membership, an organiser and distribution of tasks
- 30: membership, an organiser, distribution of tasks and active

#### A2. regularity of activities

- 0: no timetable
- 10: there is a schedule
- 20: a regular schedule that is implemented
- 30: group activities become part of daily activities

#### A3. working together

- 0: program ordered by group leader
- 10: program ordered by members and group leader

### **B. Group activities**

#### B1. Number of activities

- 10: 1-2 activities developed
- 20: 3 or more activities developed

#### B2. Level of integration

- 10: agriculture or animals
- 20: agriculture/animals/health
- 30: agriculture/animals/health/ gender

#### B3. Use of money

- 0: money used by 1–2 people only
- 10: money divided by all members
- 20: money divided according to need and remainder saved

#### B4. Group independence

- 10: use of local resources and labour
- 20: use of local resources, labour and own seed

#### B5. Benefits of group activities

- 10: activities only benefit group
- 20: activities influenced people beyond the group

### **C. Animal husbandry**

#### C1a. Growth of inputs - chickens

- 0: initial input gone
- 10: initial input maintained
- 20: initial input doubled per year
- 30: initial input more than doubled

#### C1b. Growth of inputs - rabbits

- 0: initial input gone
- 10: initial input maintained
- 20: initial input doubled per year
- 30: initial input more than doubled

#### C1c. Growth of inputs - ducks

- 0: initial input gone
- 10: initial input maintained
- 20: initial input doubled per year
- 30: initial input more than doubled

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- C1d. Growth of inputs - goats
  - 0: initial input gone
  - 10: initial input maintained
  - 20: initial input doubled per year
  - 30: initial input more than doubled
- C1e. Growth of inputs - fish
  - 0: initial input gone
  - 10: initial input maintained
  - 20: initial input doubled per year
  - 30: initial input more than doubled
- C2. Bees
  - 10: bees – input maintained
  - 20: regularly produce honey
  - 30: produce honey and establish new colony
- C3. Care for inputs
  - 0: little care for input
  - 10: care for input although run wild
  - 20: good practice (cages, regular feeds and control)
- C4. Use of inputs
  - 10: consumption only
  - 20: some inputs are eaten and some sold
  - 30: some inputs are eaten, some sold and some revolved to others
- C5. Ownership of inputs
  - 0: no individuals own inputs themselves
  - 10: 1/3 of group own inputs themselves
  - 20: ½ of groups own inputs themselves
  - 30: all members own inputs themselves

### ***D. Agriculture***

- D1. Crops grown
  - 10: sweet potato and vegetables
  - 20: sweet potato, vegetables and cereals
  - 30: sweet potatoes, vegetables, cereals and long term plants
- D2. System of land care
  - 0: cuts down trees
  - 30: uses Leisa system and cares for the land
- D3. Use of produce
  - 10: eaten or sold
  - 20: eaten, sold or some seeds stored
  - 30: eaten, sold, seeds stored and produce revolved to other groups

### ***E. Use of harvest***

- 10: there are group efforts to use simple technology to add value to their produce to overcome marketing problems
- 20: at least one group member has been able to process harvest and be economically productive

### ***F. Health***

- F1. Use of super oralyte
  - 0: don't know about oralyte
  - 10: group have made oralyte
  - 20: group have made and use oralyte
  - 30: group members make, store and use oralyte for diarrhoea cases
- F2. Use of peanut oil
  - 0: don't know how to make peanut oil
  - 10: have made peanut oil

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- 20: at least 5 members make and use peanut oil regularly
- F3. Weaning food
- 0: have not made weaning flour
  - 10: group have made weaning flour
  - 20: at least 5 members make and use weaning flour regularly
- F4. Food for meals
- 10: daily meals consist only of sweet potato and some leaf vegetables
  - 20: some members eat sweet potato, vegetables and other foods (eg beans of various kinds)
  - 30: all members eat sweet potato, vegetables and other foods (eg beans of various kinds)
- F5. Baby food
- 0: only feed infants twice a day
  - 10: some group members feed their infants more than twice a day
  - 20: all group members feed their infants more than twice a day
- F6. Toilets
- 0: do not use a toilet
  - 10: group has one toilet that is used
  - 20: group has one toilet that is used and some members have own toilets
- F7. Efforts to tackle 3 major diseases
- 0: do not know the symptoms of the 3 major diseases
  - 10: a cadre has given instruction on the 3 diseases to the group and methods to prevent them
  - 20: at least 5 members know symptoms of 3 diseases and how to prevent them
  - 30: at least 5 members can give first aid and administer preventative treatment for the 3 diseases to group members
- F8. Health insurance (dana sehat)
- 0: do not use dana sehat system
  - 10: group know how to use dana sehat and plan to save money
  - 50: have a dana sehat system and manage a POD with drugs purchased from own funds
- F9. Herbal gardens
- 0: do not know about herb gardens
  - 10: group has a herb garden
  - 20: group owns and uses herb garden
- F10. Posyandu activities
- 0: do not go to the posyandu
  - 10: some members of the group participate in posyandu activities
  - 20: all members participate in posyandu activities
  - 50: group manages an active posyandu

### ***G. Gender awareness***

#### ***a) Role of men and women in groups***

- G1. Who cares for animals
- 10: women have to catch animals for food
  - 10: men and women have to catch animals for food
  - 30: men have to catch animals for food
- G2. Who works in the group gardens
- 10: only women work in gardens
  - 10: men and women are involved in work in gardens
  - 30: men are active in gardens from planting to harvest
- G3. Who is the group organiser
- 10: only men organise group
  - 10: men and women are involved in organising the group
  - 50: group has a female leader
- G4. Participation in group meetings
- 10: women are not involved in group meetings
  - 10: women attend group meetings
  - 20: women are allowed to speak in group meetings
  - 30: women are given opportunity to lead meetings
- G5. Who organises the fruits of the group activities

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- 10: only men distribute harvest
  - 10: women are involved in use of group harvests
  - 30: women are allowed to distribute fruits of group activity
- G6. Who enjoys the fruits of the group activities
- 10: only men enjoy the fruits of harvest
  - 10: men get additional fruits from group activities
  - 20: women get additional fruits from group activities
- b) *Group activities that decrease womens work load*
- G7. Use of Leisa system
- 0: group don't want to use Leisa
  - 10: group has begun Leisa activities
  - 20: group owns an example of Leisa plot
  - 30: at least 5 members have started their own Leisa plot
- G8. Use of low energy cooking tools
- 10: group has been trained to build an efficient stove
  - 20: at least one group member has tried to use an efficient stove
- c) *Awareness of gender*
- G9. Discussion of gender in the group
- 10: group has had training on gender awareness
  - 20: group has a specific time to discuss gender issues with a cadre
  - 30: group has discussed gender problems and established plan to reduce gender imbalance
- G10. Productive activities
- 10: at least 1 productive activity by group of men
  - 30: at least 5 males have begun one productive activity
- G11. Male participation in child raising
- 0: no male members have helped women care for children
  - 30: not more than 5 men are not involved in caring for children, including visit to posyandu

The maximum score available is 1170. It should be noted that in some cases scoring is inappropriate due to the lack of information or possibility of activity – these are referred to as blanks. This should be subtracted from the total possible score in order to calculate a group's score or percentage. A group's percentage score is thus:  $\text{TOTAL SCORE} / (1170 - \text{BLANKS}) \times 100\%$ .

### ***Note:***

This set of criteria is the same as used in annual surveys by the Watch team from 1995. However, it should be noted that this set of criteria has subsequently been further developed by other groups in the area. These other sets of criteria have set much higher standards for mandiri (sustainable/self reliant). There is therefore some debate as to the relative values of these differing sets in that although the Watch project would recognise that this set of criteria could be strengthened, the other sets pose such a high standard as to make mandiri almost unattainable.

Indicators and criteria for measuring Watch groups

Component	Pratama	Madya	Purnama	Berkelanjutan/Mandiri
<b>Group organisation</b> . membership . regularity of activities . working together	. membership and order not clear . no timetable . program ordered by group leader	. there is membership and an organiser . there is a schedule . program ordered by members and group leader	. membership, an organiser and distribution of tasks . a regular schedule that is implemented . program ordered by members and group leader	. membership, an organiser and distribution of tasks and active . group activities become part of daily activities . program ordered by members and group leader
<b>Group activities</b> . number of activities . level of integration . use of money . independence . benefits of group activities	. 1-2 activities developed . agriculture or animals . money used by 1-2 people only . used local resources and labour . activities only benefited group	. 2 activities developed . agriculture/animals . money divided by all members . use of local resources and labour . activities only benefited group	. 3 or more developed . agriculture/animals/health . money divided according to need and remainder saved . activities influenced people beyond the group	. 3 or more developed . agriculture/animals/health/gender . money divided according to need and remainder saved . use of local resources, labour and own seed . activities influenced people beyond the group
<b>Animal husbandry</b> . growth of inputs . bees . care for inputs . use of inputs . ownership of inputs	. initial input (chickens, rabbits, ducks, goats or fish) gone . bees – initial input gone . little care for input . – . no individuals own inputs themselves	. initial input maintained . bees –input maintained . care for input although run wild . inputs are eaten . 1/3 of group own inputs themselves	. initial input doubled per year . regularly produce honey . good practice (cages, regular feeds and control) . some inputs are eaten and some sold . ½ of groups own inputs themselves	. initial input more than doubled . produce honey and establish new colony . good practice (cages, regular feeds and control) . some inputs are eaten, some sold and some revolved to others . all members own inputs themselves

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<b>Component</b>	<b>Pratama</b>	<b>Madya</b>	<b>Purnama</b>	<b>Berkelanjutan/Mandiri</b>
<p><b>Agriculture</b></p> <ul style="list-style-type: none"> <li>. crops grown</li> <li>. system of land care</li> <li>. use of produce</li> </ul>	<ul style="list-style-type: none"> <li>. sweet potato and vegetables</li> <li>. cuts down trees</li> <li>. -</li> </ul>	<ul style="list-style-type: none"> <li>. sweet potato and vegetables</li> <li>. -</li> <li>. eaten or sold</li> </ul>	<ul style="list-style-type: none"> <li>. sweet potato, vegetables and cereals</li> <li>. -</li> <li>. eaten, sold or some seeds stored</li> </ul>	<ul style="list-style-type: none"> <li>. sweet potatoes, vegetables, cereals and long term crops</li> <li>. uses Leisa system and cares for the land</li> <li>. eaten, sold, seeds stored and produce revolved to other groups</li> </ul>
<p><b>Use of harvest</b></p>	<ul style="list-style-type: none"> <li>. consumption only</li> </ul>	<ul style="list-style-type: none"> <li>. there are group efforts to use simple technology to add value to their produce</li> </ul>	<ul style="list-style-type: none"> <li>. at least one group member has been able to process harvest and be economically productive</li> </ul>	<ul style="list-style-type: none"> <li>. at least two group members have been able to process harvest and be economically productive</li> </ul>
<p><b>Health</b></p> <ul style="list-style-type: none"> <li>. use of super oralyte</li> <li>. use peanut oil</li> <li>. weaning food</li> <li>. food for meals</li> <li>. baby food</li> <li>. toilets</li> <li>. prevention of 3 major diseases</li> <li>. health insurance</li> <li>. herbal gardens</li> <li>. posyandu activities</li> </ul>	<ul style="list-style-type: none"> <li>. don't know about oralyte</li> <li>. don't know how to make peanut oil</li> <li>. have not made weaning flour</li> <li>. daily meals consist only of sweet potato and some leaf vegetables</li> <li>. only feed infants twice a day</li> <li>. do not use a toilet</li> <li>. do not know the symptoms of the 3 major diseases</li> <li>. do not use dana sehat system</li> <li>. do not know about herb gardens</li> <li>. do not go to the posyandu</li> </ul>	<ul style="list-style-type: none"> <li>. group have made oralyte</li> <li>. have made peanut oil</li> <li>. group have made weaning flour</li> <li>. daily meals consist only of sweet potato and some leaf vegetables</li> <li>. some group members feed their infants more than twice a day</li> <li>. group has one toilet that is used</li> <li>. a cadre has given instruction on the 3 diseases to the group and methods of prevention</li> <li>. group know how to use dana sehat and plan to save money</li> <li>. group has a herb garden</li> <li>. some members of the group participate in posyandu activities</li> </ul>	<ul style="list-style-type: none"> <li>. group have made and use oralyte</li> <li>. at least 5 members make and use peanut oil regularly</li> <li>. at least 5 members make and use weaning flour regularly</li> <li>. some members eat sweet potato, vegetables and other foods (eg beans of various kinds)</li> <li>. all group members feed their infants more than twice a day</li> <li>. group has one toilet that is used and some members have own toilets</li> <li>. at least 5 members know symptoms of 3 diseases and how to prevent them</li> <li>. group is already saving money for dana sehat</li> <li>. group owns and uses herb garden</li> <li>. all members participate in posyandu activities</li> </ul>	<ul style="list-style-type: none"> <li>. group members make, store and use oralyte for diarrhoea cases</li> <li>. at least 5 members make and use peanut oil regularly</li> <li>. at least 5 members make and use weaning flour regularly</li> <li>. all members eat sweet potato, vegetables and other foods (eg beans of various kinds)</li> <li>. all group members feed their infants more than twice a day</li> <li>. group has one toilet that is used and some members have own toilets</li> <li>. at least 5 members can give first aid and administer preventative treatment for the 3 diseases to group members</li> <li>. have a dana sehat system and manage a POD with drugs purchased from own funds</li> <li>. group owns and uses herb garden</li> <li>. group manages an active posyandu</li> </ul>

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Component	Pratama	Madya	Purnama	Berkelanjutan/Mandiri
<p><b>Gender awareness</b></p> <p><i>a) role of men and women in groups</i></p> <ul style="list-style-type: none"> <li>. who cares for animals</li> <li>. who works in the group gardens</li> <li>. who is the group organiser</li> <li>. participation in group meetings</li> <li>. who organises the fruits of the group activities</li> <li>. who enjoys the fruits of the group activities</li> </ul> <p><i>b) Activities to decrease womens work load</i></p> <ul style="list-style-type: none"> <li>. Use of Leisa system</li> <li>. use of low energy cooking tools</li> </ul> <p><i>c) gender awareness</i></p> <ul style="list-style-type: none"> <li>. discussion of gender in the group</li> <li>. Productive activities</li> <li>. male participation in child raising</li> </ul>	<p><i>a) role of men and women</i></p> <ul style="list-style-type: none"> <li>. women have to catch animals for food</li> <li>. only women work in gardens</li> <li>. only men organise group</li> <li>. women are not involved in group meetings</li> <li>. only men distribute harvest</li> <li>. only men enjoy the fruits of harvest</li> </ul> <p><i>b) to reduce workload</i></p> <ul style="list-style-type: none"> <li>. group don't want to use Leisa</li> <li>. don't know about efficient stove</li> </ul> <p><i>c) gender awareness</i></p> <ul style="list-style-type: none"> <li>. have not had discussions about gender</li> <li>. no gender related activities</li> <li>. no male members have helped women care for children</li> </ul>	<p><i>a) role of men and women</i></p> <ul style="list-style-type: none"> <li>. mostly women have to catch animals for food</li> <li>. mostly women work in gardens</li> <li>. men and women are involved in organising the group</li> <li>. women attend group meetings</li> <li>. women are involved in use of group harvests</li> <li>. men get additional fruits from group activities</li> </ul> <p><i>b) to reduce workload</i></p> <ul style="list-style-type: none"> <li>. group has begun Leisa activities</li> </ul> <p><i>c) gender awareness</i></p> <ul style="list-style-type: none"> <li>. group has had training on gender</li> <li>. at least 1 productive activity by group of men</li> <li>. at least one male member is helping to care for children</li> </ul>	<p><i>a) role of men and women</i></p> <ul style="list-style-type: none"> <li>. mostly men have to catch animals for food</li> <li>. men are generally involved in work in gardens</li> <li>. women are given active role in organising group</li> <li>. women are allowed to speak in group meetings</li> <li>. women are involved in use of group harvests</li> <li>. women get additional fruits from group activities</li> </ul> <p><i>b) to reduce workload</i></p> <ul style="list-style-type: none"> <li>. group have a model Leisa plot</li> <li>. at least one group member has tried to use an efficient stove</li> </ul> <p><i>c) gender awareness</i></p> <ul style="list-style-type: none"> <li>. group has a specific time to discuss gender issues with a cadre</li> <li>. at least one male has productive activity as well as group</li> <li>. more than one male member is helping to care for children</li> </ul>	<p><i>a) role of men and women</i></p> <ul style="list-style-type: none"> <li>. men have to catch animals for food</li> <li>. men are active in gardens from planting to harvest</li> <li>. group may a female leader</li> <li>. women are given opportunity to lead meetings</li> <li>. women are allowed to distribute fruits of group activity</li> <li>. women get additional fruits from group activities</li> </ul> <p><i>b) to reduce workload</i></p> <ul style="list-style-type: none"> <li>. at least 5 members have started their own Leisa plot</li> <li>. more than one group member has tried to use an efficient stove</li> </ul> <p><i>c) gender awareness</i></p> <ul style="list-style-type: none"> <li>. group has established plan to reduce gender imbalance</li> <li>. at least 5 males have more than one productive activity as well as group</li> <li>. not more than 5 men are not involved in caring for children, including visit to posyandu</li> </ul>



**LIST OF DOCUMENTS**

This list of documents is an updated version of a list taken from the Project Documentation Review, written by Dr Suriadi Gunawan in August 1999.

**1 Reports on project activities :**

- Reports on training/courses
- Trip reports to the subdistricts/villages/stations
- Monthly reports (phase I)
- Quarterly reports (phase II)
- Monthly reports (Kanggime extension)
- Achievement reports (for PCB meetings)
- Notes on PCB meetings
- Reports on workshops/seminars organized by WATCH project
- Report on objective IV/Community Development (June 1991-Febr.1994)
- Reports on objective I, II, III, IV (January - March 1997)
- Draft Project Completion Report, August 1997
- Around 20 photo albums with pictures of project activities

**2 Modules and other learning training materials** which have been prepared by the project :

- Kursus Kader Posyandu Pengembangan Masyarakat ( 12 topics for Community Development Cadres) prepared 1992, Wamena.
- Buku Pintar Dukun, (Manual for TBAs). Published by WATCH, YKB and Kanwil Depkes Prop. Irian Jaya, 1993
- Pengawasan antenatal (Antenatal Care). Published by WATCH & Kanwil Dep Kes Prop. Irian Jaya, 1992.
- Kursus singkat antropologi kesehatan (Short Course on Health anthropology). Prepared by Saptono, 1994.
- Jender dan Pembangunan di Pedalaman Irian Jaya (Gender and development). Prepared by Susana Srini (1995).
- Pesan-pesan Kesehatan (Simple Health Messages for Health Cadres). (undated).
- Mawas Diri (Gender awareness) flipchart prepared by Susana Srini (1996).
- Pertanian Organik (Organic Agriculture) : pelatihan untuk tim kader WATCH, Cisarua 9/7-8/8 1996.
- Diagram alir penatalaksanaan penyakit dan prosedur pengobatan baku (Flowcharts for standard diagnosis and treatment for 30 diseases). Published by WATCH and Jayawijaya District Health Service, 1996.

**3 Materials on appropriate technologies** which have been prepared or used by the WATCH project include :

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- Beternak Lebah (Bee Keeping) (Prepared by a volunteer for Technical Assistance from Germany) 1993.
- Percobaan budi daya jamur (Trial to cultivate mushrooms). Prepared by R. Hewat, Wamena April 1995.
- Low external input and sustainable agriculture (LEISA), (undated).
- Teknologi kecil. Materi Pelatihan tepat guna bagi bidan di desa. (Appropriate technology for village midwives) Prepared by WATCH and CHN-3. Project for Jamboree Bidan Desa, 1995.
- Pemantauan suhu pada bayi baru lahir. (Temperature measurements of new-borns). Published by WATCH & Kanwil Depkes Prop. Irian Jaya, 1995.
- Bertani selaras alam. (Nature friendly Agriculture). Prepared by Susana Srini, 1996. (Unpublished).
- Teknologi sederhana pengawetan ubi jalar dan pengolahannya. (Simple technology to preserve and process sweet potatoes). Prepared by Susana Srini and Marta Kombong, with photographs made by Widya Widyaka and Kartika Septarini. This book will be published by Kompas, Jakarta. A translation into the Yali language has been prepared by Rev. Oto Kobak.

### **4 Journal Articles :**

- Pengukuran antropometri Ibu dan Balita di Nipsan, Irian Jaya (Anthropometric measurements of mothers and underfives in Nipsan, Irian Jaya) by Dolarina de Breving et.al. Published in Medika No. 9, 1994.
- Anthropometric measurement of women and children over 4 years old in Oksibil, Irian Jaya by Saptono et.al. Published in Cermin Dunia Kedokteran No. 46, 1996.
- Dampak penggunaan KMS baru atas angka kurang gizi di Kabupaten Jayawijaya (The impact of using KMS on malnutrition in Jayawijaya District) by Sukwan Handali et.al. Published in Medika November, 1996.
- Staple food based oral rehydration solution by Sukwan Handali et.al., 1993.

### **5 Newspaper articles**

A total of 12 articles have appeared in several newspapers : Cendrawasih Pos (8), Tifa Irian (1), Suara Pembaharuan (2) and Kompas (1).

### **6 Academic papers and theses**

- Mike Cowly (1996) Health in Irian Jaya - The Impact of the WATCH project. Australian National University Internship Program.
- Zulfian Muslim (1999) Analisis dampak proyek WATCH terhadap status gizi ibu hamil dan anak balita di Kabupaten Dati II, Jayawijaya. (Analysis of the impact of

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WATCH Project on the nutritional status of pregnant women and underfives in Jayawijaya District). MMH Thesis Gadjah Mada University, Yogyakarta.

### **7 *Project/Planning Documents :***

- Jayawijaya WATCH Irian Jaya Design Document submitted to AIDAB under the SE Asia Health Initiatives Program 1990.
- Project Implementation Document WATCH Project. Irian Jaya Project Extension Plan.
- Jayawijaya WATCH Project Annual Plans 1992-2000.
- Jayawijaya WATCH Project Kanggime Extension, Project Design Document, July 1998.
- Sistem Informasi Kesehatan Dinas Kesehatan Kabupaten Dati II Jayawijaya (Health Information System for Jayawijaya District Health Service). WATCH Project and Jayawijaya District Health Service, Wamena, 1996.

### **8 *Consultant Reports :***

- Michael Dibley (1994). Jayawijaya WATCH Project Irian Jaya Evaluation Report.
- Helen Lok (1994). The Gender Awareness Program - Review and Inputs.
- Haripurnomo Kushadiwijaya (1995). Laporan Lengkap Konsultan. Penentuan Indikator Kesehatan bagi kesehatan pratama dan deteksi kejadian luar biasa di Kabupaten Jaya Wijaya (Health indicators for PHC and detection of unusual events in Jayawijaya district).
- Nanik Kasniyah (1995). Laporan Penelitian Faktor-faktor penyebab keterlambatan penanggulangan penyakit ISPA pada suku Dani di Lembah Baliem, Irian Jaya (Factors for the delay of ARI treatment among the Dani in the Baliem Valley, Irian Jaya).
- Sukwan Handali (1995). Laporan Kunjungan Konsultan Persalinan Tradisional dari PNG (Report on the visit of the consultant on traditional birthing from PNG).
- Gaynor Dawson (1997). Jayawijaya WATCH Project Review.
- Suriadi Gunawan (1999). Project Documentation Review
- Barabara Grimes (1999). Health Education and Gender and Development
- Abdul Wahab (2000). Health Information System Review
- AusAID TAG (1999). Indonesia Health Sector Review
- AusAID TAG (2000). Review of Jayawijaya Watch Project
- Sarah Hewat and Robert Hewat (2000). Historical Review of Jayawijaya WATCH Project and Lessons Learned
- Robert Hewat (2001). Baseline and Midterm Survey results of Jayawijaya WATCH Project - Kanggime Extension
- Dr Suriadi Gunawan (2001). Primary Health Care Model of Jayawijaya WATCH Project

### **9 *Other materials/reports***

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- Sukwan Handali et al (1994). Masalah Kekurangan Gizi di Kabupaten Jayawijaya (The nutrition problem in Jayawijaya District). Unpublished paper.
- Sukwan Handali et al (1994). Gender and the Health of women in Jayawijaya District. Presented at the WFPHA Conference in Bali.
- WATCH Project Wamena (1996). Kesehatan, pertanian dan kesetaraan gender. Pendekatan terpadu di Kabupaten Jayawijaya( Health, agriculture and gender equality). Paper presented at the CHN-3 Meeting in Wamena, June 1996.
- Susana Srini & Leslie Butt (1995). Kesehatan anak dan ibu hamil dalam lingkungan sosial Lembah Baliem (The health of pregnant mothers and children in the social environment of the Baliem Valley). Kerjasama WATCH project & Universitas Cenderawasih.
- Deri Sihombing (1997). Evaluasi Penggunaan Diagram Alir di Puskesmas (Evaluation of the use of flowcharts in health centres).
- Deri Sihombing. Survey of the nutritional status of the community in Kanggime, 18 February 1999.
- Draft Report of Baseline Survey Kanggime - Mamit/ Kembu 1999.
- The Jayawijaya WATCH project in Irian Jaya (4 pages) in the booklet on Indigenous Peoples in 1993 published by AIDAB.
- Manajemen Proyek antar Pemerintah - WVII. Pengalaman dengan proyek WATCH Jayawijaya (Project Management by the Government and WVII. An experience of the Jayawijaya WATCH project) by Sukwan Handali. A paper presented at the WVII Management Meeting in Jakarta, 14 February 1995.
- Pandangan, kepercayaan, sikap dan perilaku masyarakat Dani tentang seksualitas dan PMS (The knowledge, beliefs, attitude and practices of the Dani Community regarding sexuality and STDs). A research report written by Nico Asologobal et al and published by WATCH and CHN-3 project.
- Laporan Evaluasi kegiatan jender dan pengembangan kegiatan kelompok pengembangan masyarakat (Report on the evaluation of activities related to gender and development by community development groups). Written by Susana Srini 1997 for CHN-3 project.
- Drs Nico Locabal, Drg G Yuristianti, Dr Deri Sihombing and Drs Susana Srini (2000). Vison, Belief, Attitude and Behaviour of Dani Community on Sexuality and Sexually Transferred Diseases (STD)
- Susana Srini, Viktor Malisa, Marta Kombong, Agustinus Tekege and Tius Kogoya (2000). Gender and Development in the Jayawijaya WATCH Project
- Marthen Sagrim, SKM, H.Saleh Seran, SPD, Is Rumere (2000). WATCH Project's Involvement in Accelerating the Development of Manpower in the Health office of Jayawijaya District.

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- Dr Deri Sihombing, Drg G Yuristianti (2000). Jayawijaya WATCH Project Health Assessment.
- Dr Nini Deritana, Martha Kombong, Drg Yuristianti (2000). Nutrition for Growth and Development - Priorities and Interventions implemented by the Jayawijaya WATCH Project.

#### **10. CD Rom**

The project is producing a CD Rom that will contain most of these papers. In addition, the CD Rom will contain introductory information, interactive maps, photos, design documents and the Project Completion Report. Access to the information on the CD Rom will probably also be available on the AusAID and the WVA websites.

**DETAILED TARGETS AND ACHIEVEMENTS BY SECTOR/COMPONENT  
HEALTH SECTION**

OBJECTIVE	TARGETS/INDICATORS	ACHIEVEMENT
<u>Output 1. Appropriate maternal and Infant Health Program consolidated</u>		
Promote registration of all pregnancies		
<b>1.1.1 Promote registration of all pregnancies</b>	<ul style="list-style-type: none"> <li>- 298 pregnant women have registered and hold KMS in Mamit</li> <li>- 413 pregnant women have registered and hold KMS in Kanggime</li> </ul>	Kanggime: K1 and K4 visits <b>January- December 1999</b> <ul style="list-style-type: none"> <li>- K1 : 195 (47.3 %)</li> <li>- K4 : 42 (10.3 %)</li> </ul> <b>January – July 2000</b> <ul style="list-style-type: none"> <li>- K1 : 90 (30.1 %)</li> <li>- K4 : 38 (9.1 %)</li> </ul> Mamit : K1 and K4 visits <b>January- December 1999</b> <ul style="list-style-type: none"> <li>- K1 : 289 (97 %)</li> <li>- K2 : 128 (43.1 %)</li> </ul> <b>January – July 2000</b> <ul style="list-style-type: none"> <li>- K1 : 60 (20.1 %)</li> <li>- K4 : 7 (2.3 %)</li> </ul>
<b>1.1.2 Promote registration of all delivery helped by midwives</b>	<ul style="list-style-type: none"> <li>- To register all deliveries helped by midwives in Mamit and Kanggime</li> </ul>	Kanggime : assisted deliveries <b>January- December 1999 : 167 (40.5 %)</b> <b>January – July 2000 : 84 (20.4 %)</b> Mamit <b>January- December 1999 : 145 (48.6 %)</b> <b>January – July 2000 : 46 (15.6 %)</b>
<b>1.1.3 Promote registration of all infant births</b>	<ul style="list-style-type: none"> <li>- To register 398 newborn babies and give them KMS in Kanggime</li> <li>- To register 293 newborn babies and to give them KMS in Mamit</li> </ul>	Kanggime <b>January – December 1999: 213 (53.5 %)</b> <b>January– July 2000 : 68 (17 %)</b> Mamit <b>January – December 1999: 209 (71.4 %)</b> <b>January – July 2000 : 103 (35.3 %)</b>
<b>1.1.4 Promote registration of all</b>	<ul style="list-style-type: none"> <li>- To register all maternal and infant mortality case</li> </ul>	The puskesmas inconsistently registered deaths. Project staff

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<i>maternal and infant mortality</i>		attempted to conduct verbal autopsies on each field visit.
1.2 Distribute iron tablets, pyrantel and chloroquine	<ul style="list-style-type: none"> <li>- 413 pregnant women in Kanggime and 298 pregnant women in Mamit receive minimum 90 iron tablets during pregnancies</li> <li>- 413 pregnant women in Kanggime and 298 pregnant women in Mamit receive Pyrantel Pamoat on 2<sup>nd</sup> terms (trimester) of pregnancies</li> <li>- 413 pregnant women in Kanggime and 298 pregnant women in Mamit receive Chloroquine on the 2<sup>nd</sup> terms (2 tablets per week)</li> </ul>	<p>1999</p> <p>Kanggime (January – December)            Iron tablets 263 (63.7%)            Chloroquine 359 (86.9%)            Pyrantel -</p> <p>Mamit (January – June)            Iron tablets 86 (28.8%)            Chloroquine 71 (23.8%)</p>
1.3 Immunise all infants (0-11 months)	<ul style="list-style-type: none"> <li>- All newborn babies receive complete immunization (BCG, DPT 3 times, Polio 4 times and Measles)</li> <li>- Kanggime 375 babies ; Mamit 272 babies</li> </ul>	Data held in district office, Wamena
1.4 Conduct refresher training of all bidans and TBA's in : <ul style="list-style-type: none"> <li>- ante natal care</li> <li>- high risk pregnancy</li> <li>- 3 major diseases</li> </ul>	<ul style="list-style-type: none"> <li>- 13 Midwives in Kanggime and 14 in Mamit get CMP and Maternal &amp; Infant Health Training twice a year</li> <li>- 56 TBA's in Kanggime and Mamit get refresher training twice a year</li> </ul>	<p>13 bidans in Kanggime received training.            12 bidans in Mamit received training            36 TBAs in Kanggime were trained            27 TBAs in Mamit were trained.</p>
1.5 Supervision of all maternal health	<ul style="list-style-type: none"> <li>- Supervision in Kanggime to include these areas: Kanggime, Wama , Kumbur, Kupara, Nabunage, Yaliwak, Bogonuk, Egoni, Dolonggun</li> <li>- Supervision in Mamit to include these areas; Mamit, Woraga, Gatini, Kalarin, Nambu, Noglopur, Yali, Kembu, Kage, Telenggeme, Panaga, Tirib.</li> </ul>	<p>Supervision was carried out in : Kanggime, Wama, Kumbur, Kupara, Nabunage, Yaliwak dan Bogonuk.            Areas not covered: Egoni dan Dollonggun.</p> <p>Supervision in Mamit was carried out in Mamit village and Woraga</p>
1.6 Construction of bridges	<ol style="list-style-type: none"> <li>1. Kec. Kanggime,</li> <li>2. Kec. Mamit,</li> </ol>	<p>Kanggime: Wuluk and Kutime            Mamit: Kage and Nambu            Bridges not constructed yet but all materials delivered</p>
1.7 Evaluation of bridges usage	Site visit and interview by MEO of 2 bridges in each kecamatan	Bridges as yet not complete
<b>Output 2, Capacity of Health System, Staff and Community Strengthened</b>		
2.1 Develop and explain supervisory system to health staff	<ul style="list-style-type: none"> <li>- 24 mantris in Kanggime and 17 mantris in Mamit get HIS training</li> <li>- Puskesmas staff supervise POD, Posyandu and</li> </ul>	<ul style="list-style-type: none"> <li>- 13 mantri in Kanggime and 6 mantris in Mamit received training.</li> <li>- Puskesmas staff did not supervise the</li> </ul>

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	<p><b>Polindes in each area</b></p> <ul style="list-style-type: none"> <li>- <b>SP2TP Officer in Puskesmas are able to make records, to do simple analysis and monthly reports to be sent</b></li> </ul>	<p>EP, POD, Posyandu dan Polindes.</p> <ul style="list-style-type: none"> <li>- The SP2TP officer made some records but these were not compiled or sent to Wamena consistently</li> </ul>
2.2 Supervisory visit implemented	<ul style="list-style-type: none"> <li>- <b>Puskesmas staff supervise Posyandu and POD at least once every 3 months</b></li> <li>- <b>Project Health Staff conduct a supervision visit 4 times a year</b></li> </ul>	<ul style="list-style-type: none"> <li>- <b>This level of supervision was not achieved</b></li> <li>- <b>Supervision was only achieved in Kanggime on 4 occasions in the 2 years. In Mamit this level of supervision was not achieved</b></li> </ul>
2.3.1 Mantries trained in CMP	<ul style="list-style-type: none"> <li>- <b>24 mantries in Kanggime and 17 mantris in Mamit are able to diagnose &amp; to treat 3 major preventable diseases properly</b></li> <li>- <b>41 mantries and 27 midwives are trained and able to examine Hb rate of pregnant women properly</b></li> </ul>	<ul style="list-style-type: none"> <li>- <b>13 mantri in Kanggime and 6 mantri in Mamit were trained.</b></li> <li>- <b>13 mantri in Kanggime and 6 mantri in Mamit were trained.</b></li> <li>- <b>13 bidan in Kanggime, 12 bidan in Mamit were trained</b></li> <li>- <b>25 bidan in Kanggime and Mamit received training on the HB Meter.</b></li> </ul>
2.3.2 Mantries and Midwives trained in Hb tester		
2.4 POD's cadre and Posyandu's cadre trained to diagnose and treat 3 major preventable diseases	<ul style="list-style-type: none"> <li>- <b>40 POD cadres in Kanggime and 30 cadres in Mamit are able to diagnose and treat pneumonia, malaria and diarrhoea properly</b></li> <li>- <b>70 POD cadres are able to make reports of diseases correctly and send the reports to the health center every month</b></li> <li>- <b>26 Posyandu cadres in Kanggime and 28 in Mamit are trained and able to do following jobs ;</b> <ul style="list-style-type: none"> <li>• <b>Weighing , recording, reporting and conducting health education campaign</b></li> <li>• <b>Providing and distribution of supplementary foods</b></li> </ul> </li> </ul>	<p>66 POD cadres in Kanggime and 54 POD cadres in Mamit were trained</p> <p>15 cadres Kanggime can make correct reports. 6 cadres in Mamit can make correct reports</p> <p>47 posyandu cadres in Kanggime and 43 posyandu cadres in Mamit were trained.</p> <p>The project has distributed sweet potato flour to 17 cadres at the Kanggime Posyandu.</p>
2.5 Programmer to revise and install completed health information system (HIS)	<ul style="list-style-type: none"> <li>- <b>Consultant hired</b></li> <li>- <b>HIS program completed</b></li> </ul>	<p>The HIS program was reviewed and reprogrammed but more work is still required.</p>
2.6 Assistance and training given to District Health Officers in HIS	<ul style="list-style-type: none"> <li>- <b>To conduct training in use of system</b></li> <li>- <b>Maintenance of HIS program by Consultant</b></li> </ul>	<p>The HIS consultant trained 1 person from the district office and entered and tested reports received from the puskesmas.</p>

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2.7 Assessment of The use of HIS system	- Consultant scheduled to arrive in early 2000 to conduct evaluation	The consultant arrived in May 2000 and carried out an evaluation at district level as well as at the puskesmas of Kanggime and Kurulu.
2.8 Prepare strategy for NGO sustainability	- Conduct NGO workshop at the end of 1999	12 local NGOs were represented at an NGO workshop in Wamena in April 1999
<b>Output 3. Preventive Health and Nutrition Program Consolidated</b>		
3.1 Distribution of nutrition starter packs	- 65 nutrition plots established – one for every group in Kanggime and Mamit (in backyard and garden)	. 100 % group received seeds in Kanggime (46 groups) . 100% groups received seeds in Mamit (50 groups). . 17 cadres in Kanggime established plots next to their posyandu . 10 bidans in Kanggime established plots next to their polindes
3.2 Promote use of sweet potato flours and powders	- All posyandu cadres, POD cadres, CD cadres and Health Workers (mantris and bidan) in Mamit and Kanggime have trained about the using of sweet potatoes flour as oral rehydration therapy and baby weaning food and how to make it. - 50 % posyandu and 50 % POD in Kanggime and Mamit have a sweet potatoes flour supply to be used for oral rehydration therapy and baby weaning food - 50 % groups in Kanggime and Mamit have sweet potatoes flour supply and already know how to make and use the flour as oral rehydration therapy and baby weaning food	- 66 POD cadres in Kanggime and 54 POD cadres in Mamit were trained in how to make and use sweet potato flour - 47 posyandu cadres in Kanggime and 43 posyandu cadres in Mamit were trained. - 13 mantris in Kanggime and 6 mantris in Mamit were trained in how to make and use sweet potato flour. - 13 bidan from Kanggime and 12 bidan from Mamit were trained in how to make and use sweet potato flour - The project has distributed sweet potato flour to Posyandu cadres in Kanggime. - 4 POD and Posyandu are not making sweet potato flour routinely
3.3 Develop IEC materials based on PLA studies	- All posyandu, POD, BP, Pustu and Puskesmas already have the posters and booklets follow IEC materials on basic health - Posyandu and POD cadres and Health worker are able to conduct IEC using the materials based on PLA study - 10 % of groups have changed their attitudes i.e. personal	Distribution of IEC Material Kanggime: <i>Booklet on healthy foods:</i> 17 to posyandu cadres 41 to POD cadres 11 to bidans 13 to mantris

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	hygiene and sanitation, frequency and variety of diet	32 to church leaders 21 to TBAs several to teachers <i>Poster :</i> 8 POD 5 to Puskesmas Kanggime 2 to the church in Kutime 11 to Bidans
3.4 Training given in food preparation	- 65 groups have trained how to cook and provide the Nutritious food - 13 groups in Kanggime and 8 groups in Mamit have changed their manner in processing (cooking) the food and their dietary patterns (frequency and variety)	87 groups have been trained in Kanggime and Mamit have been trained in appropriate technology (making tofu, peanut oil, using a variety of vegetables, cakes and cookies from sweet potato flour etc)
3.5 Promote use and assist construction of latrine	- 13 groups in Kanggime and 8 groups in Mamit already have and use latrine properly	No activity
3.6 Increase capacity of staff to use PLA and other knowledge to promote health education	Community health /GAD Consultant conduct assessment , training and recommendation for materials and training methodology	- The consultant held meetings with Dr Budi Subianto (UNICEF) and Ms Mince Rumbiak from Jayapura - The consultant gave advice on formulating IEC Material. - A test was carried on draft IEC material at Puskesmas Hom-Hom. - A visit was made to Kanggime to collect information on health problems.
3.7 Safe water construction	In May/June 1999 sites were identified in Kanggime (Kutime and Kanggime) and Mamit (Gatini and Mamit) for water supply construction. These sites will involve piping water from a spring into the village. Construction will be in September or October	14 drums for use as rain water tanks were delivered to Kutime Materials for clean water supply in Kanggime, Mamit and Gatini were bought but have not been sent due to air transport problems

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**DETAILS OF TARGETS AND ACHIEVEMENTS BY SECTOR/COMPONENT  
GENDER & COMMUNITY DEVELOPMENT SECTION**

OBJECTIVE	TARGET/INDICATORS	ACHIEVEMENT
<b>Activity:</b> <b>4.1. Support and training provided for groups according to self reliance stage.</b>	1. 96 packages delivered in 3 stages over 2 years. 2. 96 development cadres trained in LEISA, animal husbandry and appropriate technology 3. 50% of cadres are women	1.1. Agricultural tools, animals and seeds for nutrition plots (100% delivered) 1.2. Small animals: > Chickens: 40% (38 groups.) > Rabbits: 100% (96 groups.) 1.3. Goats: 33% (6/18 groups)  <p style="text-align: center;"><b>2.1. LEISA training: 100% (96 groups)</b></p> 2.2. Animals : 100% (96 groups) 2.3. Appropriate technology: 91% (87 groups.)  3. Women cadres: 32%, consisting of: > 16 cadres of mixed groups (17%) > 15 cadres of specific women's appropriate technology groups in Kanggime: 15%
<b>4.2. Promote group skills</b>	1. Each kecamatan holds 2 group competitions.	Kanggime: held twice Mamit : not held > Result: 50%  Notes: The group competitions took the form of group evaluations of the following criteria: > knowledge test > organisational structure > development of activities > Appropriate technology > How the groups used the grant materials > Role of cadres
<b>4.3. Supervision of groups by staff &amp; cadres.</b>	1. Number of visits: > GADC: 4 times a year > GADA: every month > Training officer: 4 times a year > Cadre supervisor: 6 times a	During the Extension: > GADC: 6 times (Kanggime 4, Mamit 2) > GADA: 16 times (Kanggime:11, Mamit: 5) > Training officer: 14 times (Kanggime:9, Mamit: 5) > Cadre supervisor: 13 times (Kanggime: 5, Mamit: 8). > Cadre assistant: 5 times (Kanggime: 3, Mamit: 2).

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	year	
<p><b>4.4. Assist groups to develop functional LEISA system (include organic agriculture and terracing system).</b></p>	<p>1. 50% group own a LEISA demonstration plot .                  2. Minimum 1 member per 50% of groups maintain a LEISA system.                  3. Every group owns 2 kinds of commodities which can be sold</p>	<p>1.1. Organic agriculture: 25% reached the target consisting of:                  &gt; Kanggime: 17.7% (17 groups)                  &gt; Mamit: 7.5% (7 groups)                  1.2. Organic agriculture with terracing 16.7% (16 groups: 10 Kanggime, 6 Mamit)                  TOTAL: 41% (40 groups)                  had elements of LEISA:                   2. Of the 40 groups above, each group had a central plot on which to work. Groups were generally located near the cadres home.                  &gt; Groups tended to operate better when they had received their grants.                  3. Group commodities were:                  &gt; Peanuts                  &gt; Carrots                  &gt; red onions                  &gt; coffee                  &gt; red fruit                  &gt;</p>
<p><b>4.5. Increase gender awareness at district level.</b></p>	<p>1. Two workshops conducted at district level                  2. Facilitate capacity building of womens groups (into non formal institutions)</p>	<p>1. Conducted 4 times:                  Hotel Mentari (1 x)                  Nurse Training School (2 X)                  Together with Humi Inane (1X)                   2. One women's institution, Yayasan Humi Inane, was formally established on 11 February 2000</p>
<p><b>4.6. Increase small business awareness and Capacity</b></p>	<p>2. Conduct 2 workshops at district level.</p>	<p>&gt; Conducted at district level with assistance from Ibu Salomina and working together with Humi Inane and assistance from Bina Swadaya.                  &gt; Conducted at kecamatan level, in Kutime with facilitator Mr Manase (a staff member of the local yayasan Obor Sukacita)</p>

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OBJECTIVE	TARGET INDICATORS	ACHIEVEMENT
<p><b>4.7. Exposure Trip For Skill Training in Java.</b></p>	<p>1. 2 visits to Java            2. 20 cadres visit Java on each trip            This target is an adjusted target from the PID target of 30 cadres per trip            3. 50 % of the 40 cadres should be women            3. 50% of the 40 cadres should teach others on their return.            4. 30% of the 40 cadres sent should be evaluated</p>	<p>1. Two trips were held:            To PPLH Seloliman, in central Java (November 1999 and April 2000)            2. 36 cadres (90%) participated.            3. Of these 9 were women (25%) and 27 were men (75%)            4. Those who shared on return were:            Kanggime : 18 cadres            Mamit : 7 cadres            Total : 25 cadres (60%)            5. 19 cadres were evaluated (47.5%)</p>
<p><b>4.8. Capacity Building for Local NGO staff</b></p> <p><b>4.9 Upgrading of Module</b></p>	<p>1. 10 local NGO leaders sent on external courses</p> <p>1. Publish 300 copies of the gender module in Indonesian and Lani (Flipchart)            2. Publish 500 copies of the TTG module            Both documents to be distributed to :</p> <ul style="list-style-type: none"> <li>- church leaders</li> <li>- group cadres/leaders</li> <li>- head of womens group in every church</li> <li>- all NGOs in the district</li> </ul>	<p>1. Two trips to YIS in Solo, central Java were organised.: in November 1999 - 4 people (men); And July 2000 - 6 people (3 men and 3 women)            A total of 10 people (100%)</p> <p>1. Both modules were printed in August 2000 and distributed in September 2000</p>