

Program Report I -CATCH 2008

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Date of Report: Year of funding <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Title of Project: Improve the understanding of GOBI FFF among Suburban Community Voluntary Health Motivators (VHMs) in Malang, Indonesia	

The annual report of the activities consisting of:

- A. The Three Years Project Planning
- B. The first Year Implementation
- C. The Result in the Implementation
- D. The Difficulties of the Implementation
- E. The Budget Report
- F. Plans for the next two years project

A. The Three Years Project Planning

Three hundred VHMs will be trained in two-day courses/ workshops. The courses/workshops will be conducted by 7 facilitators at Kedung Kandang District Office. They will be trained over a three-year period. Each year we will train 100 VHMs divided into two groups of 50 VHMs. So, in the three-year period a total of 300 VHMs will have been trained.

B. The first Year Implementation

We have trained 103 VHMs divided into 2 groups of 52 VHMs on the first group and 51 VHMs on the second group. The first group was trained between September 9th and 10th 2008, and the second group from 16th to 17th 2008. And we had another 13 participants were invited from the local health center personels.

The topic of the training were

- Growth and Development Monitoring,
- Oral Rehydration and Diarrhea
- Breast Feeding,
- Immunization and Preventable infectious Diseases
- Family Planning / Spacing,
- Food Supplementation for babies
- Female /Family Education : Clean and Healthy life behavior

The 2-day schedule of the training

Day 1 (9 th and 16 th September 2008)	Topic	Speakers
08.30 - 09.00	Registration	Organizing committee
09.00 - 09.30	Opening Speech and Introduction to the training	Dr. Eny Sekar Dr. Soemakto
09.30 - 10.30	Growth and development monitoring	DR. Dr. Mardhani Ys
10.30 - 11.30	Oral rehydration and Diarrhea	Dr. N. Budi Santoso
11.30 - 12.30	Family planning / spacing	Dr. Ella
12.30 - 13.30	Discussion	Presentators

Day 2 (10 th ,7 th September 2008)	Topic	Speakers
09.00 - 10.00	Breast feeding	Dr. Siti Lintang Kawurjan
10.00 - 11.00	Immunization and Preventable Infectious Diseases	Dr. Soemakto
11.00 - 12.00	Food supplementation for babies	Dr. Anik Puryatni
12.00 - 13.00	Female/Family education : Clean and healthy life behavior	DR. Dr. Asih Tri Rachmi
13.00 – 14.00	Discussions Comment on the training	Speakers Participants

The training and the participant hopes and expectations

The training sessions were a big success and all participants showed great interest, and said that they were extremely valuable for them and requested further training in the future.

The photos of the activities have already been sent.

The outline of each Topic training

The Introduction GOBI FFF

What GOBI- FFF stands for

GOBI FFF is a simple and easy method and recommended by UNICEF.

Anyone can do it, including The Voluntary Health Motivators (VHMs)

VHMs encourage the mothers to implement the GOBI FFF method

It will increase the change of survival and better development of their children.

Growth and Development

Normal growth development

How to fulfill the needs of growth and development

How to measure body weight, height, and head circumference

Early detection of deviation in growth and development

Where and when to refer developmental delay in children.

Diarrhea and oral Rehydration

Definition and etiology of diarrhea

The risk and degree of dehydration

Signs of dehydration, when referral is needed

How to make and to give oralyte as the early treatment in diarrhea

Breast Feeding

The right and wrong myths of breast feeding

The superiority of breast milk over bottle milk

The benefits of breast milk for the baby, parents and future generations

The definition of exclusive breast feeding

Early initiation of breast feeding soon after birth

Right breast feeding methods

Overcoming/solving the breast feeding problems eg : working mothers, retracted nipples

Immunization and Preventable Infectious Diseases

The twenty six diseases that can be prevented by Immunizations

The difference between immunizations schedules in the
United States

Health Department Republic of Indonesia

Indonesian Pediatrics Society recommendations (IPS)

The importance of immunizations in children

The Fifteen Diseases and their vaccines as recommended by IPS in Indonesia :

Tuberculosis, Poliomyelitis, Hepatitis B, Diphtheria, Tetanus, Pertussis, Measle,
Pneumococcal, Haemophilus Influenzae type

B, Mumps, Rubella, Typhoid fever, Hepatitis A, Varicella, Influenzae.

The etiology, signs and symptoms, complications, transmissions the vaccines and
their side effects

Family planning / spacing

Mothers who need family spacing

The benefits to the mothers from family spacing

Family planning methods : IUD, Oral pills, Condoms, Tubectomy, Vasectomy etc

Food supplementation for babies

When and why do baby food supplements begin

The conditions of a baby prepared to get the first food?

The conditions and kinds of baby food formulae

The schedules of breast feeding and baby food for children

Female / Family education : Clean and healthy life behavior

Healthy and balanced nutrition ,vitamin A, Fe pills, iodine salt

Maintaining healthy pregnancy, delivery and child care

Clean and healthy housing, water, sanitation

Maintaining a healthy environment in the family and in the community

Ten indicators in every family :

If new born was delivered by midwife, exclusive breast feeding, Infant and under five body weight monitoring, using clean water, washing hand, good sanitation, mosquito larval control , consuming healthy vegetables and fruits , Sports, No in house cigarette smoking.

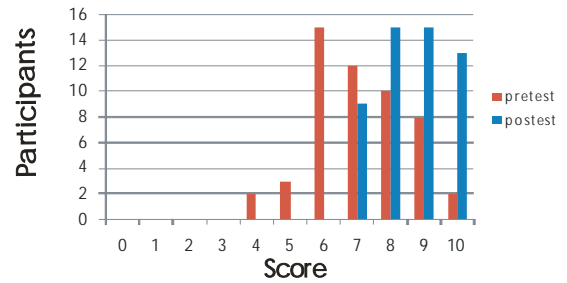
C. The Result of the Implementation

Each GOBIFFF topic had its own objective, so we arranged a test for each topic before and after presentations. We gave a simple test with a choice of true or false for each topic, and then we defined a pass ,as having at least 8 questions correct out of 10 ,or the participant scores increased in the pre and post test.

The results of the test were as follows :

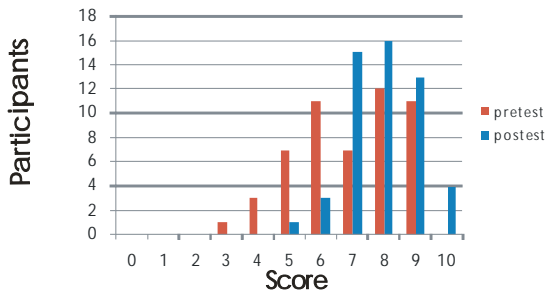
The first group was trained between September 9th and 10th 2008

Immunization and Preventable Diseases



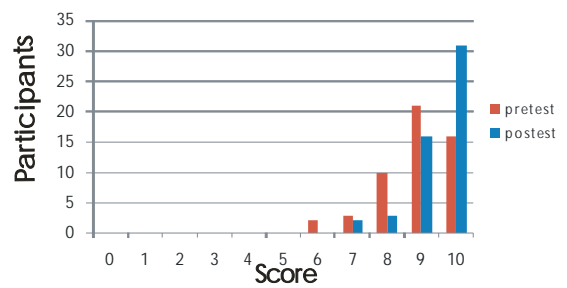
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Pretest	0	0	0	0	2	3	15	12	10	8	2
Posttest	0	0	0	0	0	0	0	9	15	15	13

Growth and Development Monitoring



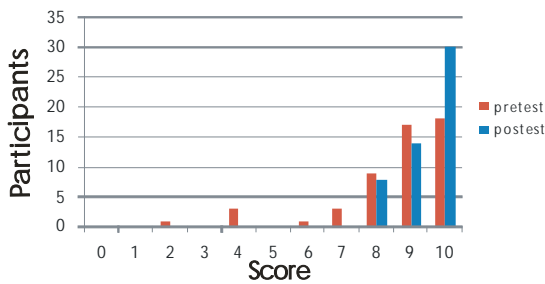
Score	0	1	2	3	4	5	6	7	8	9	10
Pretest	0	0	0	1	3	7	11	7	12	11	0
Posttest	0	0	0	0	0	1	3	15	16	13	4

Family Planning/ Spacing



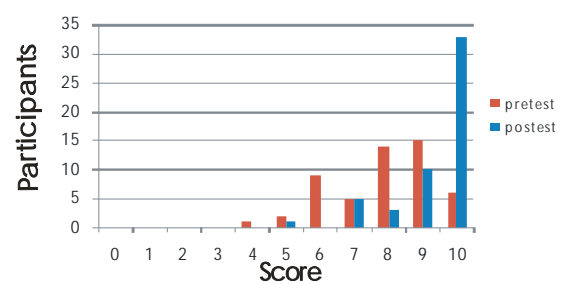
Score	0	1	2	3	4	5	6	7	8	9	10
Pretest	0	0	0	0	0	0	2	3	10	21	16
Posttest	0	0	0	0	0	0	0	2	3	16	31

Oral Rehydration and Diarrhea



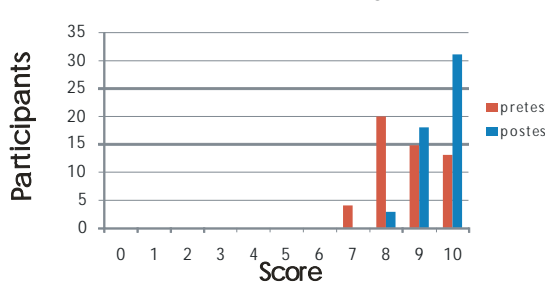
Score	0	1	2	3	4	5	6	7	8	9	10
Pretest	0	0	1	0	3	0	1	3	9	17	18
Posttest	0	0	0	0	0	0	0	0	8	14	30

Food Supplementation for Baby



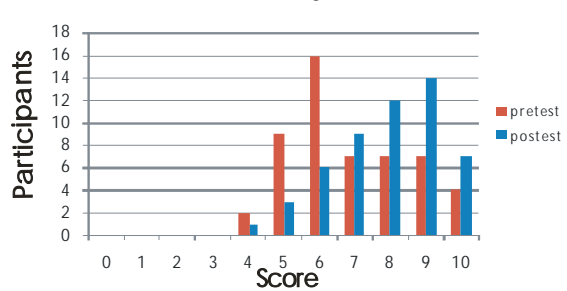
Score	0	1	2	3	4	5	6	7	8	9	10
Pretest	0	0	0	0	1	2	9	5	14	15	6
Posttest	0	0	0	0	0	1	0	5	3	10	33

Breast Feeding



Score	0	1	2	3	4	5	6	7	8	9	10
Pretest	0	0	0	0	0	0	0	4	20	15	13
Posttest	0	0	0	0	0	0	0	0	3	18	31

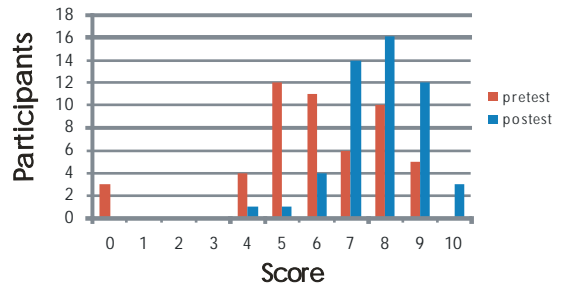
Clean and Healthy Life Behavior



Score	0	1	2	3	4	5	6	7	8	9	10
Pretest	0	0	0	0	2	9	16	7	7	7	4
Posttest	0	0	0	0	1	3	6	9	12	14	7

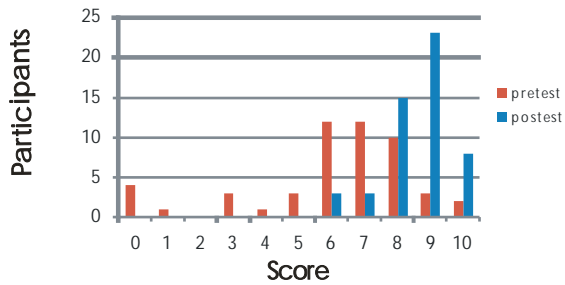
The second group was trained from September 16th to 17th 2008

Immunization and Preventable Diseases



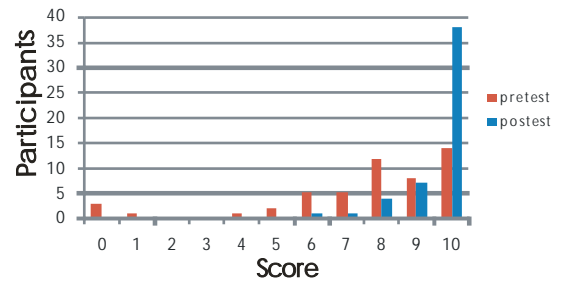
Score	0	1	2	3	4	5	6	7	8	9	10
Pretest	3	0	0	0	4	12	11	6	10	5	0
Posttest	0	0	0	0	1	1	4	14	16	12	3

Growth and Development Monitoring



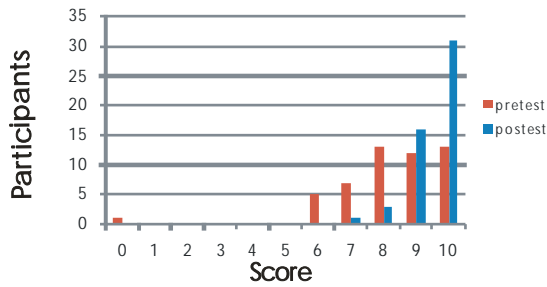
Score	0	1	2	3	4	5	6	7	8	9	10
Pretest	4	1	0	3	1	3	12	12	10	3	2
Posttest	0	0	0	0	0	0	3	3	15	23	8

Family Planning/ Spacing



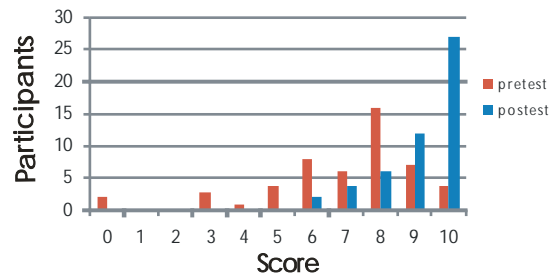
Score	0	1	2	3	4	5	6	7	8	9	10
Pretest	3	1	0	0	1	2	5	5	12	8	14
Posttest	0	0	0	0	0	0	1	1	4	7	38

Oral Rehydration and Diarrhea



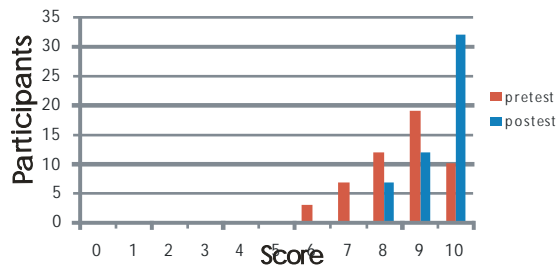
Score	0	1	2	3	4	5	6	7	8	9	10
Pretest	1	0	0	0	0	0	5	7	13	12	13
Posttest	0	0	0	0	0	0	0	1	3	16	31

Food Supplementation for Baby



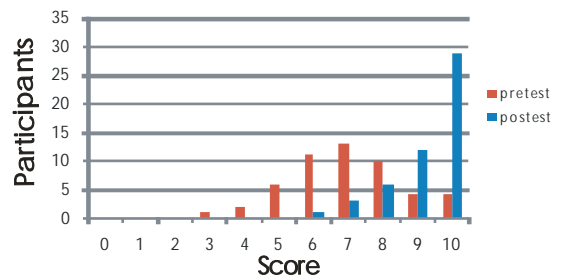
Score	0	1	2	3	4	5	6	7	8	9	10
Pretest	2	0	0	3	1	4	8	6	16	7	4
Posttest	0	0	0	0	0	0	2	4	6	12	27

Breast Feeding



Score	0	1	2	3	4	5	6	7	8	9	10
Pretest	0	0	0	0	0	0	3	7	12	19	10
Posttest	0	0	0	0	0	0	0	0	7	12	32

Clean and Healthy Life Behavior



Score	0	1	2	3	4	5	6	7	8	9	10
Pretest	0	0	0	1	2	6	11	13	10	4	4
Posttest	0	0	0	0	0	0	1	3	6	12	29

We gave tests to participants before each presentation to gauge their initial knowledge (pretests) and after each presentation (posttests).

The participants mean pretest and posttest scores both the first 52 VHM's and the second 51VHM's were :

The first 52 VHM's mean scores :

Topic	Pre Test	Post Test
Growth and Development Monitoring	6.90	7.90
Oral Rehydration and Diarrhea	8.60	9.40
Breast Feeding	8.70	9.50
Immunizations and Preventable Diseases	7.10	8.60
Family Planning/Spacing	8.90	9.50
Food Supplementation for babies	7.90	9.30
Female education :Clean and Healthy life behaviour	6.90	7.90
Average score	7.80	8.90

The second 51 VHM's mean scores

Topic	Pre Test	Post Test
Growth and Development Monitoring	6.10	8.60
Oral Rehydration and Diarrhea	6.00	7.80
Breast Feeding	8.50	9.50
Immunizations and Preventable Diseases	6.00	7.80
Family Planning/Spacing	7.60	9.60
Food Supplementation for babies	6.90	9.20
Female education :Clean and Healthy life behaviour	6.90	9.30
Average score	6.80	8.80

D. The Difficulties in the Implementation

This was our first training project, we were proud but we were worried at the same time, we felt proud and happy because we would get very useful experience.

And we were worried because after we had received the first installment of the budget in March 2008, we had to face a very busy time between April, June and July 2008.

Firstly, between April and June 2008, because our Pediatrics Department underwent its official accreditation as a new Pediatric Course and Training Centre in Indonesia, so we had a lot to prepare for. There were 2 groups/ teams from the National Pediatric Collegium and the other teams from The Indonesian Department of Education and Indonesian Medical Association.

Secondly, in the first week of July 2008 there was the Indonesian Pediatric Society Congress, and all the teaching staff and residents had 38 oral and posters papers to finish and present at the congress.

After that in August 2008, there were a lot of ceremonial activities to celebrate our Independence Day. So, we decided to re-schedule the training for September 2008, and to make the report in October 2008.

The difficulties :

It would have been easier to involve our own medical students and residents and other colleagues to help on this project, but having to work with outside partners in the community such as district officers as well as new colleagues in the communal health centres and VHMs made the preparation more time consuming.

Also we did not have experience in how to reach out to and invite the VHMs, most of whom were housewives, there being no phones in their houses. In addition, we were worried that holding this programme in the fasting month would be detrimental to VHMs attendance, but in the event, with the help of the Head of the local district health centre in persuading and inviting participants to come, we had no problems over this.

Fortunately, the training was held during the fasting month, so we did not need to serve refreshments, but for the next training we will have to provide this.

The venue for the training was about 10 km from our teaching hospital, and was not well equipped with tools to conduct the training, so we had to bring such items as laptops, printer, LCDs, screens and audio equipment with us.

Because there was no budget to buy equipment such as laptops, LCD, screen, printers, audio we had to bring our own laptops but the others we rented from the Department of Pediatrics and from the Brawijaya University Medical School for the training activities.

In addition, we had a local electricity blackout on the first day, fortunately there was a genset but we had to find and purchase gas for it, and the training was delayed for an hour.

But in the end we overcame all difficulties

The VHMs enthusiasm to get health knowledge surprised us, participants questions were many and varied and went on for sometime which was a good indication of their keenness.

E. The Budget Report

Budget Report					
Original Budget	Additional Funding	Actual Expenses (In Indonesian Rupiah : IDR)		Variance	Notes (Exchange rate US\$ 1.00 = IDR. 9.800)
I. Personnels					
Temporary Clerical Staff (four persons)		100.000 x 4 persons	400.000		40.8
II. Other direct costs					
Supplies (Pens, Paper, etc) Seminar Kit for 123 (Participants, speakers, and health center personels) - Maps - Block note - Ballpoint - Name Tag Certificate - Baby Foods and Oralyte samples - Banners (2) - Flash Disk Sub Total			2.400.000		244.8
Duplicating (printing, duplicating material for participant and other collaborator) For 123 persons (Participants, speakers, and health center personels)			3.100.000		379.4
Telephone			250.000		25.5
Postage			300.000		30.6
Speakers / Presentors (7 x @ 500.000)			3.500.000		357
Participants (VHMs; for ground transportation, snacks, etc) Lunch substitute (2 days for 103 persons @ 10.000): 2.060.000 Transportation substitute (2 days 103 persons @ 30.000) : 6.180.000 Sub Total			8.240.000		840.8
Room rental			500.000		51
Audio Visual Equipment Rental			200.000		20.4
Preparation Meeting (Snacks and drinks)			250.000		25.5
Sub Total					
Total					2,015.8

NB: Exchange rates.

The global financial crisis has caused the exchange rate for the Indonesian Rupiah (IDR) to fluctuate a great deal, from the budgeted rate of 9.800 (IDR) to today's rate of 11.800 (IDR). This may affect the next stage of the next two years project.

F. Plans for the next two years project

We have learned a lot from the staging of the first part of this project, and the experience gained suggests that it can be improved by changing the venue to our Teaching Hospital (Syaiful Anwar General Hospital), where we have for better facilities than those found in district offices. This move will also ease such problems as supervision and timing / co-ordination, for being "in house" there should be little or no time wasted through travelling to / from the venue, (a great boon for busy doctors), as well as facilitating co-ordination.

In addition, we feel that the remainder of this project can be completed within one year, not two years, without sacrificing either quality or effectiveness. Also, I am due to retire in 2009, which is another reason for bringing forward the completion date.

We hope you will find the above changes in order to get your advise and look forward to hearing your comments.