

FINAL REPORT

FINAL EVALUATION – JAAM PROJECT



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Executive Summary

The evaluation of JAAM project serves two primary purposes: (1) Learning, and (2) Control. The final evaluation was carried out in 4 villages (Loloan, Sukadana, Batu Rakit, Anyar) Bayan District, North Lombok Regency, for 1.5 effective months, starting from early October to mid-November 2022.

The methodology of the study employed a mix of qualitative and quantitative approach and adjusted with local context. As for the endline survey, the assessment should be conducted with 100 respondents. Key informants were selected by purposive sampling method, i.e. parties who had been directly involved in the JAAM Project and were able to provide complete information for the needs of the Final Evaluation, totaling 52 people. Data was collected in 4 ways: Household Survey, FDG and KII, Document Review and Observation.

The interesting findings of this evaluation were:

- The APR level from the endline survey results, showed that the JAAM project intervention village was better than the other villages. For example, related to exclusive breastfeeding, diversity of food, utilization of the yard and parenting patterns.
- The effectiveness level of the JAAM project, 87% or 20 indicators from 23 targeted indicators, had been achieved so that it was categorized as “very effective”. Another interesting finding was that there were 47 champion cadres, 242 families attending PONIA classes, 772 families receiving nutrition garden training, and support from the village government. The challenges are related to the consistency of people in applying the results of training and mentoring, the village program support tended to be more in forms infrastructure and incentives, and synergy with similar programs from the North Lombok Regency OPD (Regional Apparatus Organization).
- The impact level of the JAAM project in the context of improving nutrition and growth and development was still at the level of encouraging changes in community behavior so that they could apply the results (level 3) consistently. Meanwhile, the nutrition garden area was at the level leading to the application of results (between levels 2-3). The challenge was the lack of discipline of the assisted community in carrying out the recommended health institutions without intensive assistance from champion cadres. Other challenges were related to technical matters, starting with how to plant, caring for plants and lack of seed availability.
- The efficiency level, particularly related to human and financial support, had been managed properly so that it could contribute to the achievement of JAAM project indicators. Meanwhile, the proportion of project budgets between direct and indirect costs was not yet ideal, 48% direct costs and 52% indirect costs.
- The sustainability level was shown from the role and initiatives of the cadres of champions who were quite good at responding to the needs of the community, especially mothers and children, despite facing challenges related to volunteer motivation after the JAAM project ended and support from the village government. The potential for sustainability of the Ponia class (NERS), nutrition and growth gardens is quite large if it is energized with the Posyandu, BKKBN (National Family Planning Coordinating Board) and Health Office programs.
- In general, the achievement level of the JAAM project based on the average result (score) of the EAT analysis of the three thematic areas (Strengthening Civil Society, Gender, Health) was at level 3. This was indicated from the aspects of resources (resources), agency and achievements/results.

Recommendations from the evaluation results include: (a) Integration of Programs Related to Nutrition Issues, i.e. aspects of substance, program strategy, Program Management, Policy and Sustainability; (b) Empowerment, i.e. aspects of Strengthening civil society, Gender equity and Health.

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Acronyms and Abbreviations

ANC	Perawatan antenatal	AnteNatal Care
APBDES	Anggaran Pendapatan dan Belanja Desa	Village Budget
APR	Pencapaian Berdasarkan Tingkat Persepsi	Achievement Perception Rate
ASI	Air Susu Ibu	Breast milk
BAPPEDA	Badan Perencanaan Pembangunan Daerah	Development Planning Agency at Sub-National Level
BB/TB	Berat Badan/Tinggi Badan	Weight/Height
BB/U	Berat Badan/Umur	Weight/Age
BF	Menyusui	Breastfeeding
BKB	Bina Keluarga Balita	Bina Keluarga Balita
BKKBN	Badan Koordinasi Keluarga Berencana Nasional	National Family Planning Coordinating Board
BPS	Badan Pusat Statistik	Central Bureau of Statistics
BUMDES	Badan Usaha Milik Desa	Village-Owned Enterprises
COVID-19	Penyakit Virus Corona 2019	Corona Virus Disease 2019
DP2AKBPMD	Dinas Pemberdayaan Perempuan Anak, Keluarga Berencana dan Pemberdayaan Masyarakat Desa	Department of Women's Child Empowerment, Family Planning and Village Community Empowerment
EAT	Alat Penilaian Pemberdayaan	Empowerment Assessment Tool
FGD	Diskusi Kelompok Terfokus	Focus Group Discussion
IMD	Inisiasi Menyusui Dini	Early Initiation of Breastfeeding
JAAM	Aksi Bersama Melawan Gizi Buruk	Joint Action Against Malnutrition
KAP	Pengetahuan, Sikap & Praktik	Knowledge Attitude and Practice
KB	Keluarga Berencana	Family planning
KIA	Kesehatan Ibu dan Anak	Maternal and Child Health
KII	Wawancara Informan Kunci	Key Informant Interview
KLU	Kabupaten Lombok Utara	Kabupaten Lombok Utara
KPM	Kader Pembangunan Manusia	Human Development Cadre
LFA	Pendekatan Kerangka Logis	Logical Framework Approach
MEAL	Monitoring, Evaluasi & Pembelajaran	Monitoring, Evaluation & Learning
MUSRENBANG	Musyawaharah Perencanaan Pembangunan	Community Consultations on Development Planning
NLM	Misi Lutheran Norwegia	Norwegian Lutheran Mission
NORAD	Badan Kerjasama Pembangunan Norwegia	Norwegian Agency for Development Cooperation
OPD	Organisasi Perangkat Daerah	Regional Apparatus Organization
Perda	Peraturan Daerah	District regulation
Perdes	Peraturan Desa	Village Regulations
PMT	Pemberian Makanan Tambahan	Supplementary Feeding
PONIA	Pos Nutrisi Ibu & Anak	Maternal & Child Nutrition Post
Posyandu	Pos Pelayanan Terpadu	Integrated Health Post
P2L	Pekarangan Pangan Lestari	
Puskesmas	Pusat Kesehatan Masyarakat	Public Health Center
RKPDES	Rencana Kerja Pemerintah Desa	

RPJMD	Rencana Pembangunan Jangka Menengah Daerah	Regional Medium Term (5 Year) Development Plan
SIMONEP	Sistematika Monitoring Evaluasi dan Pembelajaran	Systematics of Monitoring Evaluation and Learning
TOC	Teori Perubahan	Theory of Change
TOR	Kerangka Acuan	Term of Reference
TP PKK	Tim Penggerak Pemberdayaan Kesejahteraan Keluarga	Family Welfare Empowerment Team
TPK	Tim Pendamping Keluarga	Family Support Team
TPPS	Tim Percepatan Penanganan Stunting	Stunting Handling Acceleration Team
YNLM	Yayasan Nurani Luhur Masyarakat	Nurani Luhur Masyarakat Foundation

Program Context

A. Project Presentation

YNLM, Yayasan Nurani Luhur Masyarakat, is the implementing organization, that since 2018 has run a community development project on Lombok. The project experienced severe earthquakes mid-year 2018. This forced the project to carry out emergency response that delayed the implementation of regular activities. The project is implemented in 4 villages in North Lombok: Anyar village, Baturakit Village, Loloan Village and Sukadana Village with a total of 20.473 people predominantly consisting of farmers, but also fishers. The project is funded by NLM (Norwegian Lutheran Mission) and Norad (Norwegian Agency for Development Cooperation).

Project goal: Improved growth and wellbeing among children under 3 years

Main objectives:

- Children under 3 years has a sustained nutritional diet
- Children's physical, social/emotional and intellectual development is according to age Project

Methodology:

This project implementation uses positive deviance approach. This approach believes that there are some children with the same age group and economic status, who have never experience malnutrition while other children experience it. This different but positive behaviour is an example to be adopted with improvement, both from the food variety and other positive behaviours. Example of this deviation spread out by integrated health centre cadres through integrated health centre activity, ten days nutrition education and rehabilitation post, and home visit.

This approach emphasizes on education through cooking practice and hygiene and healthy living practice to change daily behaviour in an intensive way for 21 days. It is expected that parents and caregiver awareness will emerge when they see the quasi-improvement of children condition and nutritional status after following the suggestion. All of the ingredients should be available locally with affordable price even for the poorest family.

This practice is introduced to beneficiaries through the humanitarian response activities that we call PONIA (Maternal & Child Nutrition Post). It consists of 12 days of gathering with the caregiver and their 6-35 months children in 28 out of 32 target Posyandus where participants learn how to process nutritious food for their children and stimulate their growth and development. Once the 12 days-cycle is accomplished, the meeting is resumed with bi-monthly gathering for the Nutritious Food Process class and Parenting class in 32 target Posyandus.

To complete the program intervention on nutrition and development for children, the target beneficiaries are supported with home gardening program in which the target families are encouraged to utilize their house yard to produce nutritious food ingredient for family consumption and encourage parenting toward children while practicing the home gardening activities. To raise awareness of the government and community in target villages, this program has run in 38 target sub-villages.

The humanitarian activities of JAAM project in the community in 4 target villages has ended in June 2022. In its progress, JAAM project has addressed families with children of 6-35 months of age with normal, malnourished, and severe malnourished health status, families with pregnant women, families with children attending target playgrounds, and families of Champion cadres.

The PONIA (Maternal & Child Nutrition Post) has been operating since September 23rd 2018. There have been 6 nutrition posts, (2 in each village), targeting pregnant women, breastfeeding mothers, and infants from 0 to 36 months. Activities have included feeding, stimulating child development through toys and variations in campaign, counselling or training such as first aid, cooking classes, water sanitation, health and hygiene, photography classes for documentation, health services, nutrition classes and counselling on protection and safety.

B. Purpose of the Evaluation

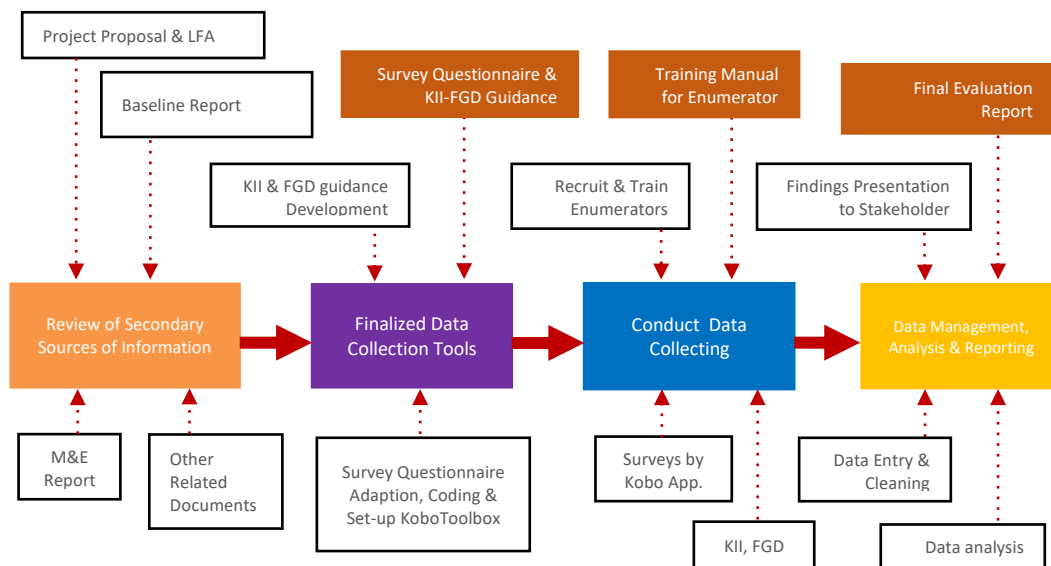
The evaluation serves two primary purposes:

1. Learning: The evaluation should be a systematic and participative processes that contribute to learning throughout the project chain: for rightsholders, project, partners, and donors. Learning will contribute to network building, inspiration, and quality results.
2. Control: Further, the evaluation should provide an objective and systematic assessment of the project's achieved results, and document that funds are used in accordance with applicable agreements and guidelines.

Evaluation Implementation

A. Frame Work

The framework of the External Final Evaluation of JAAM activities includes four major stages: review of secondary data (related documents), finalization of data collection instruments, data collection and analysis-reporting.



B. Location

The Final Evaluation was conducted in 4 villages (Loloan, Sukadana, Batu Rakit, Anyar) Bayan District, North Lombok Regency, which is located on the Lombok island . This location was the location where the JAAM project was implemented. The 4 villages that were the locations for the External Final Evaluation are spread quite far apart however the road access are mostly quite good.

C. Implementation Time

Overall, the implementation time for the Final Evaluation was 1.5 effective months, starting from the beginning of October to mid-November 2022.

D. Methodology

1. Approach

The research will employ mix qualitative and quantitative approach and adjusted with local context. Quantitative approach will employ KAP (Knowledge Attitude and Practice) of the beneficiaries of JAAM Project.

Qualitative approach is employed to identified actual condition of the project based on the written and spoken, event, and data from the related beneficiaries. The approach is important to support analysis of the end-line survey.

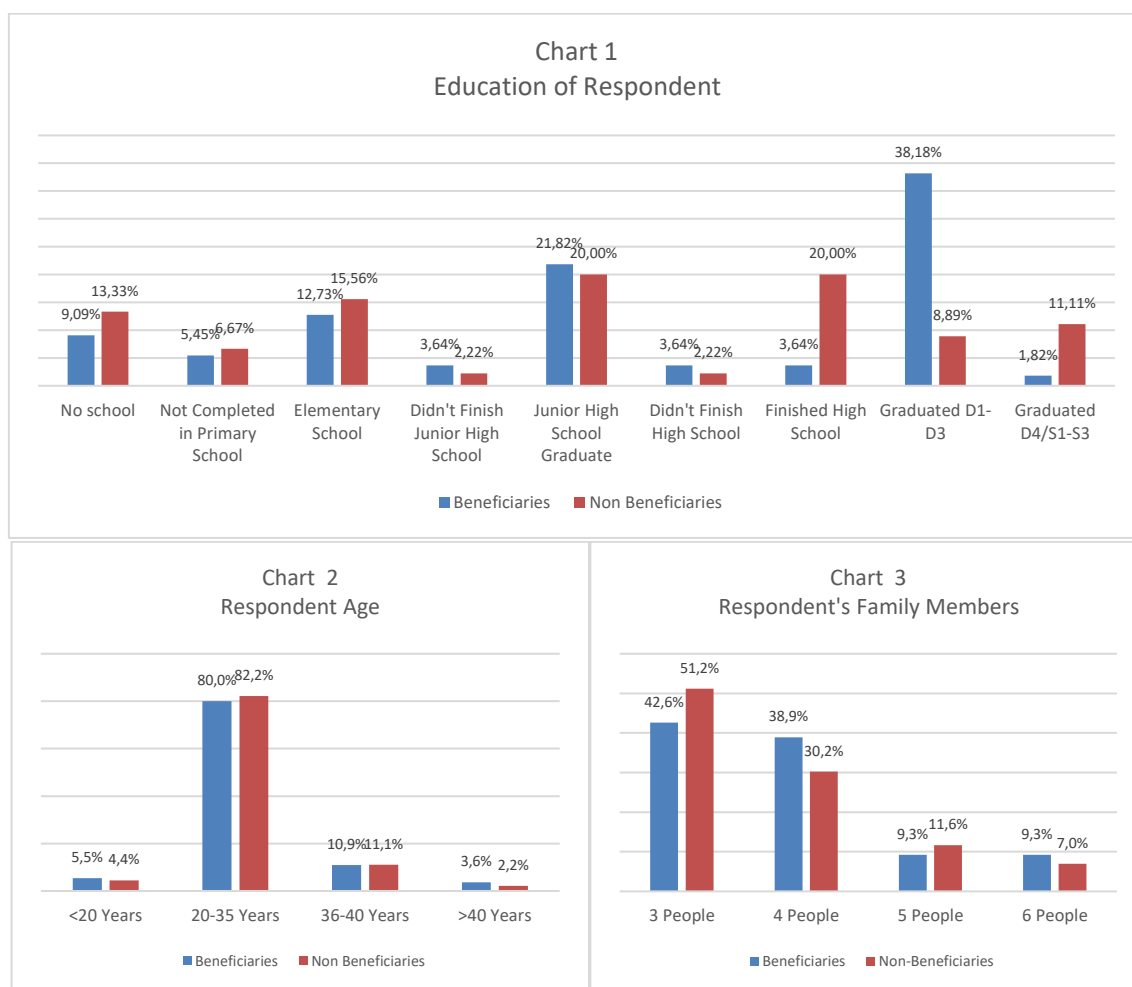
2. Respondent and Key informant

a. Respondent

As for the endline survey, the assessment should be conducted with 100 respondents with following criteria:

- 20 families of JAAM direct beneficiaries MIXED with NON-beneficiaries that have 0-5 months children by September 2022 (5 from each of 4 target villages)
- 40 families of JAAM direct beneficiaries with children of 6-35 months old by September 2022 (10 from each of 4 target villages)
- 40 families of NON-JAAM direct beneficiaries with children of 6-35 months old by September 2022 (10 from each of 4 target villages)

The profile of the endline survey respondents description based on education level, age and number of family members.



b. Resource Person/Key Informant

Key informants were selected by purposive sampling method, i.e. parties who had been directly involved in the JAAM Project and were able to provide complete information for the needs of the External Final Evaluation, totaling 52 people consisting of: parents/caregivers, posyandu (Integrated health Post) cadres, champion cadres, village government, village midwife, OPD, (Regional apparatus Organization), Health office, Bappeda, Department of agriculture and food security, DP2KBPM and JAAM project team.

3. Data Collection

Data collection was done in three ways:

- a. Household survey
The household survey was conducted by local enumerators and data was collected via mobile device using the Kobo-Toolbox application. This will allow data to be uploaded on the server on a daily basis. Monitoring for data quality assurance is carried out regularly.

The number of households surveyed was 100 respondents from 4 villages in Bayan sub-district, North Lombok Regency.

- b. In depth interview (KII and FGD)
To support quantitative data analysis, the consultant conducted 10 FGDs and 7 KII. Especially for the FGD with the JAAM Project team, because there was a need for deepening and confirming data which was conducted 3 times online and 1 offline.

- c. Document Review
The purpose of the document review is to find out in more detail about the concept (design) of the project, current achievements and the results of previous project studies and evaluations. The results of this document review will be used to finalize the methodology, instruments and analysis of the findings of the final JAAM project evaluation. Some of the documents reviewed include: LFA or ToC Document, Progress Report Document, Baseline Survey – Indicator Document, Midterm Evaluation Document, Beneficiaries and Stakeholder List Document and List Policy Recommendation Document.

4. Data Analysis

- a. APR (Achievement Perception Rate) Analysis
This technique is used to analyze household survey with methods as follow:
- Frequency tabulation, cross tabulation & diagram to map out JAAM Project Final Result
 - Percentage to measure perception, knowledge, and attitude of group beneficiaries.
- The formula for calculating the index is:

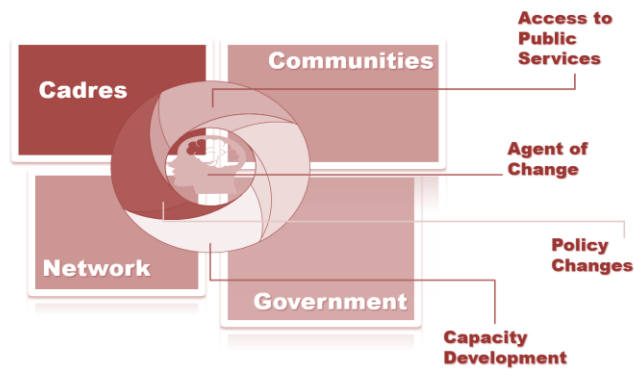
$$: \frac{\text{Total Parameter Real Score}}{\text{Maksimum Score of Parameters}} \times 100\%$$

- b. Effectiveness Analysis
The analysis is use to measure JAAM program Achievement compare with LFA/TOC and affected factor

$$\text{Effectiveness} = \frac{\text{KPIs achieved}}{\text{Number of KPIs}} \times 100\%$$

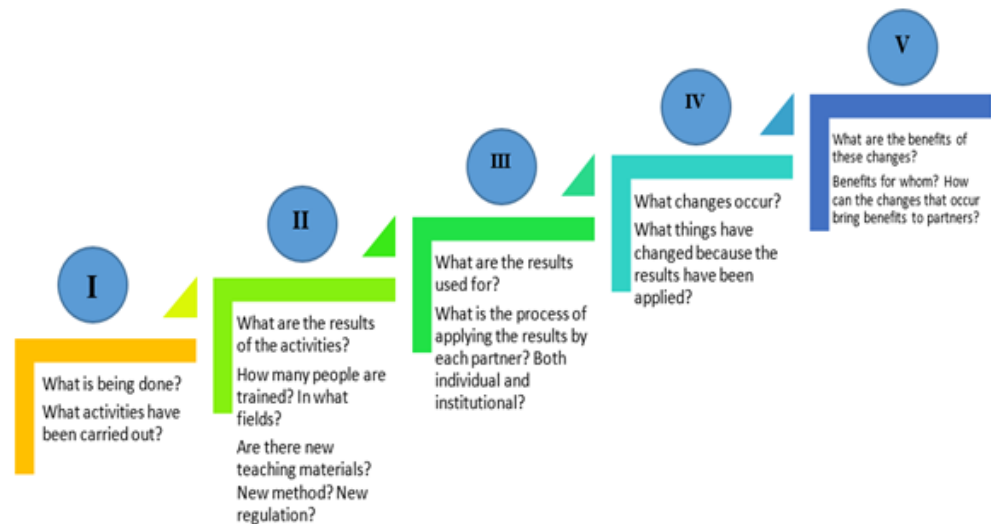
Achieve Category :
76% - 100% (Very Effective); 51% - 75% (Effective); 26% - 50% (less effective); <25% (not effective)

- c. Sustainability Analysis
The analysis to map-out dynamic relation from four-Quadran as main analysis component of sustainability of JAAM program



d. Impact Analysis

This analysis is used to determine the level of change that occurs to the beneficiaries, starting from the identification of the results (outputs) of a series of program interventions, the implementation of outputs so as to encourage change (outcomes), what benefits and to whom the benefits are felt as a result of changes driven by the program.



e. EAT (Empowerment Assessment Tool) Analysis

Thematic areas in empowerment assessment at the project level are focused on: (a) Strengthening civil society, (b) Gender equity; (c) Health, and is directed to answer the following questions:

- To what degree is the change in empowerment – at output, outcome, or impact level?
- At what levels are the empowerment taking place: individual, community or society
- Are there differences in empowerment with regard to “themes/areas of work” in the project?

5. Quality Control

Strategy that will use to validate and ensure quality of the data collecting and data analysis

- Reviewing Questionnaires
Substance (logic of question, language), layout, coding & logic di Kobo, questionnaire trial .
- Enumerator Training
Program substance (JAAM design Program, Questionnaire Question); Technical Aspect (Question & probing, KoBoToolbox)

- **Data Collection Process**
The survey was conducted by a local enumerator and supervised directly by a local evaluator. Survey result data is monitored in real time through the KoBoToolbox server. Meanwhile, KII & FGD were carried out by the main consultant of SIMONEP assisted by a local evaluator. The data collection process is documented through photos, videos, voice recordings.
- **Team Management**
Combination Skill (Methods& JAAM project issues); local team involvement, gender proportion

6. Guiding Principle

It is very important that every member of the assessment team understands the importance of protecting the rights of informants. This includes their right to informed consent to participate in surveys, their right to refuse participation in the assessment, their right to privacy, and their right to be treated without judgment during the interview process.

7. COVID 19 Health protocol

- Enumerators & Field Supervisors will be recruited from the local community, the amount is adjusted to the number of villages and respondents.
- The consultant team and the field team that will go to the field must be in good health and have received at least 2 doses of vaccination.
- While in the field, the consultant team and the field team are required to apply the 5M health protocol, namely wearing masks, washing hands with soap and running water, maintaining distance, avoiding crowds, and reducing mobility.
- FGD participants will be limited to a maximum of 15 people.
- Informants to be interviewed are in good health and willing to be interviewed

8. Evaluation Limitation

- Some survey endline respondents were not respondents to the baseline survey because the number and composition of beneficiaries are dynamic. This is because the categorization of JAAM beneficiaries are families with infants less than 3 years old. Each respondent also has a different understanding and experience of the JAAM project because the duration of their involvement is different from the JAAM project because it is influenced by the age criteria of the child. This has an impact on the validity of the data.
- The nutritional status data generated from the monthly monitoring of the JAAM project and the final evaluation were very volatile because they were influenced by many technical and non-technical factors, such as the validity of weight and height measurements by cadres.
- Project data management was not well managed due to high turnover of program personnel/staff.

Analysis and Finding

A. APR (Achievement Perception Rate) Analysis

The perception analysis of program achievement will be reviewed from three main aspects of the program which related to children's nutrition, nutrition gardens and children's growth and development based on the results of the endline survey.

1. Nutrition

The main aspect in fulfilling children's nutrition, especially for toddlers aged 0-6 months is in exclusive breastfeeding. There are significant changes related to changes in exclusive breastfeeding for children when compared between baseline and endline.

Table 1

Baseline		Endline	
Intervention	Control	Intervention	Control
42,86%	50%	93.75%	100%

Regarding child nutrition, there are two important aspects related to the adequacy of nutritious food intake for toddlers (6-50 months). Adequacy of nutrition is seen from the consumption pattern of children using food recall. An analysis will be carried out to map the extent of the children's menu diversity. Measurement was to see the extent to which children consume a balanced nutritious food regardless of the amount of food intake.

Table 2

	Intervention	Control
Carbohydrate	16%	7,50%
Animal Carbohydrates and Proteins or Carbohydrates and Vegetables	24%	42,50%
Carbohydrates, Vegetables and Animal Protein	59%	50,00%

A similar pattern is also seen in the diversity of food consumed by the respondents (toddlers). The following table shows the pattern of food diversity consumed by respondents in the intervention village or in the control village.

Table 3

Food Variety	Intervention	Control
Cereal carbohydrates (Rice, noodles, wheat, corn and their derivatives)	77,55%	91,11%
Tubers (cassava, potatoes, sweet potatoes, sago and their preparations)	26,53%	26,67%
Nuts (soybeans, peanuts, seeds, other nuts)	38,78%	33,33%
Vegetables and preparations (leaf vegetables, fruit/root vegetables, legumes, spinach, katuk, moringa, errang, pumpkin, young erran vegetables, etc.)	69,39%	80,00%
Fruits (Bananas, oranges, erran, erra, watermelon, etc.)	69,39%	77,78%
Meat and processed (Erran meat, beef/buffalo, goat/lamb, pork, offal, chicken intestine, liver, etc.)	34,69%	33,33%
Fish and preparations (Sea fish, freshwater fish, squid, scallops/snails, shrimp, crabs Eggs and processed chicken eggs, ducks, others)	53,06%	57,78%
Milk and processed (SKM, powdered milk, liquid, infant formula, special formula Oil/fat and processed Palm oil, coconut oil, others)	10,20%	8,89%
Sugar and confectionery (Sugar, candy, honey, jelly, chocolate, syrup, jam, others)	40,82%	31,11%
Beverages (The, packaged drinks, soda drinks, powders, others)	22,45%	17,78%

2. Nutrition Garden

Related to food security, the pattern of using the yard as a nutrition garden is also quite optimal.

Table 4

What did Respondents do with their own yard?	Baseline		Endline	
	Intervention	Control	Intervention	Control
Planted flowers	15.35%	17.86%	5,45%	2,22%
Planted vegetables/fruits	35.55%	30.36%	74,55%	66,67%
Made for animal cages	16.37%	14.26%	0,00%	4,44%
left	26.34%	26.79	7,27%	4,44%
Used for business	0		3,64%	15,56%
Don't have a yard	6.39%	10.71%	0%	0%

Although the number is quite high, this habit is only able to meet the needs of 16.4% of respondents in the intervened village and 8.89% in the unintervened village.

Table 5

Where do the family sources of vegetable protein (vegetables) come from?	Intervention	Control
Own garden	16,4%	8,89%
Market	38,2%	28,89%
Mobile Merchant	43,6%	60,00%
Shop	1,8%	2,22%
Ask neighbors	0,0%	0,00%
Other	0,0%	0,00%

3. Growth and Development

Meanwhile, in the aspect of child development, in general there is a pretty good trend. The role of fathers and mothers is still very dominant as main caregivers. Almost 100% of respondents in the intervention village or in the control village saw that the role of parents was still very dominant.

Table 6

Who is the primary caregiver for the child at home?	Intervention	Control
Mother father	100,00%	100,00%
Grandparents	0,00%	0,00%
Nanny	0,00%	0,00%
other	0,00%	0,00%

This also can be seen in the role of parents regarding children's education which is still very dominant. This condition has an impact on the low negative changes in children's growth patterns. Only about 18.18% of respondents in the intervention village said there was a change in the child's sleep pattern. Likewise, changes in children's eating patterns are also not too dominant, only 14.55% of children under five in the intervention village.

Table 7

	Intervention	Control
Are there changes in sleep patterns, for example, often waking up at night, or staying awake all day?	18,18%	26,67%
Does the child experience changes in eating patterns such as loss of appetite or not wanting to eat at all?	14,55%	20,00%
Encouraging children to play	94.55%	97.77%

This positive condition is also in line with the parents encouragement for children to play. At least 94.55% of respondents in the intervention village said that they encouraged children to play.

Based on the mapping above, the JAAM program had been able to encourage food security, especially at the household level. The encouragement to ensure households optimize their yards to meet basic needs had already seen in the efforts and impacts. Likewise, regarding the growth and development of children, it had already seen that there was a movement towards good growth in toddlers in the assisted areas.

Challenges were still visible in the consumption patterns and food diversity of toddlers. The challenge to ensure toddlers could get a balanced nutritional intake both in terms of variety and quantity was a challenge that needs to be answered by the program.

B. Effectiveness Analysis

Based on the project indicators, the project achievement rate was 87% or 20 indicators were achieved from the 23 targeted indicators. Thus, the achievements of the JAAM project are categorized as "very effective". The three indicators that were not achieved were:

- Indicator 1.2: # out of total # of children attending the nutrition and rehabilitation sessions (NERS) with an improved nutritional status after 1 year. The challenge of achieving this indicator was the consistency of parents in providing treatment to their children through the provision of nutritious food.
- Indicator 1.4: # out of total # of children from 6-35 months that have a minimum dietary diversity. The challenge in achieving this indicator was the people's consumption patterns habit that prioritize carbohydrates over others such as vegetables, fruits, fish, meat, nuts, milk, etc.
- Indicator 2.2.3: # of parents demonstrating increased understanding of age-appropriate practices to stimulate children's physical, social/emotional and intellectual development. The challenge in achieving this indicator was the parents' capacity and parenting styles that they had already believed and applied strongly enough in stimulating children's growth and development.

The next findings analysis was to determine the effectiveness of the JAAM program if it was seen from the 3 main project intervention areas: Nutrition, Growth and Development and Nutrition Gardens.

1. Nutrition

The JAAM project's intervention to support nutrition aspects in 4 project location villages had succeeded in producing 16 nutrition champions cadres as the driving force in the community. The nutrition champion cadres were selected from Posyandu cadres in the 4 JAAM project sites. Various capacity building activities had been provided to nutrition champion cadres by the JAAM project so that they were able to carry out their roles as resource persons and assistant related to: Positive Deviance, NERS or PONIA, Infant and Child Feeding, Processed Menu for Children PMT (Supplementary Feeding).

Findings from FGDs with parents in 4 villages showed that the presence of these nutrition champion cadres was very important. The parents could get various knowledge related to nutrition that was important for their children even though previously they were lack of knowledge related to it. In order to support families who had a potential nutritional risk for their babies, until the end of the JAAM project, 242 families were enrolled in the PONIA (NERS) class in 4 villages where the JAAM project were located.

In fact, the JAAM program also distributes “Books of 25 Favorite Menus” and “10 Videos of Cooking Guides for Nutritious Menus” to help parents in supporting their children's nutritional needs, .

The challenge related to this was the results implementation of training and mentoring from the JAAM project through nutrition champion cadres. The pattern of community habits that had been formed for a very long time added with not supportive environmental factors were a big challenge for parents to apply the results of training and mentoring consistently.

"It's a bit difficult to implement it. If the child is crying asking for snacks like chips at the stall, parents are often helpless and finally fulfill it because they don't want to hear their child crying all the time”.

Sukadana Village Parents

“In the beginning, we were still enthusiastic about making nutritious processed foods from local ingredients, but lately it has decreased. Most parents don't want to be cook complicated food, they prefer looking for something practical.”

Batu Rakit Village Parents

The next challenge was related to the trend of “very less” and “underwigh” nutritional status in the JAAM project site villages from 2020 to August 2022 which fluctuates but tends to increase, especially for ages 6-59 months.

Table 8
Nutritional Status Age 0-6 (BB/U)

No	Village	Tahun											
		2020				2021				2022			
		Very Less	Under-weight	Normal	Over-weight Risk	Very Less	Under-weight	Normal	Over-weight Risk	Very Less	Under-weight	Normal	Over-weight Risk
1.	MUMBUL SARI	0	1	15	1	1	1	38	1	2	1	47	9
2.	AKAR AKAR	0	5	25	2	0	1	17	0	1	3	22	1
3.	SUKADANA	0	5	51	1	3	7	40	4	0	3	27	14
4.	ANYAR	1	6	9	0	2	10	46	1	1	5	54	7
5.	DESA BATU RAKIT	1	2	23	0	1	1	17	0	0	1	25	1
6.	DESA ANDALAN	1	0	24	2	3	3	24	0	3	4	18	3
7.	GUNJAN ASRI	0	3	17	1	1	5	19	0	1	2	24	3
JUMLAH		3	22	164	7	11	28	201	6	8	19	217	38

Source: KLU Health Office-Processed

Tabel 9
Nutritional Status Age 6-59 (BB/U)

No	Village	Tahun											
		2020				2021				2022			
		Very Less	Under-weight	Normal	Over-weight Risk	Very Less	Under-weight	Normal	Over-weight Risk	Very Less	Under-weight	Normal	Over-weight Risk
1.	MUMBUL SARI	3	19	96	1	13	83	271	6	14	90	305	7
2.	AKAR AKAR	5	38	153	4	5	40	171	3	6	41	174	2
3.	SUKADANA	18	97	318	5	14	82	352	14	20	102	344	7
4.	ANYAR	5	54	234	2	11	96	504	10	17	134	480	6
5.	DESA BATU RAKIT	13	66	215	2	9	58	221	2	8	51	213	5
6.	DESA ANDALAN	6	45	165	3	5	44	184	4	10	46	201	4
7.	GUNJAN ASRI	6	54	195	3	6	47	198	5	10	36	206	3
JUMLAH		56	373	1376	20	63	450	1901	44	85	500	1923	34

Source: KLU Health Office-Processed

Another interesting finding was related to the support of the Village Government which was shown by several activities/programs related to nutrition which were included in the RKPDes (Village

Development Work Plan). For example, for the 2022 RKPDes, the budget related to nutrition activities in Batu Rakit village is Rp. 320,624,000, in Sukadana village is Rp. 207,750,000, in Loloan village is Rp. 350,000,000 and in Anyar village is Rp. 418,000,000. In addition, the existence of the Village Health Committee, consisting of elements of the Village Government (people's welfare affairs) and Pokja (working group) 3 TP PKK, which has a role in monitoring activities related to maternal and child health became a separate support force to ensure the effectiveness of the JAAM project intervention.

Great support commitment from the village government regarding nutrition issues was in line with the policies of the central government related to stunting prevention activities so that all villages were required to plan activities related to child nutrition as an effort to accelerate the reduction of stunting rates. Even the types of activities were also based on input from the central, provincial or district governments such as: the development of a regular posyandu into a family posyandu, cadre incentives giving, TPPS incentives giving, KPM incentives giving, etc.

The challenge related to this was the effectiveness of the implementation of these activities/programs. There was a tendency to absorb large budgets for physical activities such as the construction of posyandu buildings (in anyar village, Batu Rakit). Activities that aimed to support behavior change in the community were still very minimal.

2. Nutrition Garden

Until the end of the JAAM project, there were 772 families who received training in nutrition gardening. In Anyar village there were 170 families, In Batu Rakit 163 there were families, in Loloan there were 233 families and in Sukadana there were 204 families. Based on the results of the endline survey, it showed that 74.5% of the respondents' house yards were used to plant vegetables/fruits. However, the existence of the nutrition garden was only able to meet 16.4% of the family's vegetable protein (vegetable) needs.

This was in line with FGDs results and field observations, which showed that some of the nutrition gardens (especially in the 2021 period) had very reduced in types of vegetable crops, only chillies and tomatoes that were left.

“This nutrition garden is actually very helpful, only because it lacks maintenance and people are more concerned with working in the fields, makes the nutrition garden is now less than before. We also have difficulty in getting vegetable seeds, so when we run out of seeds, we replace them with other plants.”

Sukadana's Parents

Even though the people who participated in the nutrition garden training had been trained to do the seeding correctly, in practice some of them did not implement it so that the availability of seeds quickly ran out. In addition, the community also did not have a good ability to carry out independent nurseries from previous plants.

Another challenge related to nutrition gardens was the husband's (male) support in taking care of the garden because the husband thought that it was his wife's (female) business. This had the potential to increase the double burden of women. Another thing related to the synergy with the P2L (Sustainable Food Court) program of the Agriculture and Food Security Department was also not optimal. PPL's involvement in nutrition garden activities was still activity-based and at only based on invitation of the JAAM project.

However, all interviewees agreed that the nutrition garden concept was very interesting and helpful for the community. Even the TP PKK of North Lombok Regency replicated this nutrition garden in the

Regent's official residence. Another replication was also carried out by the head of the nutrition garden champion cadre in Batu Rakit village at the school where he served. The support from the village government regarding the development of nutrition gardens was also very good, even the cadres of nutrition garden champions in Batu Rakit village got incentive funds and transport money. For example, for the 2022 RKPDes the budget related to nutrition garden activities in Batu Rakit village is Rp. 213,000,000, in Sukadana village is Rp. 210,015,000, in Loloan village is Rp. 5,000,000 and in Anyar village is Rp. 19,000,000.

3. Growth and Development

The intervention related to the growth and development aspect in the JAAM project was relatively slower than the nutrition aspect and the nutrition garden. It has just started around the end of 2021. Thus, at this phase the JAAM project intervention was still the introduction of new methods in parenting. Mentoring and monitoring activities were limited in time due to the end of project duration.

There were 16 cadres of growth and development champions from 4 JAAM project location villages who had received various improvement activities from the JAAM project, including those related to: First 1000 Days of Life, Parenting and Parenting Goals, Early Detection of Child Development and Stimulation, Skills to develop Stimulation Tools/games. These growth and development champion cadres then played a role in conveying these main topics to parents through special classes or in conjunction with other meetings, as well as conducting monitoring visits to the target parents' house.

When referring to project indicators related to growth and development aspects as reflected in the results of monthly monitoring and endline surveys, almost all of them had been achieved well. This was also confirmed from the findings in the field which stated that the informants' knowledge increase related to how to stimulate the growth and development of children from birth.

“Through parenting activities, I understand how to handle children according to their age. We used to just give toys to children as long as they happy. We just found out that parents need to accompany their children to play, it is also very important.”

Anyar Village Parents

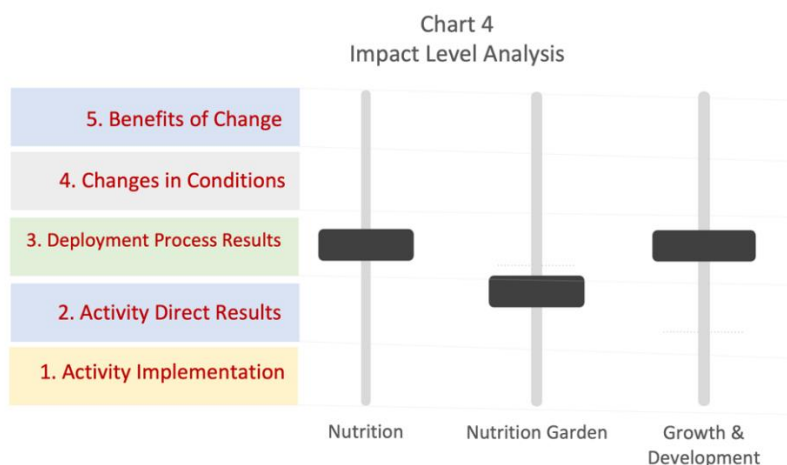
The challenge related to this was the consistency of parents in implementing the results of mentoring at home. Other family members who did not attend class or mentoring sessions were often at odds in dealing with children.

The commitment of the village government to support activities/programs related to child development was also quite good, at least in Anyar and Batu Rakit villages. Even in Anyar village, budget support was not only for physical activities but also for quality improvement through incentive support, capacity building, task forces, HI PAUD, etc.

The 2022 RKPDes related to growth and development activities in Batu Rakit village is Rp. 6,000,000, in Loloan village is Rp. 160,000,000 and in Anyar village is Rp. 286,865,000. The challenge is encouraging 2 villages to allocate a budget in the RKPDes at least the same as Loloan or even Anyar village (Batu Rakit village, whose budget is still low, and Sukadana village, which has no budget allocation).

C. Impact Analysis

The impact analysis part as described in the methodology section is using the ladder of change framework as shown below. This section attempts to uncover changes starting from identifying the results (output – level 2) of a series of project interventions, examining how the assisted groups process in implementing these outputs (level 3) so as to encourage any change (outcome – level 4) at the individual, community level /network, government up to policy changes if any. This analysis also seeks to reveal what benefits and to whom these benefits were felt as a result of changes driven by the project over the last 4 year where in the last years there were Covid pandemic.



1. Nutrition

The basic assumption through the review of program implementation documents was that currently mothers with children with good nutritional status were generally mothers who breastfeed their children until the age of two. Children who were still breastfed also eat complementary foods, such as carrots, potatoes, spinach, bananas, papaya, eggs, fish, chicken, tempeh, and tofu. The practice of providing a variety of foods was also indicated to persist to varying degrees at the household level. Mothers in the target group showed limited creativity in cooking food ingredients. For example, in making processed tofu, tempeh, pudding, or even fish.

This evaluation study also identified the characteristics of mothers with children whose weight was in the yellow line or below the red line. In this group, mothers only breastfeed their children until the age of 3-6 months. After that, the children were fed solid food. Further findings from interviews and group discussions concluded that this kind of action occurred because of habits passed down from previous generations. The mothers said that their mothers taught them to give solid food to their children when they were 3-6 months old.

In general, program achievements in the context of impact on nutrition were at level 3 where the consistency of implementing program initiatives was still in progress. This group of mothers who gave irregular eating pattern to their children. They sometimes skip breakfast or dinner. Instead, children were allowed to get snacks from their parents. It could be seen again from the data of e-PPGBM (nutrition section) which was also in line with the results of discussions with parents in the villages of Sukadana, Anyar and Loloan that there was no significant increase in body weight during Ponia activities. This was also because knowledge about the consumption of minimal food diversity was not realized. Parents prefer to provide unhealthy snacks that can be purchased from stalls and as the result children did not want to eat and/or finds it difficult to eat food prepared by his mother.

2. Nutrition Garden

This initiative was placed in the perspective of prioritizing food products based on local potential, contain high nutrients and could be stored for a long time according to the conditions of the target community. This program initiative was a form of community disaster mitigation and to strengthens citizen literacy about community collective food security as a form of resilience to face the risk of food crises or humanitarian crises in the future.

In general, from an impact perspective, the program's achievement was at slightly above level 2: The target community was practicing program initiatives but had obstacles to continue to maintain it so that it be maintained consistently and even developed. The results of observations and group discussions indicated that currently many nutrition gardens were not operating due to constraints on the availability of seeds. Mothers feel burdened in caring for the nutrition garden (because their husbands did not help). On the other hand, the plants being planted today are not in line with the initial goal of the project, to fulfill nutrition for children (because they choose to plant chilies or tomatoes which are easier to care for).

3. Growth and Development

The JAAM program was implemented for targeting the consumption patterns, the availability and also the processing of complementary foods for breast milk. The strategy implemented was also related to childcare, through direct practical assistance by champion cadres to target communities. The mothers then applied the lessons in their homes. The consistent and continuous application of mothers was a key step to bring changes in the child's condition in a positive direction. The ideal implication was that there was a change in the attitude of mothers about the importance of proper nutrition and parenting patterns for children.

In general, program achievements in the context of growth and development impact were at level 3 where the consistency of program implementation initiatives was still in progress. The function of the champion cadre became the main component in growth and development then played a role in conveying the main topics to parents through special classes or in conjunction with other meetings, as well as conducting monitoring visits to the homes of the target parents. The independent initiative of the parents without the presence of a champion cadre still had to be tested.

D. Efficiency Analysis

Project JAAM was supported by 12 program staff (Project Coordinator, MEAL Officer, 3 Project officers, 3 Community facilitators) and support staff (Logistics, Finance officer, Driver, Cleaning Service). With the project's reach covering 4 villages and 3 intervention areas: nutrition, nutrition gardens and growth and development. The number of staff and financial support was considered to be sufficient. However, because the rotation rate of program staff was quite high then it interferes the effectiveness of the program.

The budget for the JAAM project for the year 2021-2022 was Rp. 5,774,612,175, with a proportion that was "less than ideal" because the proportion of project indirect costs was actually greater than the indirect project costs, which was 52% or Rp. 3,009,740,000 versus 48% or Rp.2,764,872,175. The indirect costs of the project consisted of: Payroll expenses for expatriates, Payroll expenses for local staff, Consultants, Local audit, Education/capacity building, Administration, Transport and travel, Evaluation, Base office rent. Meanwhile, direct costs included training, mentoring and other activities directly with beneficiaries.

The JAAM Project had succeeded in reaching 1,300 families with babies aged 0-35 months. The level of participation of beneficiaries in various project activities was also quite high, even in some activities they were willing to contribute, such as in nutrition gardens, cooking classes and other activities. The role of

local stakeholders such as village government and puskesmas through village midwives was also quite high through the collaboration of related activities.

The JAAM project in the indicator of project achievement was very good as planned. This indicated that the support resources (personnel and money) had been managed properly. However, there were other resource opportunities that had not been optimized by the JAAM project in order to become more efficient, they were: the synergy with similar programs/activities at the village level, the agriculture and food security office (P2L), BKKBN (BKB), the Health office (nutrition class), village cadres (posyandu cadres, KPM, TPK, etc.).

E. Sustainability

Prospects for the Sustainability of Champion Cadres

According to the initial explanation related to the methodology, sustainability analysis was based on the dynamics of the four Quadrants as the main components of sustainability, they are: individual drivers, communities target change, networks for supporting collaborative work (eg private sector, academics, press, etc.) and government.

In the individual context, the implementation of musrenbangdes (village development planning deliberation) in Anyar village had involved Posyandu cadres, some of whom were champion cadres. The champion cadres had begun to express their opinions during the meeting. However, the project design did not specifically place champion cadres as agents of systematic change in Posyandu institutions as the main local entity that oversees maternal and child health issues. The role of this champion cadre had also not succeeded in bringing about changes in the Posyandu institution, due to the indication of an incentive gap between champion cadres and non-champion posyandu cadres.

This analysis also identified the interaction patterns of individuals as driving cadres (champion and non-champion) to see the extent to which individuals as driving cadres were able to influence the larger community or even establish new interactions with other parties as an effort to develop a wider network. This could be seen from the interaction pattern of cadres with the village government and health centers (village midwives and PPG). Some champion cadres had even been active as BPD or vice-chairman of Pokja IV in the village PKK and had been able to insert several initiatives into formal village-level planning documents.

Field findings showed that champion cadres had received very good recognition from the village government and the community. However, the continuation of the role of champion cadres after the JAAM project is still a challenge both internally and externally. Internally, the challenge lies in the reduction (loss) of incentives (transportation money) for champion cadres and the absence of assistants (JAAM project staff) which is indicated to have an effect on reducing the role of most champion cadres. Externally, the challenge lies in the support from the village government for the unclear existence of champion cadres. The existence of government policies in handling stunting which has the consequence of increasing the burden on the village budget for cadres, such as KPM (human development cadres), TPK (family support team) and TPPS (stunting management acceleration team) has made the village government's plan to accommodate incentives for champion cadres in the APBDes becomes constrained.

Sustainability of a change as a result of program initiatives was started from the individual level to see how far the influence of program interventions encourages activity participants to be able to transform themselves into independent driving cadres who had initiatives without stimulation from the program. The champion cadres formed on the basis of volunteerism were expected to be more enthusiastic after receiving reinforcement from the program. It seemed that they needed to be tested further after the remuneration mechanism stops. Indications of decreasing monitoring intensity to target communities were the basis for the hypothesis that the functioning of cadres on the basis of independent initiatives still needed to be strengthened.

In the context of strengthening the inter-relationships of the four main quadrants of sustainability components, the program should carry out three main approaches: first, opening access to public services starting from the maternal and child health sector and supporting nutrition-sensitive agricultural practices. Second, capacity building either through in-class training to post-training assistance at the field implementation stage. Third, policy changes. As the bearer of the mandate and authority of development programs that prosper the people, therefore the stimulation generated by the program through its various achievements should be able to be legally and formally shaded through the implementation of policies both at the village and supra-village levels (sub-district or district and even province). At the end of implementation, program management should be able to identify change agents in each quadrant so that the three main program approaches would continue to work even after formal managerial support had ended.

Prospects for Sustainability of Nutrition Activities, Nutrition Gardens and Growth and Development

Based on government data (North Lombok district health office) the intervention of the JAAM project through the Ponia Class (NERS), the development of a nutrition garden and growth and development class had contribution in the efforts to improve the nutritional status of children, although the rate of increase had not been significant. This happened because the effectiveness of the JAAM project intervention was only about 1.5 years, so the intervention was not optimal in terms of implementation but it still tends to introduce new approaches. Nonetheless, the Ponia class approach (NERS), the development of a nutrition garden and the parenting class (growth and development) were considered interesting and quite effective in increasing the knowledge of the community (parents). In fact, several JAAM project location villages had replicated the development of nutrition gardens in their development work plans. This indicated that the potential for developing a nutrition garden was quite large, both at the village government level and in synergy with the agriculture service through their Sustainable Food Court (P2L) program.

As for PONIA (NERS) class activities, the potential for sustainability is through synergy with the nutrition class program owned by the Health Office. The potential for sustainability in the parenting class (growth and development) is large enough to be replicated through Posyandu and BKKBN activities through the BKB program.

Prospects for Replication of Project Good Practices from Villages Non-JAAM Project Sites

Field findings show that of the 3 main interventions of the JAAM project (nutrition, nutrition garden, growth and development), only the development of the nutrition garden that had begun to be replicated outside the village. One of the factors was because the results of nutrition garden replication could be seen directly and quickly. Thus, the development of a nutrition garden had a high potential for replication by villages outside the JAAM project location. Meanwhile for nutrition and growth and development interventions, the prospect of replication lies in strengthening the role of cadres, especially Posyandu cadres. The role of the government (subdistrict and district) in facilitating the experience sharing of champion cadres as recommended at stakeholder meetings was a strategy for disseminating good practices more broadly

F. EAT (Empowerment Assessment Tool) Analysis

The context of this assessment was to identify the extent to which program interventions bring about changes in three aspects. The first aspect was the mobilization of resources (resources) in the form of materials (eg money, infrastructure, etc.), humans as individuals and as social beings. The second aspect was the institutionalization (agency) of the purpose of change which was very dependent on the pattern of relations between individuals, between groups or between individuals and groups. The third aspect, including the transfer of capacity, was achievements as the basis for calibrating the capabilities of the actors in moving all program elements to achieve the change targets that had been set.

The table is an illustration of the extent to which program achievements contribute to building social change in order to create space for improving maternal and child health. Analysis of social changes that occur from the individual, community to government levels as public service providers and policy makers.

DEGREE AND LEVEL OF EMPOWERMENT						
THEMATIC AREAS OF RESULT		Level 1: Output Individual or Community	Level 2: Output Individual or Community	Level 3: Outcome Individual or Community	Level 4: Outcome Individual or Community	Level 5: Impact Community / Society / Structural
	Strengthening Civil Society (mandatory)				X	
	Gender Equity (Mandatory)		X			
	Health				X	
	Total assessment of project				X	

1. Strengthening Civil Society

The JAAM project intervention was indicated to have succeeded in increasing the capacity and role of champion cadres, there were at least 16 growth and development champion cadres, 15 nutrition garden champion cadres, 16 nutrition champion cadres and 150 non-champion cadres.

The role of champion cadres was indicated to be a major factor in encouraging the success of project targets. Champion cadres also had the confidence to appear in making coordination and collaborative relationships with external parties such as PKK, villages or Puskesmas, some champion cadres had also begun to be known and asked as resource persons by the Puskesmas or health department to provide motivation or convey good practices for the community or community or Posyandu cadres outside the project village.

2. Gender Equity

Although project activities were open for both men and women to be involved, however most of the participants in project activities were women. This was inseparable from the community's perception that the activities carried out in the project were part of the domain (part of women's duties as mothers). This had an impact on the less-than-optimal program outcomes (there was no change in behavior in the family), it was even indicated that it resulted in more burdens on women, one of which was because the existence of a nutrition garden. However, there were already a small number of families who had started to build a fairly good relationship pattern, for example there were husbands who were willing to share their roles in caring for their children and taking their children to the Posyandu. In the public sphere, the existence of several cadres had also begun to be acknowledged through involvement in village deliberations and the management of BUMDES although the number was still very limited.

3. Health

The JAAM project was indicated to have succeeded in encouraging the improvement of health services, especially related to nutrition through strengthening the role of champion cadres and Posyandu. The JAAM project was also indicated to contribute to bringing closer and improving services from the government, such as village governments through programs and budgets that support issues of nutrition, nutrition gardens and growth and development, as well as increasing the reach and quality of puskesmas and health services.

4. Total Assessment of Project

In general, the achievement level of the JAAM project based on the average result (score) of the EAT analysis of the three thematic (Strengthening Civil Society, Gender, Health) was at level 3. This was indicated from the resource's aspect where the contribution of the JAAM project had been successful in increasing the capacity of champion cadres and non-champion cadres in promoting nutrition issues. In fact, support from the village government, puskesmas (community health center) and districts also contributed to the achievement of the JAAM project. From the agency aspect, champion cadres had succeeded in becoming collective agents (power with) at the village level. Even though in terms of gender equality, agency aspect was still dominated by women's groups. In terms of achievements/results, documented changes have begun to appear to support improved nutritional status in the community, individual cadre, and group (Posyandu) levels.

Conclusion and Recommendation

A. Conclusion

1. APR (Achievement Perception Rate)

- The achievement of exclusive breastfeeding for toddlers aged 0-5 was already "high" by 93.75%
- 59% of toddlers had already consumed protein, vegetables and carbohydrates in their food portions, but there were still around 16% of toddlers whose consumption pattern was only carbohydrates, porridge or white rice only.
- 74.55% of the house yard had been planted with vegetables, although it was only able to meet the family's vegetable needs by 16%.
- Regarding the growth and development of children, parenting still placed parents as the main caregivers.

2. Effectiveness

- The effectiveness level of the JAAM project was 87% or 20 indicators had been achieved from 23 targeted indicators, so that it was categorized as "very effective".
- The effectiveness of the JAAM project intervention in the nutrition area was indicated by: (a) the presence of 16 nutrition champion cadres who had good capacity in providing assistance to families with poor nutritional status; (b) There were 242 families taking PONIA (NERS) classes in 4 villages where the JAAM project was located. It was expected that their capacity to provide nutritious food for their children increased; (c) support from the village government through support for activities and budgets related to nutrition.
- The effectiveness of the JAAM project intervention in the nutrition garden area was indicated by: (a) 770 families received training and mentoring in nutrition gardens; (b) nutrition gardens outside the village were replicated, at least in the yard of the KLU regent's official residence and the school where nutrition garden champion cadres work; (c) village government support through activities and budgets related to nutrition gardens; (d) there were 15 champion cadres who had good capacity in assisting nutrition garden activities.
- The effectiveness of the JAAM project intervention in the area of growth and development was indicated by: (a) knowledge improvement of parents in doing good parenting for their children; (b) existence of 16 champion cadres who had good enough capacity in providing assistance related to growth and development.
- Challenges from the aspect of effectiveness included: (a) the consistency of parents in applying the results of the training and mentoring is quite weak; (b) the tendency of government activities and budgets related to nutrition, growth and development and nutrition gardens to be directed at physical procurement and incentives to facilitate their financial administration; (c) the synergy between the JAAM project and government programs was also not optimal, for example related to the P2L program of the Department of Agriculture and Food Security and the BKB program from DP2AKB.
- The attribution of the JAAM project in reducing malnutrition rates in 3 project location villages (for which data was available) at the age of 0-6 months was quite good, from 3 cases of severe malnutrition in 2020, 6 cases in 2021 and 1 case in August 2022. Whereas for infants aged 6-59 months, the attribution was not visible yet, even cases of severe malnutrition tend to increase, 36 cases in 2020, 34 cases in 2021 and 45 cases in 2022

3. Impact

- In the context of improving nutrition and growth and development, it was still at the level of encouraging changes in people's behavior so that they continued to apply the results consistently (level 3). Indications that appear in the field were the lack of discipline of the assisted community

in carrying out the recommended health institutions without intensive assistance from champion cadres so that this required coordination with the nearest Health service unit in order to carry out sustainable post-program assistance and even with the Health Office as a district-level public service policy advisor.

- In the nutrition garden area, it was at the level leading to the application of results (between levels 2-3). The biggest challenge was in the theme of the nutrition garden, which was originally laid out as the basis for promoting food self-sufficiency. This challenge arised at the technical level starting from how to plant and caring for the availability of seeds.

4. Efficiency

- Resources Support(human and financial) had been well managed so that it could contribute to the achievement of JAAM project indicators.
- Proportion of the project budget between direct costs and indirect costs was not ideal yet that was 48% direct costs and 52 indirect costs.
- Participation level of beneficiaries and stakeholders in the JAAM project was quite high.

5. Sustainability

- The prospect of continuing the champion cadres role after the JAAM project was still a challenge both internally and externally. Internally, the challenge lies in the reduction (loss) of incentives (transportation money) for champion cadres and the absence of assistants (JAAM project staff) which is indicated to have an effect on reducing the role of most champion cadres. Externally, the challenge lies in the support from the village government for the unclear existence of champion cadres. The existence of government policies in handling stunting which has the consequence of increasing the burden on the village budget for cadres, such as KPM (human development cadres), TPK (family support team) and TPPS (stunting management acceleration team) has made the village government's plan to accommodate incentives for champion cadres in the APBDes becomes constrained.
- The potential for developing nutrition activities, nutrition gardens and growth and development is quite large at the village level, this is indicated from the RKPDes related to nutrition activities in 4 villages, nutrition gardens in 4 villages and growth and development in 3 villages (except Sukadana village). In addition, the development of nutrition garden activities also has the opportunity to be synergized with the agriculture service through their Sustainable Food Courts (P2L) program. For the PONIA (NERS) class, the potential for sustainability is through synergy with the nutrition class program owned by the Health Office. The potential for sustainability in the parenting class (growth and development) is large enough to be replicated through Posyandu (integrated service post) and BKKBN activities through the BKB program.
- The prospect of good practices replication to villages ,which is not in JAM project locations, from 3 main interventions (nutrition, nutrition gardens, growth and development) only the development of nutrition gardens which had started to be replicated outside the village. Meanwhile for nutrition and growth and development interventions, the prospect of replication lies in strengthening the role of cadres, especially for Posyandu (integrated service post)cadres. The role of the technical OPD (Agriculture and Food Security Agency, Health Service, BKKBN) and TP PKK at the district and sub-district levels is quite large in participating in the dissemination good practices of the JAAM project; by facilitating champion cadres to share experiences and/or adapt the good practices of the JAAM project approach in the OPD annual work plan. This commitment has at least appeared verbally at stakeholder meetings.
- The role and initiatives of champion cadres had been quite good in responding to the needs of the community, especially mothers and children. What needs to be tested was a sense of volunteerism.
- The function of champion cadres should be interpreted as a pattern of regeneration that went hand in hand with capacity building or knowledge transfer to other citizens.

6. EAT (Empowerment Assessment Tool) Analysis

In general, the achievement level of the JAAM project based on the average result (score) of the EAT analysis of the three thematics (Strengthening Civil Society, Gender, Health) was at level 3. This was indicated from the resource's aspect where the contribution of the JAAM project had been successful in increasing the capacity of champion cadres and non-champion cadres in promoting nutrition issues. In fact, support from the village government, puskesmas (community health center) and districts also contributed to the achievement of the JAAM project. From the agency aspect, champion cadres had succeeded in becoming collective agents (power with) at the village level. Even though in terms of gender equality, agency aspect was still dominated by women's groups. In terms of achievements/results, documented changes have begun to appear to support improved nutritional status in the community, individual cadre, and group (Posyandu) levels.

B. Recommendation

1. Program Integration related to Nutrition Issue

a. Substance

- Efforts to improve public health status need to be carried out holistically, considering that public health status, especially children, was influenced by specific factors (anemic pregnant women, giving iron tablets for pregnant women and adolescent girls, pregnant women with KEK, LBW, IMD, exclusive breastfeeding, infections such as ARI/ worms or tuberculosis, wasting and underweight) which can be treated medically. Other causes are also sensitive factors (such as child marriage which is still quite high at around 28.90%* (data on nutrition section and health promotion of the provincial health office 2021), smoking, access to sanitation, latrines, clean water, parenting (by grandmother and or other caregivers), Diverse eating, Nutritional Resources, Community Participation, and Poverty) which also affect children's health.

Recommendations for: YNLM, NGO/NGO, Government (Village, District, Province, National)

- One of the sensitive factors affecting the degree of children's health is the level of poverty, so program interventions should be designed comprehensively and proportionally between socio-economic improvements that will be able to meet the nutritional needs of children and families, especially the availability of various healthy foods. For example, related to access to affordable animal protein foods (especially for toddlers) through family livestock farming activities where brooders can be used as business triggers for village-level groups (eg fish, chickens, etc.).

Recommendations for: YNLM, NGO/NGO, Government (Village, District, Province, National)

b. Program Strategy

- Building program synergy with various stakeholders so that program interventions (current, currently, and will be carried out) are more effective and avoid overlapping activities. These include the Department of Agriculture and Food Security (P2L Program), BKKBN (BKB program, KB Village), Health Service (Nutrition Class), Puskesmas, District Stunting Working Group, and village government. The form of synergy can be through synchronization of program planning, division of roles and joint monitoring.

Recommendations for: YNLM, NGO/NGO

- Revitalizing and synergizing the roles of local village institutions (such as Poyandu, TP PKK, PAUD) and existing cadres (KPM, TPK, Posyandu, Champion, etc.) to support maternal and child health improvement, especially nutrition.

Recommendations for: YNLM, NGO/NGO, Government (Village, District, Province, National)

- Building collaborations with universities, NGOs and research institutes to conduct thematic action research according to the needs and situations of the target community, for example: nutrition sensitive agriculture, family cultural values in childcare, household economic management, community-based care, food independent villages, etc.

Recommendations for: YNLM, NGO/NGO

- c. Program Management
- Budget management needs to consider the proportion between direct costs (program costs) and indirect costs (management costs), at least in the range of 70% : 30%.
 - Project knowledge management which includes documentation and use of data/experience as learning media needs more attention.
 - The advocacy function needs to be ensured to work since the project preparation period in order to build synergy with stakeholders.
Recommendations for: YNLM, NGO/NGO

- d. Policy
- The movement for accelerating stunting reduction nationally is contained in Presidential Regulation 72 of 2021, namely through 5 pillars of accelerating stunting reduction. Through the third pillar, namely convergence, coordination and consolidation of national, regional and community programs; the fourth pillar is to encourage food security policies; and the fifth pillar, namely monitoring and evaluation, in the future it can be strengthened and integrated through JAAM projects or the like which are considered quite successful both at the posyandu, village and North Lombok districts (BKKBN, DP2KBPMMD, Bappeda, Health Office, Education and Culture, Agriculture and Food Security, social service).
- Recommendations for: Government (Village, District, Province, National)

- e. Sustainability
- The existence of champion cadres who have received good capacity building from the JAAM project, needs to be facilitated so that it can be disseminated not only at the village level but also between villages (knowledge sharing). This includes ensuring that their roles can continue to be carried out through local village institutions, such as TP PKK, Posyandu, PAUD, etc.
 - The good practices of the JAAM project and similar projects carried out by third parties, need to be well documented by the government (village, district) so that they can be a source of learning in encouraging the birth of public service innovations at the village and district government levels.
 - Recommendations for: Government (Village, District)

2. Empowerment

- a. Strengthening civil society
- Champion cadres are actively involved in efforts to increase the capacity of other posyandu cadres so that “separate” project activities become part of family posyandu activities so that all communities in the posyandu area get assistance so that the acceleration of behavior change and public health status improvement can be realized more quickly .
- Recommendations for: YNLM, NGO/NGO, Village Government
- b. Gender equity
- Involvement of religious and traditional leaders in activities similar to the JAAM project to provide support for gender equity campaigns. Specific activities aimed for men's groups need to be designed to provide reinforcement for behavioral change related to gender relations.
- Recommendations for: YNLM, NGO/NGO
- c. Health
- Strengthening the capacity, role and synergy of village cadres, Posyandu, TP PKK, PAUD, village governments and health institutions (puskesmas and health offices) needs to be continuously strengthened. This will improve access to maternal and child health services to be easier and higher quality.
- Recommendations for: YNLM, NGO/NGO, Government (Village, District)

Attachment

https://drive.google.com/drive/folders/1rJpy1EpPeZ0bg8ES_1kMeLGI_MLEnzGb

- Stakeholder Dissemination Presentation Materials
- Project Indicator Achievement Matrix
- Excel Data Endline Survey Results
- FGD & KII Key Questions List
- Meeting/Discussion Records