



ANNUAL REPORT (BASED ON EC ANNEX FORMAT)

**SUPPORT FOR EMPOWERMENT OF NON INTEGRATED IDPS TO IMPROVE  
SETTLEMENT AND ECONOMY PROJECT  
(SENSE PROJECT)**

**1. Description :**

**1.1. Name of beneficiaries of grant contract :**

CARE Österreich, Verein für Entwicklungszusammenarbeit und humanitäre Hilfe

**1.2. Name and title of the contact person :**

Sok-Chea Ung, Programme Officer Asia, CARE Österreich

**1.3. Name of partners in the action :**

Yayasan Timor Membangun (YTM-West Timor)  
Yayasan Cakrawala Indonesia (Central Kalimantan)

**1.4. Title of the action :**

Support for Empowerment of Non integrated IDPs to improve Settlement and Economy Project

**1.5. Contract Number :**

REH/2006/128-603

**1.6. Start Date and end date of the reporting period**

9 February 2007 - 29 February 2008

**1.7. Target countries or region :**

Indonesia (West Timor and Central Kalimantan)

**1.8. Final beneficiaries or target groups**

6.000 Households (based on propose), of which 3.000 Households in West Timor and another 3.000 Households in Central Kalimantan.

Although there was data fluctuation during February 2007-February 2008 as a result of high mobilization by IDPs, data showed that total households registered in 25 villages were 16.434 households (population) while the direct beneficiaries covered 6.983 households. These consist of 3.710 households in West Timor and 3.273 households in Central Kalimantan or resp. 124% in NTT and 109 % (average of 116%). This relatively high percentage is caused by the targeting criteria used and CARE's non-exclusion approach in order to avoid new conflicts.

Data show that 10.99% of the selected households are headed by women (widows).

**1.9. Countries in which the activities take place**

West Timor (Belu and Kupang Districts) and Central Kalimantan (Kotawaringan Timur District/ Sampit), Indonesia

## **2. Assessment of implementation of action activities**

### **2.1. Activities and results**

#### **Introduction**

The SENSE project started on 9 February 2007. Generally, during the year up to end of February 2008 the project has conducted all the activities in accordance with the logframe. Key activities were the following:

#### **1. Activities :**

- **Project setup:** one week meeting at the end of February in Jakarta together with Program Leader, Project Manager and Assistant Project Manager, Technical Staff, Support units (including the M&E unit) and partner organizations. CARE met with the EC Delegation for a briefing on EC regulations. Detailed work plans/ procurement plans and M&E plans were drawn up.
- **Recruitment:** PM and APM were recruited on 9 February; field office staff were recruited locally in West Timor and Central Kalimantan in February and March 07. Current staffing levels have achieved 86%. Difficulties in identifying qualified staff were mainly experienced in Central Kalimantan, which have been overcome by recruiting for some positions outside the project area.
- **Operational setup:** the CARE office in Belu has been in operation immediately from 9 February 2007. The SENSE offices were identified, contracted and set up in Kupang and Sampit as from 1 April 2007.
- **Staff training / capacity building:** training has been conducted for newly recruited staff, including logframe and planning sessions, administration and finance trainings, general trainings on community development and facilitation. Partner staff attended capacity building in Central Kalimantan and West Timor to ensure not only programmatic alignment but also compliance with EC regulations by partners.
- **Socialization** with government and stakeholders has been conducted, including in workshops held in West Timor (Belu and Kupang) and Central Kalimantan (Kotawaringin Timur/ Sampit) – this is described further below.
- **Baseline survey :** Conducted by SEAMEO
- **Participatory Planning Activities (PRA):** This activity started in July 2007 in the 25 target villages and was finalized in September 2007
- **FGD:** Focus Group Discussions were held as the first step to do village planning. The FGDs were limited to seven sectors: clean water supply, access to land (livelihood), negotiation for resettlement, infrastructure, LEISA (Low External Input Sustainable Agriculture), Emergency Feeding Center (EFC), Market access and livelihood technology.
- CARE implemented each activity in the logframe.

#### **2. Budget**

The burn rate of the SENSE project has been low. Per January 2008 the expenditure report showed a burn rate of 25% compared to a 45% project duration. The low burn rate can be explained by the strong attention towards planning before actual roll-out of activities takes place. Planning and organization included staff preparedness, office setup, managerial system, socialization meetings, and – mainly - social planning at the village level. Details of the burn rate are described below.

#### **3. Staffing**

CARE was forced to apply a phased hiring of staff because of difficulties finding capable project staff, especially in Central Kalimantan. Additionally, there were 4 staff members who resigned for various personal reasons. This obviously had a negative impact towards the project progress, because the management had to undertake additional recruitment efforts and provide more capacity building to the new staff. Also, the limited number of field staff originally planned compared to the activities made a lot of

planned activities to be postponed. CARE decided to propose a budget revision which has been approved in February 2008. This budget revision included a staff increase.

#### 4. Partnership

To achieve the project objectives, CARE had effective collaboration with a local NGO as from October 2007, which led to significant progress. The reason for the late startup of the collaboration was the need of reaching similar perceptions, ensuring proper management structure and cooperation processes and building of capacity, both programmatic as well financial-administratively. This process was seen by the counterpart organization as very positive.

The activities are presented in more detail below.

**Overall objectives:** *Uprooted families in Indonesia have achieved the basis for sustainable settlement and livelihoods through more equitable access to resources and integration with host communities, with living conditions above international minimum standards*

**Specific objective :** *6,000 uprooted families and host family households achieve more equitable and sufficient access to land, shelter, community facilities, health services, livelihoods assets and skills and community decision-making to form the basis for sustainable settlement and livelihoods.*

<b>Activities</b>	Reason for modification of the planned activity: no modifications of any of the activities.
<b>Expected Result 1</b>	<p>6,000 uprooted families and host family households achieve more equitable and secure access to land and co-management of local resources for settlement and livelihoods through strengthened community planning processes</p> <p>Until now, the SENSE project has managed to reach a total of more than 6,000 beneficiaries in 25 villages (26 sites). The beneficiaries were identified, registered, a baseline was undertaken and PRA exercises were held. Gender sensitive planning training and participatory village planning meetings were held (30.7% women participation). SENSE brokered land transfer and access deals (734 IDPs) and identified land certification possibilities (451 IDPs and 82% of documentation collected). While 422 IDPs were assisted in negotiating on joint agricultural activities with land owners. CARE provided extensive village planning training and facilitated the MUSREMBANGDES in all target villages. CARE worked together with OXFAM.</p>
<b>Activity 1.1. Conduct livelihood security assessment</b>	<p>Implementation of the livelihood assessment is 100% completed in both project areas. The report was submitted to EC on 21 December 2007. The activities of this assessment consisted of:</p> <ol style="list-style-type: none"> <li>1. Program socialization (work shop) at the district government level, sub district level and village level (completed);</li> <li>2. Identification of specific, locally appropriate criteria to be used for selection of villages/ sites and beneficiaries. This was finalized in both project areas, and was used as a basic reference for planning and implementation of activities;</li> <li>3. Collection and analysis of secondary data from the field and related government and NGO agencies (village population lists, health data, livelihood data);</li> </ol>

4. Beneficiary registration (finished);
5. Baseline survey (finished);
6. PRA (Participatory Rural Appraisal) already done in all 25 villages (26 sites). The PRA was aimed at obtaining inputs and motivating community members, including village leaders, religious and customary leaders, IDPs, local people, village government, field extension workers (PPL), cadres, midwives, males as well as females;
7. Village workshop: these were held to reach participatory decisions on proposed village development plans;
8. Participatory review: after 6 months CARE organized a review towards the program plan with village people, resulting in various changes to take several factors into account: changing market prices, (religious) holidays, climate factors, changes in government programs, etc.

The total number of target villages is 25 (26 intervention sites since in Central Kalimantan in one village CARE works in two different communities; 9 villages in Central Kalimantan (10 sites) and 16 villages in West Timor.

See Annex 1: SENSE database population and beneficiaries

In Central Kalimantan CARE selected 9 villages of which one is splitted by a river into sub villages (*dusun*). In that village CARE is working in two communities, so the total number of target sites is 10.

In West Timor CARE has targeted 25 villages Three adjacent villages have expressed strong interest to be involved in the project. However, since the total number of beneficiaries already exceeded the targeted number of 3,000 while CARE does not want to exclude those in need, CARE was forced to allow them to participate, which is mainly done by providing skills.

Generally, the challenges faced included:

1. Many project plans had to be postponed because of community activities, different levels of knowledge, holidays, and culture.
2. Self-interest of community members regarding land rights, unequal access to livelihood opportunities, religion and ethnicity.
3. IDPs spread unevenly and located far away from each other.
4. Sudden programs from the government.

**Strategies used in both regions were:**

1. Strict criteria used in selecting beneficiaries.
2. Coordinating with government at various levels
3. Coordinating with institutions, including NGOs and the private sector in the target villages.
4. Reviewing the early planning.
5. Merging community groups to mix IDPs and the local community members.

See annex 2: Beneficiary participation Activity 1.1

**Activity 1.2. Train and support community and village government members to conduct participatory assessments, with sensitivity to gender and equity issues**

Act 1.2 was undertaken using the following phases:

1. Training of staff and partners in methodology, concepts and participatory approaches (community planning and vision mapping).
2. Creating a number of volunteer village groups tasked with assessment of the village potential and issues in their respective villages.
3. Training of staff and community members participatory techniques of village investigation (PRA methodology).
4. Conducted FGD (Focus Group Discussions) to analyze the investigation results undertaken by the villagers after which they were further facilitated in arrangements for future planning.

These activities were attended by community representatives like village leaders, religious and traditional leaders, cadres, village committee members, as well as government institutions which are directly working in the communities like PPLs (agriculture extension officers), village nurses, village midwives, etc. In total these meetings were attended by 1,596 participants.

This activity was successfully completed.

See annex 3: PRA participation

**Challenge:**

Data indicate that women involvement in the activities was rather high (30.7%), but women tended to act merely as participant rather than facilitator. Only 2% of the women took a facilitator role. Culture, customs, and social structure are the factors that really influence women's role in society, paternalistic practices playing the biggest role. Women's domestic burden was another major factor in preventing them from getting more involved. Their maternal role is confirmed by data, indicating that women's attendance in Posyandu is higher than in other places (Posyandu is the monitoring place of infants and children under 5 years old).

**Strategy :**

In order to increase women's role to participate in the program, CARE developed Focus Group dicussions, particularly in the framework of livelihood activities, trying to give women special opportunities to give input. Women were invited door to door and at the meeting women were addressed as much as possible, asking for their opinion about for instance the potential role of seed fairs and seed distribution. The meetings were also used to highlight the role of women in livelihoods and health care to the participants.

**Future plan :**

Review women's plans in anticipation of the MUSREMBANGDES (participative village planning sessions with the government).

<p><b>Activity 1.3. Facilitate groups of landless ex-refugees in West Timor to plan and negotiate options for permanent settlement with local government and other stakeholders</b></p>	<p><b>A guidance and advocacy paper</b> on how the project can and should liaise with local government resettlement efforts has been drafted based on discussions with local government, NGOs (including Oxfam) and with reference to guidelines for handling internally displaced people.</p> <p><b>Planning and negotiation</b> with local community leader to get land access has begun in West Timor. In addition to determining the status of current sites and possibility of negotiation for tenure, two options are to be supported for resettlement under the project:</p> <ul style="list-style-type: none"> <li>○ Relocation within government sponsored resettlement schemes (with assistance in terms of information dissemination, land registration and supporting services).</li> <li>○ Independent relocation: through ‘private’ land deals by means of <i>adat</i> (customary law) ceremonies and agreement on (usually highly discounted) land prices.</li> </ul> <p>The process involved:</p> <ul style="list-style-type: none"> <li>○ Discussions with counterparts in camps in Kupang and assessment of willingness of ex-refugees to move from camps.</li> <li>○ Gathering and provision of information about resettlement sites being built by the government</li> <li>○ Discussions with host communities and assessment of potential for land deals with ex-refugees</li> <li>○ Group discussions and agreements on resettlement options</li> <li>○ Support on negotiation and planning for provision of assistance to ex-refugees and host communities.</li> </ul> <p><b>Achievements:</b></p> <ol style="list-style-type: none"> <li>1. 734 IDP households have been supported to resettle to locations built by the government.</li> <li>2. 451 IDP households have been supported to obtain access toward the local’s land aimed at improving their livelihoods. The system used was for 82% based on output sharing and the remainder was based on use rights.</li> <li>3. 422 IDP households participated in negotiations on ways to involve them in livelihood activities together with local community members allowing them to enjoy local natural resources approved by the host communities.</li> </ol>
<p><b>Activity 1.4. Train and support village government and community members to conduct community planning (vision mapping) for resource use and community development, with</b></p>	<p>Training for village governments and communities is completed in both target regions. Village government members, IDP representatives, local people, and others participated in the training. CARE cooperated with the local government of each district such as Badan Perencanaan Pembangunan Daerah (BAPPEDA, Regional Planning Office), Bagian Pemerintahan Desa (PEMDES, village government), and Badan Pemberdayaan Masyarakat Desa (BPMD, Community Empowerment Agency) in the implementation of this activity.</p>

<p><b>sensitivity to gender and equity and reference to minimum standards, and formalize results in community development plans</b></p>	<p>The training materials included:</p> <ol style="list-style-type: none"> <li>1. Government regulations: <ol style="list-style-type: none"> <li>a. Direction and strategy of development policy.</li> <li>b. UU No 25 Tahun 2004 about Sistem Perencanaan Pembangunan Nasional (National Development Planning System).</li> <li>c. UU No. 32 Tahun 2004 about Pemerintahan Daerah (regional government autonomy).</li> <li>d. PP 72 about village development.</li> <li>e. PP No. 39 Tahun 2006 about Tentang Tata Cara Rencana Penyusunan Pembangunan Nasional (Regulations for National Development Planning)</li> <li>f. Epistle Bersama Menteri Dalam Negri dan Menteri Negara Perencanaan Pembangunan Nasional Tentang Musrenbangdes (village development planning regulations by Ministries of Home Affairs and Development Planning)</li> <li>g. Village Fund Allocation</li> <li>h. Anggaran Pendapatan dan Belanja Desa (APBDes, village budgeting)</li> </ol> </li> <li>2. Participative plan implementation techniques: <ol style="list-style-type: none"> <li>a. Village investigation techniques using participatory methods (PRA and vision mapping).</li> <li>b. Priority scaling techniques in activity planning.</li> <li>c. Analyze APBDes in a participatory manner.</li> </ol> </li> </ol> <p>In order to make the MUSREMBANGDES process effective, from the 25 villages that are targeted CARE selected 6 villages to be subject to pilot projects in the first year, while other villages are also assisted in the planning exercise but less intensive. The MUSREMBANGDES is a government product which must be undergone by all communities (message of UU No 25 tahun 2004). However, the process is usually not implemented in a participative and gender-sensitive way. Care's strategy to enhance the role of the community members in the process is to attend all MUSREMBANGDES sessions and to provide advocacy to the communities (leading to more decision making power towards their development programs) while maintaining good relations with and providing support to the government agencies involved. Especially for IDPs, CARE asked the local government to invite them in these activities. Results of the 2008 MUSREMBANGDES are not visible yet, since most of the activities is taken place in February 2008. Updates will be provided in the nextreport.</p>
<p><b>Activity 1.5. Support eligible uprooted and host family households to receive land certificates from GoI Land Agency (BPN)</b></p>	<p>A <b>guidance paper</b> has already been drafted providing lessons learned based on highly successful land certification activities in the PULIH project.</p> <p>Generally PULIH took the following steps:</p> <ol style="list-style-type: none"> <li>1. Introduction of the program</li> <li>2. Identification of persons eligible</li> <li>3. Measuring of the land</li> <li>4. Processing of the certificates by BPN.</li> </ol> <p>Pulih provided support in getting certificates to (groups of) people who</p>

bought land as a legal process, but in sense project have to advocate the process or grant to land from local community. Beside, when Pulih project there were not GOI and TNI Program yet ( Proda : Land Certification)  
The Sense project deals with more complicated situations, where advocacy had to be undertaken towards host community to be ready to provide land to IDPs. Therefore, in the SENSE project the process requires 8 steps.

The steps are :

1. Having discussion with Badan Pertanahan Nasional on prerequisite of land certification.
2. Training on land certification for project staff.
3. Having coordination with other stakeholders such as Oxfam, TNI, Department of Social Affairs, Departemen Pemukiman dan Pembangunan Sarana Wilayah (Department of Settlement and Regional development) and the local government.
4. Socialization of the land certification principles to beneficiaries.
5. Beneficiaries identification.
6. Collecting documents from beneficiaries.
7. Making MoU with Badan Pertanahan Nasional (BPN, National Land Agency Office).
8. Transfer of certificates

CARE has gone through most of these phases. An MoU with BPN was scheduled for February 2008, but this has to be postponed for several reasons:

- a. beneficiaries often cannot show proper documents
- b. many beneficiaries do not have a valid KTP (resident identification card)
- c. the land status of IDP-owned land is often not clear, for instance because they bought land on credit. Since they pay in installments the original landowner is not willing to hand over the proof of ownership.

Sense has collected 73.42% of the documents needed for the targeted certification process and has verified them. CARE found that many of the documents were incomplete, so the Sense staff had to go back to the households to collect more complete data needed for certification.

**Challenge:**

The biggest challenge of this activity was that most of IDPs bought the land in groups that made us difficult in determining each boundary. In addition to the difficulties was the influence of IDPs camp coordinator which make the data collection complicated.

CARE was asked by the donor to discuss approaches with Oxfam, while OXFAM beneficiaries were mainly outside the SENSE target area. This led to an overload of work, as SENSE had to verify data in the OXFAM target area.

**Strategies planned:**

	<ol style="list-style-type: none"> <li>1. Sense will submit data of beneficiaries with complete documents to BPN for processing of the certificate. Finalization target is end of March 2008.</li> <li>2. Conduct special joint FGD sessions with camp coordinators and the communities.</li> <li>3. Formalize cooperation with IDPs which are beneficiaries in the OXFAM program ATUP II.</li> </ol>
<b>Expected Result 2:</b>	<p>In 30 communities, access to essential facilities including basic shelter, water and sanitation and health facilities and services is improved for common benefit, with priority for the most vulnerable.</p> <p>During this reporting period SENSE has finalized 26 of 33 construction works proposed during village planning sessions (79%) reaching 34% of the beneficiaries in WT and 24% of all beneficiaries in CK. CAR trained 503 of 529 selected health cadres (95%) in the provision of basic health services.</p> <p>CARE reached 6,298 children out of 8,384 registered children under 5 (75%) in the implementation of nutritional status rehabilitation. The coverage in NTT was much better than in Central Kalimantan, where it only reached 34% (428 out of 1,256 registered children).</p>
<p><b>Activity 2.1. Based on community planning, screen and verify village proposals and allocations for shelter and infrastructure improvements, and work with village committees to implement.</b></p>	<p>The community planning sessions resulted in village proposals with suggestions for 33 infrastructure constructions. Until the end of this reporting period, SENSE has finalized 26 of these constructions (79%), of which 19 in West Timor and 7 in Central Kalimantan.</p> <p>Data indicates that the number of households served by the construction of these works is about 1.733, including 820 IDP households and 913 local households. Until now 28% of the total target beneficiaries (6,000 HH) have been reached.</p> <p>The phases of the activity are:</p> <ol style="list-style-type: none"> <li>1. PRA as the basis for community planning.</li> <li>2. Focus Group Discussions on special themes.</li> <li>3. Joint survey with community using SPHERE and other international standards.</li> <li>4. Water sampling.</li> <li>5. Organizing working group and schedule.</li> <li>6. Arranging infrastructure O&amp;M (Operation and Maintenance) committee, especially, for clean water supply and posyandu.</li> </ol> <p>A detailed overview of the 2007 infrastructure activities in both target locations is presented in annex 4: Infrastructure.</p> <p><b>West Timor</b></p> <p>Based on the community proposals developed in 2007 and further joint</p>

surveys with the communities, 26 units of infrastructural works were planned of which 19 (73%) are already finalized. Until now only 34% of the 3,000 beneficiaries were reached with these works. Local communities participated by sharing local materials and labor (ca. 42% of the total input), while CARE charged other materials to the budget line village packages.

### **Central Kalimantan**

Based on the community proposals developed in 2007 and further joint surveys with the communities, 7 units of infrastructural works were planned, which are all finalized with inputs from the villagers (manpower, sand and stones). Until now only 24% of the 3,000 beneficiaries were reached with these works.

#### **Challenges:**

1. Several community proposals were not implemented because based on survey results they did not suit the minimum standards used (including lack of water debit, contamination by animal faeces, locations too far from settlements).
2. Social, economic and cultural factors were major reasons for lack of community participation in Oetmatnunu villages, because there was a group of IDPs who are still suspicious or think negatively towards NGOs. They are also experiencing problems adjusting to the Indonesian setting.
3. As a result of high levels of IDP resettlement moves, many activities were delayed or re-scheduled. Apart from that, most IDPs in Kupang district work in the city, and only tend to come home once a week. In term of village development this led to problems due to the lack of participation of male manpower, hence low access to natural resources like sand, stone, water, etc.

#### **Future plan:**

In 2008, CARE will work with the communities based on proposals for 116 units of public infrastructure works. Additionally, proposals for 1.116 units of individual infrastructure have been submitted (shelter improvement).

The available budget line for these works is sufficient, unless prices and scope of work would change. Some price inflation has been anticipated by planning 10% budget flexibility.

See annex 5: Planned infrastructure 2008.

#### **Challenges :**

1. There was sudden changing of plans by the beneficiaries
2. It was harder for IDPs to access natural resources compared to local community members, because most IDPs live in settlement with limited access or in non-strategic locations. Therefore, it was sometimes a challenge for them to respond to CARE's requirement to

	<p>provide local materials.</p> <ol style="list-style-type: none"> <li>3. Government policies towards IDP rights tend to change.</li> <li>4. Number and location of IDPs located in the peri-urban neighborhood of Kupang are strongly subject to change.</li> </ol> <p><b>Solutions :</b></p> <ol style="list-style-type: none"> <li>1. Organize activity schedules according to available time and opportunity.</li> <li>2. Negotiations with the local government in order to have access towards natural resources, local materials and the land for infrastructure building as well. In some cases CARE assisted them by providing transport or getting the local material.</li> <li>3. Involving local communities in infrastructure construction, ensuring that (other) local needs were also accommodated.</li> </ol>
<p><b>Activity 2.2. Strengthen capacity of community-based health services</b></p>	<p>The activities in the target areas have taken place according to the plans. Data indicates that from a total of 529 cadres selected in the intervention area, 503 cadres (95 %) attended the training sessions. Additionally, 77 medical staff has been trained (see attachment).</p> <p>See annex 6: Health training</p> <p><b>West Timor</b></p> <p>The SENSE baseline survey undertaken in 2007 found that the knowledge or skills of cadres from courses, training from the government, from friends, NGOs and individual learning only reached 28%. There is therefore still a lot of room for capacity building. CARE used a number of approaches aiming at increasing cadres' capacity:</p> <ol style="list-style-type: none"> <li>1. Collecting secondary data on: health, disease, Vitamin A, stakeholder contact persons, immunization, posyandu, weight (BB/U) and wasting (BB/TB) data.</li> <li>2. Organization of community health planning.</li> <li>3. Basic training for cadres and medical staff on aspects of Posyandu revitalization and anthropometry. Training was conducted in phases from August to November 2007. CARE facilitated the training sessions assisted by co-facilitators and worked together with government agencies and other stakeholders. Refresher training materials were prepared by local medical staff. The topic of posyandu revitalization covers the 'five-table' activities, the role and duty of cadres, how to use anthropometric measuring tools and how to read the nutrition status based on the Z-score. Additional materials included subjects as the introduction in malnutrition and IYCF (Infant and Young Child Feeding). Training was conducted in the village by clustering participants from a number of posyandu in one training location according to the location of cadres' and participants' homes. The total number of participants being trained in West Timor was 489 including 444 posyandu cadres and 69 medical staff and in Central Kalimantan</li> </ol>

	<p>resp. 503 and 77. Pre- and post-tests were conducted to measure the increase of capacity. The post test indicated a 11,5% increase.</p> <p>4. Training was conducted on Implementation of Emergency Feeding Center (EFC/CFC). Until February 2008 was conducted in Kupang and Belu. In EFC/CFC practices in total 44 cadres were trained, while another 8 persons were government health staff.</p> <p><b>Central Kalimantan:</b></p> <p>The activity started by identifying potential health staff and cadres in each posyandu. CARE found in total 8 medical staff in 9 intervention villages with 14 posyandus, while the total numbers of potential cadres found was 64. Next, an inventory was made of training needs among these health workers and an assessment of the Posyandu activities. Major problems detected by CARE included: limited knowledge of cadres on facilitating posyandu activities, combined with low visiting rates of posyandu by community members. This picture appeared to be valid for all posyandus in the target area. Thus, in collaborating with Dinas Kesehatan Kabupaten and the puskesmas CARE held training and refresher training sessions for cadres of each posyandu. The training materials handed out were aimed to support the function and tasks of Health Officers and cadres, including:</p> <ol style="list-style-type: none"> <li>1. Anthropometric techniques</li> <li>2. Knowledge about how to cope with malnourished children</li> <li>3. Early initiation</li> <li>4. Mother and child health</li> <li>5. Posyandu administration.</li> </ol> <p>Training was held on two occasions, one for the northern communities and one for the southern communities in the target area. In total 59 cadres and 8 village midwives were trained.</p>
<p><b>Activity 2.3. Rehabilitate the nutritional status of children under 5 in areas where Global Acute Malnutrition rates exceed 10% and/or under nutrition exceeds 30%</b></p>	<p>CARE started direct implementation of nutritional status rehabilitation in December 2008 by giving complementary food to BALITA (children under five) at the posyandus. This activity was conducted once a month depending on the available data and level of participation.</p> <p>Data collected by CARE in the Posyandus shows that from October 2007 – February 2008 the percentage of underweight in 3 districts was above 30%. Based on Indonesian government standards this indicates that the problem needs to be addressed immediately. The total number of children under five monitored was 6,298, while the total of registered children under five was 8,384 (data of February, 2008), thus the overall coverage was 75%. The coverage increased only slightly over time (ca. 0.3%, see attachment). The coverage in NTT was much better than in Central Kalimantan, where it only reached 34% (428 out of 1,256 registered children).</p> <p>See annex 7: Nutritional status</p> <p><b>West Timor :</b></p>

	<p>In order to rehabilitate the nutrition status in West Timor, CARE has implemented the following activities:</p> <ol style="list-style-type: none"> <li>1. Distribution of posyandu materials and tools to 98 posyandus. The materials and tools included flipcharts, anthropometric tools, books for administration, furniture. Until now furniture sets have been distributed to 37 posyandus. The distribution in Belu is on hold as CARE is waiting for clear government plans, in order to avoid overlap.</li> <li>2. Posyandu weight data indicated that malnutrition in West Timor was as high as 62 % in selected villages. In order to prevent the increase of malnutrition CARE immediately started distributing complementary food (from December 2007 to April 2008). This policy was implemented based on lessons learned through previous CARE projects in West Timor, showing that the highest levels of malnutrition in West Timor are found from November to February. The total number of children under five who received complementary food was 3,534 at 41 posyandus. Data showed that the total number of posyandus in the West Timor target area is 98 units (data are fluctuating). In a coordinated efforts with other agencies (government and NGOs), the other 57 were covered by these other agencies.</li> <li>3. Based on the monitoring data of February 2008, the number of registered children was 7,128 and those measured totalled 5,868 (82%). Data also showed there was an increase of the W/A (weight/age) during October 2007 - February 2008, which in data of February, 2008 there was 53 % malnutrition children or total 3,119 children. CARE's strategy was to give direct response in the form of the (Emergency Feeding Center). As a pilot project, CARE opened 1 EFC site in Kupang district in January 2008, serving 20 severe and/or moderate malnourished children. Considering the success of this first pilot, CARE will open another EFC in Belu district in February 2008 according to its concept or phase.</li> </ol> <p>See annex 8: EFC approach.</p> <p><b>Challenges:</b></p> <p>Main challenges faced by the project:</p> <ol style="list-style-type: none"> <li>1. No TFC in Kupang and Sampit district. Health staff in Kupang district was only recently trained to cope with acute malnutrition.</li> <li>2. Until the request for a budget revision was awarded, the SENSE project had limited staff capacity to undertake the health activities in comparison to the Posyandu and children under five to be covered.</li> <li>3. The EFC approach undertaken required additional training for the health staff.</li> </ol> <p><b>Solution:</b></p> <ol style="list-style-type: none"> <li>1. Give training on EFC concept to cadres and health staff</li> <li>2. Hiring casual labor to assist the screening process</li> <li>3. Cooperation with the communities so that they can help to implement the monitoring process.</li> <li>4. Give information to mothers at posyandu on how to treat their</li> </ol>
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	<p>children under five.</p> <p><b>Future plans:</b></p> <ol style="list-style-type: none"> <li>1. Health staff Kupang district will have a cross-visit to Belu in order to learn the concept of dealing with malnourished children</li> <li>2. Fast distribution of hygiene kits, medicines, and vitamins for children under five.</li> <li>3. Give training to mothers in collaboration with related institutions.</li> </ol>
<p><b>Expected Result 3:</b></p>	<p>6,000 uprooted families and host family households, including women, are supported to plan and develop food and income sources to meet their basic needs, through increased skills and inputs.</p> <p>CARE identified potential income sources in both target areas and has started mobilizing business services providers.</p> <p>West Timor :</p> <p>In WT 106 training exercises were conducted in the livelihood sector reaching 4,215 beneficiaries including 2,937 males (70%) and 1,278 females (30%). Expected target was 3,710. In CK CARE undertook 25 different kinds of training sessions with 957 beneficiaries consisting of 663 males (69%) and 294 females (31%).</p> <p>The total number of beneficiaries who have relations with vendors in West Timor was 875, while seed and tools have been distributed to 3,710 households consisting of 1,252 host households and 2,458 IDP households. CARE obtained information on 19 kinds of seed and 8 kinds of farming tools. Distribution has been done to all beneficiaries and CARE is now providing assistance and is monitoring the use of the tools.</p> <p>In CK cooperates with farming product vendors to provide seed and farming tools for 3,273 households consisting of 2,262 host households and 1,011 IDP households.</p>
<p><b>Activity 3.1. Identify key areas for livelihoods development, including alternative income sources, based on assessments</b></p>	<p>Baseline data collected by SEAMEO indicates that 67.4 % of the population in the SENSE target area works in the agricultural sector. However, beneficiary data of the SENSE project shows that in fact 90% of the households works in the agricultural sector. The SENSE project is aimed at the poor, so beneficiaries working as public servant, in the military or as entrepreneur are excluded.</p> <p>See annex 9: Livelihood beneficiaries</p> <p>Central Kalimantan and West Timor have different climate and environmental conditions. Kalimantan is a tropical rain zone producing lots of forest and crops. West Timor is characterised by its semi-arid condition, tending to have dry-land agriculture heavily depending on rain, with seasonal crops for staple food as the dominant crop. Therefore, while West Timor tends to be confronted with food security problems, this rarely happens in Central Kalimantan. This strong difference causes that CARE has to develop proper interventions in the farming sector to respond to the local conditions in the two different areas.</p>

	<p>In NTT the program aims to increase crop yields and to develop horticulture, while in Central Kalimantan the program aims to improve forest resources management and cash crops like rubber production as well as the processing of selected products such as coconut byproducts. Other income generation potential identified in Kalimantan is maximizing peat moss to develop vegetables and the creation of jobs in the service sector.</p> <p>In addition to terrestrial agricultural development, in West Timor CARE tries to develop the cultivation of seaweed based on former experience in the former (EC funded) PULIH project and the (USDA funded) STAAHR project. SENSE is also developing and trying out various home industry activities by processing households' own farming products and weaving. SENSE also tries to develop the trading sector, including decoration stone processing and trading.</p> <p><b>Future plan:</b></p> <ol style="list-style-type: none"> <li>1. Based on village meetings, the potentials found in every village will be mapped out and evaluated on their possibilities for further development</li> <li>2. Available natural resources in the village will be mapped and assessed regarding their possible use for income generation in an environmental-friendly, gender-friendly and sustainable way.</li> </ol> <p>Annex 10 shows a preliminary assessment of the resources in each of the target villages.</p>
<p><b>Activity 3.2. Mobilize service providers to design and bid to provide livelihoods training packages in key areas, including vocational training and provision of inputs</b></p>	<p>The livelihood analysis and resource assessments in both target areas (Kalimantan and West Timor) provides the basic information needed to determine needs for collaboration with selected vendors, government institutions such as Dinas Pertanian (Agricultural Services), Dinas Perdagangan dan Perindustrian (Trade and Industry), Badan Penelitian Teknologi Pertanian (Agency for Research in Farming Technology), Universitas Nusa Cendana (Nusa Cendana University), PT. EWSI (East West Seeds Indonesia), agricultural extension workers to support farmer in the purchase or provision and planting and maintenance of seed, tools, etc.</p> <p>Apart from the constraints and opportunities found in the communities, CARE identified a very low level of knowledge that can support the beneficiaries' livelihoods. Here to, the SENSE project has designed a number of training modules. Activities conducted to raise income included: agriculture sector: training on LEISA technology, training on skills in the service sector and home industry development.</p> <p><b>West Timor :</b></p> <p>Total training exercises conducted in the livelihood sector was 106. Total number of beneficiaries trained was 4,215 including 2,937 males (70%) and 1,278 females (30%). This data indicates that the total number of beneficiaries reached is higher than the expected target of 3,710, because CARE allowed anyone who was interested to join the training sessions.</p> <p><b>Central Kalimantan:</b></p>

	<p>CARE undertook 25 different kinds of training sessions with 957 beneficiaries consisting of 663 males (69%) and 294 females (31%).</p> <p>See annex 10: Livelihood training</p>
<p><b>Activity 3.3. Support eligible beneficiaries to liaise with vendors, subscribe to favoured package, and negotiate terms with service providers</b></p>	<p>On the basis of activity 3.1 (identification of key areas for livelihoods development), the SENSE project verified vendors and other stakeholders to support this activity.</p> <p>Several vendors in both districts have already been mobilized and contributed and cooperated with SENSE beneficiaries. The total number of vendors collaborating with the SENSE project up to now is 9.</p> <p>Details of the activities which can be seen in the two target areas:</p> <p><b>West Timor :</b></p> <ol style="list-style-type: none"> <li>1. CARE liaised between farmers and PT EWSI in order to create partnerships between farmer groups and this company. At the one hand the company provides seeds, gives extensive cultivation training and seed processing training and also a secured market channel. The farmers work on their own land, are prepared to organize themselves, grow the seeds and ensure the quality of the seeds. 31 farmers are currently involved in this partnership. 18 of these farmers have already entered into transparent deals with the company.</li> <li>2. CARE worked together with the Dinas Pertanian (Agricultural Office) in developing a soybean seed breeding scheme, which will lead to a partnership between farmers and this government agency.</li> <li>3. Another collaboration construction was initiated by CARE with the Dinas Perindustrian dan Perdagangan (Industry and Trade Office) and BPMD (part of MOHA) in order to receive sets of home industry equipment for the production of snacks</li> <li>4. CARE also created a liaison between beneficiaries and a vendor of home industry handicraft and developed cooperation in the field of building materials</li> <li>5. Through seed fairs CARE encouraged vendors to buy their seeds from target communities.</li> </ol> <p>The total number of beneficiaries who received advantages from relations with vendors in West Timor was 875, while seed and tools have been distributed to 3.710 households consisting of 1.252 host households and 2.458 IDP households.</p> <p><b>Challenges:</b></p> <ol style="list-style-type: none"> <li>1. Limited access to land</li> <li>2. Low knowledge and skills of beneficiaries</li> <li>3. It was difficult to negotiate for IDPs because their high mobility and lack of identity cards (KTP)</li> <li>4. Low level of entrepreneurial spirit among beneficiaries</li> </ol> <p><b>Strategy :</b></p> <ol style="list-style-type: none"> <li>1. Coordinate with institutions that have resources or technology suppliers</li> </ol>

	<ol style="list-style-type: none"> <li>2. Cross visit</li> <li>3. Invite vendors to the communities, show the situation and stimulate discussion with the beneficiaries.</li> <li>4. Intensive search for more livelihood development options</li> <li>5. Advocate to government for KTPs</li> <li>6. Link up directly to newly moved beneficiaries with a more steady living location, helping them directly at their new site (example: bakso vendors)</li> </ol> <p><b>Central Kalimantan:</b></p> <p>CARE beneficiaries in Central Kalimantan are confronted with low farm-gate prices of rubber, the main agricultural product. CARE is aware that there are various options to increase profit margins for rubber, including better transport, improved collection methods, improved storage methods, better links with collectors and rubber factories, introduction of products to process the rubber ready for collection, etc. Each of these options may create improved prices for the farmers. CARE is also undertaking advocacy for the farmers towards P.T. Sampit, the major latex buyer in the area.</p> <p>CARE has identified an opportunity for farmers to have off-farm income in the form of automotive training and drivers licenses. CARE is currently negotiating with the government to provide training to CARE beneficiaries. Employment opportunities are abundant for drivers with automotive knowledge.</p>
<p><b>Activity 3.4. Strengthen the provision of extension services in agricultural and cottage industries to uprooted households and communities that are hosting them</b></p>	<p>This activity was based on activity 3.1 and also other supporting data (Livelihood assessment).</p> <p>In order to prepare for the provision of extension services and the development of cottage industries, CARE undertook an extra data collection exercise in order to identify potential community groups, based on the idea that community groups will easier adopt training, management systems and other innovations. This process was done in both NTT and CK.</p> <p><b>West Timor :</b></p> <p>Suggestions to develop home industry in West Timor got positive responses from beneficiaries. Unfortunately, due to the limited number of staff the SENSE project could not fully respond to this high demand. There were only several groups being facilitated like snack makers/sellers and brick producers. The total number of beneficiary households being supported in the new home industries was 235.</p> <p>Planning for 2008 :</p> <p>CARE has planned to develop up to 96 home industry groups in 2008. These groups will be trained and will get tools. The target is to reach a total</p>

	<p>of 3.710 households.</p> <p><b>Central Kalimantan :</b></p> <p>Linked to activity 3.1, an assessment to obtain a view of the community’s need of seeds and tools to support their livelihoods was done through a focus group discussion in each village. These focus group discussions were facilitated by a CARE field officer together with Yayasan Cakrawala Indonesia (YCI) staff. CARE obtained information on 19 kinds of seed and 8 kinds of farming tools. Distribution has been done to all beneficiaries and CARE is now providing assistance and is monitoring the use of the tools.</p> <p>To encourage this activity, CARE International Indonesia cooperates with farming product vendors to provide seed and farming tools. The total number of households receiving seed and farm tools was 3,273 consisting of 2.262 host households and 1,011 IDP households.</p>
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**2.2. Please list all contracts (works, supplies, services) above 5000€ awarded for the implementation of the action during the reporting period, giving for each contract the amount, the award procedure followed and the name of the contractor**

See Annex 12 “List of Contracts above Euro 5.000”

**2.3 Please provide an updated action plan**

Year													
Activity	Semester 3 from Feb 2008						Semester 4 from August 2008						Implementing Body
	1	2	3	4	5	6	7	8	9	10	11	12	
<b>Activity 1.2.</b> Train and support community and village government members to conduct participatory assessments, with sensitivity to gender and equity issues (review)			x	x									CARE
<b>Activity 1.3.</b> Facilitate groups of landless ex-refugees in West Timor to plan and negotiate options for permanent settlement with local government and other stakeholders			x	x	x	x							CARE/ GOI
<b>Activity 1.4.</b> Train and support village government and community members to conduct community planning											x		CARE/ GOI

(vision mapping) for resource use and community development, with sensitivity to gender and equity and reference to minimum standards, and formalize results in community development plans														
<b>Activity 1.5.</b> Support eligible uprooted and host family households to receive land certificates from GoI Land Agency (BPN)			x	x	x									CARE/ GoI BPN
<b>Activity 2.1.</b> Based on community planning, screen and verify village proposals and allocations for shelter and infrastructure improvements, and work with village committees to implement	x	x												CARE
<b>Activity 2.2.</b> Strengthen capacity of community-based health services	x	x	x											CARE/ GOI
<b>Activity 2.3.</b> Rehabilitate the nutritional status of children under 5 in areas where Global Acute Malnutrition rates exceed 10% and/or under nutrition exceeds 30%								X	X	X	X	X		CARE/ GOI
<b>Activity 3.1.</b> Identify key areas for livelihoods development, including alternative income sources									X	X	X			CARE
<b>Activity 3.2.</b> Mobilize service providers to design and bid to provide livelihoods training packages in key areas, including vocational training and provision of inputs	x	x	x											CARE
<b>Activity 3.3.</b> Support eligible beneficiaries to liaise with vendors, subscribe to favored package, and negotiate terms with service providers	x	x	x	x	x	x	x	x	x	x				CARE
<b>Activity 3.4.</b> Strengthen the provision of extension services in agricultural and cottage industries to uprooted	x	x	x	x	x	x	x	x	x	x				CARE/ stakeholders

households and communities that are hosting them															
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### **3. Partners and other Co-operation**

#### **3.1 How do you assess the relationship between the formal partners of this Action (i.e. those partners which have signed a partnership statement)? Please specify for each partner organization**

Relationships with formal partners continue to be productive. In addition to conclusion of framework agreements, joint activities during the startup phase have focussed on development of joint planning, staff trainings and participation in field assessments. In particular:

- (i) Yayasan Timor Membangun, a formal partner in West Timor
  - o Attended project startup meetings in Jakarta for detailed project planning in late-February 2007
  - o Concluded a framework agreement with CARE for collaboration in the action
  - o Has received equipment to support project implementation including 1 laptop, flash disk, printer, 2 motorcycles from CARE
  - o Conducts management meetings on a 2-weekly basis
  - o Has participated in field assessments with CARE based on TORs
  - o Is supporting land negotiation activities, particularly in Belu district in West Timor
  - o Staff have attended capacity building and planning sessions in West Timor, including on project socialisation, logframe sessions and vision mapping training

Yayasan Timor Membangun has three on-going agreements with CARE which caused that the start-up of the activities has been relatively slow. In SENSE YTM joins fully in all logframe outputs. In spite of the slow startup CARE does not expect problems regarding this cooperation, considering earlier experience working with YTM. The results of YTM’s work are satisfactory.

- (ii) Yayasan Cakrawala Indonesia in Central Kalimantan
  - o Attended project startup meetings in Jakarta for detailed project planning in late-February 2007
  - o Concluded a framework agreement with CARE for collaboration in the action
  - o Has received equipment to support project implementation including 1 laptop
  - o Has conducted 3 planning meetings in Central Kalimantan to finalise joint planning
  - o Has participated in field assessments with CARE in Central Kalimantan
  - o Staff have attended capacity building and planning sessions in West Timor, including on project socialisation, logframe sessions and vision mapping training

In Central Kalimantan CARE is currently working with YCI in two different projects. Here the start-up was not slow but the cooperation with YCI was initially not smooth due to differences in opinion about how to engage the communities and training issues. CARE’s Program Leader organized several meetings to discuss these problems and is tightly monitoring the cooperation through regular field visits. This has considerably improved the cooperation and effectiveness of the field activities. YCI takes care of 2 of the 10 communities for each component of the logframe. The quality of the work of YCI is good.

#### **3.2 How would you assess the relationship between your organisation and State authorities in the Action countries? How has this relationship affected the Action?**

Relationships have been established/ maintained with key government stakeholders at province and district level in West Timor and Central Kalimantan, and are generally highly positive. Key agencies include Planning boards, Agriculture, Agricultural Research Agency (BPTP), Health, Cooperative, Land, and Community Empowerment and Social Agencies. For a number of key agencies, agreements have been reached to hold regular monthly coordination on activities – for others, this will occur at least semi-annually

and on an as-and-when basis.

Highlights to date include relationships with Community Empowerment Agencies in both project areas, with agreement to collaborate on training of village leaders in community planning – this will support activities related to village government capacity building on planning and acceptance of plans by district government.

No significant problems have been encountered in establishment of productive working relationships and data sharing. However, in West Timor it is worth noting difficulties obtaining secondary data from government on ex-refugees – records are no longer maintained or updated. This creates an additional burden on data gathering for project staff in the area.

Coordination and socialisation has also been conducted with local leaders – subdistrict heads and village leaders/ informal camp coordinators in all identified project sites.

Other state agencies relating to security, including army commands (TNI) in West Timor and ‘People’s protection agency’ Kesbanglinmas have also been met to discuss project planning and coordination issues. In West Timor the army is managing ex-refugee relocation and construction projects in the area in collaboration with the ‘Social Agency’ (Dinas Sosial) – close coordination will therefore be essential. CARE has developed a guidance paper on advocacy issues in relation to project interfaces with these national government- funded relocation efforts. In Central Kalimantan, provincial and district government maintain close scrutiny of NGO activities from a security perspective. Registration and discussion of project planning with Kesbanglinmas was therefore an essential step to fostering local government buy-in to project implementation.

Central Kalimantan is seen as one of CARE’s priority areas. Therefore, it was decided to have the annual coordination meeting (Rakorda) with the Ministry of Home Affairs in this province in August/September 2008. The governor has responded positively towards this request and has asked CARE to do a presentation on the work in the province in May 2008.

### **3.3 Where applicable, describe your relationship with any other organisations involved in implementing the Action:**

- *Associate(s) (if any)*
- *Sub-contractor(s) (if any)*
- *Final Beneficiaries and Target groups*
- *Other third parties involved.*

**Associate 1.** Nusa Tenggara Timur Provincial Development Planning Agency (Bappeda NTT) – covered in discussion of relationships with government above. In addition to meetings and attendance at socialisation event, CARE also planned to hold a province-wide planning session with the agency in May.

**Associate 2.** Balai Pengkajian Teknologi Pertanian (BPTP) NTT (NTT Agricultural Technology Research Centre) – covered in discussion of relationships with government above. Meetings and discussions have been held with BPTP, including to discuss seed distributions and agricultural activities for the project.

**Associate 3.** Universitas Nusa Cendana (UNC, also commonly called Undana) – has included initial discussions on planning, socialisation of the project, and planning to participate in the HLS baseline assessment for the project.

**Associate 4.** Central Kalimantan Provincial Development and Planning Agency (Bappeda Kalteng) – covered in discussion of relationships with government above. Socialisation and planning meetings were held with Bappeda Kalteng during the first quarter.

**Associate 5.** Balai Pengkajian Teknologi Pertanian (BPTP) Central Kalimantan (Central Kalimantan Centre for Agricultural Technology Research) – meetings and discussions were held to socialise the project, develop planning, and discuss seed distributions and appropriate interventions for the area.

**Associate 6.** University of Palangka Raya (UNPAR) – has attended socialisation activities and discussions on planning for the HLS baseline for the project in Central Kalimantan.

### **3.4 Where applicable, outline any links you have developed with other actions**

Links with other actions are in place, in particular with the EC-funded Pulih project in Belu and TTU districts in West Timor. This has included sharing of project data, participation in project planning and joint training. A policy officer for the Pulih project has also contributed significantly to planning for land certification activities for the project based on highly successful experiences in the Pulih project – these have been documented in a guidance paper for SENSE project staff. In addition, a guidance and advocacy paper on beneficiary rights and key risks in relation to resettlement has also been drawn up based on Pulih project experiences working in resettlement sites. SENSE staff attended a PULIH Lessons Learned workshop in Jakarta.

CARE undertook cooperation in West Timor with OXFAM as proposed by EC. The cooperation was useful but required lots of CARE's valuable time.

**3.5 If your organisation has received previous EC grants in view of strengthening the same target group, in how far has this Action been able to build upon/complement the previous one(s)? (List all previous relevant EC grants).**

CARE in Indonesia has received EC grants that could be counted as relevant, including:

- **ECHO-funded Direct Innovative Recovery of Emergency-affected Communities on Timor (DIRECT)** 1/04/2004 – 30/04/2005 through CARE Netherlands which aimed that “ex-refugees from East Timor living in West Timor and communities affected by their displacement have gained skills and access to necessary assets to meet their basic rights to food, water and nutrition”. The project targeted 5,000 refugees and host community households in 25 communities in the two easternmost districts of West Timor, Belu and TTU, which were heavily impacted by the influx of uprooted people as well as natural disasters. Extending humanitarian work carried out in previous ECHO funded projects, the project took a developmental relief approach to provision of food security, water and nutrition, to reduce reliance on aid for ex-refugees who had been displaced for up to four years. SENSE project continues to build on results including through livelihoods trainings, local health centre (posyandu) strengthening and health staff trainings and infrastructure repair and maintenance trainings. Ongoing work with district government staff, including from Health, Agriculture and Community Empowerment agencies also builds on previous relationships and work on capacity building.
- **ECHO-funded Madurese Engagement in Action to Nurture Increased New initiative to Generate a better future (MEANING)** 1 May 2005 – 31 June 2006 through CARE Netherlands through which CARE sought to work both in Central Kalimantan (Kotawaringin district) and Madura to promote and facilitate return by providing equal access to services in both areas. The number of beneficiaries for this project reached 9953 households. The operation specific objective of this project was to give access to basic humanitarian needs with emphasis on water, hygiene, health and food security to assist in restoring households livelihood security. The SENSE project will build on results of MEANING project in a number of villages, in particular ensuring that infrastructure works developed through the project continue to be operated by community members and leaders who have adopted ownership of facilities. This will include inclusion in trainings and development activities under the project. Ongoing work with

district government staff, including from Health, Agriculture and Community Empowerment agencies also builds on previous relationships and work on capacity building.

EC-funded PULIH project. This project was recently finalized (December 2008). The PULIH project was also implemented in the framework of EC's uprooted people program through CARE Nederland. PULIH took place in Central Sulawesi and in NTT, Belu district. In many ways CARE has learned from this project and is now using the experience gained in the SENSE project. Major lessons learned are related to participatory community engagement methodologies, land certification, livelihood development (LEISA, seaweed, small-scale enterprise, partnering with the private sector, etc) and infrastructure (shelter and water supply).

#### **4. Visibility**

Project staff in both locations have access to all relevant EC guidelines relating to visibility based on information provided on [http://ec.europa.eu/europeaid/visibility/index\\_en.htm](http://ec.europa.eu/europeaid/visibility/index_en.htm). EC delegation in Jakarta also provided a number of EC stickers for visibility purposes.

Activities related to ensuring visibility include:

- Job vacancy announcement in local newspaper carry logos and clearly identify the project as EC-funded
- Banners for activities such as trainings and socialization workshops with local government and other stakeholders include EC logos
- Beneficiary registration forms carry EC logos
- Cars carry stickers with EC logo supplied by EC-delegation in Jakarta
- Activity videos will include the EC logo and identify the project as EC-funded, and will be streamed on Belu TV
- Project t-shirts will carry EC logo
- Reports and publications from the project will clearly identify the project as EC-funded, include logo
- All infrastructure developed through the project will be marked with EC logo

The SENSE project is presented at CARE Österreich's homepage under the following link:  
<http://www.care.at/de/projekte/asien/indonesien.html>

CARE is planning to publish also project related Human Interest Stories on its website.

Do you have any objection to this report being published on EuropeAid Co-operation office website ?  
CARE has no objection.

Name of the contact person for the action : Sok-Chea Ung  
Signature :

Location : Vienna

Date report due : 30 April 2008

Date report sent : 6 May 2008

## **ANNEXES**

### **Annex 1: SENSE database population and beneficiaries**



SENSE Database  
population and benef

### **Annex 2: Beneficiary participation**



Beneficiary  
participation act 1.1.:

### **Annex 3: PRA participation**



SENSE PRA  
participation Act 1.2.:

### **Annex 4: Infrastructure**



SENSE Infrastructure  
data.xls

### **Annex 5: Planned infrastructure 2008**



Planned  
infrastructure 2008.x

### **Annex 6: SENSE Health training**



SENSE Health  
training.xls

### **Annex 7: Nutritional status**



SENSE nutritional  
status.xls

## **Annex 8: EFC approach**



EFC approach.doc

## **Annex 9: Livelihood beneficiaries**



Livelihood  
beneficiaries

## **Annex 10: Village potential**



Village potential

## **Annex 11: Livelihood training**



Livelihood training

## **Annex 12: List of Contracts above Euro 5.000**



SENSE\_Contracts  
aboveEUR5000.xls