



**Forum Summary Report
First Regional PD Forum
From Villages to Hospitals; Success Stories against All Odds
January 19-21, 2010**

From Villages to Hospitals; Success Stories against All Odds brought together 143 people for the First Regional PD Forum in Bali, Indonesia, January 19-21, 2010. The beautiful setting with superlative facilities and services enhanced the interactive agenda. In addition, the variety of participants produced an event of amazing energy and unique connections that few will soon forget. It was an occasion to listen to the many stories from “ordinary people trying to do extraordinary things.”

Organized by PDI, PDRC, the Ministry of Health and UNICEF, the forum had three main objectives;

- to bring together various implementers, researchers and donors to share and learn from each other,
- to broaden the scope of PD applications by exposing participants to various uses of PD outside of nutrition; hospital acquired infections, child trafficking and child soldiers, education, corruption, female genital mutilation, and maternal health,
- to provide an opportunity for the participants to begin forming regional and sector related networks.

Besides meeting the above objectives, participants contributed to the success of the Forum in many ways. Some took on the role of translators for those participants from outside of Indonesia, others became facilitators and note takers during the breakout group sessions, while others helped with the logistics and time keeping – herding participants back to the large meeting room after coffee break.

The excitement and buzz in the plenary room increased day by day as the Forum progressed. Though the agenda was extremely full, there was ample opportunity during breaks, meals and the scheduled activities to connect with friends, colleagues, and make new friends. Participants from Vietnam, Bangladesh, India, the Philippines, Puerto Rico and the US were introduced to the many participants from all over Indonesia. Because of the extensive outreach to advertize the Forum, participants came from implementing groups far wider than the existing Indonesia PD Network. Many of the implementers learned for the first time about the existing network and have reshaped it so that it is more interactive and led by self selected people interested and able to facilitate the networking and exchange.

Some lessons learned by the participants included:

1. PD does not equal pos gizi. The PD nutrition work has blinded some implementers to the PD process. They have become so entrenched in the steps of the ‘pos gizi’ or the PD Hearth, that they can no longer help communities design their own interventions based on actual PD findings which are unique to each community.
2. Exposure to the power of using PD for other issues such as newborn health reinforced the idea that the process is critical to effective work.
3. When communities truly own the process, extraordinary things can happen that could not have been predicted by the PD facilitators.



4. Proper implementation of PD takes time but a well implemented and community driven activity will ignite neighboring communities to try. The ripple effect happens without much effort and solves the question of how to scale up.
5. The network in Indonesia has excellent resources and skilled members. How to harness and include new players will be the challenge for the networking group.

Many conversations and discussions happened over the three days. There were both formal and informal venues to stimulate these exchanges.

The outputs of the forum were:

1. Recommendations for further technical improvements in the use of PD in the nutrition sector,
2. Develop, expand and strengthen the existing network through the social networking Facebook and Google Group venues,
3. Next steps for Indonesia including;
 - a. Providing implementers with specific specifications of what makes PD PD, (a recipe to follow, making sure the essential ingredients of PD are part of the implementation);
 - b. Documenting the success stories and lessons learned from implementing groups in Indonesia. The Ministry of Health needs a book or a document that provides information and data on PD implementation, and shows the effectiveness of using the PD approach in combating malnutrition. From the remarks of Arvind Singhal, the keynote speaker – if the story isn't told no one else can learn from what is happening;
 - c. Evaluating government implemented sites – improving the evaluation tool that was used to evaluate the USAID funded PD activities. The changes to the current tool would better capture community ownership, specific PD findings, how well the PD findings are incorporated into the design of the PD nutrition activities, cost and scale up.
 - d. Establish a research group specifically for PD research projects in Indonesia and the region. The group would include staff from PDRC, other Universities in Indonesia and would be linked to the research group being formed through PD.

Comments from Participants:

We have yet to realize the sparks that have been ignited over the past three days.”

~ Jon Lloyd, Senior Associate at the PDI, PD Implementer for Hospital Acquired Infections, Pittsburgh PA, USA

This Forum was very fantastic! We learned a lot and have some clear steps to take now. PD can help (government) understand what is happening in the community.

~ Dr. Minarto, Director of Community Nutrition from the Ministry of Health, Republic of Indonesia

I have learned more than I imagined, and I see here today that PD is more than an approach to improving nutritional status of children under five. PD is love. PD is about bringing people together who don't usually get together. This is what has happened over the last three days.”



~ Pak Asep, Head of Balewangi Village, Garut District, West Java

The Indonesian stories told during the Forum provide many good lessons for PD implementation. We need to capture them and tell them to the rest of the world.

~ Dr. Idrus Jus'at, Head of Nutrition, Universitas Indonesia Esa Unggul, Jakarta, Indonesia