Title of the project	**Qualitative Evaluation Of The Saving Newborn Lives Initiative In Cirebon District**
Conducted by	The Center for Health Research University of Indonesia
Supported/funded by	PATH
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Sample size	36 FGDs and 60 indepth interview
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This report presents a qualitative study as a part of quantitative evaluation on the Save Newborn Live Project, which is needed for having insight not only for the achievement but also for the process and lesson learned from the project. This survey aims to generate qualitative data set relating to the specific objectives, and will employ two techniques of qualitative data collection, the in-depth interview and focus group discussion (FGD). The study was carried out in the District of Cirebon – West Java, but for the triangulation purpose, researcher was also carried out some interviews to key person in the central and provincial level. At sub-district (Tingkat Kecamatan) and village level (Tingkat Desa), there are six villages to be selected, which based on the criteria of the socio-economic status of the village. Two poor villages (Desa Karang Kendal and Desa Kalideres), two moderate villages (Desa Karang Asem and Desa Buyut) and two prosperous villages (Desa Kalipasung and Desa Cangkuang) were chosen.

The study indicated that the neonatal death has high political commitment from global to down, to the Cirebon district level. The local leader has already shown his strong commitment by launching free basic health services for all children under five, and using the provincial funding to increase hospital access for poor mother and babies who engage in complication. At one side, the commitment of one village with one VM stay in the villages is questionable. At the other side, the carrier path of the VM is still neglected, which can cause the de-motivation of the VM in conducting their duties and tasks at the village. However, It is also shown from the study that good VMs can improve the community knowledge and behavior in taking care of their newborn babies.

Resuscitation is one of the best training for the VMs since it can improve their skill in helping asphyxia babies. Equipped with mask tube and VCD for re-learning, the VM felt the benefit of the training. At the year of 2005, a hierarchical supervision system was implemented by the district health services. The system can monitored the VMs performance easily, since the district health services have only seven VMs areas coordinator to be monitor.

Another finding from the study is that social mobilization, i.e. the Selamat Project, was not organized in a good time line. There was a delayed on starting the project which cause running out of time for developing the message of SELAMAT. Moreover, the CBOs and NGOs only have three months time to disseminate the message, so they have reached only to the pilot project villages. Although, the strategy to include the NGOs and CBOs for disseminating the SELAMAT messages was questioned by the central level, but in fact this strategy is the strong point of the SELAMAT project.