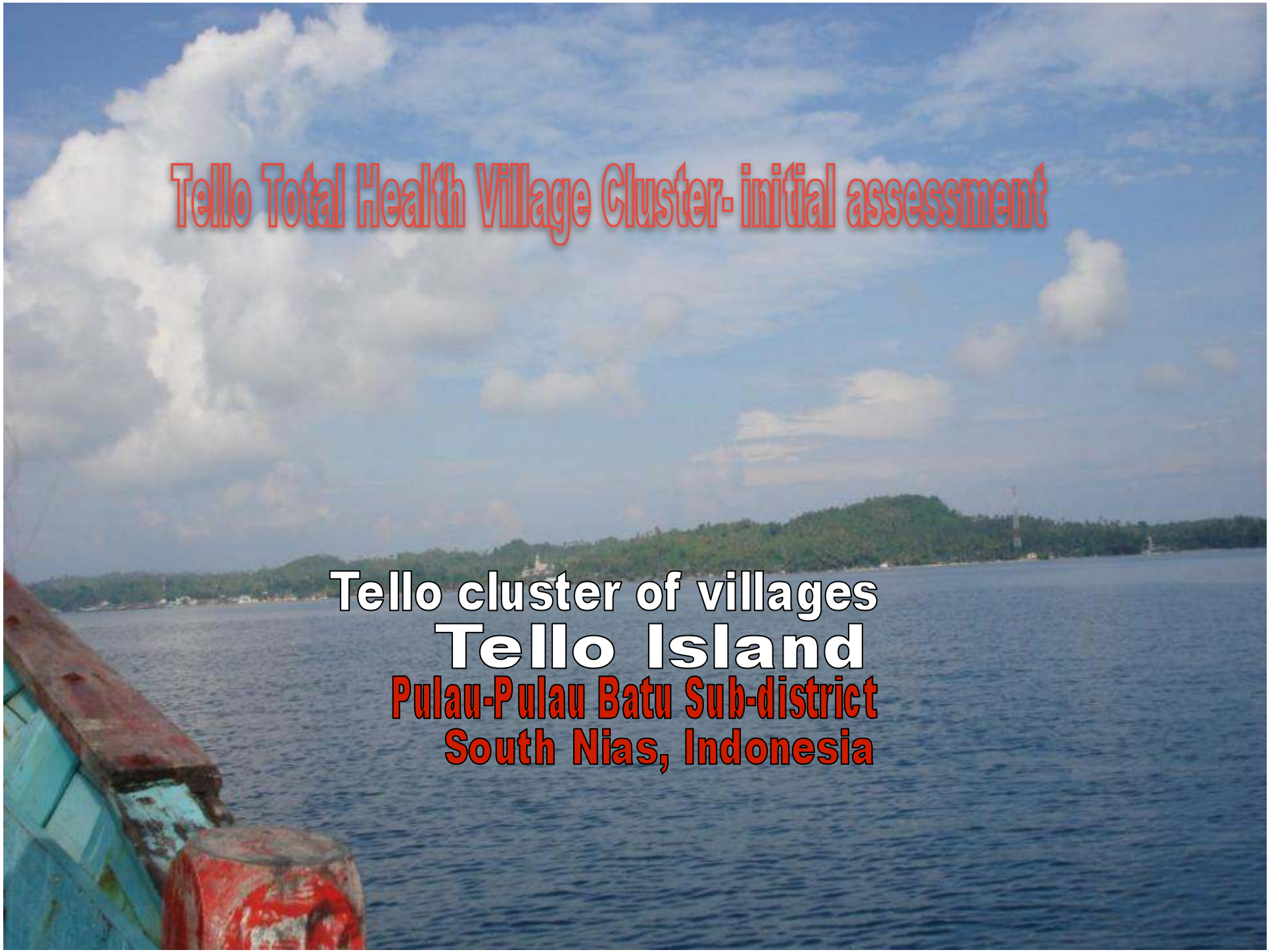
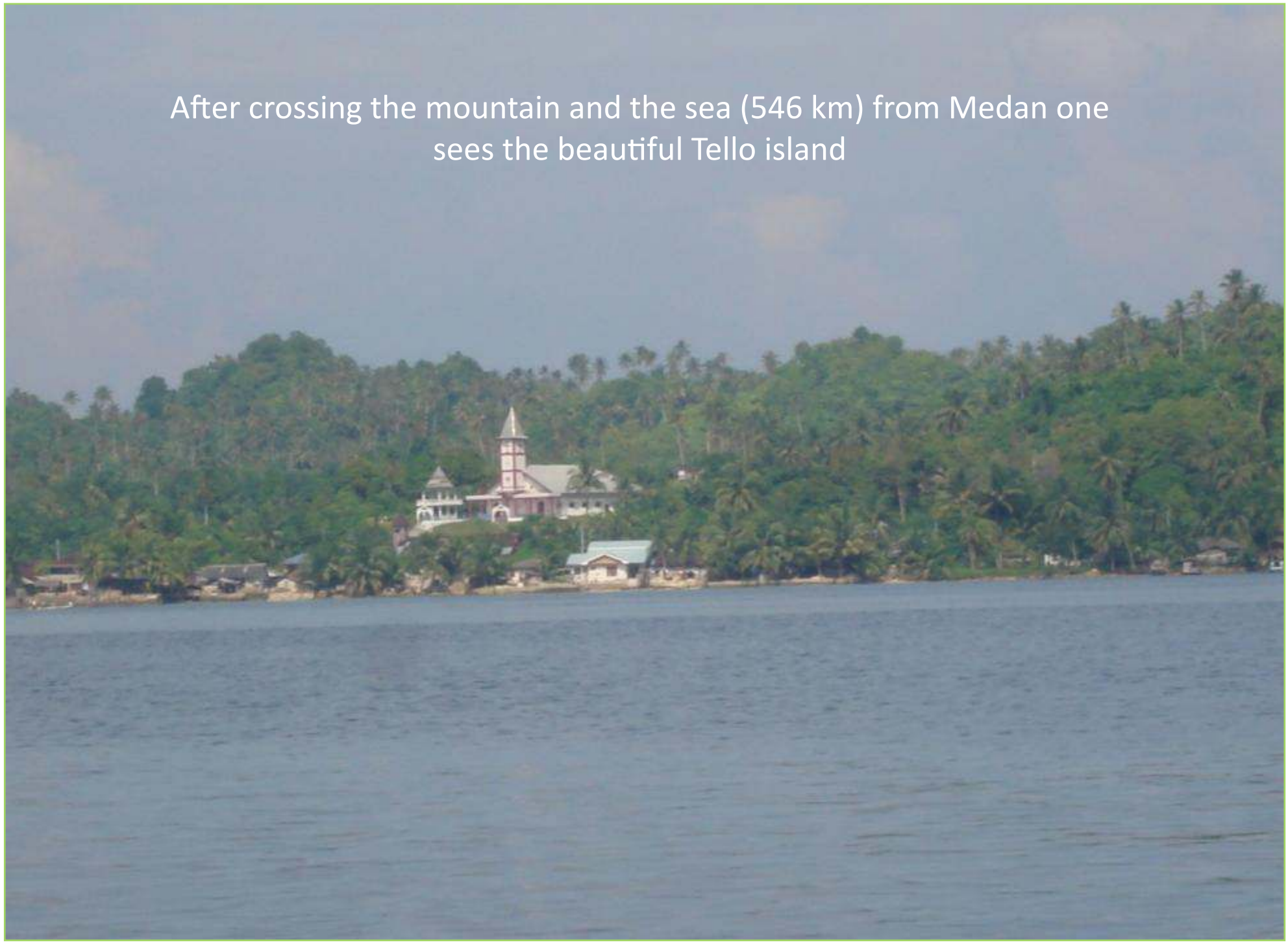

Tello Total Health Village Cluster- initial assessment
Tello cluster of villages
Tello Island
Pulau-Pulau Batu Sub-district
South Nias, Indonesia


After crossing the mountain and the sea (546 km) from Medan one sees the beautiful Tello island

Rich natural resources but most of people are poor

Total Population

No	Village	Total	Household
1	Bawo Omasio	385	81
2	Bawo Amahelato	400	75
3	Bawo Dobara	333	70
4	Hiliotalua	449	160
5	Sidua Ewali	623	142
6	Kelurahan Pasar	1425	328
7	Silima Ewali	1511	363
8	Simaulaya	338	77
9	Siofa Ewali	429	100
10	Sinauru	377	84
11	Rapa-rapa Melayu	58	14
12	Sifitu Ewali	1100	250
13	Baruyu Lasara	260	62
14	Hili Amaodula	189	41
15	Loboi	174	30
TOTAL		8,051	1,877

Brief Overview of the Profile of Tello Island:

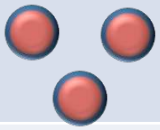
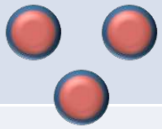
- Tello Islands is part of Rock Islands (Pulau-Pulau Batu) Sub-district that located in South Nias. It is at a distance of 75,2 kilometers from the District (Regency) Office (across the sea) and 546 kilometers from Provincial Office (across the mountains and sea).
- This island consisted of 15 villages with total population 8,051 (1,877 households). Most of people are farmers, fisherman, and labors.
- Estimated rainfall is 3,077 mm (with 260 days per year) and temperature around 21^{o}C -37^{o}C. Usually storm period since September until November but sometimes in August also potential storm period.
- Approximately 82% of the population are Christian (Protestant and Catholic) and the rest are Moslem (14%) and Buddhism (4%). Although all of people have their own religion but many of them still believe and practice black magic in their daily live.
- This island was chosen because most of households are poor like other areas in South Nias District. They have also been living practicing unhealthy behavior such as open defecation, lack of vegetable consumption (prefer on meat and fish), no livestock cage (particularly pig), etc.
- Actually this island has rich natural resource (particularly sea resources) but most of community still poor due to lack of education and skill.
- With the available of market, it will become possible for people to sell their product with suitable price.
- Tello Island can also be developed as potential tourism destination if the supporting infrastructure can be improved particularly transportation access
- Although in this islands, there are 3 health care facilities (1 hospital, 1 catholic clinic, and 1 Puskesmas or government health clinic) but the health status still low due to lack of community access to get basic health
- The potential entry point for THV program is drinking water filter, as most of households use drinking water (from well) with high turbidity and contaminated
- This profile will be continued with more details of 2 villages (Bawo Omasio and Sinauru)

"Tello"
N
W
E
S
BAWO OMASIO
BAWO AMAHELATO
BANO DOBARA
HILI OTALUA
KEL Ps. PULAU TELLO
LOBOI
HILI AMOUDULA
BARUYU LASARA
SIDUA EWALI
SILINA EWALI
SIMALUAYA
SIFITU EWALI
SIOFA EWALI
SINAURU
RAPA RAPA MELAYU
Latitude : 0°03'46.11" S
Longitude: 98°16'10.71"E
Dimensions: 15 km x 8 km
Distance to Teluk Dalam (District office) : 75,2 km
By boat : 5 hours
Distance to Medan (Provincial office) : 546 km

Profile of Bawo Omasio village

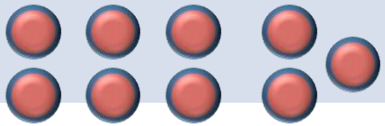
Bawo Omasio

Population Breakdown

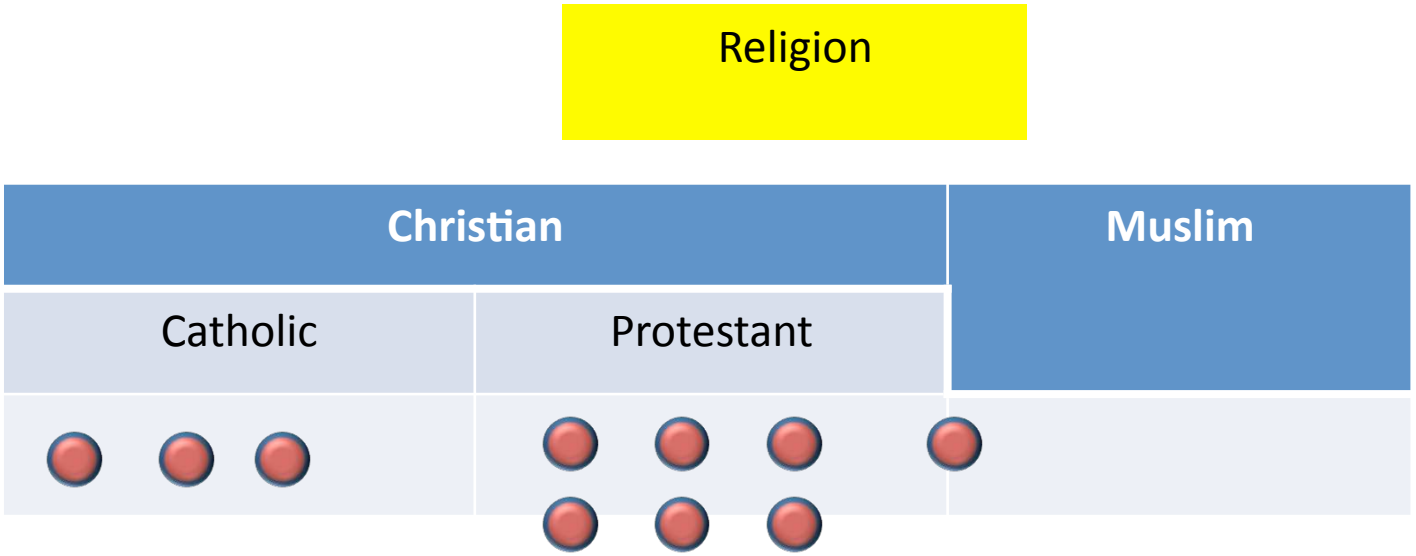
Details	Old	Mature	Young	Growing up	Children
Ratio					
Age range	Over 60 years	26-59 years	16-25 years	13-15 years	0-12 years
male	0	00	000	00000	0000
female	000000000	00000000	0000000	00000	000000

Bawo Omasio

Ethnic Profile

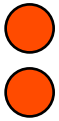
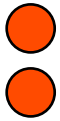
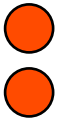
Nias	Batak	Padang
		

Bawo Omasio



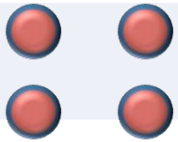
Bawo Omasio

Rainfall cycle

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
											
400 mm	400 mm	200 mm	200 mm						200 mm	200 mm	400 mm

Bawo Omasio

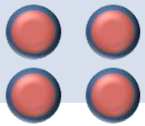
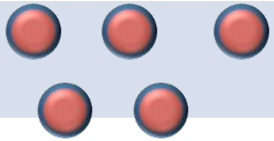
Bio Physical features-Land profile

Cultivated		Not Cultivated (Fallow)-swamp
Self owned	Hired out to people from nearby village	
		

Water source:
- Wells = approximately 60% of the houses have their own wells
-Rain water harvesting = approximately 40% of the HHs have roof water harvesting
- Pond =No
- River = No
- Stream = No

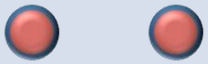
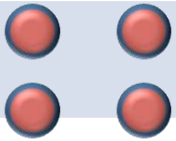
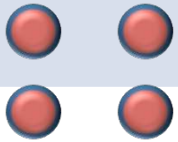
Bawo Omasio

Water source (drinking water)

Rain water	Wells	Purchase in bottle
		

Bawo Omasio

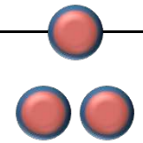
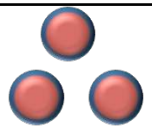
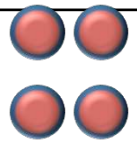
Economic situation

Making furniture	Baking bread for sale	Handicraft
		

RSFA

Rapid (Household) Food Security Assessment)

Bawo Omasio

Population ratio	Local name (& Description)	IE Ratio (Income-Expenditure ratio)		Profession/livelihood
		INCOME	EXPENDITURE	
	Kaya *(the well off)*	0 0 0 0 0 0 0	0 0 0	- Government officer - Big farmer - Boat owner
	**Menengah** *('somehow manage')*	0 0 0 0 0	0 0 0 0 0	- Fisherman - Medium farmer
	**Kurang** *('they lack')*	0 0 0 0	0 0 0 0 0 0	- Fisherman (small) - Small farmer - Labor (skilled)
	**Miskin** *('poor')*	0	0 0 0 0 0 0 0 0 0	- Labor (unskilled) - Boat crew

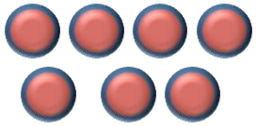
Bawo Omasio

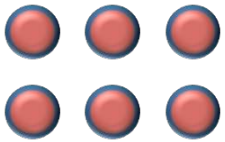
Type of health seeking behavior

Black magic and traditional treatment	Puskesmas (Health Centre)	Clinic	Hospital

Bawo Omasio

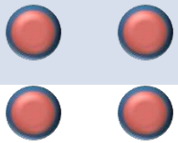
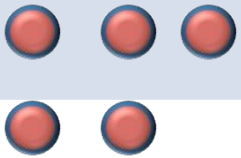
Family Planning

YES	NO
	

NATURAL	PILL	IUD	INJECTION
			

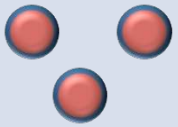
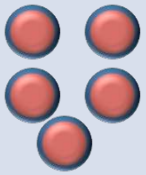
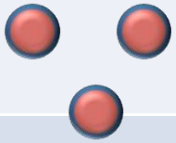
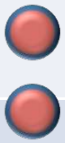
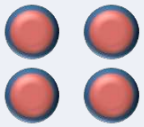
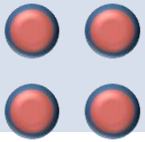
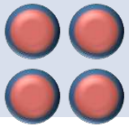
Bawo Omasio

Nutritional Status of under 5 years old

Good/Well	Average	Moderately poor	Poor
			

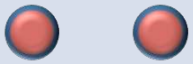
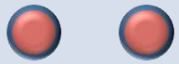
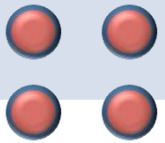
Bawo Omasio

Disease Distribution

Details	Percentage	Diarrhoea	Cough	ARI	Skin disease	TB	Hyperten sion	Malaria
Children								
Women								
Men								

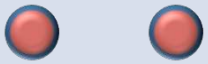
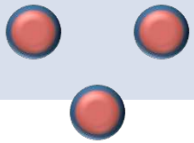
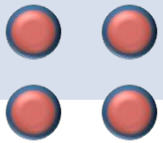
Bawo Omasio

Expenditure Analysis

Social (Party, culture, etc)	Health care	Education	Food
			

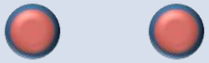
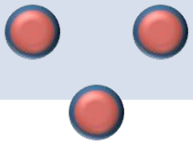
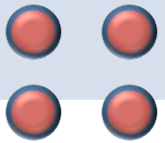
Bawo Omasio

Livelihood Analysis

Labor	Business	Agriculture	Selling Fish
			

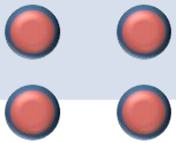
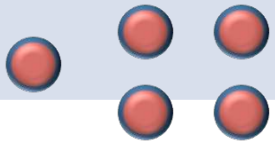
Bawo Omasio

Problem Analysis

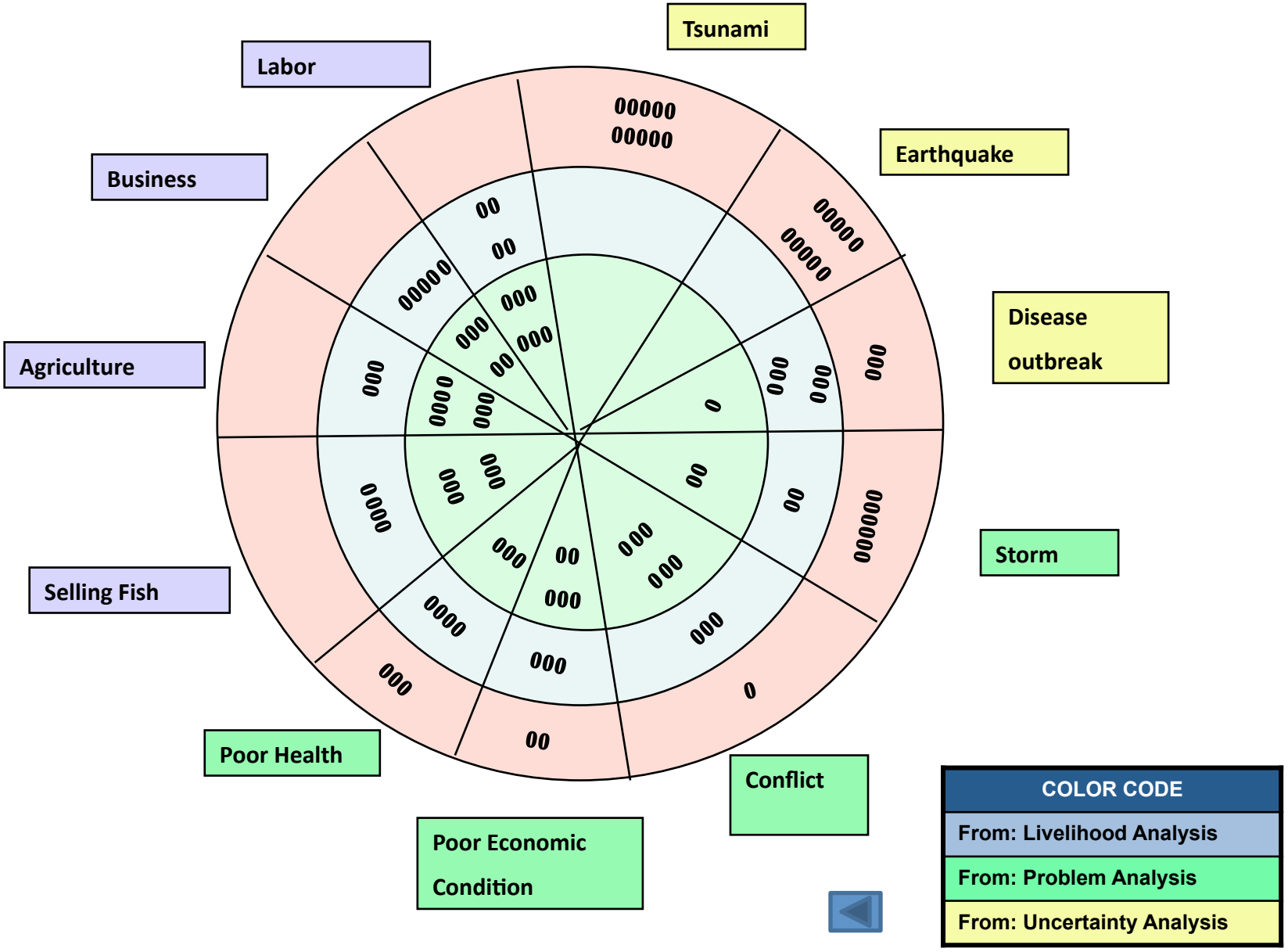
Storm	Conflict (due to drunk, gambling, etc)	Poor Economic Condition	Poor health
			

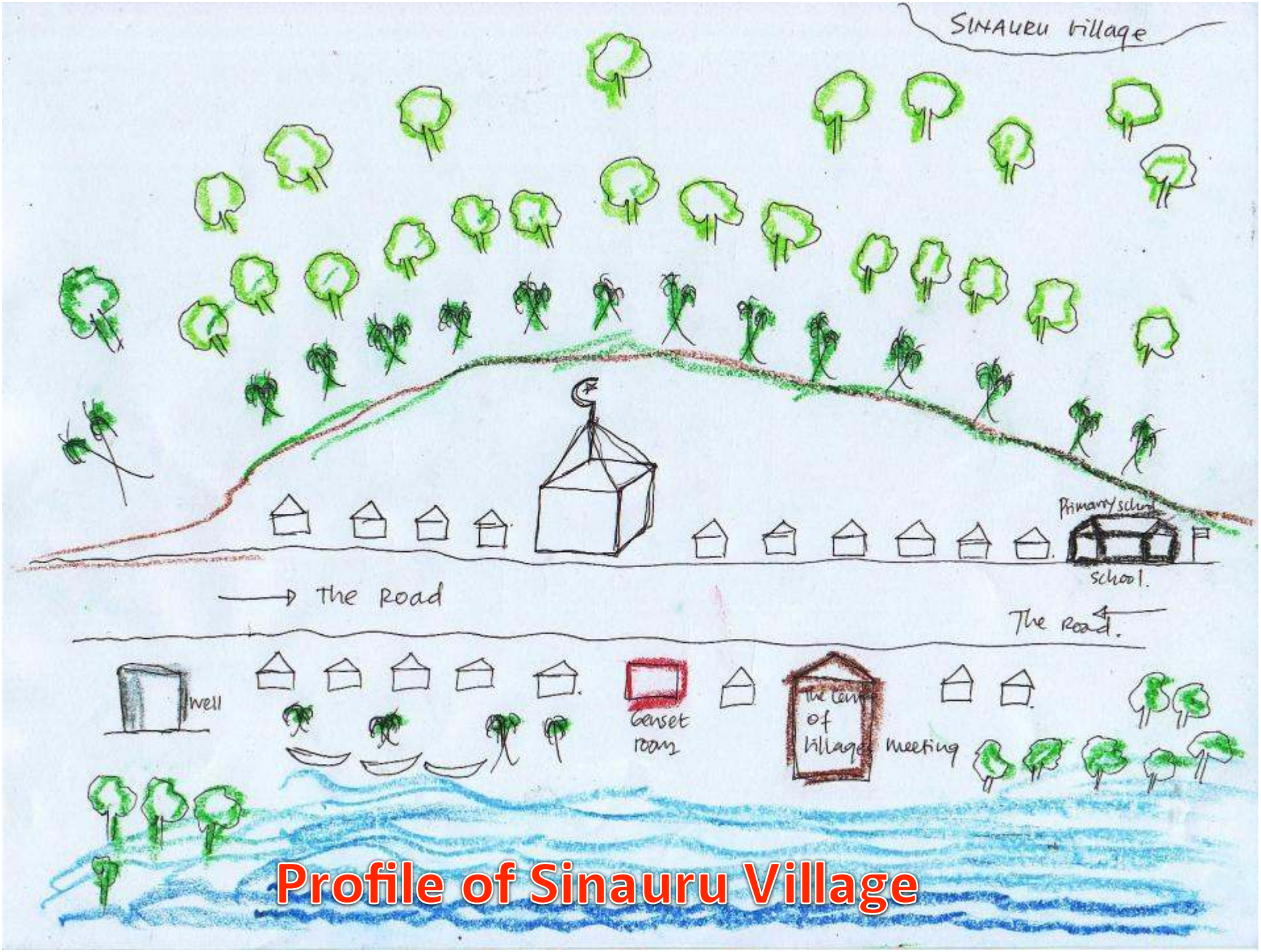
Bawo Omasio

Uncertainty Analysis

Disease outbreak (Cholera)	Tsunami	Earthquake
		

Wholistic Worldview Analysis-Bawo Omasio

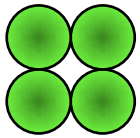
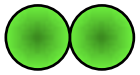
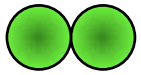
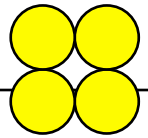
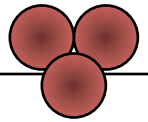
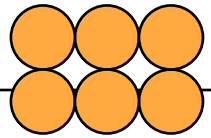
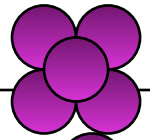
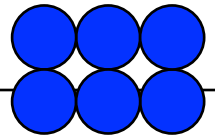
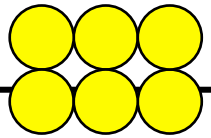
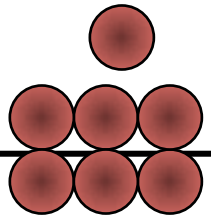
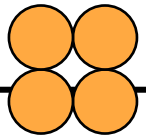
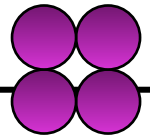
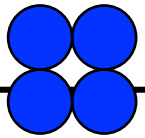




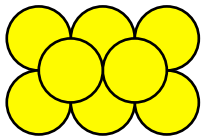
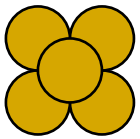
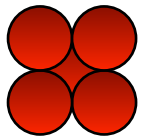
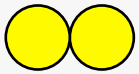
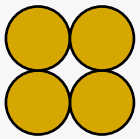
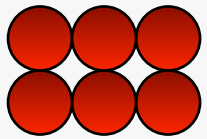
Profile of Sinauru Village

Sinauru

Population Breakdown

Age Range	0-6	7-16	17-20	20-40	40-60
Total					
Male					
Female					

Sinauru

Literacy			
	Population	Laki-laki (Male)	Perempuan (Female)
Go to School			
Not Go to school			

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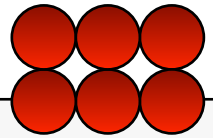
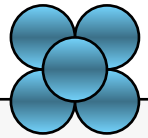
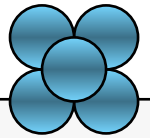
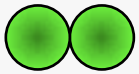
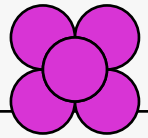
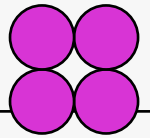
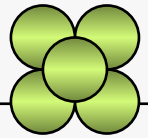
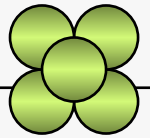
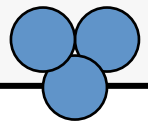
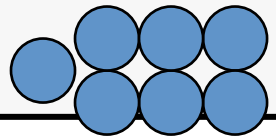
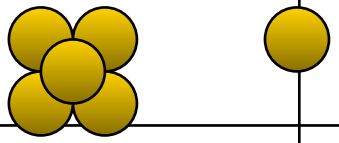
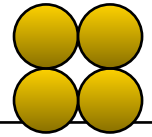
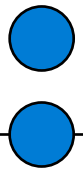
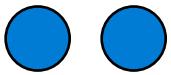
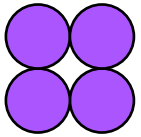
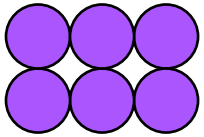
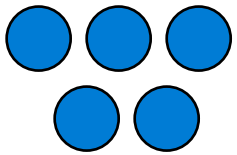
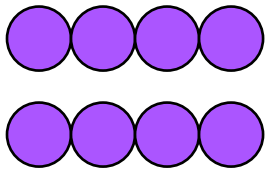
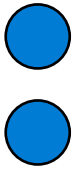
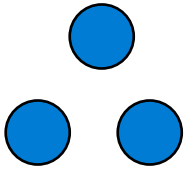
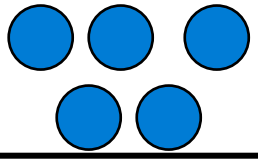
Education Level			
	Population	Male	Female
SD (Elementary)			
SMP (Junior)			
SMA (Senior high)			
Kuliah (College)			

Sinauru

RSFA

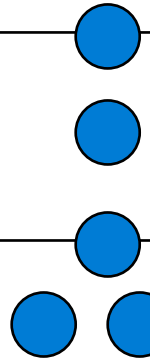
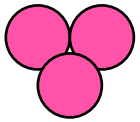
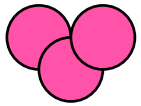
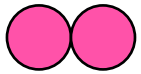
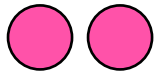
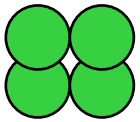
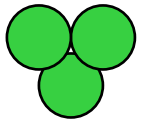
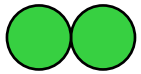
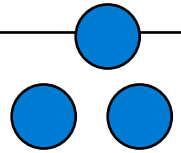
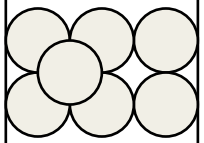
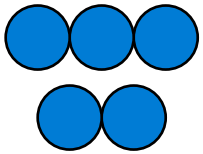
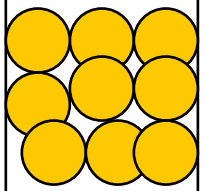
Population ratio	Local name (& Description)	IE Ratio (Income-Expenditure ratio)	
		INCOME	EXPENDITURE
	Kaya *(the well off)*		
	**Menengah** *('somehow manage')*		
	**Kurang** *('they lack')*		
	**Miskin** *('poor)*		

RFSA and main occupation: Sinauru

Population ratio	Local name (& Description)	**Main occupation** **(Access profile)**
	Kaya *(the well off)*	**-Big trader** **- big farmers**
	**Menengah** *('somehow manage')*	**-Fisherman** **-Medium farmer**
	**Kurang** *('they lack')*	**-Fisherman (small)** **-Small farmer** **- Labor (skilled)**
	**Miskin** *('poor')*	**- Labor (unskilled)**

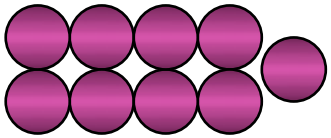
RFSA And expenditure analysis

Sinauru

Population ratio	Local name (& Description)	Expenditure			
		Food	Education	Health care	Social
	**Kaya** *(the well off)*				
	Menengah *('somehow manage')*				
	**Kurang** *('they lack')*				
	**Kurang** *('they lack')*				

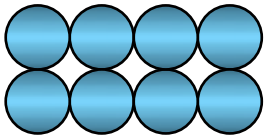
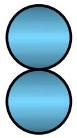
Religion

Sinauru

Moslem	Christian (Protestant and Catholic)
	

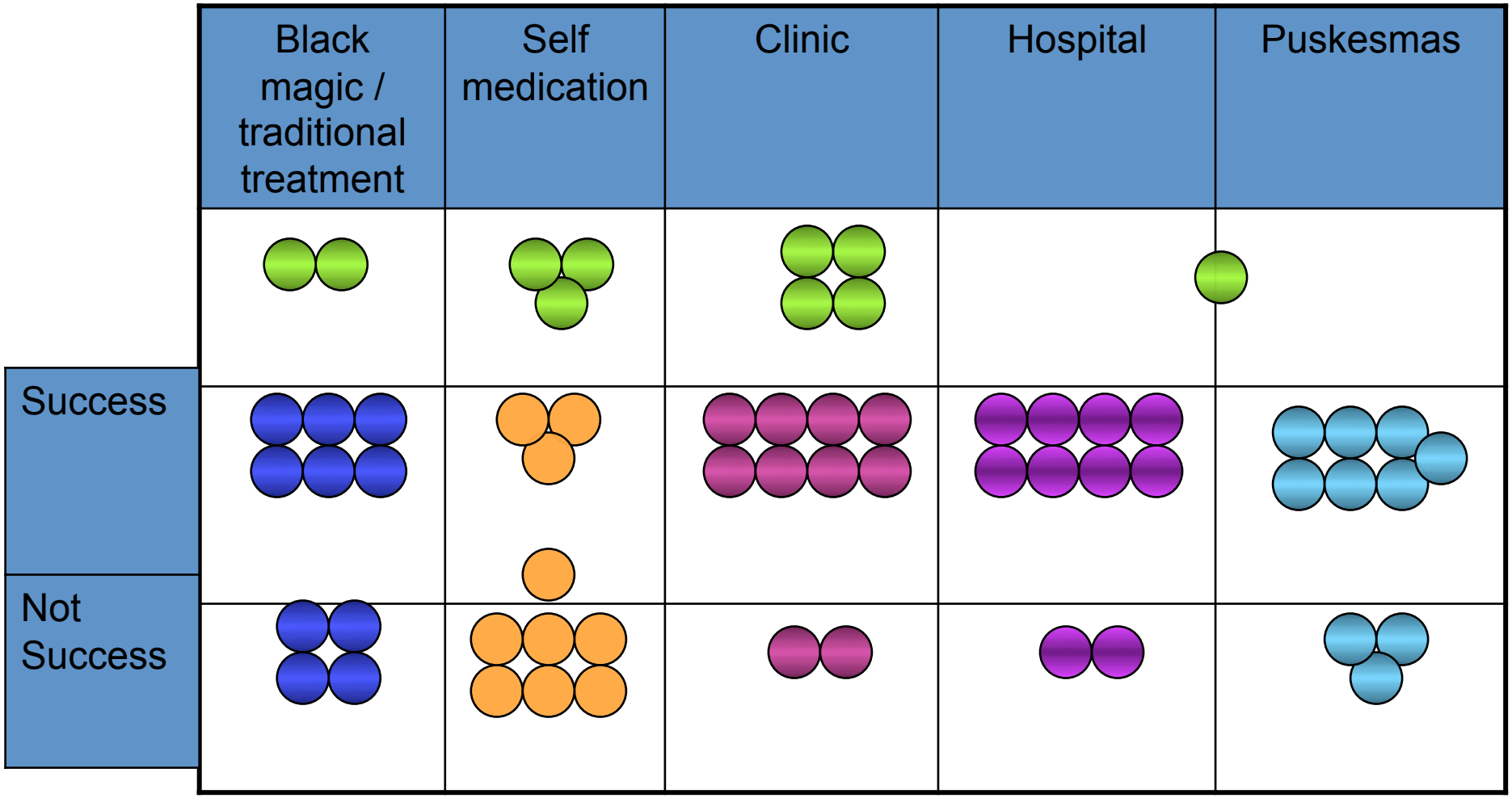
Ethnic

Sinauru

Melayu	Nias
	

Type of Health Seeking Behavior

Sinauru



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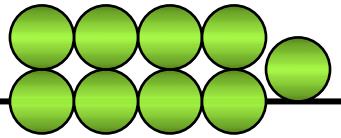
Sanitation

Use latrine	No latrine
	

Family Planning

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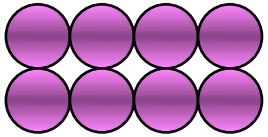
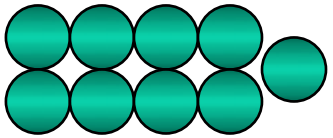
Number of Child	1 - 3	
	4 - 6	
	6 - 8	
Type	Injection	
	Pill	
	IUD	

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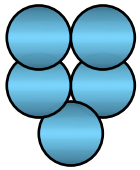
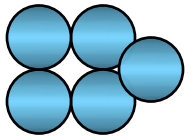
Water Source Drinking Water

Well	Tap water and rain water harvesting
	

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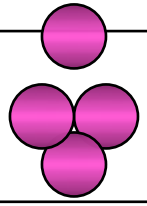
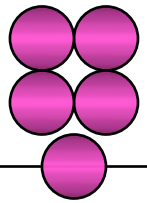
Disease Distribution

Type of disease	Percentage
TB	
Cough/Fever	
Rheumatic	
Asthma	
Hypertension	

Land Type

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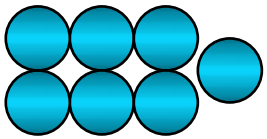
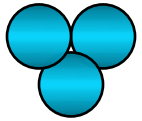
Undulating	Flat (Around beach)
	

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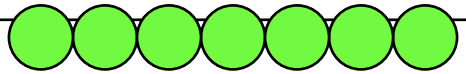
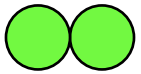
Livelihood Analysis

Type	Percentage
Fishing	
Labor	
Small trader	

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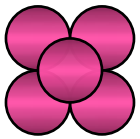
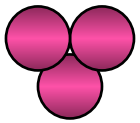
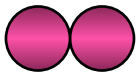
Problem Analysis

Type	Ratio
Poor Economic	
Lack of market access	
Employment	

Uncertainty Analysis

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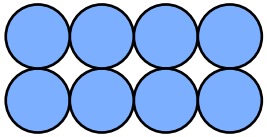
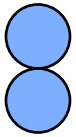
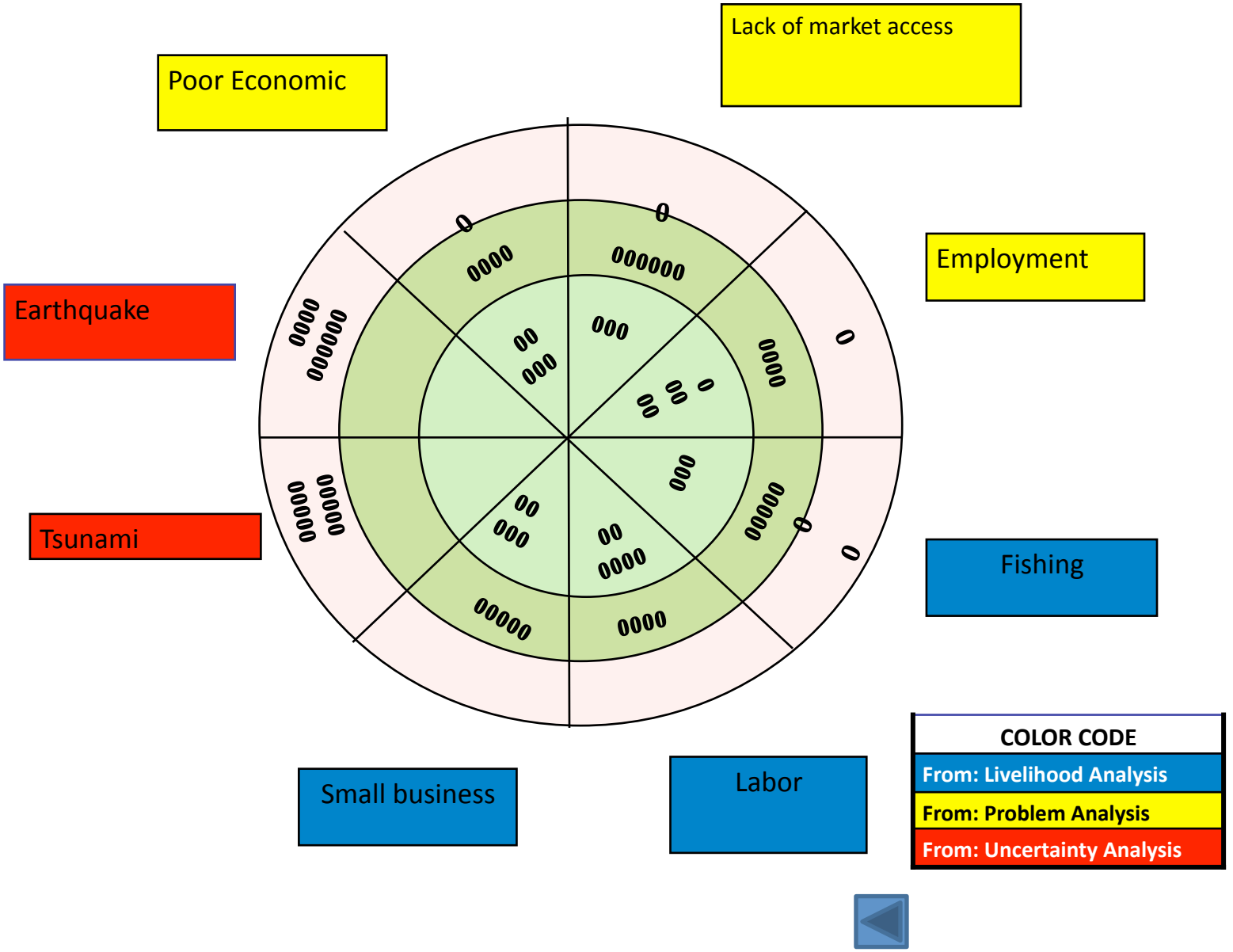
Earthquake	Tsunami
	

Wholistic Worldview Analysis Sinauru



Some additional details:

- There will be 4 staffs needed for this program as follows:
  - 3 facilitators for 15 villages (1 facilitator for 5 villages)
  - 1 coordinator-cum administrator and finance
- This program will be implemented for 5 years
- Estimated USD 283,336 for first 3 years (15 villages with 8,051 beneficiaries)

  So total cost for each person (beneficiary) = USD 0.977 or less than USD 1 per month
  - Although it just needs less than USD 1 per person per month (low input) but the impact will be high
- Because through THV program, community in Tello Island will be empowered to solve most of their problem and improve their well-being

Future plans and Phase out

•Right from the start of the program, each village will have a village development committee and with this group we will do the following:
•Organized into becoming a CBO-community Based Organization
•Involvement in detailed needs assessment
•Identification of the ‘entry point program’
•Joint planning process
•Implementation
•Strengthening and capacity building – for evaluation, reassessment of program strategy and redesign
•Program management training
•Developing into a local NGO (around the 3rd year) to be able to do its own fund raising and be able to access government programs
•By the end of the 5 th year there will be one local NGO in each village dedicated to the development of the village
•And all the 15 on the island will be federated as they take over future planning, and implementation of the programs