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Part B–Kinerja Papua Expansion Annual Report

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Part B–Kinerja Papua Expansion

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Prepared for
USAID/Indonesia
Luthfi Ashari, DG
United States Agency for International Development

Prepared by
RTI International¹
3040 Cornwallis Road
Post Office Box 12194
Research Triangle Park, NC 27709-2194

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¹ RTI International is a trade name for Research Triangle Institute.

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Abbreviations

Part B: Kinerja Papua Abbreviations/Terms

<i>adat</i>	Traditional leaders/traditional law
AIDS	Acquired Immune Deficiency Syndrome
APBD	District Government Annual Budget (<i>Anggaran Pendapatan dan Belanja Daerah</i>)
AusAID	Australian Agency for International Development
BaKTI	Eastern Indonesia Knowledge Exchange, or BaKTI Foundation (<i>Yayasan BaKTI</i>)
Bappeda	Provincial and District Planning Boards
BEE	Business-Enabling Environment
BOK	Health Operational Grant (<i>Bantuan Operasional Kesehatan</i>)
BPS	National Statistics Office
<i>Bupati/Walikota</i>	Regent/Mayor
CSO	Civil Society Organization
DHO	District Health Office
<i>Dinas Kesehatan</i>	Health Line Agency
DPRD	Regional (District) Legislative Body
FGD	Focus Group Discussion
HIV	Human Immune Deficiency Virus
HSS	Health Systems Strengthening
IO	Intermediary Organization
<i>Jampersal</i>	Health insurance for maternal safe delivery (<i>Jaminan Persalinan</i>)
Ka.	Kepala (Head, as in “Section Head”)
<i>Kabupaten</i>	District
Kemitraan	Partnership for Governance Reform
KHPPIA	An MCH forum (<i>Forum Kelangsungan Hidup Perkembangan dan Perlindungan Anak</i>)
<i>Kota</i>	Municipality
KPA	Local AIDS Commission (<i>Komisi Penanggulangan AIDS</i>)
LGHS	Local Governance Health Specialist
LPSS	Local Public Service Specialist
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MOH	Ministry of Health
MOHA	Ministry of Home Affairs
MOU	Memorandum of Understanding
MSF	Multi-Stakeholder Forum
MSS	Minimum Service Standards
NAC	National Aids Commission (<i>Komisi Penanggulangan AIDS Nasional</i>)
NGO	Nongovernmental Organization
OCA	Organizational Capacity Assessment
<i>Pemekaran</i>	Proliferation of regions
PKK	Family Welfare Association (<i>Perkumpulan Kesejahteraan Keluarga</i>)

PMC	Provincial Management Committee
PMP	Performance Management Plan
PMPK	Center for Health Service Management (<i>Pusat Manajemen Pelayanan Kesehatan</i>)
PMTCT	Prevention of Mother-to-Child Transmission
<i>Posyandu</i>	Integrated Services Post (<i>Pos Pelayanan Terpadu</i>)
PPMN	Indonesia Association for Media Development (<i>Perhimpunan Pengembangan Media Nusantara</i>)
<i>Puskesmas</i>	Community Health Center
PSD	Public Service Delivery
PUM-MOHA	Directorate General for Administration in the Ministry of Home Affairs
RFA	Request for Application
RTI	RTI International
RRI	A Radio Station (<i>Radio Republik Indonesia</i>)
SI	Social Impact
SOP	Standard Operating Procedure
SOW	Scope of Work
TB	Tuberculosis
TBA	Traditional Birth Attendant
UGM	University of Gadjah Mada
UN	United Nations
UNCEN	Cenderawasih University (<i>Universitas Cenderawasih</i>)
USAID	United States Agency for International Development
<i>Yayasan BaKTI</i>	Eastern Indonesia Knowledge Exchange or BaKTI Foundation

Definitions:

Districts: In this document, the term “districts” refers to both *kabupaten* (districts) and *kota* (municipalities/cities) for purposes of simplicity. The term “target districts” refers to the geographical areas that will receive technical assistance.

HIV/AIDS: Recognizing that there exists a variety of debate and terminology within the public health sector, the term “HIV/AIDS” is used within this document to reflect United States Agency for International Development (USAID) terminology use in Indonesia.

1. Introduction

On March 15, 2012, the United States Agency for International Development (USAID) expanded Kinerja’s mandate to focus on governance in health systems strengthening (HSS) in the four target districts² of Jayapura Municipality and Jayapura, Jayawijaya, and Mimika districts.

The Kinerja approach in Papua (Kinerja Papua) builds on the body of existing innovative practices in governance and public service delivery (PSD) and adjusts them to district needs, and then adapts its current approaches to strengthen health systems and enhance health outcomes.

The Kinerja objectives in Papua are to develop and ensure the capacity of local governments to deliver effective, safe, and quality personal and non-personal health services, with a minimum waste of resources, while promoting the following:

- An enabling policy environment within the provincial health systems
- Governance that results in a relevant and responsive health system
- The substantive engagement of civil society.

Program activities are directed at HSS to improve the government’s ability to provide quality services to those communities most at risk for infectious disease, including Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) and tuberculosis (TB), and for strengthening maternal and child health (MCH).

The following sections highlight the progress made from the period of March 15–September 30, 2012. This includes mobilization, building relationships and government relations, grants, and key activities and events.

2. Executive Summary of Achievements

After the award of the Papua expansion on March 15, 2012, Kinerja Papua moved quickly to mobilize and ensure a smooth transition into the new region. Kinerja successfully implemented a socialization visit, national focus group discussions, a provincial workshop, district consultations, signing of Memoranda of Understanding (MOUs) in two districts, and provided its first award to Eastern Indonesia Knowledge Exchange (*BaKTI* Foundation [*Yayasan BaKTI*]) for establishing the Provincial Management Committee (PMC). This period of relationship building and establishing government relations provides an essential foundation for the program. In addition, Kinerja recruited four Papua provincial staff, four local public service specialists, and three local governance health specialists, and the program established a temporary office close to the provincial government. Within days of recruitment, staff were on the ground, preparing for consultations, and negotiating the program.

The uncertainty surrounding the gubernatorial elections and the volatile security situation have affected the implementation of various activities throughout the reporting period. Kinerja Papua has also developed a security manual that was discussed at the initial staff

² See the Definitions section in the front matter for explanation of use of the terms “districts” and “target districts” for the purposes of this document.

orientation and training. This manual is updated regularly. Kinerja Papua also established contacts with the United Nations (UN) Security System and other donor agencies. In addition, changes in USAID and Ministry of Home Affairs (MOHA) policies have put the spotlight on the Papua program. These changes have also highlighted the need to support local demands for clear division of roles and responsibilities and the importance of a demand-based approach for delivery of technical assistance for sustainability. In the Mimika and Jayapura Districts, the MOU preparations required intensive discussions and time to ensure that the MOU reflects what is needed by local government and Kinerja. Kinerja Papua and its partner organization, *BaKTI*, conducted intensive discussions on how to establish a sustainable structure under the existing Papua Provincial Management Committee, which is discussing HSS.

3. Building Relationships and Government Relations

During the reporting period, Kinerja conducted many activities to build relationships and consult with Kinerja national, provincial, and local government counterparts to introduce and develop the appropriate interventions for the Kinerja target areas in a participatory, demand-based approach. Kinerja and USAID conducted a joint socialization visit, held national focus group discussions (FGDs) and district consultations, signed MOUs in two Kinerja districts, and implemented a provincial workshop as part of this process. The summary and conclusions of these events are discussed in Sections 3.1 through 3.5 below.

3.1 Socialization Visit

Kinerja conducted a joint socialization trip with USAID to Papua on April 9–18, 2012. During this trip, USAID and Kinerja introduced the program expansion in Papua to the key local stakeholders. At the same time, the visit provided an opportunity to conduct a brief technical assessment to explore local needs and possible activities and to fine-tune the design of the program in Papua. Kinerja visited Jayapura Municipality and Jayapura, Jayawijaya, and Mimika districts. Various government organizations, nongovernmental organizations (NGOs), and civil society organizations (CSOs) at provincial and district levels participated in these meetings

In general, the socialization visit confirmed that each Kinerja district was at a different stage in its health system and government commitment. Each district was also characterized by different cultures and communal norms in relation to access to health services. Based on the Kinerja assessment and experience in the field, the Jayawijaya District provides a challenging situation in relation to its leadership, commitment, and the capacity of the District Health Office (DHO). In relation to the previously mentioned point, generic interventions across districts may have limited relevance; interventions in each district need to be tailor-made according to the local situation.

- **Provincial Management Committee—BaKTI**

The government counterparts saw the value of using the PMC as a local “technical” forum for monitoring and supervision by the provincial level, for tracking the progress of districts within the program, and for districts to share lessons learned with each other and develop concrete recommendations for scale up.

- **Strengthening Leadership and Management Capacities for Health Service Delivery**

For *puskesmas* (health center training, as already discussed with University of Gadjah Mada (UGM), the areas for skill improvement include patient handling and caring, including work ethics, cultural sensitivity, confidentiality, and participation. In addition, for management training at the *puskesmas* level, it can also encompass *puskesmas* annual planning and budgeting (considering that *puskesmas* receive various sources of funding from Jamkesmas, Jampersal, *Dana Operasional Puskesmas*, and Health Operational Grant [*Bantuan Operasional Kesehatan or BOK*]) and link it to DHO staff training. A grant application for the Leadership and Management Training for *puskesmas* and DHO health workers was submitted to USAID during the reporting period.

- **Enhancing Citizens' Understanding of Their Health Rights**

Radio has wide coverage within three districts in Papua (i.e., Jayawijaya District and Jayapura Municipality and District) and to a lesser extent in Mimika District. Kinerja Papua can use radio coverage to disseminate information about health rights and other information. The radio station, RRI (Radio Republik Indonesia) Papua seems to have larger audiences, especially in the highlands areas of Jayawijaya and Mimika districts. Various people who consulted during the socialization visit also said it was important to work with church structures to disseminate information about health rights and to ensure participation of local religious leaders as Multi-Stakeholder Forum (MSF) members or as health cadres within the case studies.

- **Supporting Demand for Health Services—Multi-Stakeholder Engagement**

One important note from *Universitas Cenderawasih* (UNCEN) about MSF is that there needs to be awareness that MSF members may politicize some of the issues. There is actually a local indigenous practice, *Forum Para-para Adat*, where the indigenous leaders meet and discuss various community-related issues and concerns. This needs further exploration on how the *Para-para Adat Forum* can be used as a subdistrict-level forum and whether other people and relevant stakeholders can join this forum. The strategy to use local AIDS commissions (KPAD) as an MSF at the district level might need to be revisited in places where they are not fully functioning as MSFs. The Secretariat of local AIDS commissions might function well in implementing some programs, but no coordination meetings with various local government sectors and CSOs have been regularly implemented.

3.2 National Focus Group Discussions (FGDs)

From May 20 to 23, 2012, Kinerja conducted three FGDs with key stakeholders, including the Ministry of Health (MOH) the HIV/AIDS Commission (the National Aids Commission [NAC; Komisi Penanggulangan AIDS Nasional])/Local AIDS Commission [KPA; Komisi Penanggulangan AIDS]), health experts, and health-related development partners at the national level. Through these meetings, Kinerja socialized its program to national-level stakeholders and gained valuable insight and understanding of national-level priorities, policies, and programs on HIV/AIDS, TB, and MCH in Papua. During discussions with the knowledgeable participants, Kinerja was learned about existing programs, opportunities for interventions, and the challenges experienced by other programs. This information helped the

Kinerja Team to verify the first findings from the initial Papua socialization visit and further narrow down possible key interventions for HSS in MCH, HIV/AIDS, and TB in Papua. The team also identified possibilities for cooperation with the national government and other development partners.

3.3 District Consultations

Kinerja conducted district consultations in Jayapura Municipality and in Jayapura, Jayawijaya, and Mimika districts from May 28 to June 8, 2012. Kinerja representatives met with stakeholders at the district- and service-delivery unit levels to obtain first-hand information about the conditions and needs of districts and service-delivery units. Kinerja used this information as input for refining and implementing the program's efforts to improve governance of the health sectors in these four regions and to finalize district work plans. Sections 3.4.1 through 3.4.4 summarize some of the main findings from the district and municipality consultations.

3.3.1 Mimika District (May 28–June 1, 2012)

The district consultations in Mimika reaffirmed previous research and findings that maternal mortality is still a problem; there is a lack of trained medical personnel; the government suffers from politicized appointments for DHO officials, who are often lacking basic competencies; and there is a clear need for capacity development and *puskesmas* management training. Staff of supporting health clinics (*pustu* or *posyandu*) perform some MCH services; however, they do not receive much support or training from the government. During an MSF group discussion, participants complained about long waiting times and lack of equipment and qualified personnel. The DHO has conducted some limited monitoring activities, but it still needs to develop feedback mechanisms. The DHO has also tried to address the lack of qualified personnel, but it has experienced some difficulties in establishing effective incentives.

3.3.2 Jayapura District (May 29–June 1, 2012)

Because of a strong leadership and networks between the planning agencies of the Jayapura District and Papua Province, there is great potential for collaboration and opportunities for replication in the health sector. In addition, the district parliament expressed support for the implementation of Kinerja programs in Jayapura District. The DHO expressed frustration with the lack of reliable HIV/AIDS and TB data and has experienced difficulties in identifying and providing effective incentives to health workers. The DHO also expressed that well-performing *puskesmas* are overwhelmed with patients from other areas. DHO officials support the Kinerja approach for HSS and hope to see improved capacity of both *puskesmas* personnel and DHO staff, in particular, as service-oriented outreach in the health sector. Community members complained about a lack of commitment of health personnel, slow services, high costs, and lack of professionalism. The supporting *puskesmas* (*pustu*) are substandard in many places; therefore, patients travel to *puskesmas* to receive services. Community members said that some patients still do not pursue treatment for HIV/AIDS because of local beliefs and stigma. In addition, community members preferred the services of traditional birth attendants (TBAs) versus midwives during delivery because TBAs were more empathetic and accessible. The community members believed that MSF could be effective, in particular, in revitalizing the Family Welfare Association (*Perkumpulan*

Kesejahteraan Keluarga [PKK]) on health-related issues. The stakeholders suggested focusing on TB instead of HIV/AIDS and MCH due to previous support for the latter two health issues. Local government officials complained about low budget allocations for health services despite a regulation mandating 10% of the district budget for health services. Local government officials recognized the need to use MSF to monitor the implementation of services by the government. This monitoring includes implementation of complaint surveys as a basis for efforts to improve the quality of services.

3.3.3 Jayapura Municipality (June 4–8, 2012)

Meetings with the Vice Mayor, District Secretary, Secretary of the Health Office, Heads of the local *puskesmas*, an NGO representative, and representatives from universities resulted in the suggestion to choose *puskesmas* with predominantly native Papuans, integrate the Kinerja program into efforts to improve MCH, in particular for prevention of mother-to-child transmission (PMTCT) within the MCH program. Meetings with DHO officials revealed that standard operating procedures (SOPs) are available as the basis to provide services, but *puskesmas* personnel focus more on the quantity versus the quality of services. The number of patients in Jayapura Municipality visiting *puskesmas* is declining. One factor for this decline may be the perception that services from hospitals are better than *puskesmas*. Posyandu personnel and patients reported that patients did not read printed information and were more likely to gain information through other types of media. Posyandu personnel also mentioned that a local foundation provided very effective support to patients through village identification systems and close monitoring of patient treatment. Patients complained about in-patient treatment at *puskesmas* because doctors and nurses were not available in the evenings, and the patient rooms were not clean. Participants believed that a complaint survey would be very effective in these *puskesmas* and that the MSF would be helpful to discuss issues and plan community advocacy.

3.3.4 Jayawijaya District (June 4–8, 2012)



Consultation in the Jayawijaya District.

The Head of the DHO strongly suggested that Kinerja focus on TB because 90% of HIV positive patients develop TB. He also encouraged the use of “local wisdom” in Kinerja approaches. The District Secretary mentioned that the Village Development Funds, allocated directly from the province to villages, meant that local governments could not directly monitor the allocation and usage of this fund in the health sector. He hoped that by revitalizing district-level forums,

they could be used to improve the quality of services in the health sector. He also mentioned that Jayawijaya often experiences a brain drain, in which personnel are sent for higher

education, but when they return, they work for different institutions. CSO representatives commented that community awareness of HIV/AIDS has improved (demand-side), but that the district government's ability to manage HIV/AIDS still needs improvement (supply-side). Some CSOs mentioned that the district government is reluctant to work with CSOs and that there was limited involvement of community members in planning and budgeting. The CSOs also mentioned that medical staff spent considerable time on administrative matters and not enough time on serving patients. The community members cited many complaints with *puskesmas*. These complaints include a fear of high costs, prescriptions for medications that were not available in the *puskesmas* (patients are forced to use private *puskesmas* owned by doctors) or provision of expired medicines, inconsistent diagnoses from different *puskesmas* doctors, a lack of information about health insurance, and lack of outreach. *Puskesmas* representatives complained about the lack of the following: a budget to maintain equipment, administrative support, and medicines from DHO (no medicine management system established in *puskesmas*). The representatives also mentioned difficulties in serving patients who speak different local languages. Members of the health committee within the Jayawijaya local parliament expressed their support for Kinerja's work and the need to increase the budget to focus on prevention and not just treatment.

3.4 MOU Signing



(Middle) The Head of the Jayapura Municipality and the Kinerja Chief of Party Elke Rapp (right) signed the MOU.

Based on the results of the district consultation, Kinerja developed a district work plan for each district and draft MOUs between Kinerja and the district governments. These MOUs discussed the roles and responsibilities of the district governments to ensure adequate funding through the District Government Annual Budget (APBD; *Anggaran Pendapatan dan Belanja Daerah*) for the HSS issues that will be supported through Kinerja, provide cost sharing, form a technical team to oversee the project implementation, and ensure staff are not rotated out of their positions during the duration of the program. In addition, Kinerja pledged to

provide technical assistance in the form of technical experts, resource persons, and Intermediary Organizations (IOs) to support governance in HSS, follow local procedures and regulations, liaise with counterparts on a regular basis, and provide consistent and timely reporting. MOUs were signed with Jayawijaya District and Jayapura Municipality. Because of a change in policy by the MOHA and USAID regarding MOU signing between Kinerja and local governments, the remaining two districts, Mimika and Jayapura, will conduct an Exchange of Letters. Draft Letters of Intent have been prepared that are based on the Provincial Letter of Intent between USAID and the Governor of Papua. These draft letters will be signed during the next reporting period.

Jayawijaya District. The signing of MOU occurred in the Bupati Office on October 12, 2012, in the presence of 15 persons (14 men and 1 woman). From the government side, the following groups and officials attended the meeting: the Bupati, Sekda, Sosbud Bappeda, the Head of the Health Office, the Heads of the three *puskesmas*, the Head of the KPA, and two CSOs. The MOU was read publicly and jointly signed.

Jayapura Municipality. The signing of the MOU occurred in the Mayor’s Office on October 13, 2012, with representation from key decision makers. These officials included the Mayor, the Vice Mayor, the Head of Bappeda, the Head of the Health Office, the Head of the Education Office, the Regional Legislative Body (DPRD; *Dewan Perwakilan Rakyat Daerah*), Commission C, and a significant presence by members of the Press. A total of 35 persons (25 men and 10 women) attended the event. The signing was followed by a press conference during which the Mayor emphasized that Kinerja is very much in line with his own program, visions, and mission, and that he is very much looking forward to the cooperation with Kinerja.

3.5 Provincial Workshop

As in other regions of the Kinerja program, the provincial workshop is an important follow-up step to ensure coordination and support between the provincial and district levels of the program. In Papua, the provincial workshop was conducted after the district consultations to introduce the Kinerja program in greater detail to the provincial level, to inform the provincial government about district work plans, and to identify the potential for cross-district cooperation and follow-up activities by the provincial government. The workshop addressed the provincial government’s role in supervising, monitoring, and facilitating policy and regulation support that is related to HSS. In particular, the workshop also set the ground for a new Kinerja Working Group, established under the existing PMC, to share good practices in health governance and policy formulation (this is further described in section 6.1). The workshop was held on September 14, 2012, and 40 people attended the event. The national level was represented by Safrizal, of the Directorate General for Administration in the Ministry of Home Affairs (PUM-MOHA), who provided general input about establishing a health framework for Papua. The province level was represented by the Assistant Sekda, Elia Loupatty; the Head of the Provincial Health Office, Josef Rinta, who shared information about the Provincial Health Program and discussed areas of possible cooperation; and the Head of Provincial Bappeda office, Alex Rumaseb. All three of these keynote speakers welcomed Kinerja Papua’s plans to strengthen the health system and health service delivery at the primary health-care level. In addition, the joint presence of these provincial decision makers demonstrated strong ownership of the provincial partners in their respective Kinerja program.

Kinerja Provincial Coordinator John Sawaki provided background information about the level and type of cost sharing expected and how the technical assistance for the program will be delivered. Representatives from all four Kinerja districts shared the specifics of their work plans. Jayapura was the best represented region with decision makers from all related agencies, including the Vice Mayor. Provincial- and district-level actors said they appreciated that Kinerja’s program was in line with their own missions and visions, and they value the Kinerja focus on improving the management of PSD.



From left to right: Representatives of the PUM-MOHA, Papua Provincial Bappeda, and the Provincial Government

4. Innovation

4.1 Strengthening Leadership and Management Capacities for Health Service Delivery

During the reporting period, the grant to UGM was initiated and negotiated. This negotiation required a series of intense discussions and consultations to adapt the UGM executive leadership program with the needs and concerns of Papua stakeholders. During the consultations, several areas for skills improvement were mentioned, including patient handling and caring, work ethics, cultural sensitivity, confidentiality, and participation. In addition, management training at the *puskesmas* level can also encompass *puskesmas* annual planning and budgeting (considering that *puskesmas* receive various sources of funding from Jamkesmas, Jampersal, *Dana Operasional Puskesmas*, and BOK) and link to DHO staff training. To further strengthen the UGM work plan, UGM team members have also been engaged in the district consultations as the assessors and to strengthen the relationship between UGM and actors from supply-side in the targeted districts. Finally, the agreed upon work plan for UGM encompasses interventions related to six health blocks (i.e., service delivery, health resources, information, medical products/vaccines and technologies, financing, and leadership) that focus on the issues selected by the district stakeholders during district consultation—MCH and co-infection of TB/HIV.

5. Incentives

5.1 Enhancing Citizens' Understanding of Their Health Rights

Because this component of the program is scheduled to begin in Year 2 during the reporting period, Kinerja has already reviewed the status of media in Kinerja's target districts and is continuing discussions with proposed partner, the Indonesia Association for Media Development (PPMN; *Perhimpunan Pengembangan Media Nusantara*). In addition to the findings mentioned in section 3.1, feedback obtained from the district consultations for this component includes the potential to use mobile audio-visual media in presenting health promotion activities and information; however, the audio-visual materials need to be culturally sensitive. Kinerja will also further explore the potential of using traditional culture

and art performances for health promotion activities, but this will not overlap with the Australian Agency for International Development (AusAID) media programming. Finally, printed media using pictures and drawings might also be another strategy to disseminate information to less literate community members or as a tool for health cadres. Kinerja is revising the Request for Application (RFA) for PPMN to include this input and tailor the health rights activities to reflect the needs of the various regions.

5.2 Supporting Demand for Health Services—MSF Engagement

MSF engagement in Papua at the community and district levels is a key component, particularly of HSS work in Papua. For the MSF to carry out its roles and functions effectively, a diverse membership, with representatives from the government, community, media, and various areas of expertise, is needed. MSF is expected to become a communication forum, aimed at bridging the interest of the supply (government) and demand (community) sides.

During the reporting period, Local Governance Health Specialists (LGHS) in Kinerja districts began mapping key local stakeholders for the MSF and identifying existing MSF. In all three districts and one municipality, Kinerja district staff held informal meetings with government institutions, local CSOs and local religious and community leaders to explore opportunities of establishing local MSF or to assess their involvement at local forums. In the Jayapura Municipality, Kinerja staff identified an MCH forum called *Forum Kelangsungan Hidup Perkembangan dan Perlindungan Anak* (KHPPIA), as a potential MSF for Kinerja. In addition, in the Jayapura District, the DHO requested that Kinerja establish a health forum at the district level that focused on broader health issues faced by Jayapura District and to discuss HIV/TB co-infection issues. While in Jayawijaya and Mimika districts, local Kinerja staff are continuing to engage in formal and informal meetings and discussions with local key stakeholders to work toward establishing local MSFs at the district level. This ongoing effort seems to be necessary because of the challenges in identifying any existing forums that would match Kinerja's requirements to include government and civil society.

6. Replication

6.1 Project Management Committee

The PMC consists of the Head of the Provincial and District Planning Boards (Bappeda) and the Provincial and District Head of the health line agencies (*Dinas Kesehatan*). Based on input from district consultations, government officials want to see the PMC used to monitor Kinerja Papua's progress and as a policy forum and knowledge-sharing forum. Thus, Kinerja Papua modified the Scope of Work (SOW) for the PMC to include a policy forum and knowledge-sharing functions. The designated grantee, the Eastern Indonesia Knowledge Exchange (*Yayasan BaKTI*), developed an application that included documenting (through multimedia) health-governance related good practices from Kinerja districts to share at PMC meetings and to use for an analysis of good practices for policy inputs.

On August 22, 2012, USAID approved the grant application for *BaKTI*. The first activity that *BaKTI* implemented was to invite key potential members of the PMC to the Eastern Indonesia Forum held in Palu, Central Sulawesi, on September 24–25, 2012. The purpose of

this forum was to learn about good practices across the region and to provide an opportunity to discuss related policies. The participants expressed that they were inspired by the forum and returned to their respective regions with renewed dedication to document and share good practices and to adapt them to the Papua context.

In addition, preliminary discussions between *BaKTI* and the Provincial Bappeda highlighted the importance of using the existing structure of the PMC at the Provincial Bappeda, especially by strengthening the Health Working Group within this committee. Kinerja agreed to support the existing structure as long as the Health Working Group is specifically for Kinerja and focuses on the issues of health governance and HSS. The first meeting of the PMC to discuss this structure and share good practices is scheduled in the next reporting period.

7. Project Management

During the reporting period, Kinerja issued a grant to *BaKTI* on August 22, 2012. Kinerja is currently awaiting approval for a second grant to the Center for Health Service Management (PMPK; *Pusat Manajemen Pelayanan Kesehatan*) of the Gadjah Mada University (UGM) Faculty of Medicine. Kinerja recruited the staff for the provincial office, the Provincial Coordinator, the Finance and Grants Officer, the Administrative Assistant, and the driver. In addition, Kinerja recruited four Local Public Service Specialists (LPSS) and four LGHS. Based on prior commitments, these staff mobilized at different times during the period. All recruited staff members are native Papuan or have lived in Papua for an extended period of time. Through this staffing, Kinerja expects to be able to more easily adapt to cultural expectations.

Training for all Papua staff was conducted in Jayapura in July 2012. This training focused on the Kinerja health governance approach for HSS; capacity building for local government relations; and communication, administrative, and finance issues. The National Kinerja Office provides ongoing support and field mentoring in preparation for daily activities and major events. The Kinerja Papua Team successfully negotiated for office space in the Provincial Bappeda Office and is currently waiting for an official letter to authorize renovations before they will be able to move into this space. The new office location will greatly enhance coordination and communication and will provide significant contributions to cost share.

8. Monitoring and Evaluation

Kinerja partner, Social Impact (SI), recruited two new staff to support the Kinerja Papua program: a Jakarta-based Monitoring and Evaluation (M&E) Papua Liaison Officer and a Jayapura-based M&E Specialist. The Papua M&E Team immediately started collecting data from the National Statistics Office (BPS) and the health profile from the MOH. M&E Team members also participated in the district consultations and were able to view the selected health clinics (*puskesmas*) to gauge more specific information. Following intensive discussions with the Kinerja Papua Team, UGM, USAID, and the Papua M&E Team prepared a Performance Management Plan (PMP), which currently includes 20 indicators. The M&E Team further developed the methodology and tools for an Organization Capacity

Assessment (OCA) and Customer Satisfaction Survey that will serve as baseline information for Kinerja Papua. This includes the activities with the Kinerja Papua Field Team on the collection of initial data, such as health clinics' staff information, coverage, patients' data, and the health clinics' organizational charts. The information from this survey will be used as baseline information, and it will be of use to the Complaint Survey Team for developing sets of questions.

Annex B-1: Kinerja Papua in the Media



Tingkatkan Pelayanan Kesehatan, Pemkot Jayapura Gandeng Kinerja-USAID

Wali Kota Jayapura, Drs. Benhur Tommy Mano, MM., dan Chief of Party Program Kinerja USAID, Elke Rapp, memberikan keterangan pers usai penandatanganan MoU di ruang rapat Wali Kota, Kamis (13/9).

Kota Jayapura, Pemkot Jayapura menggandeng United States Agency International Development (USAID) Indonesia. Terkait kerjasama ini, Wali Kota Jayapura, Drs. Benhur Tommy Mano, MM., dan Chief of Party Program Kinerja-USAID, Elke Rapp melakukan penandatanganan MoU di Ruang Rapat Wali Kota, Kamis (13/9). Usai penandatanganan, Wali Kota



Jayapura, Drs. Benhur Tommy Mano, MM., menyampaikan terima kasih atas kepedulian dan kehadiran USAID di Kota Jayapura. “Saya atas nama masyarakat dan Pemkot Jayapura memberikan apresiasi yang setinggi-tingginya kepada USAID Indonesia atas kerjasama yang mulai dibangun khususnya di bidang kesehatan” ungkapnya saat memberikan keterangan pers.

Dikatakan, kerjasama dengan USAID ini untuk: meningkatkan pelayanan kesehatan yang berkualitas serta efektif dan efisien. Sebab pembangunan kesehatan adalah salah satu program strategis yang dapat menguatkan kesehatan bagi masyarakat.

“Dengan adanya upaya pemerintah ini diharapkan pelayanan kesehatan bagi masyarakat di Kota Jayapura harus lebih ditingkatkan sehingga memberikan kepuasan tersendiri. Kerjasama

ini juga dilakukan untuk mengurangi angka kesakitan anak dan ibu serta menekan angka penderita HIV/AIDS.” bebrnya.

Di tempat yang sama Pimpinan Chief of Party Program Kinerja- USAID, Elke Rapp, mengatakan kerjasama ini dibangun sudah sejak tahun 2010. Menurutnya, kerjasama pemerintah Indonesia dan Amerika Serikat ini untuk mendukung upaya perbaikan pelayanan publik dalam sektor pendidikan, kesehatan dan usaha. “Wilayah kerjasama ini meliputi 24 kabupaten dan kota di beberapa provinsi yaitu di Nangroe Aceh Darussalam, Jawa Timur, Kalimantan Barat dan Papua,” ungkapnya.

Untuk Provinsi Papua, menurut Elke Rapp kegiatannya terfokus pada penguatan layanan publik di bidan sektor kesehatan khususnya penguatan kesehatan ibu dan anak, memerangi HIV/AIDS dan TB.

“Jadi kalau untuk Papua kami akan membangun kerjasama di 2 kabupaten dan 1 kota yakni, Kabupaten Jayawijaya, Kabupaten B iak dan Kota Jayapura,” ujarnya.

Dalam kerjasama ini kegiatan-kegiatan yang dilakukan antara lain memperkuat kebijakan kesehatan daerah, mendorong partisipasi masyarakat dan merevitalisasi lembaga perantara kesehatan, meningkatkan pengelolaan Puskesmas dan meningkatkan promosi persalinan aman. Menurut Elke Rapp, kerjasama yang akan berlangsung hingga 2014 ini, sasarannya adalah masyarakat melalui kegiatan Posyandu dan Puskesmas. “Sementara target pencapaian kami hingga tahun 2014. Namun apabila ada persetujuan pemerintah daerah untuk memperpanjang kerjasamanya maka kami pada prinsipnya akan siap untuk melanjutkan,” pungkasnya (mir/nat)

2015, Kota Jayapura Target Bebas HIV/AIDS: Bisnis Papua

Jumat, 14 September 2012

JAYAPURA (Bisnis Papua) – Wali Kota Jayapura Drs. Benhur Tommy Mano, MM mengungkapkan bahwa tahun 2015 mendatang Kota Jayapura ditargetkan akan bebas dari kasus HIV/AIDS.

Hal tersebut diungkapkan Wali Kota sewaktu memberikan kata sambutan pada acara penandatanganan MoU antara Pemerintah Kota Jayapura dan Kinerja USAID untuk mendukung upaya perbaikan layanan publik dalam sektor pendidikan, kesehatan dan usaha yang berlangsung di ruang rapat Wali Kota, Kamis (13/9) kemarin.

Menurut Wali Kota dirinya optimis target tersebut akan tercapai pada tahun 2015 mendatang dan untuk mendukung tercapainya target itu maka Pemkot Jayapura akan melakukan berbagai perubahan diantaranya dengan meningkatkan taraf hidup masyarakat, mengurangi angka kesakitan, kematian ibu dan anak, melakukan penyuluhan dan sosialisasi tentang HIV kepada masyarakat khususnya kaum muda usia produktif hingga mengkampanyekan pemeriksaan VCT.

“Salah satunya adalah kegiatan kerjasama dengan Kinerja USAID,” ujarnya. Sementara itu, Kamis kemarin antara Kinerja USAID dan Pemkot Jayapura melakukan penandatanganan MoU tentang layanan publik dalam sektor pendidikan, kesehatan dan usaha. (lina)

Bisnis Papua

Jumat, 14 September 2012

Halaman 3

Pemkot Jayapura dan USAID Tandatangani MoU



JAYAPURA (Bisnis Papua) Pemerintah Kota Jayapura bersama Kinerja USAID, Kamis (13/9) kemarin melakukan penandatanganan Memorandum Of Understanding (MoU) yang dilakukan oleh Wali Kota Jayapura Drs. Benhur Tommy Mano, MM dengan Chief of Party Program Kinerja USAID, Elke Rapp.

MoU yang berlangsung di ruang rapat Wali Kota itu di hadiri Pilla Wakil - Wali Kota Jayapura DR. Nuralam SE, MSi, Kepala Dinas Kesehata Kota Jayapura DoIarina serta pimpinan SKPD terkait dan perwakilan kinerja USAID.

Chief of party program kinerja USAID, Elke Rapp mengatakan bahwa MoU tersebut merupakan kerjasama program kinerja dengan Pemkot Jayapura dalam upaya meningkatkan layanan umum sektor kesehatan k hususnya peningkatan l ayanan kesehatan ibu dan anak (KIA) dala akses, kualitas pemeriksaan kehamilan dan nifas. “Termasuk integrasi Jayanan HIV untuk ibu hamil dalam pencegahan penularan HIV dari ibu ke anak” ungap Rapp.

Dia juga menjelaskan, Kinerja adalah program kerjasama antara Pemerintah Amerika Serikat dan Indonesia pada tahun 2010 yang bertujuan untuk mendukung upaya perbaikan layanan publik dalam sektor pendidikan kesehatan dan usaha. Kinerja kata dia' bekerjasama dengan kabupaten Kota yang tersebar di empat Provinsi di Papua yaitu Provinsi Aceh, Jawa Timur, Kalimantan Barat dan Papua.