4970230 (2)
PD-AAD-805-B1

AID 1025-1 (7-71) (FACE SHEET)

NONCAPITAL PROJECT PAPER (PROP)

I. PROJECT IDENTIFICATION

1. PROJECT TITLE: HEALTH SERVICES RESEARCH

APPENDIX ATTACHED: [X] YES [ ] NO

2. PROJECT NO. (M.O. 1095.2): 497-11-599-230

3. RECIPIENT (specify): [X] COUNTRY Indonesia [ ] REGIONAL ____ [ ] INTERREGIONAL ____

4. LIFE OF PROJECT: BEGINS FY 1975 ENDS FY 1977

5. SUBMISSION: [X] ORIGINAL 6/24/74 DATE [ ] REV. NO. ____ DATE

CONTR./PASA NO. ____

II. FUNDING ($000) AND MAN MONTHS (MM) REQUIREMENTS

13p.

A. FUNDING BY FISCAL YEAR	B. TOTAL $	C. PERSONNEL (1) $	C. PERSONNEL (2) MM	D. PARTICIPANTS (1) $	D. PARTICIPANTS (2) MM	E. COMMODITIES $	F. OTHER COSTS $	G. PASA/CONTR. (1) $	G. PASA/CONTR. (2) MM	H. LOCAL EXCHANGE CURRENCY RATE: $ US ____ (U.S. OWNED) (1) U.S. GRANT LOAN	(2) COOP COUNTRY (A) JOINT	(2) COOP COUNTRY (B) BUDGET
1. PRIOR THRU ACTUAL FY												
2. OPRN FY												
3. BUDGET FY 75	201	30	6	31	24	40	100	30	6		14	197
4. BUDGET +1 FY 76	296	30	6	41	36	25	200	30	6		14	216
5. BUDGET +2 FY 77	491	30	6	51	48	10	400	30	6		14	239
6. BUDGET +3 FY												
7. ALL SUBQ. FY												
8. GRAND TOTAL	988	90	18	123	108	75	700	90	18		42	652

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT
W.H.O.	Advisers, 5 man years/year	$125,000/year

III. ORIGINATING OFFICE CLEARANCE

	TITLE	DATE
1. DRAFTER: J.Jarrett Clinton, M.D.	Chief, Population Division	5/22/74
2. CLEARANCE OFFICER: Richard M. Cashin	Director, USAID/Indonesia	6/24/74

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

That USAID submit a log frame to be attached to this PROP.

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE
ASIA/EA/I	LWakefield	9/9/74	ASIA/CD	JSilver	
			GC/ASIA	MKitay	
ASIA/EA	POechsli	9/9/74	TA/H	LHoward	9/16/74
ASIA/DP/PR	FCorrel	9/18			
ASIA/TECH	GColeman	9/18/74	PPC/PRE	AMandley/JWelty	9/17/74

3. APPROVAL AAs OR OFFICE DIRECTORS

SIGNATURE: [signature] DATE: 9-18-74

TITLE: Acting Assistant Administrator, ASIA

4. APPROVAL A/AID (See M.O. 1025.1 VI C)

SIGNATURE ____ DATE ____

ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT

I. INTRODUCTION

Throughout the 1st Five-Year Plan, GOI FY 1969/70 to 1973/74, the Department of Health has placed increasing emphasis on both health planning and health services research. The focus of these efforts has been and will continue to be directed toward the basic five health priorities:

1. Improve family welfare (implying a primary emphasis on maternal, child health and family planning services).
2. Increase the availability of health services.
3. Reduce the incidence and prevalence of malaria, TB, and gastrointestinal diseases.
4. Improve nutrition.
5. Increase environmental sanitation facilities.

To generate health services research more effectively and efficiently, the National Health Research Institute (LRKN) was established in 1972. Administratively under the Office of the Minister of Health, the LRKN serves as the overall executive agency for several health research groups, which include the National Health Institute (Surabaya), the Central Public Health Laboratory, the Center for Operations Research, the Center for Ecological Studies and the Nutrition Institute (Bogor). In addition to this executive function the LRKN also engages in specific health studies.

The following are some of the principal functions of the LRKN: conduct clinical or health services research; assist in aspects of national health planning; develop evaluation schemes for various health projects; investigate the technical, socio-economic and administrative constraints in the implementation of health policies and health activities; and, formulate policies in the development of health data management systems to be used for policy formulations.

The LRKN with assistance from WHO has generated much of the health planning data used for conceptualization of the 2nd Five-Year Health Plan. The studies included a manpower supply analysis, a financial analysis of rural health care services, and a hospital utilization survey.

Following intensive discussions among the Department of Health representatives and various AID and WHO consultants, both USAID and the Department of Health believe that a program providing for reasonably simple and rapidly implemented rural health service research is the most appropriate mechanism to accelerate improvement of the health care system in the face of limited Indonesian research manpower. This strategy was discussed in the USAID/Indonesia Development Assistance Program (DAP).

II. GOAL

A. Statement of Goal

The stated common goal of all Government of Indonesia (GOI) health programs is to improve the health status of Indonesian citizens. The primary goal of this project, in consonance with more specifically stated goals expressed in the GOI 2nd Five-Year Health Plan, is to improve the general health of Indonesia's lower income population group through improved personal and community health programs, encompassing preventive medicine, medical care, nutrition and fertility reduction.

An intermediate goal is the development of an efficient and effective rural health care system by which improved health, nutrition and fertility control programs can be provided.

B. Measures of Goal Achievement

Progress toward goal achievement requires more than a single "index of health." Under current technical and administrative constraints progress is best judged by professional assessment of some or all of the following indices of disease and disability:

1. Age specific mortality rates, including infant mortality rates, pre-school children mortality rates, perinatal mortality rates and age-specific maternal mortality rates

2. Age specific and disease specific morbidity rates (prevalence and incidence) with particular reference to infants and pre-school children.

3. Age specific fertility rates.

C. Means of Verification

For the most part, the above data will be generated through the development of a routine reporting and recording system and when necessary through clinic and hospital data, census analyses, and to the extent available various surveys implemented by non-Department of Health agencies, e.g. Department of Social Affairs, Department of Education, Demographic Institute, and Central Bureau of Statistics.

These data as well as periodic professional judgments and household or health system surveys measuring attitudes toward and utilization of the GOI health system will be used to measure the improvement in the efficiency and effectiveness of the rural health care system.

D. Important Assumptions

Successful achievement of this goal assumes that the Government of Indonesia will continue its interest in improving social welfare in general and the lives of the poor in specific. This must be demonstrated through increasing allocation of funds to the Department of Health and concomitantly to those agencies which assist with or provide increased educational, social and environmental services which have immediate and direct impact on health status. Similarly, it follows that the GOI must continue to place high priority, reflected in policies, budget and manpower availability, on fertility reduction programs.

III. PROJECT PURPOSE

A. Statement of Project Purpose

The purpose of this project is to provide Government of Indonesia policy makers with a reasonable set of alternatives to accelerate improvement of the health care system through a program of simple and rapidly implemented rural health services research. Application of this research should enable the GOI to improve health program resource allocation and cost effectiveness. A method of presentation of this data in a form and substance useful to GOI decision makers will be developed. The research will provide GOI planners and administrators with: (a) reliable health system benchmark measures; (b) estimates of the impact of rural health programs on the people's health; (c) alternative program modalities for delivering services and creating increased utilization of modern health practices; and (d) new insights into variables affecting the health of the rural population.

B. Conditions Expected at the End of the Project

At the end of this project, more reliable rural health system data will be available; this data will have been provided GOI planners in an effective manner with estimates of the progress of implementing the health program, its effectiveness and efficiency as well as with recommendations for and government actions on steps to improve performance. It is expected that several tested alternative rural health system modalities of service and demand creation will be available and that some of these will be adopted into the regular health program.

C. Means of Verification

Progress toward these accomplishments will be measured through effective presentations having been held and GOI responses to the presentations, through a review of various health program modifications, such as, administrative and organizational changes, additional budget resources for key elements in health project implementation, etc. Specific program modifications to be measured will depend on and follow from the specific research activities selected.

D. Important Assumptions

The accomplishment of project purpose assumes that GOI health planners and administrators will use relevant research and development findings for improving program performance. It is also assumed that these research findings (outputs) can and will be presented in a form and substance useful to these GOI decision makers.

IV. OUTPUTS

A. Statement of Project Outputs

Outputs of this project will be a series of rural health care research, evaluation or pilot subprojects and presentation of the research from these subprojects to GOI planners in a manner which will generate policy decisions. These subprojects will effect one of the following: (a) establishment of base-line data for use in planning long term comprehensive rural health care systems; (b) testing new concepts in health services delivery systems; or (c) research on social, cultural and medical factors affecting improvements in the general health situation. Subprojects will be designed to provide either better techniques for providing health services or increased understanding of health phenomena in Indonesia.

In addition, a small cadre of staff within the LRKN will be trained in research techniques and analysis. Training begun during but not extending beyond the life of this project will provide personnel (trained at the graduate level) who, on their return, will strengthen Indonesia's research capability.

B. Magnitude of Outputs

The indicators of the project outputs will be the design and implementation of approximately 7-10 specific research, evaluation or pilot subprojects per year for three years. The majority of the field projects will be implemented in one of four kabupaten field sites representing widely varying conditions within Indonesia (e.g., West Java, Kalimantan, Sulawesi, and Molucca). Additionally, short term and long term training experiences will result in the further development of a small cadre of trained Indonesians capable of undertaking independent health services research.

C. Means of Verification

Each project will have a precise project protocol. Plan of operation and final report. Hence the project outputs can be verified from these documents with relative ease.

D. Assumptions

It is assumed that some institutional and individual capability to conduct rigorous research already exists in Indonesia and that in order for this to increase other donors will continue their support to the various health research institutions. Further, it is assumed that local governments will approve the increased levels of field research. Finally, it is assumed that qualified participants for short/long term training can be identified and that the GOI will agree to release them for training.

V. INPUTS

A. Statement of Project Inputs

1. GOI Inputs

To implement this project the GOI will provide (a) the necessary management and administrative expertise through the National Health Research Institute (LRKN) for both the design and implementation phases; (b) the majority of research expertise required to carry out the subprojects; (c) field staff, frequently from local health departments, for project implementation; and (d) health facilities and personnel used in the field subprojects. The GOI's Department of Health will provide the basic salaries and standard allowances to all Indonesians engaged in this project and basic core financial support to the National Health Research Institute and its affiliated institutions.

The budget below represents the actual FY 1974/75 research budgets for the three main institutes involved in the project. Future year budgets are calculated on the basis of an estimated 10 percent increase per year. While this may somewhat overstate the contribution from the institutes (i.e. they may not use all their research funds to support activities under this project), we have not attempted to calculate the value of the overhead for these institutes or the contributions of the provincial health offices which will be added to the project resources. Therefore, we believe that the budget shown below represents a fair conservative estimate of the total GOI contribution and is a practical method for arriving at an appropriate GOI figure. (See Footnote Page 10)

GOI Project Inputs ($ 000)
(Research Project Budget)

	FY 75	FY 76	FY 77	Total
National Health Research Institute	141	155	171	467
National Institutes of Health	13	14	16	43
Communicable Disease Center	43	47	52	142
Total	197	216	239	652

2. AID's Inputs

AID will supplement these resources by providing local currency for the specific projects, short term consultants to assist with the design or analysis of field projects, long term and short term fellowships in health services research and commodities for health services research and development activities. A budget for AID resources follows:

AID Project Inputs ($ 000)

	FY 75	FY 76	FY 77	Total
Participant Training	31.35	40.95	50.55	122.85
Travel (1 LT-2 ST)	(5.85)	(5.85)	(5.85)	(17.55)
Long Term (12-24-36 m/m)	(9.60)	(19.20)	(28.80)	(57.60)
Short Term (12 m/m)	(15.90)	(15.90)	(15.90)	(47.70)
Commodities	40.00	25.00	10.00	75.00
TDY Consultants (6 m/ms per year)	30.00	30.00	30.00	90.00
Local Currency	100.00	200.00	400.00	700.00
	201.35	295.95	490.55	987.85

B. Other Donor Inputs

Inputs by other donor agencies will be as follows:

1. The WHO resident advisers assigned to LRKN or to other Department of Health offices will provide a large degree of the expatriate advisory services required.

2. Similarly, advisers available from other countries (e.g. France and Netherlands) or other agencies (e.g. UNICEF) will be utilized when those particular technical talents are available and required.

C. Means of Verification

AID documents such as Project Agreements, Letters of Agreements, PIO/s and PARs will provide the means of verification of USAID inputs.

GOI and other donor inputs can be verified through plans, budgets, budget expenditures and program reports.

D. Assumptions

An important assumption in utilization of these inputs is that all the donor agencies will cooperate in effecting a high degree of coordination among the donors and with the Department of Health. This essential coordination applies both to the utilization of human and material resources provided by the various agencies.

VI. COURSE OF ACTION

A. Implementation Plan

During the period, January 1974 to July 1974, the Department of Health is developing the criteria for project sites and field project problems requiring research, evaluation or development attention.

In the first half of each US fiscal year (FY 75, FY 76 and FY 77), USAID and the Department of Health will develop and sign an annual Project Agreement providing fellowships, commodities, short term consultants and the local currency requirements for the forthcoming year.

For each of the seven to ten field research, evaluation or pilot subprojects to be implemented during a specific US FY, USAID and the Department of Health's LRKN will sign a Letter of Agreement which summarizes the field project objective, plan of operations, budget and funding allocation process. The research results and recommendations for application of fundings to improvements in delivery of health services will be presented to GOI planners and administrators at national and local levels as appropriate by the LRKN.

Primary responsibility for field project identification, design and implementation lies with the LRKN. The project will be subject to regular periodic review of the USAID.

B. Health Services Research and Development Project Criteria

1. Project Selection Criteria

Selection criteria for both the field sites and the specific field studies will be developed by the LRKN during the period Jan. 1974 to July 1974. Field site criteria will include but not be restricted to: (a) representativeness of area; (b) degree of local government support and cooperation; (c) degree of field health department interest and managerial capabilities (d) transportation facilities/time requirements for both work and observation purposes.

Other project selection criteria will be based primarily on the degree to which the proposed subproject contributes to the project purpose, i.e. provides reliable rural health system benchmark measures, estimates the impact of various health programs on the people's health, analyses alternative health program modalities or provides new insights into socio-cultural variables affecting the health of the rural population.

2. Methodological Criteria

Each research proposal must be submitted in an acceptable format. Generally the following model should be followed:

A. Statement of Purpose
B. Description of the Study Design
C. Method of Data Collection
D. Tools of Analysis
E. Results and Conclusion

C. Research and Development (R & D) Network Analysis

The attached R & D network analysis (following page) reflects the path which the research may generally follow.

D. FY 75 Project Activities

1. The first Project Agreement for approximately $100,000 in local currency under this PROP will fund a series of studies as generally described below. The following list is illustrative only but is reflective of the basic intents:

Illustrative Rural Health Delivery System R/D Projects

1. Baseline data: prevalence of disease, perceived demands for health care services, economics of total health care system: public and private.

2. Descriptive functional analysis of available health posts, small maternal child-health (MCH) centers, small polyclinics or other similar health outposts.

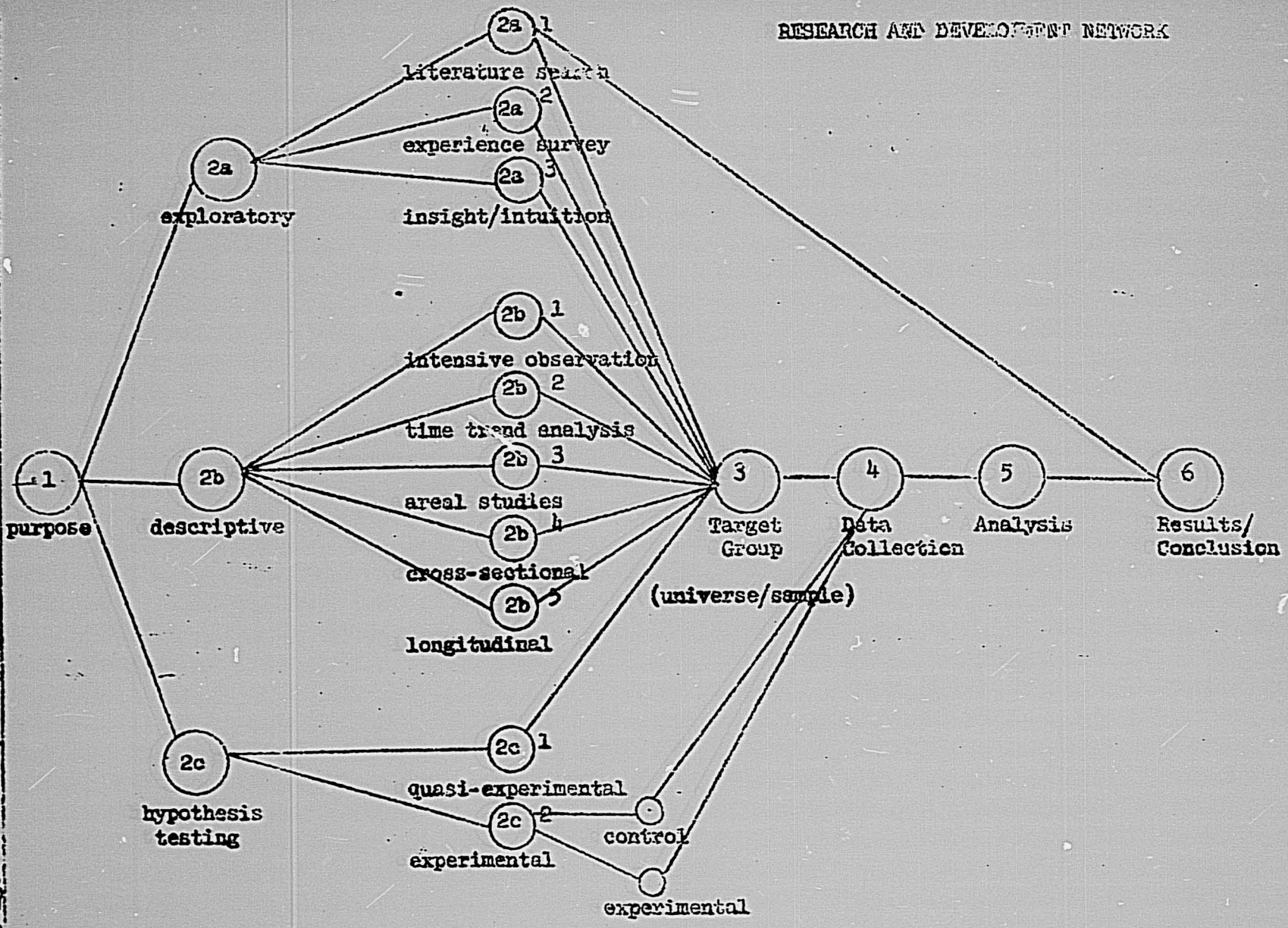
3. Feasibility of mothercraft centers (MCH, nutrition and family planning theme) supported financially by the community and provided periodic technical advice by the paraprofessional health workers.

4. Feasibility of developing volunteer village health workers to periodically weigh preschool children, record weights on health cards maintained by the mother and assist in directing mother and child to the health system when child fails to gain weight appropriately or manifest overt disease.

5. Economic and technical feasibility of creating/maintaining village health posts, open each day.

6. Contract to non-health department agencies to conduct sample survey of attitudes regarding perceived need and availability of health care services.

RESEARCH AND DEVELOPMENT NETWORK



AID 1024-[illegible] (NARRATIVE DESCRIPTION)

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DATE 6/24/74

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7. Descriptive analysis including the economics of the total indigenous health system within a kabupaten.

8. Contract with a major indigenous drug company to develop inexpensive new products containing iron and/multivitamins for pregnancy and special high vitamin/mineral products for lactating mothers.

9. Test feasibility of retraining smallpox vaccinators as multipurpose vaccinators: BCG, tetanus, diphtheria, pertussis.

10. Attempt to replicate in an entire kabupaten the recent Indonesian health education experiences utilizing local financial resources and Department of Health technical expertise.

FOOTNOTE to Page 6

We estimate the GOI contribution to this project to be equal to approximately 40 percent of the total project costs over the period of active AID involvement. A written assurance of GOI contribution will be received prior to or as a part of the first Project Agreement.

Proj. 4970230
Pro PN-

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6

UNITED STATES GOVERNMENT

Memorandum

TO : AA/ASIA, Mr. Alfred D. White

DATE: September 19, 1974

FROM : ASIA/TECH, David I. Steinberg DS

SUBJECT: Approval of Health Services Research PROP, Project 497-11-599-230 (Indonesia)

To improve the effectiveness and efficiency of its rural health services, the Indonesian Ministry of Health in 1972 established the National Health Research Institute (LRKN) to coordinate all health services research activities and to assist in health planning and evaluation. With assistance from WHO, the LRKN has generated health planning data for the GOI, 2nd Five Year Health Plan (1974 to 1979). In order to further accelerate the efficient and effective allocation of Indonesian health resources, the GOI Ministry of Health has requested AID assistance to substantially augment its planned health services research over the next 3 years. To accomplish this, additional data on present program performance and contributory aspects and features as well as feasible modifications in delivery modes and methods of creating and responding to health care demands is needed.

This project will provide $988,000 over a 3-year period to accelerate the generation of this needed health planning data. First year funding of $201,000 is planned. This funding which exceeds that estimated in the Congressional Presentation reflects the readiness and enthusiasm of the GOI to move rapidly to launch this essential health services research. (Subsequent to this PROP approval, Congress will be duly notified prior to allotment of first-year funds.) Beginning as soon as possible and each year thereafter, 7-10 field research, evaluation or pilot sub-projects exploring various parameters of rural health services delivery will be undertaken. The LRKN will coordinate and supervise the design of the sub-project proposals including necessary staffing and budget estimates. Each proposal will be mutually agreed by USAID and the GOI in a formal Letter of Agreement. In addition to the local cost financing of these sub-projects ($700,000), AID will provide $122, 850 for long- and short-term fellowships in health services research, $90,000 for 18 man months of short-term consultants to assist with the design and evaluation of the sub-projects and $75,000 for commodities. Collaboration and assistance from other donors is expected. WHO will provide 5 man years of technical advisory services each year. Other technical talents from other

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donor countries and agencies are available and will be tapped as required. The GOI contribution to the health services research project in the management and staffing of the sub-projects will be more than 40% of the total project costs over the 3-year life of the project. In addition to the research studies funded under this project, the GOI will continue to fund and implement other health research activities in an effort to create an effective rural health service. AID's project strategy is to stimulate field research, evaluation, and pilot health activities. This strategy appears to be the most appropriate means to assist the GOI to make sound, cost-effective improvements in the rural health care system.

We, therefore, recommend that you approve this health services research project in the amount of $988,000 for 3 years and indicate your approval by signing the attached PROP face sheet.

Attachment

S/ Ainslie 9/19/74

Clearances:

PPC/DPR:JWelty
TA/H:LHoward
ASIA/CD:JSilver
ASIA/DP/PR:DBernius (Draft)
ASIA/EA:POeschli
ASIA/EA/I:LWakefield (Draft)
ASIA/TECH/PSD:PSGibson
ASIA/DP/PR:FCorrel