PART I

PROJECT APPRAISAL REPORT (PAR)

4970230 (3)
PD-AAD-805-D1

[illegible]	1/74	11/77	Indonesia

Health Research and Development

6. PROJECT DURATION: Begun FY 75 Ends FY 77	7. DATE LATEST PROP 6/14/74	8. DATE LATEST PIP	9. DATE PRIOR PAR Original

10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: $ 373,000	b. Current FY Estimated Budget: $ 500,000	c. Estimated Budget to completion After Current FY: $ -

11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME	b. CONTRACT, PASA OR VOL. AG. NO.
1. Direct hire U.S.A.I.D. Staff	
2. Management Services for Health - Contractors for Consultants	Contract No. AID/Afr-C-1137
3. COI, National Institute for Health Research and Development Staff	

I. NEW ACTIONS PROPOSED AND REQUESTED AS A RESULT OF THIS EVALUATION

A. ACTION (X) USAID	AID/W	HOST	B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
			1. In the ProAg for 1977:	
X		X	(a) Further define the project purpose - re-adjust the purpose to a more realistic level.	December 1976
			(b) Redefine assumptions based on current understanding of the NIHRD capacity.	
X			2. In the Letters of Agreement for FY 1977, incorporate: a) more specific requirements for progress reports, b) define project completion dates, and c) withhold salaries until final papers are submitted.	March 1978

D. REPLANNING REQUIRES REVISED OR NEW: ☐ PROP ☐ PIP ☒ PRO AG ☐ PIO/T ☐ PIO/C ☐ PIO/P

E. DATE OF MISSION REVIEW

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE: Ann W. [illegible], Program Analyst, OPH

MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE: Thomas C. Niblock, Director 11/1/1977

PH:THReese [illegible] PH:CWTerry [illegible] PRO:RFZimmerman [illegible]

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PROJECT NO.	PAR FOR PERIOD	COUNTRY	PAR SERIAL NO.
0230	7/74-11/76 TO	Indonesia	77-5

II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS

A. INPUT OR ACTION AGENT (CONTRACTOR, PARTICIPATING AGENCY OR VOLUNTARY AGENCY)	B. PERFORMANCE AGAINST PLAN: UNSATISFACTORY 1	2	SATISFACTORY 3	4	5	FULL STANDARD 6	7	C. IMPORTANCE FOR ACHIEVING PROJECT PURPOSE (X): LOW 1	2	MEDIUM 3	4	HIGH 5
1. Management Services for Health						X						X
2. American Public Health Assoc.					X							X
3. Barbara Thomas						X						X
Comment on key factors determining rating												
4. Duane Thomas					X							X
5. P. T. In-Search Data						X						X
6. P. T. Inscore				X								X

1. Management Services for Health

A. From November 26, 1975 to December 15, 1975. Dr. Lauridsen and Mr. Moore undertook preliminary work on authorizing guidelines and
(see continuation sheet)

	1	2	3	4	5	6	7	1	2	3	4	5
4. PARTICIPANT TRAINING			X									

Comment on key factors determining rating Currently, two participants are enrolled in training. There have been no completions to date, and a major problem has been a scarcity of qualified candidates with requisite English skills. Plans are currently being made in NIHRD and USAID for the recruitment of candidates and provision of intensive in-country English training for NIHRD staff for future training funding.

	1	2	3	4	5	6	7	1	2	3	4	5
5. COMMODITIES			X							X		

Comment on key factors determining rating USAID has funded commodities for the general support of NIHRD activities, such as office and printing equipment, technical books and a small Wang computer and a jeep. Commodities have also been provided to support the Vitamin A deficiency study of AFOB - office, i.e., office, photographic and medical equipment, medicines and vehicles. There-
(See Continuation sheet)

		1	2	3	4	5	6	7	1	2	3	4	5
6. COOPERATING COUNTRY	a. PERSONNEL		X	X									X
	b. OTHER					X							X

Comment on key factors determining rating Personnel:
The Management Structure of NIHRD under the present Director, has been rather pyramidal until recently. This situation has slowed down submission of research proposals when the key counterpart has been out of the country fulfilling duties with WHO. Also, smooth implementation of research projects has been hindred by lack of sufficient authority delegated to project managers for project design. Some decentralization of project design work appears to have taken place within the last several months, however. Staff within NIHRD and its affiliates are mainly medical doctors and appear to be potentially quite capable, although handicapped by inadequate training in survey research methodology; lack
(see Continuation Sheet)

	1	2	3	4	5	6	7	1	2	3	4	5
7. OTHER DONORS				X							X	

(See Next Page for Comments on Other Donors)

II. Performance of Inputs and Action Agents

Comment on key factors determining rating (continued):

methodology for development of a simple data management information systems for Serang Regency, West Java. A draft report and project proposal have been submitted to USAID.

B. From November 15 to January 15, 1977 Dr. Lesar and Mr. Owens are in the process of designing Phase I of a health management information sub-project.

C. From November 8 until November 30, 1976 Mr. Ausherman has taught a three day workshop on programmed learning which included 17 participants from NIHRD, BPS and UNICEF. He will return to Indonesia to assist in the completion of a field test February 15 to March 31, 1977.

2. American Public Health Association

In November 1976 Dr. Robert Grosse, University of Michigan assessed the feasibility of introducing the PPBS system in MOH and revised the progress of the physician's income study. A draft and final reports have been submitted to USAID.

2. From September 24 to November 27, 1976, Barbara Thomas (Personal Services Contract) taught a one month course in social science survey research methodology. A draft report has been submitted.

4. From September 29 to November 16, 1976 Duane Thomas assessed NIHRD's need for hardware and software facilities. He was funded under a purchase order from trust funds budgeted to the project.

5. P. T. In-Search Data, an Indonesian survey research firm has undertaken the field work and preliminary data preparation for the physician's income study. Field research has been completed.

6. P. T. In-Search Data has also contracted to assist in questionnaire design, field research and data analysis for this same study. Data analysis has been started. This Agency, however, was slow in incorporating changes to the questionnaires that were requested by NIHRD and MOH.

3. Commodities (continued):

Here, the level of commodity support for FY 76 was significantly higher than that originally planned. This shift in the use of funds resulted from the initial difficulty NIHRD staff had in identifying and implementing the 7 to 10 annual research projects originally planned.

USAID has been informed that the Wang mini-computer does not have sufficient capacity to analyze the magnitude of data usually gathered in NIHRD studies and it does not have the capacity to utilize software packages like SPSS, but that it can be used for editing of data and generating simple tables.

6. (Cooperating Country Personnel (Continued)

too many responsibilities as project leaders and co-investigators. The Director, however, has reassigned principal investigators from project to project.

The lack of staff training in research methods should be alleviated through in-service courses and overseas training planned in the near future. Government salaries will be raised next GOI fiscal year, which should ease the financial need for researchers to undertake too many projects at one time. The changes in staff allocation of assignments remains an issue.

Despite these weaknesses, the management and staff of NIHRD have shown creativity and enthusiasm in undertaking exploratory research and the use of pilot testing to solve complex health problems.

Other support of NIHRD in terms of provision of in-kind inputs, i.e., office space and local transportation, has been highly satisfactory.

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II. 7. Continued: Comment on key factors determining rating of Other Donors

WHO is involved with NIHRD with 4 consultants at offices in Jakarta and Surabaya in systems analysis, statistics, health economics, and epidemiology. WHO has contributed heavily to the overall planning of MOH and to the introduction of primary health care concepts through strengthening of Health Services Project. Due to WHO's main emphasis on technical assistance, and their limited project funds, staff time is spread over a variety of projects.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMULATIVE PRIOR FY	CURRENT FY TO DATE	CURRENT FY TO END	FY___	FY___	END OF PROJECT
A series of sub-projects which (a) establish baseline data for use in planning long term comprehensive rural health care systems (b) test new concepts in health services delivery systems, or (c) provide research on social, cultural and medical factors affecting improvements in the general health situation.	PLANNED	14-20	-	21-30	-	-	21-30
	ACTUAL PERFORMANCE	6	6				
	REPLANNED			14			14
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
A small cadre of trained staff within NIHRD in research techniques and analysis.	PLANNED US participants	unspecified					
	ACTUAL PERFORMANCE	0	2				
	REPLANNED			5			5
	PLANNED In-country training	unspecified					
	ACTUAL PERFORMANCE	37	37				
	REPLANNED						

B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT:
1. Improved perceptions within NIHRD of current institutional and staff development needs.	Means of Verification: submission to USAID of a Health Training, Research and Development PRP which includes a large component for manpower training - 36 overseas fellowships. A directive from the Secretary General to the Chief of the Bureau of Planning to establish
2.	COMMENT: a personnel/career development program within the MOH. This may have been facilitated by preliminary findings of the Physicians Income Study.
3.	COMMENT:

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IV. PROJECT PURPOSE

A. 1. Statement of purpose as currently envisaged. 2. Same as in PROP? ☐ YES ☐ NO

The purpose of this project is to 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 effecting the health of the rural population.

B. 1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward these conditions.
At the end of this project, reliable rural health system data will be available and the general health of the rural population groups will be more fully understood. Estimates of the health program's progress, its effectiveness and efficiency and review of alternative rural health systemsof service and demand creation will be available. Finally, a beginning will have been made in attempting to focus the complex relationships between socio-economic-cultural factors and health, and the potential for development in Indonesia of more effective rural health programs.	Reliable data collected on health systems and general health status: the Jamu Study has collected data on the use of jamu and its perceived impact on health; a Drug Utilization study has collected data on the system of supply and re-supply within health centers and hospitals. Estimates of Health Programs Effectiveness and Efficiency: Plans now exist for sub-projects during FY 1977 for a unit cost study, a health center utilization and a staffing patterns study. The village health promoters study, the drug utilization study, and the physicians income study have each obtained data on the effectiveness of various health program inputs. Estimates of health program progress: There are plans for funding under the Health Training, Research and Development PRP of a health data module to be included in the nationwide Central Bureau of Statistics quarterly survey. Development of Alternative Rural Health Systems: The Village Health Promoters Project is developing a (cont.

V. PROGRAMMING GOAL

A. Statement of Programming 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 to which this project relates 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, (cont.)

B. Will the achievement of the project purpose make a significant contribution to the programming goal, given the magnitude of the national problem? Cite evidence.

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. If the purpose of this project is achieved it will contribute greatly to the intermediate goal of the project (the improvement of health services within health facilities and within the community) by exploring new approached, and by undertaking experiments as may be necessary. The potential benefits from project progress to date for improved health coverage of the population project are: (a) development of a system for establishing and training community volunteers for health services at the village level, (b) improvement of the quality of health services at the local level through doctor placements and improved drug supply and treatment. It is too early to fully evaluate these benefits, which remain largely potential.

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[illegible]

B.2 Prudence [illegible] programs [illegible] these conditions.

system of [illegible] [illegible] [illegible] village level which is supported by these [illegible] the Department of Interior to support local health improvement activities.

[illegible] the [illegible] [illegible] ring [illegible]

[illegible] [illegible] [illegible] [

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[illegible] Relevance [illegible] Project Purpose

A. [illegible] approaches to achieving this project purpose.

The [illegible] project paper assumed that the intermediate [illegible] goal [illegible] health services could best be met through [illegible] health and development activities, identified [illegible] priorities. These activities were envisioned by USAID as representing support for targets of opportunity in contrast to a more comprehensive integrated health scheme. Projects were not to be selected in an ad hoc manner but were to be identified within a framework of GOI priorities, as described in the implementation plan of the original PROP, dated June 24, 1974 as follows: "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." Sub-project [illegible] criteria was to be based on how well each sub-project [illegible] to the project purpose.

Such [illegible] do not exist now, however, nor [illegible] approach of the GOI for pro- [illegible] prioritization of programs based on [illegible] the [illegible] of various activities or conditions on health [illegible] of [illegible] of health services as well as [illegible] intervention methodologies would seem to be [illegible] development of such criteria. For example, which [illegible] "[illegible]" are most relevant to policy? How shall the effect of health programs on community health status be evaluated? [illegible] this evaluation take into account intervening variables? [illegible] are the factors affecting utilization of available [illegible] health services? Without consideration of such criteria the development of health R&D sub-projects to date appears to be [illegible] the project purpose should be changed to include the development of criteria for use in alternative sub-project evaluation [illegible] the primary project purposes.

However, [illegible] general approach presented in this project of selected or [illegible] "[illegible]" on the part of the MOH appears to be a good [illegible] believed to be preferable to a planned and [illegible] as is [illegible] in the USAID project [illegible] and be [illegible] the more modest demand on limited financial and [illegible].

B. [illegible] priority of project with the GOI?

[illegible], the project provides the major source of donor funding [illegible] research projects, while [illegible] continues to provide technical advice.

The GOI development budget for the NIHRD has continued to increase during the years of the project:

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GOI FY		
1974/75	[redacted]	Rp. 192,000,000
1975/76		295,000,000
1976/77		333,980,000
1977/78		1,000,000,000

During the life of the project the GOI has established the Institute for Pharmaceutical Research. Also, in addition to the central Institute for Health Research and Development there are the Institute for Health Services, the Institute for Nutrition Research, the Institute for Development of Ecological Research, and the Institute for Biomedical Research. Currently, NIHRD has about 670 personnel, and is provided approximately 15,000 square meters of office and laboratory space, and has about Rp 400 million in laboratory and office equipment.

Coordination between NIHRD and other important agencies, i.e., the Bureau of Planning and the Center for Education and Training, appears to be adequate in terms of information exchange, but underdeveloped in terms of program and policy coordination. The MCH since its reorganization in 1974/75 is continuing to define the relationships between research, planning and program implementation. USAID is trying to assist the process of coordination through a multi-faceted approach in the 1978-80 .RP for Health Training, Research and Development.

C. How does GOI view USAID's Role?

It appears that NIHRD views USAID's role largely as that of the administrator of AID provided project funds and provider of technical assistance upon GOI request. Direct technical guidance, or rejection of NIHRD proposals by USAID seems to be outside of their current perceptions of USAID's role.

The project purpose is rather general and for that reason it can encompass variations in perceptions between USAID and NIHRD. The PROP maintains flexibility in use of project funds to make possible responsive USAID action, but lacks definite guidelines on criteria for project selection and contents of required progress reports, as well as deadlines for project completion. This has proven to be largely unworkable, and USAID is currently drafting guidelines for progress reports, that include deadlines. The issue of how to determine criteria for project selection is still unresolved.

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D. Are there Adverse Side Effects to this Project?

There does not appear to be any major adverse side effects from this project. However, the Development Project for Primary Health Care in Serang wasted a lot of staff time of NIHRD and, provincial and local staff, and accomplished nothing. Also, the Director of Planning in the Provincial Health Office of West Java explained in July that the local and provincial staff was overloaded with 39 research projects underway or planned at that time, and that many of those undertaken by the central MOH have not been effectively discussed with the provincial officials beforehand. Project activities may have contributed to this conditions.

E. Do the Benefits Justify the Costs?

The outputs from the project include on-going and planned sub-projects. All of these studies are either exploratory or quasi-experimental and should have high returns in terms of systems development, and further understanding of the intermediate variables affecting community health status. As none of the projects have yet been completed, there is insufficient information to quantify or identify the benefits of the various system methodologies tested. Also, the direct and indirect costs to AID and the GOI for these benefits have yet to be calculated.

F. Are there Any Unexpected Benefits?

This project has highlighted the need within NIHRD for extensive staff upgrading to develop the basic research skills and capabilities that were assumed to already exist in the original PROP. In reviewing the progress of sub-project activities, it is apparent that the absorptive capacity of the NIHRD to utilize foreign assistance to carry out research is limited by four major factors: (1) a shortage of qualified research manpower, (2) a need for facilities (software, technical staff and hardware), (3) an inadequate compensation scheme that would encourage research personnel to devote full time to a manageable number of projects, and (4) a responsive and competent management/administrative system to support research and development activities. Thus, the primary purpose of the PRP for FY 78-80 for Health, Training, Research and Development will be to strengthen the NIHRD's capacity to perform its assigned responsibility. An extensive research manpower development program and U.S. and in-country training, along with research apprenticeships, will be used to accomplish this purpose.

Performance Against Plan

Unsatisfactory		Satisfactory			Outstanding	
1	2	3	4	5	6	7
	X	X				

G. Overall Assessment of the Project

Progress to date: The concept of this project which is establishment of a flexible means for responding to GOI initiatives in the health R&D field is a potentially fruitful one. As with most new approaches, it takes time to work out details in systems and GOI was slower in developing proposals than anticipated during the first part of the project. A variety of managerial and technical reasons may have contributed to this, including the lack of clear guidelines for development and selection of sub-projects. Prior to completion of the project, at least general guidelines should have been established for prioritization of various studies and pilot testings. In retrospect it seems that Project Development and support funds project would have been a better mechanism for undertaking innovative developmental sub-projects within the MOH.

Project progress compared to original purpose to date has been slight, but unexpected benefits of this project have been quite high. In fact, USAID has invested $373,000 in order to gain a better understanding of the present capacity of NIHRD for undertaking policy-based research. This project represents funds well-spent for the idenfification of future programming needs although the original project purpose has only been met in part.

Project No. 497-0230 PAR No. 7745 ANNEX I

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REVIEW OF THE CURRENT LOGICAL FRAMEWORK

I. Project Purpose:

a. Statement of Project Purpose:

The purpose of this project is to 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, reliable rural health system data will be available and the general health of the rural population groups will be more fully understood. Estimates of the health program's progress, its effectiveness and efficiency and review of alternative rural health system modalities of service and demand creation will be available. Finally, a beginning will have been made in attempting to focus the complex relationships between socio-economic-cultural factors and health and the potential for the development in Indonesia of more effective rural health programs.

c. Means of Verification:

Progress toward these accomplishments will be measured through the written analyses of (a) the functional analysis of the current rural health programs including the analysis of clinic utilization, the time-work patterns of professional and administrative staff and cost inputs versus work outputs of health programs; and (b) reports and evaluations of alternative modalities for creating an effective demand for and the delivery of modern health services among rural populations.

d. Important Assumptions:

The accomplishment of full project purposes will necessitate that the research and development findings be communicated to appropriate GOI planners,

administrators and technicians by written reports and through opportunities for defect field observations or conferences. An additional assumption is that planners and administrators will be willing to use relevant research and development findings for improving program performance.

II. Project Outputs:

a. Statement of Project Outputs

Outputs of this project will be a series of rural health care research, evaluation or pilot subprojects. These subprojects will effect one of the following: (a) establish baseline data for use in planning long term comprehensive rural health care systems, (b) test new concepts in health services delivery systems, or (c) provide research on social, cultural and medical factors affecting improvements in the general health situations. 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 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 increase 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.

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Sub-Project Progress to Date

ANNEX I

Purpose	Progress to Date	Date Letter of Agreement	Estimated Completion Date	Balance Due	Total
A. Village Health Promoters					
Purpose: to test the feasibility of using volunteer village health promoters (VHP) to improve general health of the village population: develop criteria for selection, and train them in simple treatment techniques, health education for improved health practices; environmental sanitation, increase coverage of immunization programs, etc. Location: Central Java (3 villages; 3 control villages).	Preliminary community involvement promoted, baseline data collected and analyzed, questionnaire designed, village health promoters chosen, training begun, programmed learning modules produced for training, implementation begun.	5/26/1975 (1st year) 9/21/1976 (2nd year)	September 1978	-0- -0-	[illegible] [illegible]
B. Drug Utilization Study					
Purpose: * to (1) test the clinical adequacy of a standardized drug list and develop a drug use manual (2) evaluate the cost of the drugs and describe the current procedure for drug supply. Location: health centers and a regency hospital in West Java and South Sumatra.	(1) List of IMPRES-funded drugs determined; (2) Drug diagnosis and treatment manual produced; drugs purchased; fieldworkers trained and ready to go in the field.	5/2/1975	May-June 1977	$11,015	$24,[illegible]

* Current purpose adjusted from purpose in letter of agreement.

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Purpose	Progress to Date	Date Letter of Agreement	Estimated Completion Date	Balance Due	Total
C. Physicians Income Study					
Purpose: to provide information on physician's income and attitudes which will be of use in analysis of policy alternatives for the provision and financing of health services. Location: Jakarta, West Java, Central Java, Bali, North Sumatra, North Sulawesi	Phase I completed. It included analysis of available secondary data and development of Phase II questionnaire. Phase II: in-depth interviewing of ± 250 physicians respondents complete; preliminary data analysis started with NIHRD staff, preliminary draft report with recommendations to be turned in by early January.	5/21/1975 (Phase I) 12/29/1975 (Phase II)	January 77	-0- $7,255	$ 5,839 $50,954
D. Jamu Study					
Purpose: to determine the general magnitude of use and perceived efficacy of jamu among consumers, compared with use of modern drugs; to obtain information on the marketing and distribution systems of jamu for possible MOH intervention. Location: Jakarta, West, East, and Central Java, Yogyakarta, Palembang	Questionnaires designed, and P.T. Inscore field interviewers trained, field data collected.	4/28/1976	April 1978	$8,903	$30,196
E. Development Project for Primary Health Care in Serang, West Java.					
Purpose: a four month study to develop training programs and materials for the improvement of village health posts, which are extension of health centers at the village level.	The project was not undertaken because NIHRD did not identify a workable project design. The balance of the unused funds were returned to USAID.	5/23/1975	July 1976	$1,448 to be accounted for or returned by NIHRD	$ 3,624

	Departure	Total Cost
Participant Training:		
Two undergoing Health Planners Training - MPH at Univ. of Michigan	8/18/76	$15,600
In-Service Training - Consultant Services:		
One month Social Science Survey Research Methods Course One workshop in Programmed Learning Instruction		$28,200
Commodities:		
(a) Books		$ 1,000
(b) Printing equipment for publication of Health Service Reference Manual and general NIHRD support; 1 Jeep for Serang		$42,050
(c) AFOB Vitamin A Deficiency Blindness Studies for medicines, photographic equipment and 6 jeeps.	$66,049 (to date)	$78,049

Project	Obligation (Deobligation)	Disbursements as of 11/30/1976	Purpose	Status
				4 R&D projects: Village Health Promoters Study, Drug Utilization Study, Planning Exercise for Serang Kabupaten Health System, Phase I of Physician's Income & Attitudes Study.
FY 75-1 Original	$100,000		$60,000 for local currency R&D Subprojects $40,000 for purchase of data processing and other equipment for R&D facilities	Commodities delivered and installed including Wang programmable calculator. ($35,926.50)
FY 75-1, Rev. 1	$ 60,354		$51,000 local currency support for R&D sub-projects. $1,000 for procurement of technical books. $23,000 for international travel and stipend for 3 mm of technical assistance (1 mm in PPBS Systems, 2 mm for design of primary health care data system.	Medical and health books ordered and delivered, 10/76 (all but five items) for $999.50
FY 75 Total	$160,354	$38,000 (As of 6/75)		
FY 76-10	$200,000		$7,500 for technical assistance for overall development of health research and development project. $192,500 for health R&D subprojects such as the Jamu Study; Design and Pilot Test of Health Service System; Extension of VHP Study; Demonstration of condensed midwife/assistant training; other community self-help projects.	Consultant did not come for overall development of the project. Technical assistance funds combined with funding under Revision 1. Jamu Study funded. Village Health Promoter's Study second year funded.
FY 76-10, Rev. 1	-0-		Use of funds obligated in FY 76-10 under "other costs" to be switched into "participants" for up to two years of US training ($15,000) and into "personnel costs" for approximately 4 months of consultant services - one programmed learning specialist and one consultant in social science survey research methods.	2 participants in place; consultancies completed -- one 3 day workshop in programmed learning; 1 month course in social survey methods.
FY 76-10, Rev. 2	-0-		To extend a waiver for Implementing documents from December 29, 1975 to September 29, 1976	
FY 76-10, Rev. 3	$96,000		To obligate an additional $96,000, and shift $38,500 from "other costs" to provide $134,000 for office and printing commodities for NIHRD and commodities for the AFOB Vitamin A Project. Provision of 3 manmonths of consultant services for assistance in protocol development of a health information and management system.	Commodities ordered, except for $12,088 for AFOB sub-project. Consultants for development of health management information system currently in Indonesia.
Total FY 76	$296,000	$139,000		
Total FY 75-77	$373,000	$177,000		