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AGENCY FOR INTERNATIONAL DEVELOPMENT  
HEALTH DEVELOPMENT PLANNING AND  
MANAGEMENT PROJECT  
MID PROJECT EVALUATION REPORT

Cooperative Agreement  
No. AID/DSPE-5901-A-1039-00  
John Hopkins University  
University of Indonesia-Jakarta

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## ABBREVIATIONS AND INDONESIAN ACRONYMS

BADAN LITBANGKES - National Health Research and Development Institute

BINKESMAS - Community Health Center

Bureau of Health Planning

C.A. - Cooperative Agreement

CHIPS - Comprehensive Health Improvement - Province Specific

DEPKES - Department of Health

DOKABUS - Community Health Center Doctor

F.A. - Functional Analysis

FKM/ FKMUI/FKMUI/J - School of Public Health, University of Indonesia, Jakarta

HDPM - Health Development in Planning and Management

HST - Health Services Research

HTRD - Health Training Research and Development

JHU/DIH - John Hopkins University Department of International Health

KABUPATEN - District (50-500,000 population)

KAKANWIL - Provincial Health Officer

KECAMATAN - Sub-district

KESEHATAN - Health

LAN - Institute of Public Administration

MASYARAKAT - Community

P & K - Ministry of Education and Culture

P.K.K. - Family Welfare Activities

PKMD - Village Health Development

PUSKEMAS - Community Health Center

PUSKESMAS PEMBANTIL - Sub-health Center

PUSDIKLAT - Health Training Center, Ministry of Health

RUMAH SAKIT - Hospital

S1 S2 - Undergraduate and graduate Public Health Programs

S&T - Science and Technology Bureau

TOT - Training of Trainees courses

YAYASAN - Foundation

## EXECUTIVE SUMMARY

The Indonesian Health Development Planning and Management (HDPM) Project, funded in October, 1981, is a five year Cooperative Agreement (C/A) between AID and the Johns Hopkins University School of Public Health, Department of International Health (JHU/DIH). Project activities have been carried out through a sub-agreement between JHU/DIH and the Faculty of Public Health, University of Indonesia (FKMUI).

The Indonesian HDPM is one of two AID HDPM projects worldwide. The other, conducted by the American Public Health Association in collaboration with the Universities of Pittsburgh and the West Indies, is based in the Caribbean. The HDPM projects were designed to strengthen the development and institutionalization of indigenous management and planning capabilities in health to improve the in-country infrastructure for the planning, organization and delivery of primary health care. Both projects were initially conceived of as regional efforts to test approaches to manpower development and institutionalization that could be applied on a larger scale in other AID supported projects. Although both projects were funded by the Office of Health, S & T Bureau, as regional projects, only the Caribbean project remained regional in scope. The Indonesian HDPM was carried out as a country project and managed by a staff person in Washington in the Office of Health. Although serious consideration was given to shifting the locus of management control from Washington to the field, this proved impractical. Therefore, the Indonesian HDPM project has remained a country based project, funded and monitored from Washington. USAID staff, however, have provided on-going input and direction to ensure the project's consistency with mission programs and priorities in Indonesia.

This mid-term external evaluation, required by the Cooperative Agreement was conducted by a four person team (3 Americans joined in the field by an Indonesian between April 17 - May 6, 1984. The three American team members convened in Washington, where they reviewed available materials in the AID office, met with AID staff and JHU/DIH faculty. The stateside orientation included a site visit to the JHU in Baltimore. Following their arrival in Jakarta, on April 23, the three team members held several meetings with USAID mission staff, HDPM project staff at FKMUI, officials of the Ministry of Health, and USAID consultants working on other mission health projects. For in-country briefings and project status review, the team was accompanied by a member of the FKM faculty during their visit to the field (April 27 - May 2) and joined at points during their field visit by USAID staff. Dr. Sidodo Soetopo, the Indonesian evaluation team member traveled with the evaluation team during the latter part of their field visit and worked closely with them in distilling field observations and findings. As a result, a preliminary set of recommendations were developed for a debriefing session with HDPM and USAID staff, prior to the U.S. team's departure from Indonesia.

The team's field trips were well arranged to provide an overview of the country's geographic and cultural diversity, its levels of health system organization and to give the evaluators an opportunity to meet with alumni of the Training of Trainers (TOT) courses and other Indonesians associated with HDPM. The team visited selected provincial health departments (Kabupaten) and puskesmas (local health center) units in Semarang and Kendal in Central Java and Padang in West Sumatra.

The purpose of the mid-project external evaluation was to assess project progress, management and performance as well as to provide guidance for

remaining project activities. (See Scope of Work, Appendix I).

The goal of the HDPM project is to develop self sufficiency in health system planning and management, institutionalize this capability and reduce the country's dependence on external sources of technical assistance. To accomplish this, the capabilities of indigenous institutions must be developed to provide the needed technical and managerial know-how, and ensure that the supply of these categories of personnel keeps pace with the needs generated by an expanding health system. In the Indonesian context, the thrust of the HDPM project was to establish that capability at FKMUI and to facilitate a sustained collaboration between FKMUI and the Ministry of Health so the FKM, the first and leading school of Public Health in the country, could become a partner with the Ministry in the development and training of professionals and managers suitable for the country's health system.

The HDPM project was thus viewed as an important instrumentality for developing both faculty capabilities and institutional resources for the monumental job of health manpower development and training which is a high priority for the Government of Indonesia.

The HDPN project as documented in the Cooperative Agreement consisted of four components focusing on different aspects of the institutional development process.

1. In-Service Training called for the training of health planners and managers to improve the practices, techniques and skills of health management and planning throughout the health sector, but principally at the provincial and peripheral levels. The training was to be designed and conducted by FKM faculty in close collaboration with the Center for Health Training Affairs (PUSDIKLAT), of the Ministry of Health. PUSDIKLAT staff comprised

the primary audience for FKM's inservice training activities, and it was expected that in-service training would improve the quality of the curricula and the expertise of PUSDIKLAT instructors to conduct training. In this process, FKM's relationship with PUSDIKLAT would be strengthened and expanded and the training capabilities of DEPKES (Ministry of Health) would also be strengthened.

Although the in-service training component was specifically directed to the training and development of PUSDIKLAT personnel, it included an important FKM faculty development component. Heretofore, FKM faculty were almost exclusively involved in teaching Public Health within the confines of the university setting. Their academic activities were primarily didactic in nature. The HDPM/FKM approach required the same faculty members to reassess their capabilities thereby giving more emphasis to relevant field experience and practical solutions. The training of PUSDIKLAT field personnel enabled FKM/HDPM faculty to apply their knowledge and skills of managing health services at the local levels. The HDPM in-service training component thrust FKM/HDPM faculty into new areas of health manpower development and teaching experience not typically associated with conventional university settings.

2. FKM Training focused on improving the instructional quality of its curricula in health planning, management and applied research, health planners and managers, as well as upgrading the expertise of the participants and FKM faculty simultaneously.

This component reflected both short and long range professional development needs. Consistent with HDPM's emphasis on improving health planning and management capability, weaknesses in the FKM's current offerings needed to be identified and addressed, and the faculty's capabilities to teach new and expanded courses needed to be enhanced. These objectives assumed even

greater importance in light of the Government's plan to develop additional Schools of Public Health in Indonesia.

3. Technical Assistance. This component was geared to another facet of institutionalization, namely ensuring the availability of indigenous technical experts, qualified in health planning and management to provide the locally based expertise needed by the Indonesian health services delivery system. The Technical assistance component called for the development and maintenance of a roster of capable and available technical experts in health planning and management which will be available to interested users of these services. It envisioned the establishment of a technical assistance service unit and clearinghouse will accomplish these purposes.

4. The Health Services Research component focused on developing faculty capability in health services research in planning and management. The research was to be practical and address the need for strategies and solutions to service delivery problems. As with the in-service training component, this component had several agendas: to strengthen faculty capabilities to conduct research on health system service delivery problems; to stimulate interest in practical and field based research addressing the operational needs of the health services system, and sensitize FKM faculty to the difficult realities of health planning and management at the local levels.

The HDPM project is both highly appropriate and timely, coinciding with health system needs and priorities identified by the Government of Indonesia. These include: 1) the need for continued and sustained improvements in the health status of the Indonesian population; 2) the Government of Indonesia's commitment to the decentralization of health services and the implementation of primary health care nationwide; and 3) the Indonesian Government's emphasis on health manpower development, redefining the roles,

and improving the productivity of health personnel, and expanding the nation's health manpower development and training capacity.

The project has thus enjoyed the support of the Government of Indonesia and USAID. Its priorities are consistent with the health system development objectives of GOI's Ministry of Health (DEPKES) and they complement both current USAID projects and ones under consideration for the future. These include USAID's current Health Research Training and Development (HRTD) project, as well as USAID's plans to provide support for the Government of Indonesia's development of new Schools of Public Health.

#### Highlights of Project Accomplishments and Constraints

##### In-service Training:

During the first two and a half years of project operations, in-service training received substantial emphasis. The training of trainers (TOT) represents one of the project's most visible accomplishments to date. Two training of trainers' courses have been conducted and 61 persons from nine provinces have been trained. Furthermore TOT courses achieved a substantial multiplier effect: sixteen courses in nine provinces were held by TOT graduates and about 500 persons were trained. In addition, training in management and planning has for the first time been brought to the Kabupaten level, and a decentralized system for delivering training tailored to local needs has been defined and demonstrated.

The courses designed and delivered by FKM had many features worthy of note. For example, from the beginning FKM attempted to build a general consensus about the courses and followed a process in course design and revision which sought input from a broadly representative group of interested parties. The course design also included several state of the art training techniques such as micro teaching, video feedback and the use of case studies

to help participants diagnose management problems. This provided HDPM staff with plans they could address in their follow up visits to TOT alumni and was probably an important element in the large number of courses subsequently held by TOT participants.

The results achieved during this period of concentrated attention to the development and delivery of in-service training are mixed. Although TOT events were successful in stimulating and facilitating health planning and management training at the Kabupaten levels, TOT alumni reported gaps in the extent to which the TOTs adequately prepared them for training functions. They reported weaknesses in such areas as developing tools for training needs assessment, task analysis, training evaluation and the adaptation of learned general management concepts and techniques to the specific conditions of Kabupaten and puskesmas personnel.

At the same time, a process and infrastructure for improving capability in planning and management training has been established: management training has been brought to the Kabupaten level and dokabus (provincial administrators) are being sensitized to the need for changes in their styles of management and administration. FKM faculty have been exposed to the field needs of health service managers and have been sensitized to the practical needs of field based staff. A cadre of trainers has been trained at local levels.

The in-service training component of HDPM was designed to support the interrelated objectives of decentralizing training and increasing the capabilities of provincial level health managers. As a result, a momentum has been established, visible outputs have been produced and the potential for achieving improved results appears to exist. Some reassessment, however, is needed to strengthen provincial level training activities so that the applica-

tion of management principles and techniques to the kabupaten levels and below is assured.

FKM Training:

Accomplishments in faculty development and curriculum strengthening in health services management and planning are difficult to document and assess when there was neither a well defined baseline nor a clear set of behavioral or measureable objectives based on an assessment of needs. As a point of reference, the Cooperative Agreement Statement of Work, Section B.2. 2.3- identified as one of the project's specific tasks to: "Assess the adequacy of skills and competencies of FKM instructors to conduct these training programs; design, organize and/or conduct a faculty development program accordingly." In view of the fact the FKM was designated as the institution responsible for carrying out the planning and management development program in conjunction with the Ministry of Health, an initial assessment of the FKM faculty capabilities and the development of a plan for addressing the needs should have been JHU's first priority. This was not systematically developed as expected. Since faculty capabilities were not assessed at the onset of the project, the team lacked a means for assessing whether faculty competencies or capabilities were being addressed or improved significantly at this point in time.

As a result, the emphasis of the midterm evaluation has focused on a review of documented outputs and a comparison of performed versus planned outputs rather than engage in qualitative assessment of the contribution or effect of specific activities to strengthening faculty capabilities or FKM curriculum.

Notwithstanding the above mentioned observations, several activities directed to faculty development and curriculum strengthening have been undertaken to date: Assessments and revisions of specific aspects of FKM

curriculum were carried out; A Health Services Research course; was designed and taught, three faculty members were assisted to attend the Johns Hopkins intensive courses in Health Planning and Management; and additional faculty members were prepared to undertake doctoral studies in the U.S.

Technical Assistance:

The focus of the Technical Assistance component of the HDPM was to identify recruit, and develop personnel qualified to provide technical assistance in health planning and management; define an appropriate structure for supporting technical assistance activities and facilitate the actual delivery of technical assistance; develop a roster of consultants and develop and maintain during this period a clearing house.

The major accomplishments in the area of TA during this period included:

Creation of an ad-hoc six member "Technical Assistance Advisory Committee"; development and dissemination of roster of 49 FKM faculty members who could serve as consultants; provision of technical assistance in the development of five year plan for the new and existing FKMs in Indonesia on demand; facilitation of seminars and workshops operated in conjunction with the Ministry of Health (DEPKES) via its specialized technical and training branches: Center of Education and Training (PUSDIKLAT), National Institute of Health and Research Development (LITBANGKES), Division of Basic Health Services (BINKGSMAS), Bureaus of Health Planning, District and Sub-District Offices (Kabupaten-Kecamatan); and provision of ad-hoc consultations on training and health services management to government, private and non-governmental organizations.

The FKM faculty, and in particular the Department of Health Administration, have demonstrated capability and flexibility in providing short term technical assistance in health planning, management and training in response

to specific requests from client institutions. As a result, the Department seems to have gained visibility, credibility and recognition from the Ministry of Health, local universities, and bilateral and multilateral organizations in Indonesia. It is necessary at this stage of HDPM development, however, to consolidate the gains of the past few years and in particular address the faculty salary supplementation and the establishment of the technical assistance service unit in FKM which are among the major issues that have not been satisfactorily resolved. A means of compensating faculty for consultation activities is important to provide them an incentive for consultation in lieu of private medical practice, which at present is a major means for supplementing faculty salaries. Equally important is the development of a permanent structure for TA which is both supportive of the consultation process and consistent with university policies. These issues must be resolved by the university within the Ministry of Education context. The team urges consideration of the need for guidelines for technical assistance, faculty financial incentives and definitions of the faculty's scope of technical assistance activities as an important project priority.

It is also important to formalize the consultant roster and incorporate it into FKMUI's institutional capabilities statement as a provider of technical assistance. In this regard, the HDPM/TOT alumni can provide a network of potential consultants at kabupaten and puskesmas levels. This will strengthen FKMUI's multi disciplinary networking system within Indonesia.

Attention also needs to be given to ensuring the availability of current state of the art professional materials and other learning resources on health planning and management so that FKM faculty development and strengthening process can be sustained beyond the life of the project.

### Health Services Research:

Continuing education seminars in health services research represented a major activity of the Health Services Research (HSR) component during this period. These seminars sought to generate national interest and support for health services research; increase knowledge of research concepts and methodologies and provide introductory level training to potential researchers. HSR participants included FKM faculty members, faculty members from seven other Indonesian universities and Kabupaten level personnel. Other accomplishments included the compilation of an annotated bibliography of close to 200 health services research studies in Indonesia; the development of a list of health services research topics for prospective researchers, and the completion of a cost analysis study.

Preliminary assessments suggest that workshop and seminar attendees benefited from exposure to research methodologies and the design and development of research proposals. By involving a broad and varied audience, local organizations were made aware of the existence of HSR technical assistance and consultation capabilities in FKM. However, emphasis in the remaining portion of the project should continue on providing faculty members with practical hands-on experience in research and addressing the need to match research proposals with funding resources. It appears that although there are a number of research proposals in various stages of development, they have not yet been linked with potential funding sources, and unless some projects are funded the current interest and enthusiasm for research may not be sustained.

The proposed functional analysis study potentially can provide a vehicle for FKM faculty and students to acquire new skills in the design and implementation of health services research. The outcome of the proposed

Functional Analysis Study can help bridge the gap separating theoretical knowledge from action and lead to more effective and efficient use of resources for the delivery of primary health care.

#### Summary of Recommendations

The team, after careful consideration, recommends continued funding through the life of the project, contingent on the availability of funds.

The project has many of its expected outputs and is in a good position to build on the credibility and experience it has gained to date to consolidate its accomplishments. Towards this end, emphasis during the remaining life of the project, should be given to accelerating the development and institutionalization of health planning and management capabilities in FKMUI.

The Functional Analysis (FA) study proposed by JHU and FKM and supported by the USAID mission has the potential of providing a catalyst to project efforts as well as a central and unifying focus for the project overall. It could catalyze the development of faculty capabilities in the design and implementation of field research studies, health services needs analysis, provide hands on experience in task analysis and exposure to health manpower development, training and evaluation.

The team therefore recommends, as a high priority, support for the functional analysis study. To ensure that the potentials of the study are realized, however, the team's support for the study is contingent on the following conditions:

1. Funding for the study is made available from the existing HDPM project budget or external sources of funds;
2. Provisions are made for JHU faculty assistance on site for adequate periods of time to ensure effective technical support to the design

and implementation of the study.

3. That JHU finalizes its current proposal and submits it together with a detailed workplan for the design, conduct and analysis of the study.

The workplan should address, to the satisfaction of the AID Project Manager, how the Functional Analysis study(ies) will:

- a. contribute to increased FKM faculty capabilities in health services research and consultation;
- b. provide information to help improve and implementation of FKM in-service training program,
- c. generate doctoral research opportunities and professional publications on HSR for FKM faculty, Indonesian students and field practitioners;
- d. provide FKM faculty with on-going information, assistance and appropriate technology to enable them to effectively carry out these studies;
- e. provide for the development of study design and protocols in Indonesia in collaboration with the FKM faculty;
- f. provide for continuing feedback into training and technical assistance activities; and
- g. provide information on possible practical solutions to primary health care delivery problems in planning and management.

#### Recommendation II

To ensure institutionalization of the HDPM capabilities, beyond its five year funded life, it is recommended that a coordination advisory board, comprised of department heads or their representatives, be established within FKM to oversee and continue the process of institutionalization.

### Recommendation III

It is recommended that in the remaining period of the project, emphasis be given to ensuring institutionalization of project accomplishments in in-service training by extending support to strengthening trainers' capabilities at the Kabupaten level. It is recommended that follow-up assessments of TOT alumni be continued to examine:

- o The extent to which TOT alumni have applied the planning and management principles and techniques learned in the course;
- o The constraints and barriers to this application;
- o The extent of assistance TOT Alumni need to enhance their competence to manage field based training programs.
- o The effective use and systematic dissemination of training materials and management guidelines.

It is further recommended that a collaborative working relationship between FKM and USAID Health Training Research and Development (HTRD) project be developed, and that junior FKM faculty members participate in the HTRD training and field research activities.

### Recommendation IV

It is recommended that priority be given to strengthening the FKM in-house structure for technical assistance and that TA be managed as an intra school service, drawing support from other health, management and science disciplines within the University system.

### Recommendation V

It is recommended that priority be given to the preparation of a comprehensive statement of FKM capabilities which will include descriptions of FKM historical development, achievements in health planning, management and other areas of competency. Consideration should also be given to including information on university wide policies, directions and marketing strategies

for FKM services in the future.

#### Recommendation VI

It is recommended that information from the bio-data questionnaire collected from FKM and HDPM/TOT alumni be analyzed and the results used in preparation of the Statement of FKM Capabilities. This will demonstrate the availability of expertise and technical assistance in institutions supported by HDPM project.

#### Recommendation VII

Although this activity is not embodied in the HDPM agreement, it is recommended that FKMUI and JHU give serious consideration to establishing a Journal of Health Planning, Management and Training to serve as a forum for information exchange, dissemination and professional development in Indonesia.

#### Recommendation VIII

In order to provide maximum impact to health services research, an effective primary health care delivery system and enhance FKM capabilities in research:

- It is recommended that health services research projects emphasize practical applications of planning, management and decision making processes at kabupaten and Puskesmas levels.
- FKM students participate in HSR design development and implementation whenever applicable to their research career development.
- FKM/HDPM establish closer linkages with the National Institute of Research and Development (LITBANGKES), Center for Education and Training (PUSDIKLAT) and other relevant research and service delivery organizations.

### Recommendation IX

To improve communications and information flow among the key project participants and AID offices, the team recommends that:

- a) Semi annual progress reports be prepared as originally required in the Cooperative agreement, so that AID project manager can be kept current on project activities, progress and problems.
- b) Periodical progress reports be organized to clearly state activities and outputs as originally planned, the status of each of the planned activities, and verifiable indicators. Progress reports submitted by JHU should also incorporate FKM's reports to JHU.
- c) Field visit reports should be organized so that the following are easily identified:
  1. Purpose and objective of the visit as related to goal of project.
  2. How observations and activities during visit relate to the purpose, objectives and goals of project.
  3. An analysis of the situation--progress, problems, and any recommendations to FKM or AID.
  4. Other information as desired by visitor.
- d) The AID project manager and Johns Hopkins should establish a mutually agreeable timetable for JHU submissions and AID responses and feedback mechanisms on project status reports.
- e) Progress reports which are submitted by JHU to AID/Washington should be routinely transmitted to USAID Mission by the AID project Manager AID/Washington in order to maximize the smooth flow of information and timely exchange of ideas and feedback.

### Recommendation X

It is the teams opinion and impression that faculty development in HDPM will continue indefinitely following the termination of the project.

The team, therefore, recommends that:

- o FKM, jointly with JHU, design and carry out regular assessment of HDPM faculty capabilities as appropriate. The results of the assessment will form a baseline for measuring HDPM institutional capability development during and after the termination of the project.

- The AID Project Manager and the JHU Project Director meet to discuss expectations regarding future reporting procedures, communication and coordination requirements and the manner in which project outputs are to be mutually monitored.

In proposing the above recommendations the team realizes that AID/Washington may face financial constraints and therefore suggest that high priority for funding for the remaining life of the project be given to the Functional Analysis Study and the follow-up assessment of TOT alumni.

At present the annual work plan has served as a frame of reference for project progress evaluation. Since there is little that can be done now to follow a standard USAID project logframe, the team urges that all future activities undertaken by the project continue use of measureable objectives for verifying inputs and outputs of HDPM as indicated in the annual workplans.

## GENERAL SUMMARY

In view of the fact that the Cooperative Agreement was very permissive and did not provide a logical framework with both a log frame and a time frame for quantitative outputs, the team used various approaches for the evaluation. This included interviews, at various levels with Indonesia MOH staff, with FKM faculty, and JHU faculty. This also included review of Annual Work Plans, Annual Reports, Trip Reports, and the Cooperative Agreement as well as other documentations.

A review of the Cooperative Agreement provided specific major tasks by components and major outputs. Annual Work Plans also contained specific activities (tasks) and outputs. These along with the interviews, documents, etc., formed verification indices. During the first two years as a measurement, achieved outputs were used to indicate project success. Similarly progress toward outputs for the third or present year was partially assessed.

Each component was assessed individually on a year by year basis and a determination was made on whether or not the activity had been attempted, or whether the output had been partially or totally fulfilled.

Overall, as indicated in the text of this report, during the two and a half year period, based on the work plan, there were a total of 54 activities projected with the same number of outputs. During this period, 22 outputs were fully met, 19 were in progress or partially completed and 13 were not met as planned.

It can be summarized that the HDPM project has had an impact in the following ways:

- o There has been an improved capacity of Pusdiklat trainers to conduct training in health planning and management and in adapting generalized curriculum to kabupaten level needs;
- o FKM faculty has been sensitized to field needs of DEPKES health managers;

- o There has been a strengthening of concepts of operational research among FKM faculty and other university faculty requesting their assistance;
- o The project has contributed to the developing image of FKM faculty as a credible resource in public health management, training, research and consultation;
- o Management training has been introduced to kabupaten and puskesmas levels;
- o Initiation of collaborative relationships with Pusdiklat, Litbangkes, community health services has taken place.

The team, although impressed with certain aspects of the project, was not able to ascertain whether or not HDPM has been totally successful as an experimental project to build institutional capability in such a brief project time.

The major reasons are:

- o A longer time frame is needed to examine project's effects and impacts on institutional capability;
- o AID did not have an operational definition of institutional development at time of project conceptualization;
- o The emphasis was rather on compartmentalized activities that it was hoped would lead to institutional development without the benefit of prior experience as to what is the appropriate time period for project interphasing with established bureaucracy in the Indonesian settings;
- o Institutional capability building is an on-going process;
- o Given the short time frame far it is difficult to project or forecast how much of the achievement can be up-scaled to national or regional levels.

The team would like to point out that there are positive signs of improvement, however, this success resides primarily in the staff of HDPM. Also it is clear that JHU and FKM have started a training process affecting the practice of community health managers via TOT's who in turn trained 500 Kabupaten and Puskesmas staff in improved methods of health services management.

The project makes complete sense based on the National Governments commitment to primary health care and health for all by 2000 as elucidated by the various Indonesian officials and faculty with whom the team met.

Based on this and other aspects of the project as indicated, the team recommends continued funding of the final two and a half years of the project life.

## 1. BACKGROUND

### 1.1 Evaluation Procedures and Approach

The major work of the evaluation team was carried out in April-May, 1984. The evaluation team consisted of three American consultants appointed by AID and an Indonesian who joined the team in the field and collaborated with them in analyzing the field observations and their implications for project recommendations. Mr. Nicholas Studzinski of the USAID mission also provided the team with invaluable assistance and helped them in their orientation to the project and its relation to the USAID health programs in Indonesia.

The team's assignment was to conduct a mid-project evaluation of the Health Development Planning and Management Cooperative Agreement between AID and Johns Hopkins University and the University of Indonesia-Jakarta. Members of the evaluation team consisted of:

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Team Leader

Ahmed Moen, Dr. P.H.  
School of Medicine  
Howard University  
Washington, D.C.

Myrna Seidman, M.P.H.  
American Public Health Association  
Washington, D.C.

M.H. Widodo Soetopo, M.D., Director  
Health Services and Development  
Research Center and Ministry of Health  
Republic of Indonesia

The three U.S. evaluation members gathered in Washington on April 17-20, 1984. They reviewed the AID project files and were briefed by AID/Washington and Johns Hopkins faculty, the two principals concerned with the

project.

The team departed for Jakarta on April 20th, arriving there on the 23rd. Several initial briefings were held with AID Mission officials, followed by interviews at the University of Indonesia with both administrators and faculty in the School of Public Health (FKM). The team met officials in the Ministry of Health in the Central Office, the Provincial Level, the Kabupaten level and visits were also made to Semarang and Kendal in Central Java and to Padang in West Sumatra. In the field, interviews were held with graduates of Training of Trainers courses including those working at both the national and kabupaten levels.

The team also reviewed project documentation including JHU trip reports, annual reports and workplans, prepared by both JHU and FKM, seminar reports and other related documents and materials.

Information related to documents reviewed, individuals interviewed and other procedures is included in the following Appendices: Appendix A includes the Evaluation Scope of Work; Appendix B provides Identification of Persons Interviewed or Contacted and Appendix C a List of Project Documents Reviewed.

#### Evaluation Approach

In developing an approach to this evaluation, the team was constrained by the absence of a standard USAID project logframe which would identify expected outcomes, products and verifiable indicators and provide a basis for assessing project progress. Lacking a logframe as a tool for its assessment, the team used the Cooperative Agreement and the project's annual work plans as a frame of reference. The workplans developed and submitted by JHU on an annual basis identified planned activities and outputs for each of the project's components, and provided a means for comparing actual activities

and accomplishments in relation to what was planned. Each component was assessed individually and a determination was made as to whether the activity had been performed and whether the output was partially or totally achieved on a year by year basis. If a project was not completed during the projected year, it was listed as incomplete and recognized during the next year.

Although this approach allowed the team to address the purpose of the evaluation (to assess project progress, management and performance) it did not enable the team, to its satisfaction, to grapple with such larger issues of concern to AID program and policy makers as the immediate impact of the HDPM project in developing in-country capability in health planning and management or in effecting improvements in the primary health care delivery system in such a short time. These questions of project impact will need to be examined, but they can be more fruitfully considered when the project has been completed and its full record of accomplishments known. In the interim, a mid-project evaluation can be useful if it provides an analysis of project outputs and the extent to which these outputs are likely to contribute to the project's overall objectives of developing institutional capability in health planning and management. The evaluation team saw that as its obligation in this evaluation and sought to both document the project's record of progress to date, and analyze the significance of these project outputs to the larger purposes of the HDPM effort as objectively as it could.

## 1.2 Background on the HDPM Project

The Health Development Planning and Management (HDPM) Project was initiated by the AID Bureau of Science and Technology as a strategy to develop indigenous health management and planning capabilities to support improvements in primary health care delivery systems. The project was

designed to develop a broad range of planning and management capabilities which could be addressed in short term training and longer term professional development efforts. The goal of the HDPM project is to institutionalize, in developing countries, health planning and management resources so that the country's technical self sufficiency is enhanced and its dependence on external donors is reduced.

As a part of the overall plan in institutional development, five planning grants of \$50,000 each were awarded to organizations wishing to develop a cooperative program between a U.S. institution with expertise in health management and planning and a country or region whose health sector and related training institutions wished to develop their indigenous expertise. Two competitively bid five year Cooperative Agreements were awarded in fiscal year 1981. One was to the American Public Health Association in collaboration with the University of West Indies and the University of Pittsburgh. The other, the subject of this report, was to Johns Hopkins University in cooperation with the University of Indonesia-Jakarta. Although initially designated as a regional project, the actual implementation was on a country basis. USAID/Indonesia, however, has responded in a cooperative and collaborative manner to this administrative arrangement with the understanding that the project's activities would be consistent with the mission's overall goals.

#### Observations related to the AID/Objective and Contractual Agreement

In reviewing the Cooperative Agreement between AID and JHU, it appears that specific outcomes for the Indonesian HDPM were not clearly delineated. For example, there was no log frame which identified specific products nor verifiable indicators. This is not normal in AID Contractual Agreements. The evaluation team believes that the absence of the log framework from the

regional design could not readily quantify the project outcomes and verification of accomplishments or lack thereof.

As a point of reference, in the cooperative Agreement Statement of Work, Section B.2. 2.3-, one of the specific tasks is to: "Assess the adequacy of skills and competencies of FKM instructors to conduct these training programs; design, organize and/or conduct a faculty development program accordingly." In view of the fact the FKM was designated as the institution responsible for carrying out the planning and management development program in conjunction with the Ministry of Health, an initial assessment of the FKM faculty capabilities and the development of a plan for addressing the needs should have been JHU's first priority. This was not systemically developed as expected. Since faculty capabilities were not assessed at the onset of the project, the team lacked baseline references, for assessing whether AID objectives regarding improved faculty competencies or capabilities were being met.

Since the faculty assessment was not carried out earlier, one of the team's priority recommendations is that this be a major function for Year III and that it be included in the Year IV work plan also.

### 1.3 Collaborating Institutions

Johns Hopkins University. Johns Hopkins University, School of Hygiene and Public Health (hereafter referred to as JHU) was the lead institution in planning the Indonesia HDPM project. It is also the prime contractor in the Cooperative Agreement with AID, and, therefore, the institution responsible for fiscal management and overall administration of the project as well as having the responsibility for defining project roles, activities and budgets, as the project evolves, with the concurrence of AID/Washington.

University of Indonesia-Jakarta (UI/J). The School of Public Health (Fakultas Kesehatan Masyarakat - FKM), University of Indonesia, the sub-contractor in this project, became an independent school in 1972 and received its first students in 1976. The school grants the undergraduate degree ( $S_1$ ) and graduate degree ( $S_2$ ). The FKM is made up of five departments: Biostatistics; Behavioral Sciences and Health Education; Environmental Health; Epidemiology and Public Health Administration (See Figure 1 for the University structure).

The University of Indonesia consists of 10 faculties (often referred to as Schools or Colleges in the United States) and one post-graduate faculty. All faculties, including the post-graduate faculty (referred to in the United States as graduate school) are headed by Deans. These faculties are: Public Health, Social Sciences, Medicine, Literature, Law, Physical Science, Economics (Business), Psychology, Dentistry and Engineering. Although there are more than 15 Universities in Indonesia, UI/J is considered the lead University. (See Chart I on page 27.)

#### 1.4 Indonesia Health Status and Needs

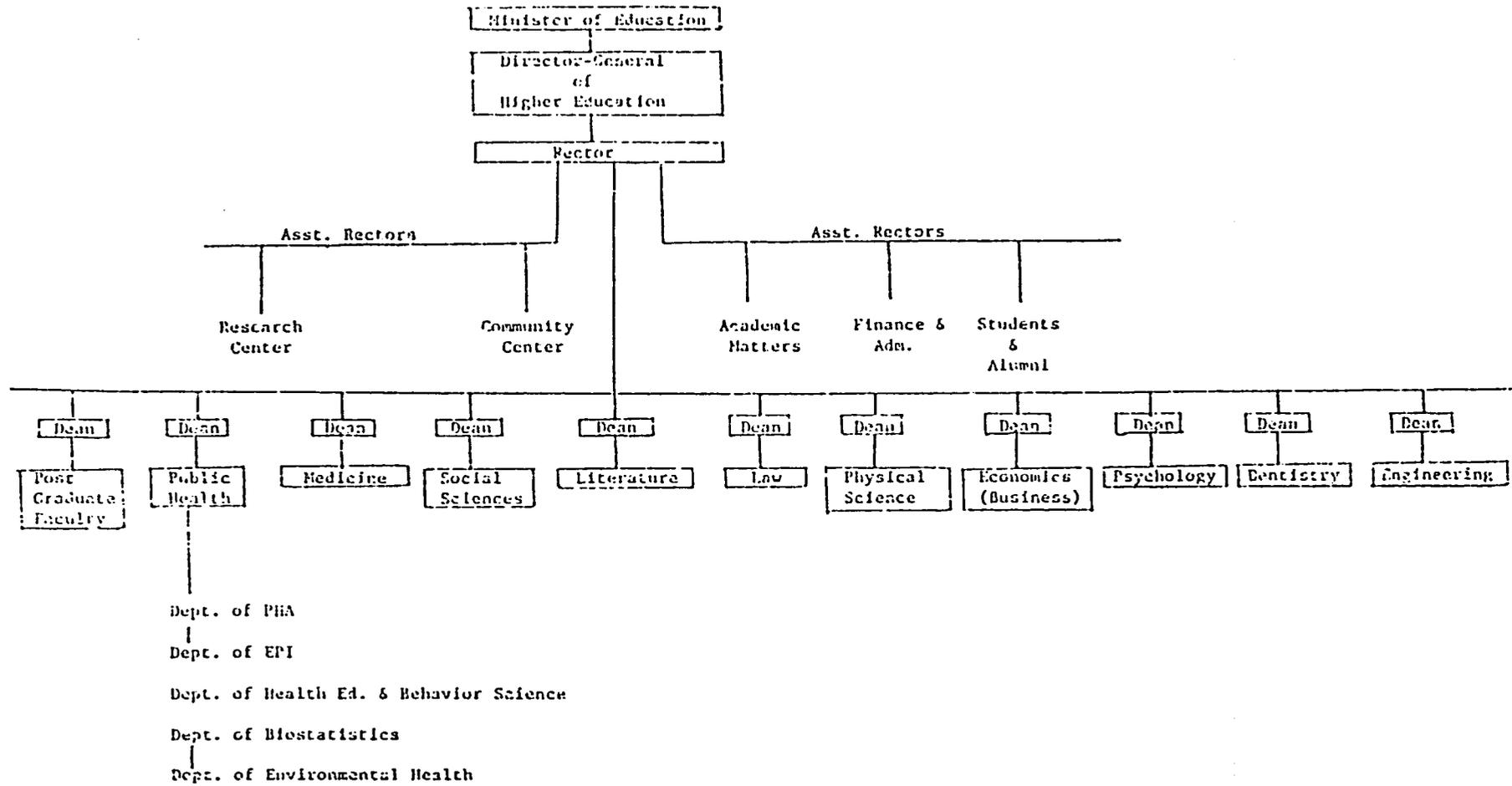
Indonesia, a large diverse country of over 150 million people, is the largest AID assisted country in the world. Therefore an appropriate one for HDPM project. Although its health status is not as high as desired, the statistics indicate an improvement in health status. For example, the crude death rate in 1984 was 13/1000 population compared to 16/1000 in 1975; 19/1000 in 1971, and 24/1000 in 1961.\* The infant mortality rate in 1984 was 92/1000 compared to 98/1000 live births annual average for the period 1961-71. Life expectancy at birth by sex average for year's 1961-71 was 45

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\*Figures revised using 1984 statistics from US Pop. Ref Bureau.

MINISTRY OF EDUCATION  
and  
THE UNIVERSITY OF INDONESIA - JAKARTA

CHART I



years male and 48 years female; for 1971-75 was 50 male and 53 female and for 1976-80 54.5 male and 57 female.

In Indonesia during 1980, as described in the Health sector Country Development Strategy Statement (CDSS), almost 60 percent of all deaths were caused by infectious disease, as illustrated in the following table.

<u>Cause of Death</u>	
<u>Indonesia, 1980</u>	
	<u>% of Deaths</u>
Respiratory	19.9
Diarrheal	18.8
Tuberculosis	8.4
Tetanus	6.5
Typhoid	3.3
Other Communicable Disease	3.0
Complications of Pregnancy or Delivery	2.5
"Other"	37.6
	<u>100.0%</u>

Infectious diseases are thus major problems in Indonesia. In comparison to other countries of the region, Indonesia has the highest incidence of late fetal or still births, as illustrated in the following table.

<u>Incidence of Fetal or Still Births</u>	
Selected Asian Countries, 1980	
Indonesia	25.3 per 1000 live births
Phillipines	18.2
Malaysia	23.2
Burma	12.2
Singapore	11.7

In 1982-83 there were 61 million estimated cases of diarrheal diseases and 400 thousand estimated deaths from these diseases.

These and other problems indicate not only a need for more primary health care services but a need for services which are well planned, organized and managed. Therefore, the quantity and quality of health manpower and their capability to plan and manage a health services, is critical as Indonesia seeks to implement a health care system, emphasizing primary health care, decentralization, and reaching the traditionally underserved and disadvantaged populations.

Within the past year, the Ministry of Health declared manpower development to be a high priority. The central manpower planning unit was charged with developing estimates of the number and type of personnel that will be required to achieve its national health goals.

In estimating the need for trained personnel with planning and management skills, JHU considered three separate categories of need. These were:

"Category one-formal, long-term training leading to a degree in public health with specialization in administration for a cadre of professional planners and managers. Category two-upgrading of administrative skills through 2-4 month certificate-level programs. Category three-short courses of 2-4 weeks duration in specific subjects (e.g. personnel relations, supervisory procedures, financial management, supplies management). The estimated numbers were listed in categories by JHU.

"Category One: To estimate the need: there is a goal of one health worker per 1,000 population. In a population of 150 million, this equals 150 thousand workers. Conservatively estimating that one front-line supervisor is required for every ten health workers and one full-qualified manager is needed per ten supervisors, we arrive at a need for 1,500 managers in need of formal training.

"If the need is to be met over a period of ten years, and population increases at the rate of two percent annually, about 180 graduates per year must be provided. Taking attrition into consideration, we project a demand for 200 trainees per year, or 2,000 in the next ten years.

"The above calculations are necessarily crude but appear reasonable and are confirmed by the following considerations. Within a pool of roughly 12,000 physicians, about ten percent should receive the category one training envisioned in planning and management. Nearly as many nurses, health inspectors, and other health professionals can be expected to be in managerial positions requiring similar training. Together the two groups produce a demand for 2,000 or more trainees, a number that corresponds to the results of previous calculations.

"The FKM can produce approximately 80 MPH graduates per year for employment in the Ministry of Health. (About one-fourth of FKM graduates take other positions, mainly in medical school departments of community medicine.) There is a recognized need for 2-3 additional schools of public health, each of which can be expected to admit about 30 new students per year within a period of 4-5 years. Thus, with the support of this linkage project through FKM to the new schools of public health, supply may approximate demand for category one training.

"Category Two: There are approximately 350 districts (kabupaten) and 150 municipalities (kotamadya) in Indonesia. An average of two persons in each should receive 'second-level certificate training in planning and management. It is estimated that a similar number of middle managers at provincial and national levels should be included in this need category. The total demand therefore amounts to 2,000 trainees.

"Category Three: Each district has about five sub-districts (ketjamatan) on the average. Personnel at each sub-district health facility are estimated to require a minimum of two short courses (2-4 weeks) per facility. If all sub-districts were covered, therefore, approximately 5,000 trainees would be envisioned. Training at this level will be undertaken by the Ministry of Health Center for Health Training Affairs (PUSDIKLAT). In view of the importance and magnitude of the training, however, this linkage project will provide assistance in the development of criteria for selection of courses and trainees, in the preparation of training materials, and in the training of trainers."

As a result of these and other projections, there are growing pressures on the educational and training systems to increase the numbers of new health professionals and to upgrade the skill, job performance and effectiveness of those already employed. This is also reflected in the increasing numbers of high school graduates who are demanding a University education.

There are several major training and service institutions involved in the health sector. These are listed as follows:

Fakultas Kesehatan Masyarakat (FKM) - School of Public Health

The School of Public Health of the University of Indonesia is a pivotal institution in the development of planners, managers and other public health practitioners for Indonesia. Established in 1965 as part of the faculty of medicine, it is Indonesia's oldest and largest School of Public Health. The University offers the equivalent of M.P.H. (S.K.M.) known as (S<sub>2</sub> level) degree, but mostly to physicians. In order to meet the increasing health manpower demands for mid-level educational and organizational categories, FKM is developing an undergraduate baccalaureate degree program (S<sub>1</sub> level) in Public Health for students to enter directly from high school. At the present time the S<sub>1</sub> level has been a path for those who hold professional certificates such as sanitarians, nutritionist nurses, etc. to acquire a University degree.

Also since FKM/Jakarta is the lead institution for higher education in public health in Indonesian it plays an important role in assisting new schools of public health in their development. This unique capability can be considered a major aspect of Technical Assistance.

Ministry of Health/Department Kesehatan (DEPKES)

The Ministry of Health has formal responsibility for developing national health policy and is considered the country's largest provider of health services. The MOH has health manpower training responsibilities for mid-level personnel. It operates more than 200 primary health and other technical academies which train nurses,

sanitarians, nutritionists, etc. In addition, the MOH is also responsible for organizing and providing in-service training for health professionals. Both non-degree technical training and in-service training, are the responsibility of the Center for Health Training Affairs (PUSDIKLAT) of the Ministry of Health.

In addition to PUSDIKLAT, two other units of the Ministry of Health are relevant for the HDPM project. They are the Bureau of Health Planning and the National Institute of Health Research and Development (BADAN LITBANGKES).

The Bureau of Health Planning is responsible for the preparation and coordination of the annual and five year national health development plan. It is also responsible for reviewing organizational arrangements, management procedures and plan implementation. It also provides technical support to planners at provincial and district levels, as well as to major divisions of the MOH at the national level. The Bureau has a statistics and evaluation unit to support and follow-up the effectiveness of plan implementation.

The National Institute of Health Research and Development (BADAN LITBANGKES) is quasi-autonomous part of the ministry with separate units focusing on biomedical research, ecology of health, drug research, cancer and chronic diseases, health services research, and nutrition research.

In the early years following independence, Indonesia's health system's priorities emphasized the placement of a basic physical and personnel infra-structure at least to the Kabupaten (provincial) level. The past 10 years have emphasized the development

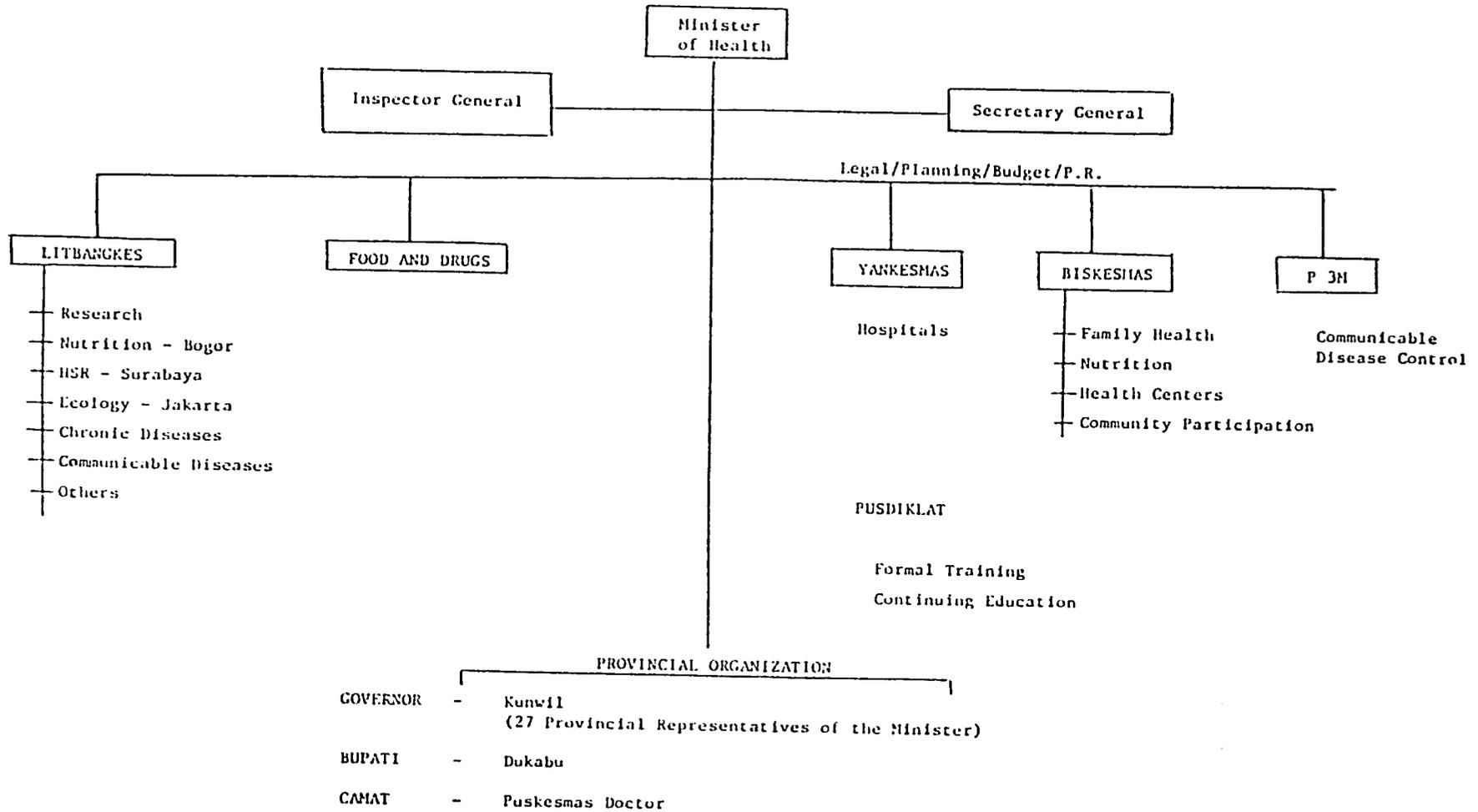
of central planning and training capabilities, and the establishment and initial staffing of 5,000 puskesmas (health centers) and sub units. In the past two years, there has been increased emphasis on manpower planning and development, primary health care, decentralization and the development of middle level management capability. (See Chart II - Ministry of Health on Page 34.)

At present, personnel management in Indonesia is highly centralized, there is little health services management capability in the provinces and decision making is generally unidirectional, from the top down. It is, however, generally recognized that health system personnel are underutilized, but that with effective management, administration, and supervision, manpower utilization and productivity could improve.

The HDPM project in Indonesia is operating in a context in which there is recognition of the need for effective planning, management and professional development. The need to review and refine the roles of health service managers and providers is recognized as equally important. The goals and objectives of the HDPM project thus coincide with the priorities and emphasis of the Indonesian health system and explain the political interest and support shown for this project.

ORGANIZATIONAL CHART  
MINISTRY OF HEALTH OF INDONESIA

CHART II



## 2. ADMINISTRATIVE ARRANGEMENTS

### 2.1 Terms of the Cooperative Agreement

The Cooperative Agreement (CA) between AID and Johns Hopkins University signed on September 30, 1981, states that "the goal of the Health Development Planning and Management Project is to institutionalize planning and management capabilities in developing countries by supporting and bolstering participating countries' efforts to plan and manage health sector resources." The project is to seek to establish collaborative relationships between institutions and organizations in participating countries and the U.S. to build in those countries during the course of the project, a sustained capability to:

- A. Train health planners and managers.
- B. Give technical assistance in health development planning and management to countries' governments and health sector institutions.
- C. Conduct an applied health services research program to improve the delivery of services.

In order to meet the goals established, the Johns Hopkins University, School of Hygiene and Public Health, Department of International Health (JHU/DIH) joined with University of Indonesia, Faculty of Public Health (FKM) in a collaborative project to strengthen Indonesia's capabilities to plan and manage health sector resources so as to improve the health of the people.

The approach was to establish at the FKM a sustained capability to work with the Ministry of Health (DEPKES) and other institutions to establish capabilities through:

1. In-service training through the Center for Health Training Affairs  
(Pusdiklat)

2. Certificate and (MPH) degree granting program at FKM and other schools of public health which may be established in Indonesia.
3. Establish a service unit and clearing house for providing technical assistance in health planning and management.
4. Health Services research in planning and management with DEPKES (MOH).

The specific tasks and outputs proposed in the agreement and the sub-agreement will be discussed in greater detail in later sections of the report. However, for general reference the specific tasks included assessments of needs, planning and revisions of component activities, implementation of component plans and evaluation.

The key personnel initially identified in the project were: Dr. W.A. Reinke, JHU Project Manager; Dr. T.D. Baker, Project Co-Director; Dr. A. Achadi, Indonesian Project Director; Dr. G. Aschobat, Deputy for Health Services Research; Dr. A. Sjaof, Deputy of Training; Dr. F. Saufuddin, Deputy for Technical Assistance. Since then, Dr. Saufuddin was reassigned, and Dean Does took his place as a Dean in the final agreement.

The level of effort under the agreement is 99 person months (P/M) of direct labor and 95 person days (P/D) of consultant services at an average of 19.8 P/M's and 19 P/D's per year.

## 2.2 Project Administration

The project agreement seems fairly simple in that it involved AID/W, AID/I, JHU/DIH, and the FKM/UIJ. The cooperative agreement designated the AID Project officer in the Office of Health/Sciences and Technology Bureau, Washington, as the person who would provide technical and programmatic direction for the project.

The designation of responsibility, plus requirements for AID concurrence in staffing and budgeting, is essential. However, travel budget constraints plus several changes in project officers limited AID/Washington from actually performing in the intended manner. This resulted in interruptions in project monitoring and severely affected maintenance of on-going communication.

Although the Indonesian HDPM project was initially conceived of as a regional effort, in operation it became a country project. In this regard, the administrative arrangement for project monitoring from Washington proved to be awkward and an obstacle to effecting close coordination with relevant USAID projects operating in Indonesia. The staff of the USAID mission, however, assumed an informal advisory role towards the project, and thus proved to be an important and effective antidote to the lack of clear continuous and consistent guidance from Washington.

The team would like to particularly commend the USAID staff for their interest, support and informal advice to the project, and hopes that a similarly smooth and effective relationship can be achieved between JHU and AID project monitor in Washington, as well as with the new mission staff in HDPM's remaining years.

It was brought to the team's attention that JHU faculty traveling on HDPM business sometimes approached MOH personnel and the Health Minister himself without informing USAID staff. In view of the fact that a closer relationship between HDPM and USAID Indonesia is envisioned, and may even include financial support from the AID Mission, it is recommended that JHU faculty on HDPM business discuss official contacts relevant to HDPM in Indonesia with AID Mission staff as appropriate. The appropriate manners of such contacts should be discussed and determined between AID/W, USAID/J and JHU. This recommendation may create administrative bottle neck before it must be reconsidered in the mildest form.

The team further observed that closer cooperation between AID/Washington and JHU is needed, and recommends that the AID/Project Manager, and the JHU/Project Director meet to discuss expectations regarding improved reporting procedures, communication and coordination requirements in future.

#### Project Reporting

The cooperative agreement calls for the preparation of the following reports:

- A. An Annual Work Plan to be developed by December 14, 1981 and annually thereafter to be submitted for review and approval by the Project Manager with the advice of the technical staff of USAID/Indonesia through their designated Project Coordinator. This plan will specify a timetable, staffing (including use of U.S. consultants) and means for designing and implementing the training, technical assistance and applied health services research programs.
- B. An Evaluation Plan will be developed by December 21, 1981, and be consistent with a schedule calling for two external evaluations.
- C. Semi-Annual Project Reports to be submitted to the Project Manager and the designated Project Coordinator on the technical staff of USAID/Indonesia. These reports will describe major activities undertaken during the six month period and will contain a description of staff and consultant time usage in the activities undertaken along with a financial report for the six month period. In addition, these Reports will include a description of interim project constraints/problems, suggestions for correcting them and projected activities and budget for the next reporting period. The Reports will be due no later than 20 working days after the end of each six month period.

- D. Trip Reports will be submitted to the Project Manager and the designated Project Coordinator on the technical staff of USAID/Indonesia for AID-supported international travel, no later than 10 days after completion of the travel. These Reports will include (at least) the purpose of the trip, description of activities, outcomes of the trip, recommendation for future trips.
- E. Final Project Report will be submitted within 60 days of the termination of the CA. This Report will include final versions of all material outputs produced under the Project (e.g., research reports, curricula, training materials), an internal evaluation of this Project and a financial statement.

The team found several problems with the process of project documentation and reporting. Semi annual project reports, for example, have not been submitted regularly, having apparently been replaced by Johns Hopkins with annual reports. Documentation approving this change could not be found in the files, and the current AID project manager was not sure that formal approval had ever been granted. Furthermore, annual reports submitted by JHU to AID/Washington did not provide comprehensive project documentation in that they did not incorporate FKM's annual reports to JHU. In fact, at the time of this review, the team was not able to locate copies of FKM's annual report in AID's files and could not assume that they had never been forwarded to the AID/W project manager.

The team further found that annual and trip reports were not well organized, thereby reflecting planned output and performance. Although annual reports, for example, provide a descriptive review of the year's activities, they do not clearly relate individual activities to what had been planned, and in many instances do not explain why some planned activities did not occur, or were modified. Some of the trip reports were similarly vague in failing to

identify the purpose and objective of each visit as they relate to each project component, and subsequent relevant outcomes. If Reports on each project component and subsequent outcomes were matched, it would have been possible to monitor the project outputs and delineate course of action taken in a timely fashion. It could have also served as directives to the progress of activities and feasibility of their achievements.

The team also learned that there were communication problems between AID/W and JHU. JHU, for example, noted the lack of timely response and regular feedback from AID/W. The present AID project manager was dissatisfied with the infrequency and the lack of details of project progress reports since her assumption of the manager's job.

Based on these observations the team recommends that:

- a) Semi annual progress reports should continue, as originally required in the Cooperative agreement, so that the AID project manager can be kept more current on project activities, progress and problems.
- b) Progress reports should state activities and outputs as originally planned and discuss status of each of the planned activities with verifiable indicators. Progress reports submitted by JHU should also incorporate FKM's reports to JHU for necessary supplementation.
- c) Field visit reports should be reorganized so that the following are easily identified:
  1. Purpose and objective of the visit as related to goal of project.
  2. How observations and activities during visit relate to the purpose, objectives and goals of project.
  3. An analysis of the situation--progress, problems, and any recommendations to FKM or AID.
  4. Other information as desired by visitor.
- d) The AID project manager and Johns Hopkins should establish a mutually agreeable timetable for JHU submissions and AID responses and feedback mechanisms on project status reports.
- e) Progress reports which are submitted by JHU to AID/Washington, should be routinely submitted to AID/Indonesia for reference and information as appropriate.

### Advisory Board of HDPM

The Advisory Board, organized during the first year, was made up of representatives from DEPKES, PUSDIKLAT, LITBANGKES, BKKBN AND FKM. AID/Indonesia and JHU were invited to attend meetings, but could not vhte, The purpose of the Advisory Board is to review the program, and monitor and evaluate progress. The members of the Board met with the team at the time of the evaluation presentation. There was limited opportunity for Board's Business discussion, and therefore, the team was not able to judge inputs from the Board through this interaction. However, a review of the first year and second year reports indicate considerable involvement through "Ad Hoc" Committees. The Board seems to be functioning at a level acceptable for an Advisory Group.

Administrative Changes Dr. Does Soemporno, the former dean and a member of the Advisory Board, indicated that they are comfortable with the present administrative arrangement between FKM and JHU. This arrangement has permitted FKM to exercise independence and autonomy with some guidance from JHU. Thus, the team does not see the need for major administrative changes in the collaborative relationship. However, since the team is recommending an intensive set of activities in relation to the Functional Analysis, there will be the need for prolonged JHU faculty presence in Indonesia to sustain FA activity.

Previous Experience JHU has had a number of long standing contracts with AID, and its Department of International Health has assisted many countries to develop modern health management procedures. JHU's experience and competencies to operate this HDPM Indonesian project were gained through its longstanding professional contacts with Indonesia. Since 1963, there have been well over 300 participants from more than 66 countries who attended the Senior Health Planners Program at JHU. In addition to attending the Senior

Health Planners Program at JHU, many faculty in various Universities in Indonesia and staff in the Ministry of Health have received professional graduate training at JHU. These include 4 faculty members at FKM, the Director of Pusdiklat, the Chief of Primary Health Care Division in the MOH, and other key figures in Indonesia.

### 2.3 Sub-Agreement

The Sub-Agreement between JHU and UI/J covers work to be carried out under direction of FKM in Indonesia, based on the Cooperative Agreement and the applicable Annual Work Plan. The Sub-Agreement specifically excludes budgetary responsibility for Johns Hopkins personnel and outside consultants covered under the prime agreement, regardless of where their personnel may be employed. The responsibilities of the FKM in the four specific areas of the Agreement are described below.

#### In-Service Training

Expected activities include planning for training, development of course materials, participation in training, arrangement for provision of travel and per diem allowances for course participants and arrangement for and compensation of local consultants retained to assist with the aforementioned activities.

#### FKM Training

Subcontract activities include analyses of existing teaching programs at FKM, as well as the planning, conduct, and evaluation of special teaching activities in health planning, management, and research that are not part of the existing curriculum. Overseas study programs under the Cooperative Agreement will also be included among the budgeted activities of FKM.

#### Technical Assistance

A service unit and consultant roster will be organized to facilitate carrying out technical assistance services in Indonesia. Services will be

provided under cost recovery and compensation arrangements agreed upon in the establishment of the service unit.

#### Health Services Research

An assessment will be made of health services research priorities and consequent skills requirements. FKM will engage in research training and may conduct or assist in research authorized under terms of the Agreement.

The technical content of the proposed Sub-Agreement between Johns Hopkins University, School of Public Health and Hygiene JHU and the University of Indonesia, Fakultas Kesehatan Masyarakat (FKM) under the Health Manpower Planning and Management Project was signed on January 6, 1982 by Theresa A. Lukas, on behalf of S&T/HEA.

### 3. IN-SERVICE TRAINING

#### 3.1 Major Objectives, Tasks and Outputs

The assessment of each of the major project components involved a review of the specific tasks and project outputs as related to the project design in the Cooperative Agreement. The CA stated that In-service training was to be carried out through Pusdiklat. The specific tasks were as follows:

1. Assess the quality and relevance of present training programs by comparing participants' (i.e., all levels of personnel) job responsibilities and skill requirements with their use of skills taught (with the agreement of DEPKES).
2. Discuss revisions in district level job descriptions in health planning and management.
3. Develop the revise curricula based on the assessment of job requirements for planning and management competencies and skills among potential participants, (designing integrated teaching modules and self instruction techniques as appropriate).
4. Assess the adequacy of the number of instructors and the training skills and competencies needed to conduct these training programs and recommend remedial actions to the Ministry of Health.
5. Develop, conduct and evaluate courses and training programs for existing and new instructors based on the assessment of the adequacy of training sills and competencies and numbers of instructors needed, and (initially) assist instructors in the use of revised curricula.
6. Strengthen and expand relationships between FKM and PUSDIKLAT for improving the training capabilities of DEPKES.

Project-outputs stated in the Cooperative Agreement included:

1. Modular training curricula (2-4 weeks) adapted to local conditions at Kecamatan and kabupaten levels in specific subjects (e.g., personnel

relations, supervisory procedures, financial and supplies management).

2. DEPKES managers (approximately 180) from Kabupaten and provincial levels be trained through short courses (2-4 weeks).

3. PUSDIKLAT trainers be equipped with the knowledge and skills necessary to use the modular curricula to conduct the in-service training.

4. Training program for PUSDIKLAT trainers be developed and conducted by FKM faculty.

### 3.2 Progress to Date

#### Year 1 Workplan (October 1, 1981 - September 30, 1982)

In the first annual work plan, project activities and outputs were as follows:

<u>Activities Planned</u>	<u>Outputs</u>
A. Training Assessment	Summarization of results from a survey and workshop to clarify organization structure, functions, job responsibilities, and skills requirements of kabupaten planners and managers
B. Trainer Assessment	Analyses of current trainer capacity in planning and management
C. Course Preparation	Prepared training modules and teacher guidelines
D. Trainer's Course	Completion of training for the first group of 30 trainers

#### A. Training Assessment

In the early part of the first project year meetings involving Johns Hopkins University, FKM, PUSDIKLAT and DEPKES Bureau of Planning were held to clarify the role of the HDPM project in relation to the regular training responsibilities of Pusklat. Although Pusklat had conducted health planning and management courses for several years prior to the initiation of this

project, a need for training at the provincial and Kabupaten level was recognized and identified as a major focus of HDPM in-service training. In light of the institutional development emphasis of the HDPM Project, it was further agreed that the project should aim at increasing both FKM and Puadiklat capabilities, by training of trainers in planning and management. FKM's capabilities, it was felt, would be enhanced by exposure to the day to day operational problems faced by provincial level trainers and health managers, and Pusdiklat's capabilities would be enhanced by training its personnel and involving them in the adaptation of training designs and materials to local needs.

Once the target population for training was identified, the next steps involved developing an approach for assessing training needs, and selecting the provinces to be represented in the first training event. Two provinces (W. Sumatra and Central Java) were initially selected and surveyed and two more (W. Java and South Sulawesi) were added later, then surveyed after the initial survey had been completed.

The training assessment process was based on open ended discussion of problems and needs with provincial, Kabupaten and Puskesmas staff. A structured information checklist was also used to make the findings as comparable as possible. Since much of the assessment relied on open ended discussion, the nominal group method of problem identification was used to organize the data into a structured body of needs. It turned out to be the most useful process for summarizing training needs, and it provided the basis for the development of the course outline.

Although the training needs assessment was conducted, the outputs were not completely achieved. It appears that the structure, functions, and job responsibilities and of Kabupaten planners and managers were not fully specifically delineated. This proved to be a serious oversight for both sub-

sequent experience, and feedback from TOT I participants suggests that these initial training assessment methods lacked the specificity and rigor needed to develop a practical field oriented course tailored to the needs of provincial trainers, planners and managers.

#### B. Trainer Assessment

Planners and managers, potential trainers, at the provincial level were interviewed to assess trainers' capacity, training needs, and also to identify participants in the TOT.

The Annual Report for the project's first year states, "there was no need to produce a quantitative, definitive accounting of trainer capacity: no difficulty was encountered in identifying apparently qualified candidates".

Thus though a post-training assessment was undertaken, there is no evidence that a baseline of trainer skills assessment was developed so that the quality and effectiveness of the TOT could be measured. This output was therefore only partially met. The training activity was performed but not in a way that the outcome could be measured as expected.

#### C. Course Preparation

The compilation of findings from the four provincial surveys yielded an outline of the syllabus. The curriculum for this first TOT course drew material from the JHU comprehensive course on planning and management as well as from the WHO training manual on health planning for district health personnel. It was reported that Dr. Adik Wibowa, who attended the four-month JHU planner's course, worked with JHU faculty to organize JHU's teaching materials and adapt them to Indonesia purposes. Subsequently, a three-day workshop, including representatives from the provinces, units of the Central Ministry of Health, Pusdiklat, LAN, FKM and JHU was held to finalize course

plans. LAN had earlier authorized certification of the TOT course for civil service continuing education credit and the approved course was jointly sponsored by Pusdiklat, FKM and LAN.

In planning for the first TOT course, the decision was made to give relatively equal weight to the substance of planning and management and to the techniques of training. To combine these two priorities, course participants were held responsible for presenting a portion of the course material to fellow participants using, inter alia, micro teaching modules.

Finally, course preparation included development of plans for evaluation of both the course materials and participant performance.

The major output "to prepare training modules and teacher guidelines" was achieved.

#### D. Trainer's Course

The trainer's course was conducted in July-August.

This course was three weeks in length and was attended by twenty-four provincial trainers, six from each of the four selected provinces, and six from central offices of the Ministry of Health. These provinces were: Java, West Sumatra, Central Java, West Java etc. (See appendix for map). The course consisted of five modules covering planning, management and training processes. Three case studies in management were also used to introduce participants to this method of instruction. The materials were organized in modular form to facilitate trainer use in teaching each other, and in follow-up training.

Thirty (30) participants completed the first TOT course as planned.

#### Summary of Findings

All of the activities planned for the first year were carried out, however, the outputs of both the training of trainers and trainer assessment

were not systematically developed and documented. A baseline of trainer's capacity was not established, thus limiting the possibility of measuring the quality and effectiveness of training. In summary it can be said that training needs and trainer's assessments were carried out, however both subsequent experience and feedback from TOT I participants suggests that the initial training and trainer's assessments lacked the specificity and rigor needed to develop a competency based course tailored to the needs of provincial trainers, planners and managers. Trainer assessments were conducted as part of the overall training needs assessment; trainer needs were not systematically analyzed and trainer needs assessments were not focused on identifying the specific needs of course participants. It appears, the assessments identified generalized needs of trainers, planners and managers in the four provinces represented in the course.

Year II Workplan (October 1, 1982 - September 30, 1983)

<u>Activities Planned</u>	<u>Outputs</u>
A. Evaluation of responses to first trainers course questionnaire	Analytical report of findings
B. Assist first group of trainers in preparation, conduct, evaluation of Kabupaten training	Instruments and procedures for assessing performance of management tasks at Kabupaten levels
C. Second course for trainers	Course for 30 <u>trainer</u> participants from four provinces and central level
D. Third course for trainers	Course for 30 <u>trainer</u> participants from four more provinces and central level

A. Evaluation of Responses to first TOT course questionnaire

As proposed in the HDPM Evaluation Plan, the evaluation of the first TOT focused largely on participant satisfaction and performance during the course. Indicators included performance on module exercises, the development of follow up plans for Kabupaten training, and satisfaction with the quality and presentation of course materials. The course evoked enthusiasm among the participants because of exposure to participatory training methods, but also pointed to the need for further course content refinements for TOT II delivery to make the course more relevant to provincial and Kabupaten management needs.

The projected output for this activity was an analytical report of findings, and the report was produced as planned.

B. Assist first group of trainers in preparation, conduct, and evaluation of Kabupaten training

Follow-up of TOT I alumni in all four provinces was conducted by FKM faculty to support the conduct of management training at the Kabupaten level; to assist in identifying specific training needs and provide assistance in the preparation and conduct of the subsequent TOT course. Although the provinces varied in their enthusiasm for follow-up training and the extent to which they utilized FKM and local university resources, follow-up training in all four provinces was conducted. West and Central Java provinces each developed and conducted two Kabupaten health planning and management training courses and South Sulawesi province provided training to Puskesmas docotors, Kabupaten health planners and managers in addition to TOT course given to training teams in Central and South East Sulawesi provinces.

The output expected under this activity was partially achieved. Follow-up assistance was provided but instruments and procedures for assessing per-

formance at Kabupaten levels, were not developed during Year II.

C. Second TOT Course

In the development of TOT II, participant comments and suggestions were considered, along with suggestions offered by MOH personnel and other experts asked to review the materials and participate in review and planning meetings. A guideline for reviewing the modules was developed by FKM and used by the reviewers who represented a broad based group of FKM faculty, DEPKES and Pusdiklat staff.

Follow-up of the first group of trainers, also underscored the need for guidelines, procedures and checklists for trainers to use in their follow-up to local provinces to ensure that local issues and needs are identified and incorporated in the curricula.

Based on the TOT I experience, changes in TOT II curriculum were proposed by a curriculum committee and sent to the provinces selected for TOT II for their review. In early March, 1983 a two day mini workshop was held to revise the curriculum, and the second TOT was held towards the end of the month. The changes introduced in TOT II included giving greater emphasis to the training process and including management issues more relevant to the provincial and Kabupaten levels.

A total of 30 participants representing five provinces and the central level of MOH attended the course. This output was fully met and completed.

D. Third Course for Trainers

This course was not carried out at the time of this evaluation period and therefore, this projected output was not met.

Summary of Findings

TOT III, originally planned for Year II, was postponed to Year III to allow for additional course revisions. In addition, instruments and procedures

for assessing the performance of managements tasks at Kabupaten level were not fully developed as planned in Year II. Nonetheless, the second TOT was carried out and thus this output was fully met.

Year III Workplan (October 1, 1983 - September 30, 1984)

<u>Activities Planned</u>	<u>Outputs</u>
A. Instrument development for documenting performance of functions	Tested tool(s) available for documenting management actions carried out at Kabupaten level and below
B. TOT II follow-up	Kabupaten training conducted in each of the five TOT II provinces
C. Preparation, conduct of TOT III	Course conducted for 30 trainers from 5 provinces
D. Preparation for TOT IV	Assistance given to Pusdiklat in preparing for TOT IV

A. Instrument development for documenting performance of functions

This activity is a carry over from Year II in which the instruments were to be developed and tested during Year III. Work has begun on the development of these instruments for assessing Kabupaten management performance. Although this activity is being carried out under the Health Services Research component, its successful development promises to provide a means for obtaining a more detailed picture of management performance and training needs than has been obtained to date. It also promises to serve as a tool for measuring knowledge, skills and job performance of TOT alumni. However, since the development is occurring during Year III, it is unlikely that they will be fully ready for use before Year IV.

B. TOT II follow-up

Follow-up activities by TOT II alumni is well underway and to date follow-up training has occurred in all of the five provinces represented in the second course. In South Sumatra and East Java two courses have already been held.

It appears that the project has already achieved this output.

C. Preparation, Conduct of TOT III

Preparation for the conduct of TOT III is also in process, and a decision has been made to hold the training in July, 1984. The five provinces to be represented have been selected, and a workshop was held in February to revise all of the modules from TOT I and II.

D. Preparation of TOT IV

There is no evidence that preparation for TOT IV has been undertaken since TOT III has not yet been held. It thus appears that this output will not be met during Year III.

Summary Findings

During Year III, at the midpoint of the project it appears that of the planned activities and outputs the following will be completed: the TOT II follow-up and the preparation and conduct of TOT III.

3.3 General Summary and Conclusions

In-service training, particularly the Training of Trainers (TOT) represents one of the project's most visible accomplishments to date.\* Two training of trainers courses have been conducted and 61 persons from nine provinces have been trained. TOT courses have also achieved a substantial multiplier effect. Sixteen courses were held by the trainers already trained, and about 500 persons from all nine provinces represented in the TOT's have been trained.

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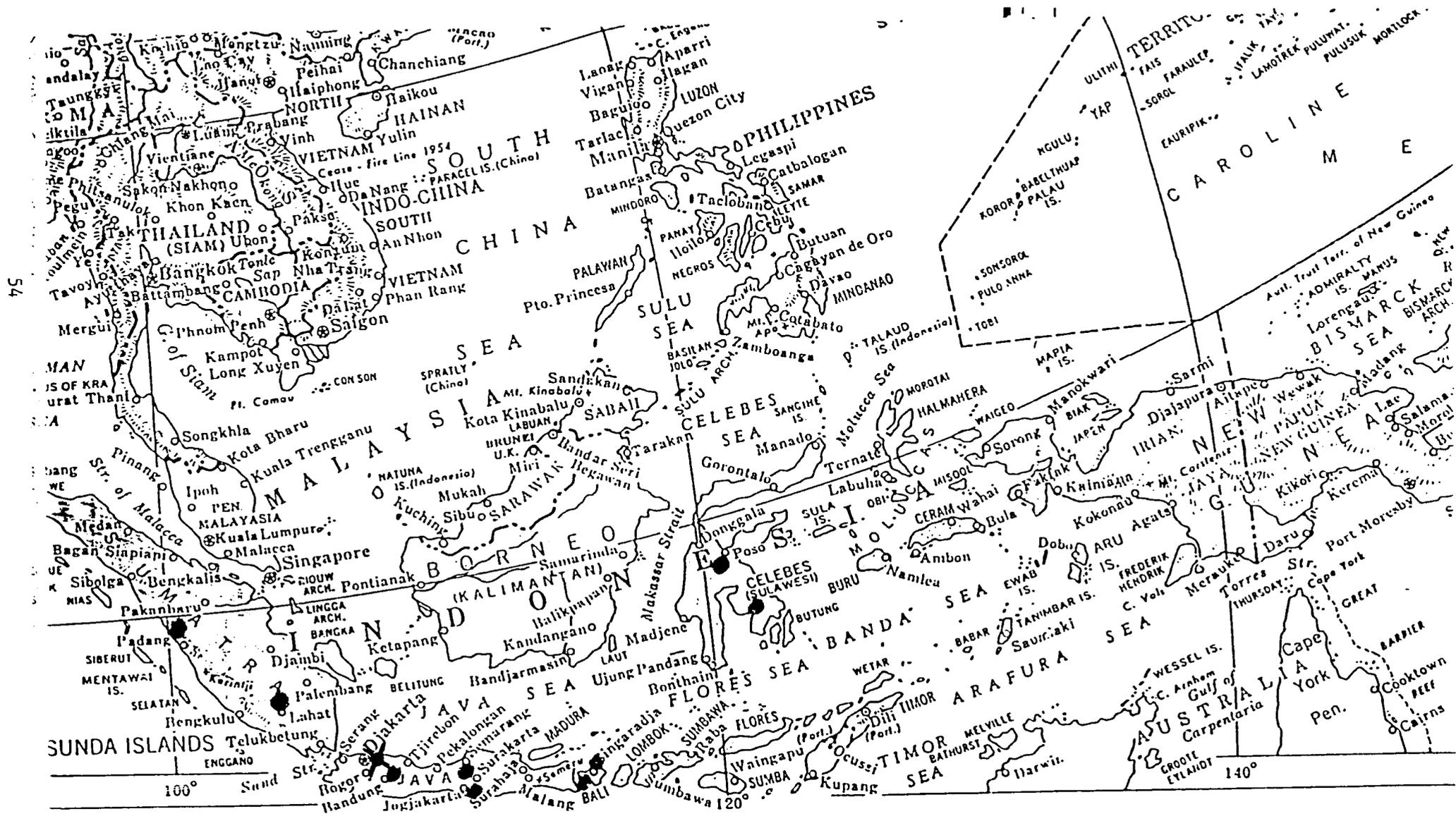
\*See Chart III - Map of Indonesia on page 54

1st TOT

- West Java - 6 trainers
- Central Java - 6 trainers
- South Sulawesi - 6 trainers
- ✕ Central Ministry of Health - 6 trainers
- West Sumatra - 6 trainers

2nd TOT

- East Nusa Nggara - 4 trainers
- South Sumatra - 4 trainers
- East Java - 5 trainers
- Bali - 5 trainers
- Central Sulawesi - 5 trainers
- ✕ Central Ministry of Health - 6 trainers



54

100°

120°

140°

In addition, training in management and planning has for the first time, been brought to the Kabupaten and Puskemas levels.

Institutional relationships between Pusdiklat and FKM appears to have been strengthened by this collaboration, and an opportunity for FKM staff to gain a first hand knowledge of the management needs and operational problems of DEPKES staff has been afforded. A network of provincial health trainers has been established and a process for sharing ideas and approaches among trainers from different provinces is developing. Training teams in some provinces have been created as a result of HDPM training, and in others they have been strengthened. Although much remains to be done to transform a course which is somewhat academic and theoretical to one which addresses the practicalities of health management at the local level, FKM's participation in this effort has helped to sensitize its staff to the gap between the theory and practice of management particularly at the field level. It has also helped FKM to begin to establish itself as a credible resource in Indonesia in health planning and management.

Some of the weaknesses in course design probably stem from the methods used in initial needs assessment where the instruments were not sufficiently job or task related to identify specific training needs and lead to the development of competency based curriculum geared to job performance improvements. The weaknesses in the instruments were further compounded by a generating generic approach using the nominal group process method to create a structured and organized data set. The initial needs assessment findings, inadequate as they were, however, provided the focus for the design of the first TOT course which in turn was revised to serve as a data base for the second TOT.

Although TOT I and II were not sufficiently job analysis oriented to provide the participants with skills and techniques that could be easily applied

to their work settings, the courses had numerous design features worthy of note. For example, the process followed in designing, and revising the courses, sought input from a broadly representative group of interested parties, and from the beginning FKM attempted to build a general consensus about the training.

The courses also included some state of the art training techniques such as micro teaching, video feedback and the use of case studies to help participants diagnose management problems. Participants were also provided with sample course curriculum which it was hoped they would adapt to local needs in their follow-up training.

Action plans for consecutive follow-up training were also developed. These plans provided FKM staff with concrete objectives that could be addressed during the follow-up visits made to each province. The follow-up training curriculum taught by TOT alumni covered subjects such as Kabupaten health planning and management, useful for Puskesmas doctors and managers.

Although the TOT courses were successful in stimulating and facilitating Kabupaten health planning and management training, there was considerable variability in the extent to which the TOT materials were adapted to Kabupaten needs. This was partly a function of trainer's interest and capability and partly a result of the MOH training budgetary process which allocates funds according to a formula based on the number of training days multiplied by the number of trainees per event, without considering the time needed for training preparation and materials development.

Interviews with both provincial trainers and dokabus indicated that a mechanism has been developed to bring management training to the Kabupaten and Puskemas levels. As a result, they have been sensitized to the need for task analyses as the basis for determining job specific training needs; they

have been helped in the design and conduct of Kabupaten training in management and they have learned new training techniques. Dokabus participating in the follow-up training reported gaining a better understanding of planning and management processes, utilization of indicators to track planning and quantify achievement, and increased sensitization to planning and management procedures. A few have even begun to conduct in-service training on planning and management procedures for their staffs. At the same time trainers reported feeling inadequately prepared to carry out the extensive training function. They felt that they needed more skill and training in needs assessment methods, task analysis, evaluation, and the application of general management concepts and principles to the specific conditions of Kabupaten and Puskesmas operations.

In conclusion it can be said that the need to decentralize what to date has been a highly centralized Ministry of Health training structures is widely recognized in Indonesia. It is seen as an improvement strategy for addressing substantial regional variations in the organization management and delivery of health services and for making the system more effective and locally responsive. HDPM's in-service training component was designed to support the interrelated objectives of decentralizing training programs and improving the training competence and management capabilities of provincial health service managers. In-service training was also seen as a way to enhance FKM's knowledge of existing field needs and improve its capability to assume a leadership role in training the future cadre of the health administrators and managers in Indonesia.

The results that have been achieved during the two and a half year period of concentrated attention to in-service training development and delivery are mixed. A process and an infrastructure for improving capability in planning

and management training has been established. Management training has been brought to the Kabupaten level and dokabus are being sensitized to the need for changes in their management and administration. FKM faculty have been exposed to the field needs of health service managers and practitioners, and sensitized to the gap between classroom instruction and the practical needs to field based staff. A cadre of trainers have also been trained.

Nevertheless, the effectiveness of the TOT's in contributing to increased management skills and improved management performance cannot be clearly verified in the short run. Although participant enthusiasm for the TOT's has been high, TOT alumni also reported continuing skill and knowledge deficiencies in some of the areas covered in the TOT course.

A momentum has been established and the potential for achieving improved outcomes appears to exist. A reassessment is needed, however, to redirect and strengthen training activities and results.

The recommendations which follow emphasize ways to strengthen in-service training activities and improve the application of management principles and techniques at the Kabupaten levels and below.

#### 3.4 Recommendations

It is recommended that in the remaining portion of this project, emphasis be given to ensuring institutionalization of project accomplishments by devoting increased attention to strengthening trainer capabilities at the Kabupaten level. For these reasons, it is recommended that a follow-up assessment of TOT alumni be conducted to examine:

- o The extent to which TOT alumni have applied the planning and management principles and techniques learned in the course;
- o The constraints and barriers to this application;
- o The extent of Assistance TOT alumni need to enhance their competence to manage field based training programs.

It is also recommended that the findings be used to develop a plan for follow-up assistance to TOT alumni (and if time permits to further strengthen TOT III).

It is also recommended that training materials, management guidelines, and other materials developed by TOT alumni for their training activities be systematically compiled and/or disseminated for use as training resources.

These materials should include:

- o Examples of curricula adaptations made by TOT alumni for Kabupaten and Puskemas training.
- o Guidelines and/or instruments for needs assessments, task analysis and course evaluation.
- o Reference materials in management and management training.

In the event the fourth TOT is offered, it is recommended that a formal pre and post training assessment be conducted in a sample of provinces. The assessment should focus on management tasks performed, work procedures and behaviors; whether significant improvements have occurred as a result of training and the kinds of changes observed. The instrument recently developed (under the Health Services Research component) may prove to be appropriate for this type of training assessment.

It is further recommended that a collaborative working relationship between FKM and USAID funded Health Training Research and Development (HTRD) project be developed and that junior FKM faculty members participate in the HTRD training and field research activities.

#### 4. FKM TRAINING

##### 4.1 Major Objectives, Tasks and Outputs

The major objectives of FKM training was to increase the faculty capabilities in the area of health service management and planning. To achieve these goals, a series of major tasks were outlined in the contract with regard to FKM. They were to:

1. Assess the findings of a review of the MPH program at FKM for the relevance of the instruction and admission criteria to the job responsibilities and skill requirements of planners and managers in DEPKES.
2. Develop, revise and evaluate curricula and instructional strategies (in the certificate and degree program) based on assessments of admission criteria and requirements for planning, management and health services research competencies and skills, among DEPKES personnel (at least).
3. Assess the adequacy of the skills and competencies of FKM instructors to conduct these training programs; design, organize and/or conduct a faculty development program accordingly.
4. Assess the currency, type and amount of demand for faculty to staff the proposed new schools of public health; design, organize and/or conduct a faculty development program accordingly.

##### 4.2 The Major Outputs Expected were:

1. Certificate-granting curricula (2-4 months) for middle-managers, adapted to local conditions at the Kabupaten and Kotamadya levels, provincial and national levels.

2. Graduate (MPH) curricula for personnel in managerial position primarily at the provincial and national levels.
3. Trained FKM faculty to teach certificate/degree-granting program.

#### 4.3 Progress to Date

General. During the 2½ year period (the mid-term of the project) through interviews and review of activities as well as the mid-term report, the following activities have been carried out: development of the health planning and management curriculum; revision of the family planning administration curriculum; 3 faculty members have attended the 4 month course at JHU; completion of JHU methodology training for FKM faculty; development of a unit cost analysis study at health centers; revision of S<sub>1</sub> and S<sub>2</sub> curricula; development of core curricula for S<sub>1</sub> and S<sub>2</sub>; and long term stateside preparation of FKM faculty.

#### Year I (October 1, 1981 - September 30, 1982) (First Annual Work Plan)

<u>Activities Planned</u>	<u>Outputs</u>
A. FKM Curriculum Program Assessment	Report on present FKM program as a basis for establishing additional effort needed appropriate to project
B. Health Services Research Courses	Conducts short in course HSR
C. Continuing Research Guidance	Continuing research guidance for selected participants in the short course

D. Four Month - JHU Program

Completion of 4 months program study in planning and management by one member of FKM faculty

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A. FKM Curriculum Program Assessment

The project report points out that nearly all training at FKM, up to year I of the project was at the  $S_2$  level. Undergraduate,  $S_1$  level training started around 1980.

There was no evidence that an analytical organized effort has been carried out to assess the curriculum or the faculty capabilities at the project entry level. However, according to the First Annual Report, there was an earlier study made to review the content of public health training for  $S_2$  students in order to establish data base for job assignments of graduates. In addition, during the period under review, Dr. Parker made exploratory needs assessment and concluded that the area of micro-planning especially needed strengthening in the curriculum. Also, it was pointed out that subjects which needed greater emphasis included job/task analysis, staffing decisions, supervision training, logistic/supplies, planning and costing/budgeting.

The annual report states, "Although the assessment of FKM training has received considerable continuing attention, the issues and options have not been documented systematically, and definitive conclusions have been rare. The question remains whether this is desirable or feasible in the present dynamic environment". Based on the activity and the projected output, it can be said this output was partially met, since there was no formal report produced which especially addressed FKM program assessment.

B. Health Services Research Courses

A plan to carry out the health services research courses during the first year work plan was moved to October 1982, due to timing as well as broadening

of the scope of work. The course was initially designed for FKM faculty who wanted to upgrade their skills. However, the audience was widened through a joint effort with LITBANGKES (The National Institute of Health). The course date was set for October 4-15, 1982 with 15 participants.

C. Continuing Research Guidance

The projected output was continuing research guidance for selected participants in the short course. However, this aspect of the work plan activities was not addressed in the annual report. There was however, some research protocols developed and some student guidance at JHU. However, it may be assumed that during Year I - no major progress was made in this activity.

D. Four Month JHU Program

During the period under review Dr. Adik Wibowa attended the two-segment course in health planning and management at JHU. Based on the work plan this output was fully met.

Other activities - During the first year FKM indicated developing and revising the family planning administration and planning and management curriculum. This was not based on a projected output.

Year II (October 1, 1982 - September 30, 1983)

<u>Activities Planned</u>	<u>Outputs</u>
A. Training Course in Health Services Research	Course in research methods by at least 15 FKM faculty and others. Course materials organized
B. Initiating FKM Doctoral Research	Three research proposals acceptable as doctoral theses

C. Strengthening of FKM Curriculum in Planning and Management

Report of specific actions recommended for modifying existing courses and augmenting curriculum for M.S. program management

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D. Training at Hopkins

Completion of JHU four-month course by at least one FKM faculty member

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A. Training Course in Health Service Research (HSR)

This particular activity was a carry over from year I. It was a two week course conducted at FKM covering the scope of HSR methodology and specific case studies. Participants were mainly FKM faculty and LITBANGKES staff. Proceedings were prepared and distributed to faculty and other participants. Based on the activity, this output can be considered achieved.

B. Initiating FKM Doctoral Research

This aspect of the work plan was not discussed during the visit nor was it addressed in the annual report. The team was not provided information that there were completed research proposals acceptable as doctoral theses.

C. Strengthening of FKM Curriculum in Planning and Management

The first annual review by JHU pointed out that managements skills among FKM faculty were limited. It was recommended in The Year II Work Plan, that increased emphasis should be placed on management and planning training of the faculty. The plan also called for strengthening of the curriculum at FKM. This activity was undertaken at both  $S_1$  and  $S_2$  levels. The overall review by JHU specifically wanted to ascertain a) What distinction should be made between  $S_1$  and  $S_2$  curricula? b) What were existing overlaps? and c) What was the relationship between health administration and hospital administration?

The results of the study indicated that the current array of courses provided sufficient breadth but insufficient depth.

Also during the period under review (Year II) initial steps were undertaken to reorganize certain courses, modify sequences, and clarify distinctions between  $S_1$  and  $S_2$  curricula. This activity was achieved based on output criteria as indicated.

However, during Year II there was no indication that faculty were receiving new concrete training in planning and management techniques, even though this was a major recommendation of the first year annual report.

D. Training at Hopkins

Dr. Mary Wangsarahardja attended a two-quarter (4 months) health planning course at JHU. This activity was completed as planned.

Additional Activities - In addition to the specific activities, as related to the Second Work Plan, a considerable amount of time was spent on planning for Demonstration/Training Centers. Also a proposal for unit cost analysis study at selected Health Centers were developed. Although listed in the FKM Mid-term Project Report under FKM Training, it should probably also be considered as a research activity.

Finally, during this period, plans were formalized to train two faculty participants, one at the University of North Carolina and one at the Johns Hopkins University.

Year III (October 1, 1983 - September 30, 1984)

<u>Activities Planned</u>	<u>Outputs</u>
A. Review and Strengthening of FKM Curriculum	Report of recommended changes in planning of management and health services research curriculum

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B. Use of Case Method in Teaching	Conduct of a service on the case method, followed by preparation of the management case
C. Assistance to FKM Faculty in Preparing for Long Term U.S. Training	Two faculty enable to undertake doctoral study in U.S.
D. Participation in JHU Program in Health Planning	Program successfully completed by three Indonesians

A. Review and Strengthening of FKM Curriculum

An appraisal of course content and teaching methods in Health Planning and Management was undertaken. This included the development of faculty research and training area for a field practice.

Curriculum review was also carried out by the Department of Public Health Administration for the S<sub>1</sub> and S<sub>2</sub> study programs. In this review it was found that a Functional Analysis study was needed in order to get input into the S<sub>1</sub> curriculum design and development. Progress is being made on this output.

B. Use of Case Method in Teaching

There does not appear to be any progress made on this activity and thus, no output was observed at the time of the visit.

C. Assistance to FKM Faculty in Preparing for Long Term U.S. Training

The two faculty members, Dr. Anhari Achadi and Amal C. Sjaof, have already been selected for post-graduate training. They will depart for Johns Hopkins University (mid-June 1984) and University of North Carolina - Chapel Hill, (July 1984) respectively for Doctoral studies. This output will be achieved.

D. Participation in JHU Program in Health Planning

No report to date on this output.

## Summary of Findings

During the period from October 1, 1981 through March 31, 1984, the project mid-evaluation period, it has been ascertained that there has been considerable activity under FKM training. These included a partial assessment of FKM curriculum, the conducting of a Health Services Research Course, and four faculty having completed the four month JHU comprehensive planning course. These were performed as a part of the 1st year and the 2nd year work plan.

Neither project documentation nor personal interviews with HDPM staff revealed that immediate concrete steps were taken in achieving activities related to continuing research guidance, initiating FKM Doctoral research. Also efforts were made toward strengthening FKM curriculum in planning and management.

In order to draw some inferences, a review of the major tasks and outputs are presented.

1. Assess the findings of a review of the MPH program at FKM for the relevance of the instruction and admission criteria to the job responsibilities and skill requirements of planners and managers in DEPKES.

Some progress has been made on this task. However, to date specific criteria are yet to be developed.

2. Develop, revise and evaluate curricula and instructional strategies (in the certificate and degree program) based on assessments of admission criteria and requirements for planning, management and health services research competencies and skills, among DEPKES personnel (at least).

Some progress has been made. An assessment of both  $S_1$  and  $S_2$  curriculum levels have been conducted. There have been revisions in health planning and management in the Public Health Administration curriculum. Although this major task is in progress, there is a need to broaden it to include all departments in FKM since planning and management cuts across all of the disciplines.

3. Assess the adequacy of the skills and competencies of FKM instructors to conduct these training programs: design, organize and/or conduct a faculty development program accordingly.

This appears to have been one of the most important projected tasks and should have been one of the first steps taken by JHU and FKM since faculty assessment should have been a continuous process which should be organized and carried out periodically, maybe for example, every 2, 3, or 4 years. Establishment of a baseline for such an assessment is critical so that participants (in this case faculty members) will continuously undergo (self) assessments and referred assessments as well as overall peer assessments regularly.

The team's view is that active faculty participation in the HDPM development and growth will continue when the project is terminated. The process of self-assessment can be a part of institutional development and also an outcome measurement when the project is completed and also beyond the life of the project when JHU support is completed. It is therefore the opinion of the team that baseline criteria be developed to measure the effectiveness of faculty participation and contributions during and regularly after the project is completed.

4. Assess the currency, type and amount of demand for faculty to staff the proposed new schools of public health; design, organize and or conduct a faculty development program accordingly.

This major task is in progress. Meetings were being held at all levels. This task was in progress.

In summary, at this point it can be said that some progress has been made in three of the four major tasks outlined in the Cooperative Agreement.

In respect to the major outputs expected, the following summarization is made.

1. Certificate-granting curricula (2-4 months) for middle-managers, adapted to local conditions at the Kabupaten and Kotamadya levels, provincial and national levels.

It is not clear whether or not this output refers to JHU or FKM. However, in this connection, it appears there were some discussions concerning Kabupaten needs by FKM as related to training of Indonesians at a certificate or In-service level. Nevertheless, there is insufficient evidence to state that progress has been made more than to say, there is potential for achieving this during the life of the project. Meantime, the JHU four month comprehensive planning course seems to be definitely adapted to FKM and Indonesia needs.

2. Graduate (MPH) curricula for personnel in managerial positions primarily at the provincial and national levels.

This output and output #1 will both be greatly influenced by a comprehensive study of needs, job analysis, and task analysis within the framework of the FA study.

At the present time, a great deal of effort and discussions are taking place, however, a coordinated planned approach may emerge. The curriculum need be specifically addressed through a well organized analytical study with defined objectives.

3. Trained FKM faculty to teach certificate/degree-granting programs. Some progress has been made, and therefore this output has been partially fulfilled.

Since the start of the project, a number of FKM faculty have been trained and awarded senior planner certificate from JHU. Several have received MPH degrees and one at the doctorate level. Two faculty members will begin doctoral training in September 1984, and one faculty member is completing his doctorate in Social Epidemiology in the Department of Sociology, University of Indonesia/Jakarta in cooperation with JHU.

#### 4.4 Recommendations

In order for management and planning to become institutionalized, it is critical that a procedure be organized for both the perpetuation of educational philosophy and training methodology.

o In order to carry out this function, an internal structure is essential. It is, therefore, recommended that within the FKM, a formal coordination advisory body be established made up of Department Heads or their representatives to assist in institutionalization of health planning and management activities in FKM as a whole. In order to assure interdisciplinary input, it may be advisable for the Dean or his designate to chair the coordinating advisory body. The advisory body is not to be involved in any way with the administration of the HDPM project, but will be concerned with the technical aspect of planning and management activities as it relates to each Department discipline.

o It is recommended that a comprehensive review be made of all departments in FKM ascertain faculty capabilities in planning and management. This should include both strengths and weaknesses by academic units and individual faculty members. These weaknesses should be assessed and quality and quantity levels spelled out in behavioral goals and objectives. Following this assessment, specific tasks and outputs as related to both individual faculty and groups of faculty should be set up in the project development work plan.

The above recommendation is based on two premises. 1) In the contractual agreement between AID/Washington and JHU, section 2-2-3, as indicated earlier, one of the major tasks to be performed was to "Assess the adequacy of the skills and competencies of FKM instructors to conduct these (in-service, certificate and MPH as related to Management and Planning) training program; design, organize, and/or conduct a faculty development program

accordingly". This implied an assessment of needs for the refinement of capabilities which were needed to perform tasks by FKM faculty in the HDPM project. The team did not observe this aspect of a need assessment done in a quantifiable and systematic manner useful for documenting institutional development process.

- o After an assessment of capabilities and a plan for continuous strengthening faculty capabilities in FKM, it is recommended that the JHU faculty establish a stronger form of one-to-one tutorial relationship with FKM faculty and work with specifically designated faculty member to develop teaching, research and field projects for a concentrated period of time as a part of each visit. This will enhance and insure continuity in institutional and individual faculty development.

- o The team recommends that the functional analysis be implemented. In so doing, it should be organized to provide educational/training experience in research for all FKM faculty members.

- o It is recommended that the FA proposal be prepared with FKM faculty input and that this research plan include both longitudinal analysis and cross-sectional analysis. The latter will permit faculty to gather selective data at certain intervals and thus utilize and sharpen their analytical and statistical skills in the field.

- o The team also strongly recommends that JHU assign a highly qualified faculty member, to work with FKM on the functional analysis. This person should also be responsible for the organization of research training for faculty. As a part of his/her duty, seminars, workshops, and other procedures related to faculty development should be held regularly. Relevant materials obtained from the cross-sectional and longitudinal FA study can

serve for research and training purposes.

o The team also recommends a long-term assignment of a qualified faculty member as a pre-requisite for funding the functional analysis study.

## 5. TECHNICAL ASSISTANCE

### 5.1 Major Objectives, Tasks and Outputs

The third component of the HDPM Project, as defined in the Cooperative Agreement is the development, utilization and support of technically qualified personnel, managers and health planners, to provide technical assistance to DEPKES, other health related institutions bilateral and international donors. In order to achieve this activity, the Recipient and Collaborators were to perform the following tasks:

1. Technical Assistance Service Unit and Clearinghouse at FKM
  - a. Assess the demand for technical assistance in specific areas of expertise in health planning and management by donor and health sector institutions in Indonesia.
  - b. Survey the indigenous community of professionals with expertise in health and related areas to assess their availability and capability to provide technical assistance demanded.
  - c. Establish, maintain and make available to interested users of technical assistance a roster of qualified and available technical experts to health planning and management.
  - d. Establish a technical assistance service unit and clearinghouse at FKM with responsibilities to maintain, update the roster and make it available to interested users of technical assistance, orient qualified technical experts to the program and assess their performance.
  - e. Organize and advisory committee, with permanent members from (at least) DEPKES and FKM with a mandate to establish operating guidelines and procedures for the service unit and clearinghouse and criteria for compensating the technical experts.

The major output was the development of:

A consultant roster in health planning and management, be maintained by a service unit and clearinghouse at FKM.

## 5.2 Progress to Date

Year I (October 1, 1981 - September 30, 1982)

### Technical Assistance

<u>Activities Planned</u>	<u>Outputs</u>
A. Demand Assessment	Assessment of demand for technical assistance in specific areas of expertise in health planning and management by donor and health sector institutions in Indonesia
B. Organization of Service Coordinating Committee	Formation of a service coordinating committee
C. Establishment of Service Unit	Establishment of a clearinghouse and service unit capable of soliciting and responding to technical assistance requests under defined policy guidelines and procedures.
D. Development of Consultant Roster	Organization of a roster of qualified available consultants
E. Identification of skills Gaps for Technical Assistance	Identification of gaps in rostered qualifications that need to be filled through specialized training

#### A. Demand Assessment

During Year I officials of the MOH, WHO, USAID/Indonesia, Ford Foundation and other organizations were contacted to ascertain perceived need for local consultants. There were uniformed views on the advantage of local consultants over expatriates. Uniform regulations concerning compensation, time devoted to consultation and other administrative arrangements were stressed. However,

the specific areas of expertise in health planning and management by donor health sectors institutions in Indonesia were not clearly identified. This output was partially fulfilled.

B. Service Coordination Committee

The formation of an advisory committee whose membership is made of DEPKES and FKM representative was not achieved in Year I. However, an ad-hoc committee of six members from various FKM departments was established for the purpose of program coordination of FKM.

C. Service Unit

The task of this unit was to organize a clearinghouse and service unit capable of soliciting and responding to TA under defined policy guidelines and procedures. An informal concept paper was prepared which addressed this issue. However, this output was incomplete at the time of this review.

D. Consultant Roster

The objective of the roster was to compile the range of expertise available in the country that can provide TA services to DEPKES and other health related organizations. The roster was completed in Year II instead of Year I.

E. Skill Gaps for Technical Assistance

The purpose of the output was to identify gaps using analysis of supply and demand approach. The results showed existence of impressive numbers of consultants with high qualifications but inadequate records of field experience. Thus, there was an immediate need for generic training to improve the quality of consultations and upgrade the experience of the identified consultants. The training was done and this objective has been met as planned.

Summary

Several activities have been initiated as planned in Year I. However,

some of these activities were not fully achieved due to absence of a key FKM faculty member from the country then. The unfamiliarity of FKM faculty with the concept of TA using indigenious staff and the potential impact of TA on faculties' private practice and teaching loads caused substantial amount of delay in completing the supply and demand analysis in Year I. However, this activity was achieved in the subsequent years.

Year II (October 1, 1982 - September 30, 1983)

Technical Assistance

<u>Activities Planned</u>	<u>Outputs</u>
A. Functioning of Coordinating Committee	Eight meetings held, two to explore subjects for consultation, two to learn consulting techniques
B. Organization of Service Unit	Concrete plan prepared and accepted for semi-autonomous organization of consulting and research activity, regulating and conduct of organization activities, and providing core financial support
C. Acquainting Public with Technical Assistance Capabilities	Formal announcement informing potential clients of organized capacity for consultation
D. Acquainting Alumni with Technical Assistance Capabilities	Alumni informed and service relationships solicited
E. Assistance to newly-formed FKM	Schools at Surabaya and Ujung Pandang contacted and tangible services provided and documented
F. Assessment of National FKM Faculty Training Needs	Report prepared on magnitude and types of training needed, along with recommended strategy for accomplishment. Placements for training facilitated as resources permit

A. Functioning of Coordinating Committee

The faculty Ad-Hoc Committee which was formed in Year I, now served as the basis for a Coordinating Committee. The Annual work plan projected output was "eight meetings held, to explore subjects of consultation, two to learn consulting techniques." The approach was through a seminar and workshop routes. Following the two seminars held near the end of the first projected year, six have been conducted during the second year. Two of the six dealt with consulting techniques. Two other workshops dealt with resource allocation modules and social marketing and two seminars were conducted by FKM faculty for their colleagues. These were on Communicable Disease reporting and preparation of research protocols.

Formal papers on these seminars were prepared and forwarded to participants and provincial personnel. TOT trainers have also been included in the seminar activities. This output has been fully met.

B. Organization of Service Unit

The Coordinating Committee, with assistance of Dr. Baker, prepared and reviewed a proposal to form a semi-autonomous service unit. The proposal appeared to have been met with mixed reaction when reviewed by the Dean and Department Heads of FKM. There was also concern over control of the service unit and also that the semi-autonomous unit might not be able to serve FKM needs effectively. The announcement of the Peraturan Pemerintah requires that University's related faculty activities be placed structurally under the University. As a consequence, no concrete plan was prepared and the proposed concept appeared to be inactive.

C. Acquainting Public with Technical Assistance Capabilities

Although a service unit was not formerly organized, attempts were made

to promote and market FKM through alternative Linkages, with educational, public institutions and communication forums.

D. Acquainting Alumni with Technical Assistance Capabilities

During Year II, requests were made to all 27 provinces to supply current addresses of FKM alumni working under their jurisdictions. Responses were received from provinces, subsequently, a brochure was drafted for distribution to FKM alumni. Meanwhile, FKM faculty participated in a University-wide two day seminar on the use of various media to strengthen alumni networking. Finally, a TOT Alumni Newsletter was developed and distributed during this period.

E. Assistance to Newly formed FKM

During the period under review, FKMUI/J faculty conducted a ten-day seminar in Ujang Pandang on teaching methods, methods of student evaluation and curriculum development. FKMUI/J also provided external management training for Ujang faculty.

In addition to the services provided, FKM faculty made these contributions: Dr. Achadi was responsible for coordination of Ujang Pandang seminar; Dr. Ascobat Gani assisted in development of the FKM at Medan. Dr. Amal has been active in the development of Public Health Administration programs in the new schools. These activities indicated that FKMUI/J as a key institution of Public Health is taking a major lead in the development of the new schools of public health in Indonesia.

F. Assessment of National FKM Faculty Training Needs

A report prepared on magnitude and types of training needed, along with recommended strategy for accomplishments was completed and placements for training of FKM faculty was facilitated as resources permit. However, no systematic national FKM Faculty training assessment was made as planned in Year II.

There are, nevertheless, other activities and probable spin-off outputs carried out under the guidance of FKM faculty and staff. These are:

- Moslem Hospital management training for ward chiefs
- Municipal Health Office management training-DKI
- PKBRS-Fertility Management training, Kabupaten team, 4 batches
- Facilitators-Provincial Management Training in Ujang Pandang, West Java, Central Java, NTT, West Sumatra, South Sumatra and Lampung

### Summary

During Year II, TA activities were increased and outputs were more productive than in Year I. Nevertheless, no observable progress was made concerning the organization of the service unit and the assessment of national FKM faculty training needs as planned.

### Year III (October 1, 1983 - September 30, 1984)

<u>Activities Planned</u>	<u>Outputs</u>
A. Alumni network to promote assistance	Newsletter distributed with with aid of an alumni current address file
B. Seminars on Consultation	A minimum of four seminars held on issues of contemporary concern
C. Planning of New FKM	Participation in workshop to review five-year plan for FKM Ujang Pandang
D. Andalas Medical School of management course	Course conducted and follow-up initiated in management training for approximately 30 medical decision makers

E. Response to specific requests  
for technical assistance

At least three sets of  
consultation successfully  
concluded

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A. Alumni Network

This activity was in progress and there are indications that this output will be achieved during this year.

B. Seminars of Consultation

Three seminars on public health and aging and PHC had already been held during the year and it is expected that one seminar on consultation will be held during Year III.

C. Planning of New FKM

It was learned that the development plan for other FKM's in Indonesia were in progress during the team's visit. A major conference devoted to this aspect of the work plan was attended by a number of FKM faculty and a JHU faculty who was in Indonesia then.

D. Management Course - Anadalar Medical School

The FKM faculty and HDPM project staff participated in this course. It was completed during Spring 1984. The site visit team visited Anadalar Medical School and discussed FKM participation in future plans for development of a School of Public Health and its relations with Ujang Pandang University.

Summary

During Year III, TA activities were more focused and directed toward developing Alumni interest in Technical Assistance Services and the utilization of consultants from FKM and other available sources in their vicinity. Also FKM's focus was on helping other schools of Public Health in the country through TA consultation in areas of institutional development, management and training curriculum designs.

An orientation program for the Dean and Associate Dean of FKM Ujang Pandang at FKMUI/J was carried out as part of assistance to new FKM's as planned in Year III. The FKM mid-term progress report does not indicate whether the training has occurred because of an ad-hoc or TA request or as a result of an assessment of National FKM faculty needs as contemplated in the second year plan. Notwithstanding this single event, it is important to note that an assessment of training needs in FKM be made in order to establish a baseline information as well as serve a indication of project success for the remaining portion of its life.

### 5.3 General Summary

During the 2½ year period the TA component conducted 14 administrative and technical seminars. Most of these seminars aimed at generating ideas and proposals which may assist FKM to carry out its obligations in HDPM. The seminars and workshops were also used as public information vehicles and contact points with the outside organizations. The participants were multi-disciplinary groups and represented a wide spectrum of representatives from the Ministry of Health, Indonesian universities in Jakarta and other provinces, bilateral and multilateral international organizations, private and nongovernmental voluntary organizations engaged in health activities.

As a result of this approach, six seminar proceedings, four in English language and two in Indonesian language were published. They contain series of lectures on consultation techniques, health resource allocations, health marketing strategies, health for all by the year 2000, development of private health consultant foundations as well as other general public health and planning and management topics.

The major activities and outputs of the technical assistance component

are summarized as follows:

- Creation of an ad-hoc six member "Technical Assistance Advisory Committee".
- Development and dissemination of 49 FKM faculty members who could serve as consultants.
- Provision of technical assistance in the development of five year plan for the new and existing FKM's in Indonesia (in progress).
- Facilitation of seminars and workshops operated in conjunction with the Ministry of Health (DEPKES) via its specialized technical and training branches: Center of Education and Training (PUSDIKLAT), National Institute of Health and Research Development (LITBANGKES), Division of Basic Health Services (BINKGSMAS), Bureaus of Health Planning, District and Sub-District Offices (Kabupaten - Kecamatan). Some of the participants in these seminars and workshops were from the Ministry of Education, Consortium of Health Sciences, as well as other national universities and private and public sectors. Local representatives of USAID, WHO, UNICEF, FORD FOUNDATION, and other bilateral and multilateral organizations took active roles in these seminars and workshops.

#### Difficulties and Constraints

There have, however, emerged various constraints on developing the TA component.

Faculty salary supplementation and establishment of the technical assistance service unit in FKM are among the major outstanding institutional development issues of the HDPM Project. The substitution of consultation activities by the faculty as a means of subsidizing their income is an important incentive provided teaching and research are not hampered by the

extramural activities. It would seem that immediate attention must be given to formulation of official policy and guidelines on compensation for faculty members engaged in extramural consultations in public or private sectors. This team concurs with Dr. Northrop's recommendations in his first year evaluation of the HDPM Project in connection with faculty compensation and incentives.

It is observed that the foundation of TA service unit has been dropped out as continuous project activity from Year III without any documented notation of this change when we reviewed records of USAID/W.

The existing consultation roster was designed to satisfy specific client needs and is considered as one of the priorities in the project design. The spontaneous and voluntary listing approach which might have been successful due to personal motivation of some faculty members. This approach may be ineffective in the future unless the faculty enthusiasm is matched with the official endorsement of the University and FKM administration. Therefore, in order to gain the University endorsement, there is a need for developing a comprehensive consultant roster and incorporating such roster into FKMUI/J statement of capabilities coupled with official University endorsement of the statement. Development of a national consultant directory for non FKM faculty at this stage may not be an immediate priority, however, it is advisable such a directory be considered for general circulation.

There are about 600 HDPM/TOT Alumni. These Alumni plus other FKMUI/J Alumni are potential users of technical assistance. Also the Alumni themselves can form a network of potential local consultants at Kabupaten and Puskesmas levels. FKMUI/J can gain extra strength in organizing themselves into multi-disciplinary networking system within Indonesia. The establishment and maintenance of a general directory that lists individual capabilities, expertise and availability for regional and provincial technical and research

duties as proposed here above may be a very important contribution in the institutional process. Due to the fact that only 20 to 25% of TOT Alumni have responded to the post-graduation questionnaire in the past six months, it is necessary to initiate a rigorous follow-up mechanism. In this connection, the HDPM Project faculty, are already in the process of analyzing responses as they are received.

The cursory examination of the provincial libraries and personal interviews with the TOT Alumni indicated the paucity of literature and information on health service research, planning, management and training in Bahasa Indonesia language. At Kabupaten level, most of the WHO publications and general text books on these subjects are available in English. It appears that materials are more accessible to medical and professional staff who are associated with the Kabupaten offices. In some cases, languages limitation may be a barrier to reinforcing TOT programs. In order to strengthen the information system in planning and management, an alternative mechanism such as publication of a periodical journal in health planning and management in English and Bahasa Indonesia languages may fill in the gap. Journal articles could be contributed by local and international consultants, educators, FKM and TOT Alumni, DEPKES staff, etc. Translated book reviews and abstracts of health planning and management published in English elsewhere will also provide additional and necessary academic reinforcement to health and management practitioners in the field.

### Conclusion

The FKM faculty have demonstrated capabilities and flexibility in performing short term technical assistance services in health planning, management and training in Indonesia. Most of these services were provided in

response to specific demands from existing and prospective clients. Currently, most of the technical assistance is rendered in an ad-hoc fashion. Unless these efforts and responsibilities are delineated, properly monitored, and organized, FKM faculty might find themselves over-extended and their efforts scattered into different directions. It is necessary at this stage of HDPM development to consolidate the gains earned in the past few years. Rather than plan new seminars or workshops on technical assistance which most of them are time and energy consuming, HDPM faculty need to develop general guidelines for technical assistance, faculty compensation, as well as define faculty scope of activities, administrative and technical tasks to strengthen their TA unit. Moreover, generating support for this effort from the Ministry of Education and DEPKES require significant time and patience.

The HDPM Project, since its implementation in 1981, has indeed strengthened the capabilities and local initiativeness in health planning and management in FKM and in particular the Department of Health Administration. As a consequence, this Department seems to have gained some visibility, credibility and recognition from the Ministry of Health (DEPKES), local universities, bilateral and multilateral organizations in Indonesia. This can be evidenced from the various positive interviews we have had in the country, demonstrable types of HDPM supported technical assistance activities given to DEPKES and involvement of the HDPM faculty in planning, training and guiding the new FKM's. However, it must be observed that the HDPM major effects and thrusts of faculty activities, to a greater extent, occur and revolve around the Department of Health Administration in FKMUI/J.

#### 5.4 Recommendations

##### 1. Technical Assistance Service Unit

It is recommended that in th remaining life of the project the

Technical Assistance component be institutionalized into a recognized administrative structure in FKM. Of the alternatives proposed in the past Work Plans and Project Reports - i.e., a foundation "Yayassan", institute "Lembaga" or "in-house" service unit - it is recommended that priority should be given to strengthening the FKM in-house structure. By using this approach, technical assistance (TA) can be managed internally, thereby drawing support from all other health, management and science disciplines within the University system.

## 2. Statement of Capabilities

It is recommended that priority be given to the preparation and completion of a Statement of Capabilities which would include description of FKM historical development, past achievements in health planning, management, epidemiology, environmental sciences, biometrics, health education, nutrition and primary health care. Due consideration should be given to integrating information on the current university-wide policies and directions as well as important marketing strategies of FKM services in future.

## 3. Alumni Directory

It is recommended that the bio-data questionnaire continue to be collected from FKM and HDPM/TOT Alumni and should be compiled, analyzed and published in directory form during the third and fourth year of HDPM Project.

## 4. Journal of Planning, Health Management and Training

It is recommended that FKMUI/J and JHU give serious consideration to establishing a "Journal and Health Planning, Management and Training". Although this is not mandated in the cooperative agreement, the journal could serve as a forum for discussion of health planning and management. JHU has the capabilities and experience in providing necessary professional guidance

and consultation of FKM. Alternative funding possibilities can be explored from the University of Indonesia, Badan Litbangkes, Pusdiklat as well as WHO.

## 6. HEALTH SERVICES RESEARCH

### 6.1 Major Objectives, Tasks and Outputs

The sub-agreement between the Johns Hopkins University (JHU) and the Fakultas Kesehatan Masyarakat, the Faculty of Public Health of University of Indonesia (FKMUI) states that the project is designed to establish at the FKM a sustained capability to work with the Ministry of Health (DEPKES) and other Indonesian institutions to seek solutions to specific service delivery problems through health services research by furthering an understanding of its usefulness and capabilities to develop studies and apply their findings.

In order to achieve the Health Services Research Component of the HDPM Project, the Recipient and Collaborators were to undertake the following specific tasks:

1. Establish criteria to determine the appropriateness of using project resources to develop and conduct particular studies, in health planning and management areas, e.g., importance of an issue, usefulness of the information generated to decision makers in the Ministry of Health, feasibility of methods available to conduct a cost study (with agreement of DEPKES).
2. Analyze the needs and priorities of DEPKES for research in the areas of health planning and management, including ongoing or recently-completed research in the same areas, based on established criteria.
3. Establish a ranking of research topics and protocols to conduct the research.
4. Identify research skills and other resources needed (internal or external to the Project) to conduct specific studies (e.g., researchers, support staff, facilities, supplies funds) and co-

ordinate them for these purposes.

5. Monitor the studies undertaken, evaluate and disseminate their findings to agreed-upon target audiences.
6. Establish means by which the research activities and findings will contribute to the training and technical activities of the Project.

A. Prioritized list of health services research needs of DEPKES developed and maintained; research protocols and/or studies completed, as agreed with DEPKES.

The Cooperative Agreement delineates the major activities to be undertaken to achieve the project objectives, but does not give an operational definition of health services research (HSR). In an effort to clarify health services research, an ad-hoc Committee on Health Services Research consisting of FKM/HDPM faculty, Litbangkes staff with the assistance of JHU faculty member agreed to adopt their own definition of HSR. When asked to define HSR in the context of DEPKES, Professor Loedin defined the purpose of HSR - "HSR should aim at developing the scientist, science of health planning and service delivery management system and inculcate self-reliance. The activities and outcomes of HSR should be relevant to the local conditions and socio-economic development policy of the country in which health plays a greater role".

## 6.2 Progress to Date

The analysis on a year by year basis follows:

### Year I (October 1, 1981 - September 30, 1982)

#### Activities Planned

Research plan development

#### Outputs

Preparation of a research strategy paper to serve as the basis for specific research activities to be

Research Plan Development

The first year projected output was the "preparation of a research strategy paper." Much effort went into an inventory of past and current research as a basis for developing future strategy. It was pointed out in the annual report that "because the field of HSR is vast, multi-disciplinary and without clearly defined scope and boundaries, the inventory could conceivably encompass a mass of epidemiological studies, sociological investigations of the community and other diverse efforts scattered throughout a host of university facilities and research institutions." The report stated because of these and other reasons disproportionate time was spent in the preparatory phases.

HDPM and JHU faculty have also performed activities in support of research efforts. For example, Dr. Parker gave a half day seminar in Surabaya for MOH staff on the functional analysis in research. Dr. Parker and Dr. Ascobat have explored possible topics of research in private health sector.

In spite of these activities, the formulation of formal research strategy paper was deferred to Year II.

Year II (October 1, 1982 - September 30, 1983)

HEALTH SERVICES RESEARCH

- |   |  |
|---|--|
| A. Inventory of past and current research                   | A. Annotated, indexed bibliography compiled  |
| B. Preparation of research strategy and individual projects | B. Report prepared that interprets implication of inventory findings for future research endeavors. External funding identified for two of three proposals developed |
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C. Workshop on research priorities

C. Workshop of clients and researchers produces ranked listing of important research questions

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D. Regional workshop

D. Workshop held with participation at least from ministries of health and schools of public health in Indonesia, Thailand, Philippines

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E. Provincial training in research

E. Training course in research held for approximately twenty participants from provincial universities

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A. Inventory of Past and Current Research

This was a part of the activities carried out in Year I, which prohibited the prelude to the preparation of a strategy paper.

During the year, the HDPM assembled approximately 200 research titles, through cooperative work with LITBANGKES, which is the principal repository of health research in Indonesia. This output was mostly fulfilled as planned.

B. Preparation of a Research Strategy for Individual Projects

A report on state-of-art and implications of inventory findings for future research endeavors was prepared by HDPM. External funding for two of the three research proposals developed was identified.

This output was not discussed in the annual report from a strategy aspect nor from the point of view of the major output. The only proposal which apparently surfaced was Dr. Ascobats' proposal on cost analysis of Jakarta Health Center services.

C. Workshop on Research Priorities

A three-day workshop was held between potential researchers and clients in the Ministry of Health to consider priorities in health services research.

This workshop produced a list of 37 suggested topics for research, as well as the proceedings which included a number of background documents. A country-wide workshop was planned for the future.

D. Regional Workshop

This activity was not referred to in the JHU annual report and therefore, can be considered not to have been carried out. However, FKM Year II Report states that cancellation of this activity was decided based on review of first year activities and the need for strengthening HSR in Indonesia prior to launching a regional workshop.

E. Provincial Training in Research

The above activity has not been mentioned nor were there observations of this activity being done during Year II as planned.

Summary

In addition to the specific activities and outputs, a second seminar on Functional Analysis was held for FKM/UI attended by faculty and Jakarta Health office staff. FKM Second Annual Report states that a ten day training on HSR Methodology was carried out in October, 1982 involving 15 FKM faculty member, as part of FKM faculty development efforts.

During Year II, of the 5 major activities listed in the Work Plan which were to yield outputs, only one could be considered fully met and two partially met. Two were not met.

Year III (October 1, 1983 - September 30, 1984)

<u>Activities Planned</u>	<u>Outputs</u>
A. Short course in research methodology	A. Course participation by at least 15 persons representing research unit of institutions

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B. Network of researchers	B. At least two provincial workshops on research conducted with FKM assistance
C. Inventory of research projects	C. Annotated reference on research prepared and distributed
D. Conduct of health services research	D. One project completed, a second developed and implementation begun

A. Short Course in Research Methodology

This activity was carried out in which 6 FKM faculty and participants from six national universities from Palembang, Ujang Pandang, Depongoro, Jogjakarata, Surabaya and Bandung as well as four private universities from Jakarta areas, STK Yarsi, Atamajaya, UKI and Trisakti. Moreover, one participant came from the Jakarta Municipality Health Office.

B. Network of Researchers

This activity had not begun at the time of the team's visit.

C. Inventory of Research Project

This activity included an inventory of 184 health service reports in written form. An executive summary was compiled by FKM. Preparation is being made to distribute the product to potential users.

D. Conduct of Health Services Research

"The Health Financing and Cost Analysis" preliminary report carried over from the second year plan was completed in March 1984. However, there was no evidence of new HSR project being carried out as of this review date.

Summary

Within the past six months of the third year work plan, of the four major

outputs projected for the year, two have either been partially or fully achieved and the rest are in the pipeline and are expected to be carried out as planned.

### 6.3 General Summary

In the past two and a half years, FKM/HDPM has been able to accomplish a limited number of the projected HSR outputs in the work plans. Those objectives stated in the third annual work plan are in the pipeline and are expected to be achieved. The HSR component of HDPM was able to:

- o Provide in-house continuing education on HSR methodologies for 29 FKM faculty members.
- o Develop and train Kabupaten participants on research techniques.
- o Train sixteen faculty members from seven universities in Jakarta and other provinces.
- o Provide consultation and training on HSR and research protocol design and evaluation to Andalas Medical School.
- o Provide technical assistance in the development and testing of curriculum and on job performance evaluation instruments for the TOT component of the HDPM.
- o Compile an annotated bibliography of 184 health services research publications on Indonesia.
- o Compile a list of 37 health services research topics proposed for prospective researchers in FKM, DEPKES, WHO, etc. 6 topics in logistics, 7 topics in planning and supervision system, 8 topics in personnel and training and 16 topics in health finance and insurance.
- o Complete a Health Financing and Cost Analysis Study in West Jakarta.

In the past two and a half years, the FKM/HDPM instituted in-house continuing education on health services research and utilized workshop and seminar

formats to generate cross-sectional support for HSR activities from the Ministry of Health (DEPKES) (e.g., Litbangkes, Pusdiklat, Binkesmas) and from other universities, private and public sectors and bilateral and multi-lateral organizations in the country. The emphasis at this formative stage was on the propagation of health services concepts, research methodologies and training of potential researchers in the country. The assessment of this component of the project seems to indicate that these strategies have initial developmental effects on FKM faculty and other participants from local universities, governmental and non-governmental organizations who took part in the seminars, workshops and training activities. As prospective clients, the involved organizations were made aware of the existence of HSR technical assistance and consultation capabilities in FKMUI/J. It must, however, be observed that it is too soon for measuring the impact of this exposure at this stage of the project review.

Notwithstanding these substantial initiativeness and training efforts, the project research strategies should direct its effort to developing problem solving models and applied management practices. In this connection, the contemplated Functional Analysis Study offers an opportunity for faculty and students to acquire new skills in research proposal writing, project implementation and evaluation of health service research. FA has thus a training, a research demonstration value.

#### Difficulties and Constraints

In spite of these achievements, there are problems involved in health services research, for example, most of the proposals initiated from local universities and FKM are in the stage of preparation and would require some refinements. Also funding of the research poses a problem unless the research proposals in pipeline are linked to funding sources and field practices of great interest to the Ministry of Health and other bilateral and multilateral

organizations, such as UNICEF, WHO, USAID. There is a fear that the enthusiasm for research may not be sustained for a longer time.

It was pointed out in our conversations that one source of funding for research which has not been fully explored is the National Institute for Health Research and Development (LITBANGKES). FKM faculty implied experiencing limited encouragement and research activities within the context of Litbangkes requirements. While it is desirable to promote HSR, because of their limited number, existing capabilities and teaching commitments, FKM/HDPM faculty may over-extend themselves if involved in several large scale research projects, and therefore, should be very selective in their approach to health services research (HSR). However, it is expected that through the Functional Analysis Study, FKM will gradually develop the capacity and capability to carry out their own field research in order to improve their field practical skills and enhance their academic credibility in an organized fashion.

#### CONCLUSION

In general, in view of disproportionate efforts spent on TOT, a minimal proportion of the activities planned in the health services research (HSR) component of HDPM Project have been achieved. Yet FKM faculty and other health related institutions and universities have benefited from the selective exposure to research methodologies and project proposal design and development. Nonetheless, some of the proposed field projects generated from the HDPM activities require funding from either local or international donors. At present, the Andalas Medical School is seeking to fund some of its HSR proposals from the provincial government (KABUPATEN), CHIPPS or HTRD. When funding materializes and the projects are underway, FKM/HDPM can take credit for enhancing the indigenous capabilities in health services research.

As a result of the past experience, it seems that FKM/HDPM faculty have

had sufficient capabilities to design HSR field research projects that are suitable for funding from local or international donors. In order to provide the greatest impact, it is important that emphases in the remaining life of the project should be on practical application of HSR at Kabupaten and Puskesmas levels. This effort can play a vital role in bridging the vast gap that now separates knowledge and action in health. The bridging of this gap should lead to a better understanding of national policy and program planning and more effective and efficient use of resources with special reference to primary health care (PHC). The implementation of the HEALTH FOR ALL" strategy require research and operational capabilities that are not at present existing in the country, and HSR can be the main tool for this purpose.

#### 6.4 Recommendations

For successful implementation of the HSR component of HDPM, it is recommended that FKM/HDPM strengthen its linkages and network with the National Institute of Health Research and Development (LITBANGKES), Center for Education and Training (PUSKIKLAT), Consortium of Health Sciences, CHIPPS, HTRD, WHO and other USAID sponsored projects in Indonesia. In order to attract funding and external technical support, a well organized statement of capabilities and marketing strategies should be developed.

LITBANGKES has modest research funding capabilities. In order to assure that relationship with LITBANGKES will be strengthened, it is recommended that:

- o the two organizations share existing research capabilities,
- o develop appropriate mechanism for cooperative relationship,
- o FKM make every effort to develop research activities which are practical and useful to the Ministry of Health and all levels, and
- o LITBANGKES and PUSDIKLAT both be brought in on a consultative basis in research studies.

In order to provide maximum HSR impact, effective PHC delivery system and enhance FKM educational capabilities in HSR, it is recommended that:

- o HSR projects should emphasize practical application of planning, management and decision-making process at Kabupaten and Puskesmas levels.
- o FKM students of public health are actively involved in developing and conducting research relevant to PHC planning and management at Kabupaten and Puskesmas levels. This can be achieved by a field externship program under HDPM faculty preceptorship.
- o In order to strengthen faculty and graduate student capabilities in HSR, both students and faculty be involved in the process of Functional Analysis Studies, as appropriate.

## 7. GENERAL ORGANIZATION AND GENERAL ACTIVITIES

### 7.1 Major Objectives, Tasks, Outputs and Progress to Date

Those project activities which did not fit under either of the four major components during the past two and a half years were organized and presented under a Section entitled General Organization.

#### Year I (October 1, 1981 - September 30, 1982)

<u>Activities Planned</u>	<u>Outputs</u>
A. Organization of Advisory Board	Formation and active functioning of the Advisory Board

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#### A. Organization of Advisory Board

The project Advisory Board was formed and met twice. At the Organizational meeting in November 1981, there were representatives from FKM, PUSDIKLAT, LITBANGKES, The Bureau of Health Planning, and BKKBN. It was agreed that USAID/Jakarta and JHU would be welcome, but not as voting Board members. There was an expression of a desire to include other Indonesian organizations notably the Bureau of Personnel, but this was not done. The draft Work Plan and Evaluation Plan for Year I were both endorsed.

The second meeting was held in August 1982, where review of progress was made. This output was fully met.

#### Year II (October 1, 1982 - September 30, 1983)

<u>Activities Planned</u>	<u>Outputs</u>
A. Advisory Board Meetings	Three meetings held
B. First Annual Review	First-year performance documented and reviewed
C. Second-Year Evaluation	Performance of first two years documented and evaluated

D.	JHU Teaching in Planning and Management	Course conducted with minimum of fifty participants from ten countries
E.	Book on Planning and Management	Book submitted for publication
F.	Global Review of Private Health Sector	Preliminary report prepared on private sector patterns and issues

A. Advisory Board Meetings

The output under Advisory Board projected 3 meetings during the year. Although there was no reference to specific meetings of the Advisory Board, the FKM annual report refers creation of several "Ad-Hoc" committees which were charged with carrying out specific activities. For example, TOT was carried out jointly by FKM, PUSDIKLAT, DEPKES, and LAN. The output was met.

B. First Annual Review

During the period under review, a report documenting first year activities and a draft of Second Year Work Plan was carried out according to the Annual Report. The review was carried out informally and produced useful suggestions. At FKM, all faculty members of the Department of Public Health Administration were involved in an assessment of the planning and management curriculum. A major problem identified was that JHU did not receive a definite feedback from AID/Washington following the reviews. This output was fully met.

C. Second-Year Evaluation

The output projected was "performance of first two years documented and evaluated." The only overall documentation presented was the FKM report of activities for the year. There was no available documentation covering organized second-year project evaluation at the time of this visit.

D. JHU Teaching in Planning and Management

An international program of training in health planning was conducted at JHU. The Indonesian data and experience were used. Two FKM faculty, and other Indonesian Senior Health Professionals who were participant trainees at JHU served as resource persons and also assisted JHU faculty training a group of students from many countries using multi-sectoral in health plan preparation for Indonesia. This output was met.

E. Book on Planning and Management

The first draft of the new book on health planning and management was nearly completed. This output was partially met since the projected output was "Book submitted for publication."

F. Global Review of Private Health Sector

The projected output was "a preliminary report prepared on private sector patterns and issues." There was no evidence that this activity was successfully attempted.

Year III (October 1, 1983- March 31, 1984)

<u>Activities Planned</u>	<u>Outputs</u>
A. Global Planning Efforts	Planning course conducted for at least 20 senior planners from 10 countries, using new book materials
B. Dissemination of HDPM Project Materials	System established for translating and preparing materials for publication; at least 8 documents disseminated
C. Development of Demonstration/ Training Center	Center plan accepted and funding established
D. HDPM Project Planning, Monitoring Evaluation	At least 2 meetings of project Advisory Board held

E. HDPM Staff Reorganization Realignment of responsibilities completed

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F. Transfer of Project Administration Transfer to USAID/Jakarta auspices carried out

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A. Global Planning Efforts

The team was not informed that this activity was being organized. When the new book materials should be available, there is a possibility this activity will be carried out and the output achieved.

B. Dissemination of HDPM Project Materials

In the past two and a half years there has been dissemination of considerable materials related to HDPM. These included seminar reports, workshop proceedings, etc. This output continued to be achieved at the end of the period under review.

C. Development of Demonstration/Training Center

There was no evidence that this activity had moved any further than a concept. No evidence of special funding for this project was provided to the team. The prospect of this projected activity becoming a reality in the third year is uncertain.

D. HDPM Project Planning, Monitoring, Evaluation

The projected output "at least two meetings of the Advisory Board" to carry out this activity will definitely be met.

E. HDPM Staff Reorganization

The staff assignments have been realigned based on FKM faculty development. At present, Dr. Ascobat Gani has replaced Dr. Anhari Achidi as Project Director, FKM. He will also continue as Director of the Health Services Research Component. Dr. Adik Wibowa will assume responsibility for the FKM Training Component Replacing

Dr. Amal and Dr. Mary Wangsarahardja will assume responsibility for In-Service Training, a position previously held by Dr. Adik Wibowa. Dr. Wangsarahardja will be replaced by an incoming staff member to handle HDPM financial matters. The re-organization will be fully achieved as planned.

F. Transfer of Project Administration

Although there was a projection of transfer of the HDPM project to AID/Jakarta, it now appears that this will not be the case. Instead, a closer working relationship between AID/Indonesia, JHU, and FKM, with AID/Indonesia making some contributions to fundings envisioned.

7.2 Summary

During Year I, the major output, the organization of an Advisory Board was carried out and therefore, the output was fully met. During Year II, of the six planned activities, the following 3 projected outcomes were fully met: Advisory Board Meetings, First Annual Review, and JHU's Teaching in Planning and Management. Book on Planning and Management was partially completed. However, the Second-Year Evaluation and Global Review of Private Health Sector were not carried out as planned.

In Year III, at the mid-point of the project and mid-year, the following projected activities and their outputs seem certain to be achieved: 1) Global Planning Efforts; 2) Dissemination fo HDPM Project Materials; 3) HDPM Project Planning, Monitoring, Evaluation and 4) HDPM Staff Reorganization. Nevertheless, the following activity and output does not seem possible to be achieved: Development of Demonstration/Training Center. Since there are no plans for its implementation, the Transfer of Project Administration to USAID/Jakarta is out of the question now.

### 7.3 Recommendations

In order to carry out some of the major developmental recommendations, there appears to be a need for some changes in the project organization.

In this connection, the following recommendations are made:

- o That in preparing for the implementation of functional analysis, the Advisory Board be intimately involved to assure that the outputs will be consistent with the goals of FKM, LITBANGKES, PUSDIKLAT, LAN, and DEPKES.
- o That in the structure for administration a long-term faculty member from JHU with excellent experience and credentials be assigned to provide guidance, direction, and educational opportunities for faculty and students in the Functional Analysis process.
- o That trip reports be organized to reflect organizational components of the project, and that they also reflect the progress toward activities and outputs from the Annual Work Plan.
- o That the Annual Report be organized in the same format as the Work Plan and address each activity and output individually. The format used for the Annual Report for Year I seems to be suitable for this purpose.

## 8. BUDGET ANALYSIS

In Year I, JHU was awarded a sum of \$380,009. During this year a sum of \$51,160 was unspent. The spending rate was 86.53%.

In Year II, JHU was awarded a sum of \$500,000. During this year a sum of \$115,365 was unspent. The spending rate was 76.93%.

In Year III, the total award was \$500,000. At the mid-year, using a normal distribution of expenditures of 50% a balance of \$250,000 would be left. However, the actual expenditures were \$153,550 for a spending rate of 61.42%. It is, however, recognized from the person/months and anticipated expenditures based on past history, that the heaviest spending for both JHU and FKM is during the summer and early fall months.

JHU anticipates additional expenditures of \$204,237 for the period April 1, 1984 - September 30, 1984. FKM anticipates additional expenditures of \$172,275 for the period from April 1, 1984 - September 30, 1984. In reviewing previous spending practices, it would seem that JHU will most likely spend up to 90% of the anticipated amount, and FKM will spend up to 80% of the anticipated amount. Based on these figures the amount spent by JHU will be \$20,424 less than anticipated and FKM \$34,455 less than anticipated. The analysis based on JHU's projection would have amounted to a deficit of approximately \$30,062. Our calculation would yield a balance of \$24,817.

In the contract for years IV and V, the following budgeted projected allocations are made by JHU:

Year IV	JHU - \$323,745
	FKM - <u>163,000</u>
	Total - 486,745

Year V	JHU - \$356,134
	FKM - <u>141,600</u>
	Total 497,734

In projecting through Year IV, based on the contract agreement of \$2,474,969, and assuming full expenditures for the two remaining years, there will be a balance of \$245,900. If we add to this the anticipated unspent funds for Year III - \$54,879 - there could be an accumulation of approximately \$300,779.

The team recommends that of this amount, in Year IV \$67,000 be added for the functional analysis study. That \$67,000 + 10% be added for year V or \$73,700, and that for Year IV - the sum of \$70,000 be added for the residential consultant and approximately \$50,000 for Year V. The team recognizes that the salary for the residential consultant (Dr. Parker or someone with his eminent background) cannot be covered fully.

The team explored the possibility of AID/Washington discussing with AID/Indonesia the possibility of assuming some cost for the residential consultant for Functional Analysis and Mr. Nicholas Studzinski, AID Advisor for Population and Health, stated that this was a possibility and that AID/Indonesia would entertain such an approach. The team highly recommends a shared funding approach.

Finally, based on these analysis, the following projection emerges -

Year IV -	Budgeted	\$487,749
Year V -	<u>Budgeted</u>	<u>497,734</u>
	Total	985,483

Probable expenditures 95%	<u>936,208</u>	
Balance unspent	49,275	
Overall Balance	245,900	
Plus probably Year III unspent	<u>54,879</u>	
Total Unspent	\$350,054	
New phase - Functional Analysis	<u>140,700</u>	
Balance	209,954	
AID/share (JHU - Resi- dential Consultant)	<u>120,000</u>	
Balance Unspent	\$ 89,954	(Approximated \$90,000 or 3.63% unspent)



Oct. 1, 1982 - Sept. 30, 1983

Year II

Awarded \$500,000

JHU

Work Plan	\$272,968	
Budget Allocated	\$242,480	
Actual spent	<u>\$235,152</u>	
Balance	\$ 7,328	= 96.98% spent

JHU/FKM

(Sub-contract)

Work Plan	\$296,000	
Budget Allocated	257,000	
Actual spent	<u>149,483</u>	
Balance	\$107,517	= 58.16% spent

Balance = Difference between:

Award - Actual =

500,000 - 384,635 = 115,365

End year II balance available	\$166,525
Total Balance	<u>\$166,525</u>

Oct. 1, 1983 - March 31, 1984

Year III

Alternative

Work plan                    \$289,948  
Budgeted Allocated            256,700  
Actual spent to date         89,727\*  
Balance                        \$166,973

Project

3/1/84 - 9/30/84 =            \$204,237\*

- \$ 37,264

Less \$20,424

10%

Based on past history

JHU/FKM

(Subcontract)

Work plan                    \$264,937.50  
Budgeted Allocated            243,300  
Actual spent to date         63,823\*  
Balance                        \$179,477.

Project

3/1/84 - 9/30/84 =            172,275\*

\$ 7,202  
- \$ 30,062

Less \$34,455

20%

Based on Historical  
spending Years I & II

Anticipated Carry-Over

\$166,525  
- 30,062

Total                        \$136,453

\$54,879 (to be added)

- \$30,062

+ \$24,817

Anticipated Total Expenditures

Year I, II, III = \$1,243,508

Total Award

Year I, II, III = \$1,380,009 to date

Balance = \$ 136,501 (\$136,453)

Total Award 5 Years = \$2,474,969

Actual-end Year III = \$1,243,508

Balance Beginning Year IV = \$1,231,461

Year IV

Probably: \$54,879

JHU original \$487,747

Work plan  
\$743,714

Year V \$497,734

Balance \$245,900 end Year V

+ probably 54,879  
\$300,779

Additional Costs

Year IV Final Analysis \$57,000 +550,000 cost of 6 months

Year V Final Analysis \$57,000 +550,000 " 6 months

Total = \$214,000

\$245,900 - \$214,000 = \$31,900

## 9. RESPONSE TO EVALUATION SCOPE OF WORK

The evaluation scope of work identified twenty-two (22) questions which are of concern to AID project management. Although it appears that these questions are answered elsewhere in this report, they are re-stated and responded to individually as related to the stated issue.

### 1. To what extent have contract output requirements been accomplished?

There is a variation of outputs among the four components. In-Service Training has almost achieved the output expectations. The Training of Trainers and other short courses have been satisfactory. The FKM training has achieved some outputs, particularly with regard to developing and reorganizing the curriculum S<sub>1</sub> and S<sub>2</sub> training respectively.

JHU did not carry out a systematic entry assessment of FKM faculty capabilities, knowledge, skills and practice in health planning and management. In the absence of quantifiable baseline data, it was difficult to measure the extent of faculty capability improvements at the time of this review. Although the bio-data of the current dean and other faculty in the Department of Public Health Administration have indicated specialized training in health planning and management in addition to medicine and public health a baseline assessment would have been useful for measuring the mid-term progress.

The technical assistance component has floundered with various approaches to methods of service unit institutionalization. However, some progress has been made by the faculty in preparing a list of available consultants. An analysis and preparation of a statement of FKM - UI/J and other UI/J faculty capabilities is essential and should be done.

The Health Service Research component has some notable outputs such as a Research Seminar/Workshop for faculty and Litbangkes personnel; the compilation of research on Indonesia; and Training of Trainers in Research. Most of these seminars, workshops, etc., are prepared in proceedings for distribution.

2. Relative to the overall and yearly work plan, is the project making progress?

Sufficient progress has been made in all components. As stated earlier, based on the work plan activities and achieved outputs, the In-service aspect has made the most progress, followed by Research, Training, and Technical Assistance in that order.

3. To date, are the contract inputs and outputs of reasonably high quality and usefulness?

The contract inputs and outputs vary in quality and usefulness. FKM inputs and outputs of In-Service training and TOT are of a reasonably high quality. The strengths of JHU are clearly demonstrated in In-Service and research components.

4. Have the contract participants (JHU and FKM) performed adequately according to the terms of the Cooperative Agreement and the Sub-Agreement?

Based on the Cooperative Agreement, it can be said without a doubt that FKM has performed above an adequate level. They have adequate direction in what they are doing and a great deal of commitment to the project. JHU on the other hand has sent in a stream of "visiting firemen" who have ignited the blaze, but at times do not keep sufficient watch. JHU's long distance approach, has had some positive benefits in giving FKM opportunity

to make decisions and exercise programmatic initiative which is highly appreciated by the Indonesians. However, the downside could be a lack of consistent and continuous input on site.

5. To what extent do actual expenditures differ from projected costs? Are differences justified?

The projected expenditures differ in categories of personnel and in the training component. However, a review of the budget does not indicate a serious over expenditure in any account. During year I, both JHU and FKM underspent considerably in travel and per diem. In year II, both underspent in travel and per diem and FKM underspent in District Training. The district training costs were absorbed by the government, therefore the underspending was justified. In year III, it appears that FKM will underspend in travel and per diem again, but not at the level of the previous years.

6. Is the level of output completed by the contractor consistent with the level of funds provided?

The output level is consistent with the level of funds provided. In spite of the team's critical project analysis, the output record is clearly defined and both parties are basically living up to contractual agreements and making honest efforts to carry out activities and achieve outputs with funding available. Both are to be complimented on not using funds just because they are available.

7. The Cooperative Agreement lists a number of reporting requirements such as progress reports, trip reports and financial reports. Are these requirements being met in a timely fashion?

Some of the requirements are being met. Progress reports and financial reports are available at both JHU and FKM. They are scarce in

AID/Washington files.

There was a change in the reporting mechanism and periodical reports contrary to what was stated in the cooperative agreement. The team was not able to verify whether this change was done in agreement with AID/Washington or a decision at JHU.

Some of the trip reports were not prepared in a format which would be useful for analysis and assessment of progress. One of the major recommendations in the report addresses this issue and the need for more careful, well organized reports, which have specific objectives as related to the project and the organization of the reports in a manner consistent with the four major project areas, that is, In-service Training, FKM Training, Technical Assistance, and Health Service Research.

8. Has the contractor exercised sound technical, fiscal and management skills in implementing this project?

Yes, the books are well kept. There are some minor discrepancies between our calculations and JHU calculations which can be rectified easily. The DIH has a capable fiscal officer. The FKM also uses very sound fiscal management. The JHU/FKM Fiscal officers work very closely together, even at long distance. However, it is important to point out that JHU's management of the project has suffered as a result of not receiving timely feedback from AID on work plan submissions, travel requests, etc. These have resulted in delays in providing sound technical direction as needed.

10. Are the project's internal governance and administrative procedures effective and appropriate?

The project's internal governance is unique. The pattern of FKM decision making is participatory in principle. The process is based on

cooperation, consultation and concensus. Managerial responsibilities are collective and at times authority lines are vaguely defined. However, the final decision on all matters is clearly the responsibility of the project director at FKM and the project director at JHU. At FKM each component of the HDPM project (TA, Research, In-Service Training, and FKM Training) is managed by one faculty member who in turn is responsible to the Director of HDPM.

The governance at both JHU and FKM is appropriate and effective. We found no bottlenecks at either place.

11. Are facilities adequate?

The FKM is housed in a building near the center of the city. Each faculty member has an office or they share offices. There appears to be adequate secretarial and clerical staff. The Dean, other administrative staff, and faculty are all located in the building, also classroom space, and adequate space for students appears to be available. The team met at all times in either of two (2) large conference rooms in FKM. Audio-visual equipment and duplicating equipment are also available.

12. Have there been other positive goals achieved as well as the stated project goals?

There have been some unique goals in terms of the visibility of FKM and an increased positive relationship with the Ministry of Health. Also the faculty have extended themselves outside of Java and presented a Workshop with medical faculty on research at the Andalas Medical School in Padang, West Sumatra. This is also a significant step since there are now movements to establish a School of Public Health (FKM) in Padang.

13. Is there any measureable impact of the project on the planning and management of health programs in Indonesia?

The TOT program and the ripple effect, which are clearly evident when one visits the Kabupaten and the Pakesmus levels, are clear evidence of the impact. At the present time this impact is not measureable, but the dispersion effect, and the stimulus in planning and management is evident.

14. What are the plans of the Government of Indonesia for maintenance of the Program at MOH and the FKM? Are the plans realistic and feasible?

The team did not have concrete evidence that the government had plans to maintain the expenditures. However, the Dean indicated he was going to institutionalize the program. His goal is to have wider participation of faculty members. He has already initiated this effort through the anticipated Functional Analysis project.

Litbangkes has offered to work very closely with FKM on the Health Services Research. The Director of Litbangkes indicated that funds can be available for research. Pusdiklat has indicated an interest in having DKM work with them more consistently on the In-service and Pre-service training program. They are responsible for all Pre-University Mid-Level training for health services staff.

15. Is there likely to be a need in Indonesia for future A.I.D. assistance of this type?

As the country develops the New Schools of Public Health, future AID assistance will be needed. Plans are already underway to initiate and complete four new schools. These will be located as follows: South Sulawesi - School of Public Health, Hasanudin University, Ujang Padang; Central Java - School of Public Health, Diponegoro University, Semarang;

East Java - School of Public Health, University of North Sumatra, Medan. The concept of indigenous capability appears to be high appealing to the FKM and other Indonesia officials with whom the team spoke, and therefore USAID support will be useful.

16. Should a follow-on project or a similar project be envisioned by A.I.D. for this or another country/region? If not, why not?

Follow up projects should be envisioned by aid for Indonesia in its development of the New Schools. However, a regional approach is not suggested under current arrangements from AID/Washington. The restrictions in travel, lack of full time staff and financial constraints make monitoring of such projects administratively cumbersome.

17. Are the purposes and assumptions of the project still valid?

Yes, the purpose and assumption are still valid. In fact, they may be more valid today, than when the project started. For instance, the interest and enthusiasm which seems to have been generated by FKM along with decentralization is appropriate at this time in the development of the Health Care System throughout Indonesia.

Also the fact that New Schools of Public Health are in the planning process of being developed, hopefully, in association with FKM/UI-J thus will enhance the concept and application of health care planning and management.

18. What are the lessons learned by the project thus far?

1. The major lessons learned are that if properly organized, a ripple effect can take place as evidenced in TOT programs.

2. There is a need to designate a project officer within USAID Mission for all AID/assisted programs in a country.
3. In an AID project located in a country with AID/Washington as the direct link, the project officer (manager) in Washington should plan regular field visits. This requires budgetary provisions and development of monitoring procedures.
4. Where professional leadership exists in a country, and particularly in a selected area such as FKM, a full-time residential representative may not be needed. However, it is clear that when a specific, clearly defined task is designated, expert advice should be provided on a long term basis.
5. AID should more closely monitor the contract as related to the work plans to assure that the work plans are consistent with tasks proposed in the Cooperative Agreement.
6. In a project with multiple components, such as HDPM, the potential for achieving synergism among components should be considered and incorporated in the design of future project work plans and other similar projects under development. This could ensure that research activities contribute to technical assistance and training capabilities, etc., resulting possibly in a stronger strategy for building institutional capability.
7. Every effort should be made to assure that USAID project managers will remain in position long enough to gain hands-on experience and provide continuous feedback and facilitate the essential monitoring process. Also just as important, the professional and educational qualifications of the USAID project managers are critical to the project's success as are his/her experience and continuing on the job.

19. In the light of lessons learned by the project participants, what elements of the project should be redesigned?

There are no major aspects of the project which should be redesigned. However, it is essential that a mechanism be developed to assess faculty capabilities and document individual and collective progress by JHU and a programmed approach be organized to develop needed capabilities where deficiencies are identified.

It is expected that the initiation of the Functional Analysis study will add a new dimension which should help meet the major goal of developing national capabilities in Indonesia.

20. Are staffing patterns sufficient and appropriate?

The staffing patterns appear to be sufficient and appropriate at FKM. However, the backup at JHU is somewhat diffused and it is difficult to identify specific expertise of some faculty who visit the FKM and their relationship to specific component of the project. It would be useful to the project, if as in FKM, each JHU faculty on HDPM be formally identified to monitor a specific component of HDPM as his/her primary responsibility, thus serving as a back-up to his/her counterpart at FKM, (e.g., FKM has Dr. Ascobat as the person responsible for HSR, Dr. Adik responsible for TA, etc.). This appointment of specialized project component monitors, does not preclude JHU faculty members to perform additional monitoring tasks related to HDPM on their visits to Indonesia.

21. Within the existing project budget, are staffing changes recommended, for example, a resident advisor?

A resident advisor is not recommended, but a qualified consultant for the Functional Analysis is recommended.

22. Are the financial resources of the project justified in terms of accomplishments and outputs?

Yes, financial resources are justified in terms of accomplishments. In less than three years, the team was impressed with the wide range of contracts, which have been made by FKM faculty and staff. The outputs in all four areas are commendable, however, these are unevenly distributed. To give the HDPM a semblance of balance, there is a need for refocusing resources more on FKM training and HSR research.

23. Is a needs assessment, which was not programmed before project initiation, desirable at this point in time?

The team is in agreement that an assessment of the faculty capabilities in health care and planning is essential so that plans consistent with future faculty development can be made. Without this assessment, it was and will be difficult to ascertain whether faculty capabilities had been developed. A well organized assessment program will provide necessary data for project end evaluation. The Indonesian can also benefit from this exposure and will be able to carry out their own self-assessment after the project contract expiration.

SCOPE OF WORK

I. Project Title: Health Development Planning and Management/Johns Hopkins University (HDPM/JHU).

- A. Project No.: 936-5901
- B. Cooperative Agreement No.: AID/DSPE-5901-A-00-1039-00
- C. A.I.D. Project Manager: Rosalyn C. King, S & T/H/HSD

II. Contractor/Principal Investigator:

- A. Cooperative Agreement: Johns Hopkins University School of Hygiene and Public Health, Baltimore, MD  
Subagreement: Fakultas Kesehatan Masyarakat (FKM), University of Indonesia
- B. Project Director (JHU): Dr. William A. Reinke  
Co-Project Director (JHU) Dr. Timothy A. Baker  
Subagreement Director (FKM): Dr. A. Achadi

III. Purpose of the Evaluation: Scheduled Mid-Term, In-depth Evaluation

The cooperative Agreement, scheduled to be completed on September 30, 1986, requires a Mid-Project External Evaluation. The evaluation is to assess project progress, management and performance as well as provide guidance for remaining project activities. The evaluation will also provide useful feedback to AID on developing host country institutional capability in health planning and management.

IV. Dates and Places of Evaluation:

- April 18, 1984: Team Orientation & Briefing at AID/W
- April 19-20, 1984: Site Visit, JHU, Baltimore
- April 22, 1984: Team Assembly and Document Review, USAID
- April 23 - May 4, 1984: Field Evaluations: FKM, DEPKES & Provinces

V. Composition of the Evaluation Team;

The evaluation team should be composed of specialists, who collectively represent expertise in the following areas:

- 1) university-based, public health training program administration
- 2) health planning and management curriculum design
- 3) in-service training/health care organization/ministries of health
- 4) AID project design and evaluation
- 5) the host country



VIII. Problems and Issues to be Addressed by the Evaluation Team:

There are three key areas of problems and issues: contractor management and performance, development of institutional capability, and project design. Specific questions to be addressed by the team are as follows:

1. To what extent have contract output requirements been accomplished?
2. Relative to the overall and yearly work plans, is the project making sufficient progress?
3. To date, are the contract inputs and outputs of reasonably high quality and usefulness?
4. Have the contract participants (JHU and FKM) performed adequately according to the terms of the Cooperative Agreement and the Sub-Agreement?
5. To what extent do actual project expenditures differ from projected costs? Are differences justified?
6. Is the level of output completed by the contractor consistent with the level of funds provided?
7. The Cooperative Agreement lists a number of reporting requirements such as progress reports, trip reports and financial reports. Are these requirements being met in a timely fashion?
8. Has the contractor exercised sound technical, fiscal and management skills in implementing this project?
10. Are the project's internal governance and administrative procedures effective and appropriate?
11. Are facilities adequate?
12. Have there been other positive goals achieved as well as the stated project goals?
13. Is there any measurable impact of the project on the planning and management of health programs in Indonesia?
14. What are the plans of the Government of Indonesia for maintenance of the program at MOH and the FKM? Are the plans realistic and feasible?
15. Is there a likely to be a need in Indonesia for future A.I.D. assistance of this type?
16. Should a follow-on project or a similar project be envisioned by A.I.D. for this or another country/region? If not, why not?
17. Are the purpose and assumptions of the project still valid?
18. What are the lessons learned by the project thus far?
19. In the light of lessons learned by the project participants, what elements of the project should be redesigned?
20. Are staffing patterns sufficient and appropriate?
21. Within the existing project budget, are staffing changes recommended, for example, a resident advisor?
22. Are the financial resources of the project justified in terms of accomplishments and outputs?
23. Is a needs assessment, which was not programmed before project initiation, desirable at this point in time?

IX. List of Documents to be Provided to the Evaluation Team:

1. Request for Proposal
2. Contractor Proposal
3. Cooperative Agreement
4. Subagreement
5. Workplan Year I, II and III
6. Progress Reports
7. Trip Reports

X. Proposed Schedule of Key Events:

April 18-20, 1984:	Site visit to Rosslyn, VA and Baltimore, MD to begin evaluation of domestic-based activities.
April 22 - May 4, 1984	Site visit to Indonesia (Jakarta and Two Selected Provinces) for evaluation of field activities.
May 6 - May 18, 1984:	Finalize evaluation report

LIST OF PERSONS CONTACTED AND/OR INTERVIEWED

- I. USAID - BUREAU OF SCIENCE, AND TECHNOLOGY - OFFICE OF HEALTH
1. Ms. Ann Tinker, Chief Health/S&T HSD AID
  2. Dr. R. King, Project Manager, HDPM'
  3. Dr. David Oot, State Department, Chief of Health Asia Bureau
  4. Dr. William Goldman, State Department, Asia Bureau/Health
- II. JOHNS HOPKINS UNIVERSITY - BALTIMORE
1. Dr. C. Taylor, Professor Emeritus and Former Chairman, DIH
  2. Dr. William Reinke, Acting Chairman, DIH - Project Director, HDPM
  3. Dr. Timothy Baker, Professor, DIH, Co-Director, HDPM
  4. Dr. M. Tayback, Professor, DIH/HSA
  5. Dr. Moses Pound, (Anthropologist), DIH
  6. Mr. D. Karaushaar, (Doctoral Candidate), DIH
  7. Ms. Eileene Sklar, Financial Manager, DIH and HDPM
- III. USAID MISSION INDONESIA
1. Dr. D. Calder, Chief Health and Population
  2. Mr. N. Studzinski, Project Officer (USAID)
  3. Dr. R. Lynton
- IV. FKM HDPM FACULTY
1. Dr. Alex J.A. Papilaja, Dean
  2. Dr. Anhari Achadi, Project Director
  3. Dr. Amal C. Sjaaf, TOT
  4. Dr. Ascobat Gani, HSR
  5. Dr. Adik Wibowa, TA
  6. Dr. Mary Wangsarahardja, Finance
  7. Dr. Mardiiati, Finance

V. INDONESIAN PARTICIPANTS AT JHU

1. Dr. Bhutto, Director, Health Planning Bureau, DEPKES
2. Dr. Hassan Hsoni, BKKBN
3. Mr. Nelillia, Inspector General, DEPKES
4. Dr. Hoyoto, FKM Faculty
5. Mr. Rotni, Assistant Minister, DEPKES
6. Dr. Izhar, FKM Faculty (Doctoral Candidate)

VI. PUSDIKLAT

1. Dr. Hapsara, Director

VII. BADAN LITBANGKES

1. Dr. A. A. Loedin, Director, Litbangkes
2. Dr. M.H. Widodo Soetopo, Director, Health Services R & D.,  
Surabaya
3. Dr. Soemarlan

VIII. DEPARTMENT CHAIRMAN, FKM

1. Dr. Buchari Lapau, Epidemiology
2. Dr. Budi Utomo, Biostatistics

IX. ANDALAS SCHOOL OF MEDICINE

1. Dr. Marias Marianas, Dean, Medical School, University of Andalas,  
Padang
2. Dr. Syafril Syahbuddin, Vice Dean, Medical School, University of  
Andalas

X. WEST SUMATRA REGIONAL/HEALTH OFFICE, PADANG

1. Dr. Rifki Ismail, Chief Provincial Medical Officer
2. Dr. Idrian Chaidir, Chief of Section on Evaluation

3. Dr. Bakhtiar Karatu, Chief, Planning, Program Evaluation
4. Dr. Fatmi Hosni, Puskesmas Physician
5. Dr. Amwar Shah, Chief of Evaluation
6. Dr. Benyamin Liputo, Member/Training in Health Management
7. Dr. Saif Abdoellah, Staff of Provincial Health

XI. HRD STAFF

1. Dr. Udai Pareek, Health Management Expert, Indian Institute of Management
2. Dr. Rao, Health Management Expert, Indian Institute of Management

XII. CONSORTIUM OF HEALTH SCIENCES

1. Dr. Maarifin Husein, Director

XIII. CENTRAL JAVA REGIONAL HEALTH OFFICE, SAMARANG

1. Dr. Nardho Gunawan, Chief Provincial Health Officer
2. Mr. M. Luthfi, Health Education Unit
3. Mr. Victor Sartono, Health Education Unit
4. Dr. Emanuel Winarno, Chief Public Health Training Center, Salamang
5. Mr. R.H. Djaman Sujandi, Chief Public Health Training Center,  
Gombang Jawa Tengah
6. Dr. Suharto Sukarno, Chief of Kabupaten, (Dinas Kesehatan)

XIV. LIST IN ATTENDANCE AT THE HDPM ADVISORY COMMITTEE MEETING (April 25, 1984)

- |                          |                              |
|--------------------------|------------------------------|
| 1. Dr. A. J. A. Papilaja | Dean, FKMUI/J                |
| 2. Dr. Does Sampoerno    | Former Dean, FKMUI/J         |
| 3. Dr. A. A. Loedin      | Director, Litbangkes, DEPKES |
| 4. Dr. Pong Tengo        | ROREN, DEPKES                |
| 5. Dr. Soemarlan         | Litbangkes, DEPKES           |
| 6. Dr. Widodo Soetopo    | Litbangkes, DEPKES           |

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|-----|--|--------------------|
| 7.  | Dr. Ariatedja Sabirin                      | BiroKepeg, DEPKES  |
| 8.  | Dr. David Cadler                           | Chief, O/PH, USAID |
| 9.  | Mr. Nicholas G. Studzinski                 | O/PH, USAID        |
| 10. | Dr. Aziz Lasidon                           | DEPKES             |
| 11. | Dr. Anhari Achadi, Director, HDPM          | FKM/HDPM           |
| 12. | Dr. Adik Wibowo, Technical Assistance      | FKM/HDPM           |
| 13. | Dr. Amal Chalik Sjaaf, In-service Training | FKM/HDPM           |
| 14. | Dr. Ascobat Gani, Health Services Research | FKM/HDPM           |
| 15. | Dr. Mary A. Wangsarahardja, Administrator  | FKM/HDPM           |
| 16. | Dr. William A. Reinke, Co-Director         | JHU/HDPM           |

DOCUMENTS REVIEWEDUSAID/WASHINGTON

1. Scope of Work For Evaluation of Cooperative Agreement AID/DSPE/5091-A-00-1039-00.
2. The JHU/SHPH Technical Application.
3. Cooperative Agreement, #DPE-5901-A-00-1040-00 of 9/30/81.
4. FKM/JHU Sub-contract of 12/10/81.
5. HPDM Consultant Roster, Jakarta. 1982.
6. Proposal For Functional Analysis of Kabupaten Middle Managerial Staff Original Proposal, February, 1983 and Revised Proposal, March, 1984.
7. Background Information For First Annual Review & Second Annual Work Plan, JHU.
8. Second Annual Work Plan, October 1, 1982 - September 30, 1983, JHU.
9. Second Annual Report, JHU.
10. Third Annual Work Plan, October 1, 1983 - September 30, 1984, JHU.
11. Field Trip Report to Indonesia. T.D. Baker, 2/18 - 3/11/84, JHU.
12. HDPM Evaluation Plan, JHU/FKM.
13. First Year Evaluation of HDPM, Robert S. Northrop on March 10 to 26, 1983, USAID.

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1. Background Information for USAID/Indonesia, Health Sector CDSS, January, 1983.
2. USAID Memorandum, David Cadler, HDPM Project, Indonesia to George Curlin and Roselyn King, S&T/HEA of November 10, 1983.
3. USAID Cable Approving Scope of Work For Evaluation of CA.

FKM AND DEPKES REPORTS AND PUBLICATIONS REPORTS

1. Prospective Analysis of R & D Budget and Its Relationship to Manpower Strength in NIHRID (Litbangkes), by Berlian T.P. Siagian, March, 1984.
2. HDPM/Project Year II Annual Report, 10/1/82 to 9/30/83, FKM Pub. #34.
3. HDPM/Project Year II Annual Financial and Administrative Report, 10/1/82 to 9/30/83, FKM, Pub. #35.
4. HDPM/Project Year III Progress Report, 10/1/83 to 3/31, 1984, FKM, Pub. #36.
5. HDPM/Project Year III Mid-Term Report, 10/1/83 to 3/31, 1984, FKM, Pub. #37.

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1. Health for All By the Year 2000 For Indonesia, FKM, Pub. #11, 1982.
2. Consultation Techniques in Health Programs, FKM Pub. #12, 1982.
3. Resource Allocation Model in Health Program, FKM Pub. #15, 1983.
4. Social Marketing and Commercial Marketing on Health Environment At Theoretical Framework For Integration, FKM, Pub. #26, 1983.
5. Preliminary Report of Research of the Cost of Ambulatory Medical Care Services, In District Health Centers in West Jakarta Region, Jakarta, D. Kraushaar, FKM PUB. #28, March 21, 1984.
6. Training I - Health Services Research, FKM, Pub. #29, 1984.
7. Training Assessment of Health Managers of TOT at Kabupaten Level, FKM, Pub. #31 and 32, 1984.
8. Performance Assessment of Health Managers at Kabupaten Level, Pub. #33, 1984.
9. Training II - Health Services Research, FKM, Pub. #

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1. Health Development Planning and Management Project Progress Report - October 1, 1983 - March 31, 1984. Publication #36, Jakarta 1984.
2. HDPM Indonesia Trip Report for period September 14, - October 16, 1982. William A. Reinke
3. HDPM Indonesia Trip Report, July 26, - September 3, 1982. Carl Taylor
4. HDPM Indonesia Trip Report, July 6-22, 1983. Timothy D. Baker
5. Trip Report - HDPM Indonesia, William Reinke, October 5-28, 1983.
6. Mid-term Report presented on April 25, 1983 in FKM-UL Jakarta.
7. Consultation to Community Medicine Program Faculty of Medicine, Andalas University Padang, W. Sumatra - Robert Northrup.
8. Technical Application Cooperative Agreement Proposal HDPM RFA #AID/DSPE - 1028
9. Request for Application (RFA) for Cooperative Agreement (CA) AID-DSPE - 1028; HDPM
10. Clarification of Issues RFA #AID/DSPE 1028, HDPM
11. Health Development Planning and Management Project Mid-term Report October 1, 1981 - March 31, 1984. FKM-UI, 1984.