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Project HOPE

FINAL EVALUATION REPORT

CHILD SURVIVAL TRAINING IN INDONESIA

**at the
Center for Child Survival - University of Indonesia,
and a Demonstration Area in South Sulawesi**

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**Dr. Firman Lubis, External Evaluator
Dr. Soeratni Poerbonegoro, Training Coordinator, CCS-UI
Dr. Sumedi Sudarsono, CS Specialist, CCS-UI**

**Leslie Mancuso, M.S.N., R.N.
Associate Director of Nursing**

**HOPE CENTER
Millwood, Virginia 22646**

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ACRONYMS

CCS-UI	Center for Child Survival-University of Indonesia
CCS-UNHAS	Center for Child Survival - Hasanuddin University
CS	Child Survival
CV	Curriculum Vitae
DIP	Detailed Implementation Plan
FKM-UI	Faculty of Public Health - University of Indonesia
Project HOPE	The People-to-People Health Foundation, Inc.
MOH	Ministry of Health
NGO	Non-Government Organization
PUSDIKLAT	Centre for Training of Health Personnel - MOH
PVO	Private Voluntary Organization
UI	University of Indonesia
UNHAS	Hasanuddin University
MIS	Management Information System

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A. SUSTAINABILITY STATUS

- A1. At what point does A.I.D. funding for child survival project activities end?**
- A2. At what point does the organization plan to cease child survival project activities?**
- A3. How have major project responsibilities and control been phased over to local institutions? If this has not been done, what are the plan and the schedule?**

Observations/Findings

A.I.D. and Project HOPE funding will end on August 31, 1992.

There is no planned cessation of child survival activities because their continuation is within the mission and objectives of the Center for Child Survival - University of Indonesia (CCS-UI). The center has determined this year that the scope of child survival programs should be broadened to include both child development and safe motherhood.

Major project responsibilities and control have been phased over to the CCS-UI. It was clear that the phaseover process was planned during the development of both the proposal and Detailed Implementation Plan (DIP). The following responsibilities and initiatives have been undertaken for the complete phaseover as defined by the DIP:

- o A local CS specialist, Dr. Sumeidi, worked with the Project HOPE expatriate director until her planned departure in March 1992. Dr. Sumeidi assumed the responsibilities of director, and has conducted two (2) training workshops independently since her departure.
- o Separate workshops have been conducted by CCS-UI (i.e., a repeat Management Information System (MIS) workshop) which have been financially self-supported.
- o A MIS CCS-UI staff member was appointed March, 1992 to a full-time position. This individual will focus on further development of the human resources data base.
- o A part-time training specialist, hired for the program in June 1991, will continue with the CCS-UI. The individual's responsibilities will focus on future development of CCS-UI training programs.

- o An administrator has been hired to oversee the general and financial management of all training activities.

The following activities show that significant progress has been made towards sustainability of this project:

- o A long term institutional development plan was produced during the tenure of the program and partially implemented, in accordance with the proposed timeline.
- o Since October 1991, the Center for Child Survival-University of Indonesia (CCS-UI) has already implemented four (4) self-supported trainings utilizing the methodology they learned in the Project HOPE program. These training workshops proved to be profitable. In addition, a one-year implementation plan for training programs has been developed.
- o A computerized human resources data base was established, with 338 entries of trainers, researchers, consultants, and trainees. It is projected that a database for CS (Child Survival) literature development will be established within the next year.

Recommendations

- A. It is critical that an administrator remain in place at the CCS-UI to oversee the operations of the center.
- B. The CCS-UI should continue to conduct self-supporting workshops utilizing the methodology developed with Project HOPE.

B. ESTIMATED RECURRENT COSTS AND PROJECT REVENUES

- B1. Identify the key child survival activities that project management perceives as most effective and would like to see sustained.
- B2. What expenditure will continue to be needed (i.e., recurrent costs), if these key child survival activities are to continue for at least three years after child survival funding ends?
- B3. What is the total amount of money (U.S. dollars) the project calculates will be needed each year to sustain the minimum of project benefits for three years after CS funding ends?

- B4. Are these costs reasonable, given the environment in which the project operates? (e.g., local capacity to absorb cost per beneficiary)**
- B5. What are the projected revenues in US dollars that appear likely to fund some child survival activities for at least three years after A.I.D. CS funding ends?**
- B6. Identify costs which are not likely to be sustainable.**
- B7. Are there any lessons to be learned from this projection of costs and revenues that might be applicable to other child survival projects.**

Observations/Findings

It was clear from the interviews conducted that the participants felt a unique aspect of the CCS-UI training workshops was the practice-oriented focus of the training sessions. It was recommended in post-training evaluations, by the participants interviewed, and the Pusdiklat that further development and implementation of practical, hands-on training for CS managers is needed and that the CCS-UI is the appropriate agency to provide these.

Other PVOs and NGOs have begun to access the human resources data base developed by the project. It is critical that the CCS-UI determine how to market this capability of providing crucial information.

As the CCS-UI is a self-supported center, it is important that core costs for the administration of training activities and development of the human resources data base continue to be available. These costs include salaries for full-time and part-time staff, expenses for equipment maintenance and supplies, communication costs including fax and phone, and marketing expenses.

The CCS-UI determined necessary expenses for the next three (3) years as follows. These costs appear reasonable when one considers the number of direct and indirect beneficiaries and the projected revenues.

	Year 1	Year 2	Year 3
Salaries of full-time staff*	\$27,900	29,295	30,760
Equipment maintenance & supply, educational materials**	6,000	6,300	6,615
Marketing	6,000	6,300	6,615
TOTAL	\$39,900	41,895	43,990

*Full-time staff: Dr. Soeratmi, Dr. Soemidi, Titi, MIS, Sudarti. Foundation policy projects annual increase of 5% per year beginning in year 2.

**\$500/mo.

The projected revenues in US dollars the CCS-UI believes to be attainable are as follows:

- o Training sessions (8) times/year, US \$1,500/training = US \$12,000/year = US \$36,000/3 years.
- o Consulting three (3) times/year, US \$700/consultancy = US \$2,100/year = US \$6,300/3 years.

Salaries for the core staff at the CCS-UI are the most difficult to fund. At this time, Dr. Soeratmi, Dr. Papilaya, Dr. Sudarti, MIS Specialist, and Marwan, SE, the administrator, are funded for the coming year. The CS specialist and the administrative assistant are not as yet funded.

Recommendations

- a. Although the number of core staff needs to be limited, based on possible and estimated revenues, the evaluators recommend that the CCS-UI retain some full-time positions on their staff.
- b. Training programs alone may not financially sustain the center. Recommended methods to promote sustainability include: Income from consultancies to outside PVO and NGOs, marketing of the human resources data base to PVOs, NGOs, and field research activities.
- c. The evaluation team believed that the CCS-UI should continue developing practice-oriented training workshops which are unique to the center.

C. SUSTAINABILITY PLAN

- C1. Please identify number and position of project staff interviewed, and indicate the extent of their involvement in project design, implementation, and/or monitoring/evaluation.**
- C2. Briefly describe the project's plan for sustainability as laid out in the DIP, or other relevant A.I.D. projects.**
- C3. Describe what sustainability-promoting activities were actually carried out by the PVO over the lifetime of the project.**
- C4. Indicate which aspects of the sustainability plan the PVO implemented satisfactorily, and which steps were never initiated. Identify any activities which were unplanned, but formed an important aspect of the PVO's sustainability effort.**
- C5. Did any counterpart institutions (MOH, development agencies, local NGOs, etc.), during the design of the project (proposal or DIP), make a financial commitment to sustain project benefits? If so, have these commitments been kept?**
- C6. What are the reasons given for the success or failure of the counterpart institutions to keep their commitment?**

Observations/Findings

The primary objective of Project HOPE's CCS-UI program was to strengthen the CCS-UI in human resource development for CS services through the development of the abilities of the CCS trainers (UI and UNHAS), to provide CS training to managers of public and private sector CS activities. This project assisted CCS-UI with institutional development to make it's services sustainable.

CCS-UI is one of the six research centers in the University of Indonesia Research Institute. CCS-UI is the last center established in the Institute. It was inaugurated by the University Rector 1987. The past Ministry of Education and Culture policy was that a University Research Institute was only allowed to have 5 research centers. CCS-UI as the sixth research was considered as a "functional unit" because it was not in line with government policy. With the new Education Law, this is not the case anymore. CCS-UI has requested that in the new University of Indonesia regulations CCS-UI will be considered as an official "structural" center in the Research Institute.

As all the other "Structural" research centers, the government and university is not providing funds for the operation of the centers. All research centers have to be self-sustainable which is in line with new government policy.

The executive director of the CCS-UI, Dr. Papilaya, and his core staff have strongly felt the need to make the CCS-UI self-supporting. In the DIP of the project, they developed a detailed plan of training activities in support of this goal. This plan has been implemented. In addition, in June 1991, the project supported a strategic planning workshop for CCS-UI for the next five (5) years. The workshop produced a planning document. The activities designated to be implemented prior to completion of the project have already been executed. The strategic planning activity was not included in the original planning (DIP) of the project, but has played an important role in the efforts to make the CCS-UI a self-sustaining institution.

The key conclusions relating to implementation of the sustainability plan are as follows:

- o The CCS-UI staff and relevant persons interviewed (See Appendix 2) in this evaluation, such as the Dean of the FKM-UI, the Director of the University Research Institute, and the Director of PUSDIKLAT - MOH have expressed the importance of the role of the CCS-UI for child survival. Each emphasized the positive impact CCS-UI has had with their workshops. They all want CCS-UI to continue to exist and are supportive of strengthening its role and facilitating sustainability through more institutional development programs. The Dean stated that these training sessions have provided opportunities to the FKM-UI staff to work with CS management and research. This was viewed by the interviewers as beneficial to the individuals' skills.
- o In general, the CCS-UI has been able to strengthen its capability in training through the project activities. It has gained considerable experience in organizing and managing training workshops on several aspects of CS management. It has developed training guidelines, materials, curricula, educational references, and related materials which may be used for future CS training workshops.
- o The CCS-UI has already developed a Management Information System (MIS) for training. They have developed a data base of trainers and trainees, and consultants with their CVs and specialties.
- o The CCS-UI has established an effective working relationship with the government (in particular, PUSDIKLAT-MOH, which would be a potential collaborative institution), for future

training activities. The PUSDIKLAT-MOH has been involved in the planning and implementation of their training workshops. One staff member of the PUSDIKLAT, Dr. Sumaryati Aryosohas served as liaison between the two organizations, with support from the project.

- o The CCS-UI worked very closely with USAID Mission in the implementation of the program activities.
- o Through the project, a communication forum was established for NGOs involved in CS in Indonesia. The first meeting of this networking forum will be held on 20 August 1992.
- o Efforts to strengthen the institutional human resources through the recruitment of more full-time staff have been made during the past year. A full-time administrator, Dr. Marwan (an economist by training), was recently recruited to oversee day-to-day management of the CCS-UI.
- o Training workshops developed under the project have been conducted quite well (three by CCS-UI: MIS, Social Marketing, and Lessons Learned, and one by CCS-UNHAS: CS Management). All of the trainees interviewed expressed satisfaction with the workshops. They believed such training will have a potential market in the near future. One component still lacking is the post-training evaluation. It is recommended that an evaluation be conducted after a period of time has elapsed.

Recommendations

- a. The CCS-UI still needs to strengthen its training capabilities. This could be accomplished by conducting more CS training activities. The two year project duration was not sufficient for the CCS-UI to become self-sustaining. With all the experience gained thus far, the center should continue to strengthen its training capability in CS management, in addition to conducting workshops in related program aspects (safe motherhood, AIDS, urban poor, etc.).
- b. Strengthening and securing the CCS-UI's position under the University's umbrella and its relation to relevant institutions such as the FKM-UI must be an ongoing effort. More financial and human resource support is needed from the University during the development stage.
- c. Strengthening human resource support and expanding center activities are both important to sustainability of the CCS-UI. Recruitment of full-time personnel to build-up and enhance the core staff should be a priority in the near term.

- d. Targeting potential funding institutions and following through with a concentrated marketing effort is still required for sustainability, because relying on local support does not as yet yield sufficient funds. Recommended are more aggressive marketing strategies, to include more frequent communication with various international organizations, increased dissemination of information about the CCS-UI and its activities, and the distribution of attractive brochures, or use of other media, such as radio spots (Public Service Announcements - PSAs).
- e. The initial collaborative effort with NGOs should be continued and enhanced. The communication forum among NGOs (suggested by the NGO participants in the Lessons Learned workshop) could serve as a potential means for the CCS-UI to establish its collaboration with relevant NGOs also working in the Child Survival field.
- f. More emphasis needs to be placed on conducting post-training evaluations to monitor the impact of training and make modifications in training procedures and content.
- g. Collaboration with PUSDIKLAT-MOH is very important to achieve sustainability of CCS-UI's training program.

D. MONITORING AND EVALUATION OF SUSTAINABILITY

- D1. List the indicators the project has used to track any achievements in sustainability outputs and/or outcomes.
- D2. Do these indicators show any accomplishments in sustainability?
- D3. What qualitative data does the PVO have indicating a change in the sustainability potential of project benefits?
- D4. Identify in-country agencies who worked with the PVO on the design, implementation, or analysis of the midterm evaluation and this final evaluation.
- D5. Did the PVO receive feedback on the recommendations regarding sustainability made by the technical reviewers of the proposal and DIP? Did the PVO carry out those recommendations? If not, why not?
- D6. Did the PVO carry out the recommendations regarding sustainability of the midterm evaluation team? If not, why not?

Observations/Findings

Major indicators and outputs of Project HOPE's achievements that were documented during the evaluation process are:

1. By August, 1992 the CCS trainers UI and UNHAS will be competent in CS training and training management.
The indicators are:

- o The number of training activities implemented by CCS-UI increased by 50%.

Achieved:

In 1990, prior to project startup, the total number of training activities in CCS-UI and CCS-UNHAS was zero. During the project, there were three training activities implemented by CCS-UI/Project HOPE: MIS Training Workshop - May 1991, Social Marketing Training Workshop - December 1991, and Lessons-Learned Workshop - June 1992. In 1991 and by August 1992 there were four training activities implemented by CCS-UI. (Focus Group Discussion, SPSS-Computer program, Social Marketing Workshop II, and Qualitative Research). In 1992 the CCS-UNHAS conducted its first workshop, CS Management, with assistance from the CCS-UI. This training utilized the model developed in the first Project HOPE/CCS-UI grant.

- o The CCS-UI will begin to offer training consultancies.

Achieved:

The following individuals have been offered training consultancies during the terms of this grant. Dr. Soeratmi Poerbonegoro, MPH - Marketing of PKMRS at the Lemahabang Diklat Center; Dr. Anhari Achadi, Sc.D - Institutional Development -CCS,UNHAS; Dr. Sudarti Kresno, SKM, MA - Focus Group Discussion Trainings at MOH; Dr. Sumedi Sudarsono, MPH - Save the Children Federation - Rapid Survey Consultation.

- o The performances of the CCS-UI trainers in designing and implementing the Lessons-Learned workshop and other workshops will be evaluated as satisfactory.

Achieved:

All three workshops: Lessons-Learned, MIS, Social Marketing were evaluated as satisfactory immediately after the training sessions. This evaluation covered contents, process, and trainers.

2. By August 1992 the MIS of the training unit at the CCS-UI will be fully developed. The MIS will provide information on

available literature and resources for the CCS-UI and UNHAS staff, as well as a list of individuals trained by the project and CS practitioners of PVO, NGO and MOH.

Partially Achieved:

There are currently 338 individuals in the data base. The Human Resources program is now fully operational and consists of the following categories: consultants, staff, trainers, trainees, and researchers. A plan has been developed to initiate the next phase in developing a literature and resources data base.

3. By August 1992 data base at CCS-UI and UNHAS CS consultant will be functional.

Partially Achieved:

The CCS-UI consultant data base is at this time functional. The CCS-UNHAS has not completed a data base yet.

4. By August 1992 the training unit will provide central access to CCS-UI teaching and educational materials, guidelines compiled from the workshops, and current literatures relevant to CS. The teaching and educational materials and guidelines will be available in Bahasa Indonesia.

Achieved:

The educational materials and guidelines are available at CCS. These teaching and educational materials and guidelines are now available in Bahasa Indonesia.

5. By August 1992 the CCS-UI will have adequate linkage with public and private sector institutions: CS-practitioners, and the Faculty of Public Health - UNHAS, Ujung Pandang. Presently the training does not have a long-term comprehensive plan. This project will initiate such a plan and assist the CCS-UI in translating it into training activities.

Achieved:

Linkage with the institutions is currently present as evidenced by the steering committees, contacts with ex-trainees, list of core trainers available. A long-term strategic plan was developed for CCS-UI during a two (2)-day Institutional Development Workshop, and its components are being incorporated into operational procedures.

6. By August, 1992: 87 CS trainers and managers will have received training in CS management, MIS and/or Social Marketing, and 30 CS managers and practitioners will have participated and share their experiences in Lessons-Learned workshop.

Achieved:

84 Child Survival trainers received training, which consisted of 28 trainers on MIS, 28 trainers on Social Marketing, and 30 trainers for Child Survival management. There were 28 participants for the Lessons-Learned on management of sustainability.

7. By August 1992 preliminary provisions for a Child Survival Center at the Faculty of Public Health - UNHAS will be available with the following indicators. The UNHAS will have:
- o a core staff trained through this project.
 - o required physical facilities.
 - o a long-term plan of action for its institutional development.

Achieved:

The CCS-UNHAS has 7 staff trained by CCS-UI for the program and has conducted the CS management workshops with assistance from CCS-UI. Offices are available for the CCS-UNHAS. A long-term strategic plan was developed by CCS-UNHAS with assistance from a CCS-UI staff member.

See Appendix 3 for a list of the individuals interviewed during the preparation of this final evaluation report. It appears from the interviews and the documents reviewed that the CCS-UI has responded positively to the recommendations made regarding sustainability in the mid-term evaluation.

E. COMMUNITY PARTICIPATION

- E1. Please identify trainees interviewed and indicate which group(s) they represent.
- E2. Which training activities do the trainees perceive as being effective at meeting current health needs?
- E3. What resources have the trainees contributed that will encourage continuation of project activities after donor funding ends?

1. MIS Workshop

The following trainees were interviewed during the evaluation process by team members:

- o Dr. H. Mardelis, SKM - YARSI (Moslem) Health Center
- o Dr. Titi Siswari - Sukmajaya Health Center

Observations/Findings

Both trainees felt the workshop for MIS was both a positive experience and very useful. When asked what they noted as the difference between this workshop and others they have attended, they stated that the CCS-UI trainers had more expertise and were professionals. The participants felt the information presented at the workshop was more practical, as opposed to solely theoretical. Both participants appeared self-motivated to apply the information they received in this workshop in their settings.

There were some constraints identified with the workshops. One major constraint that was identified is the lack of computer capabilities in the Health Centers. Although the workshop included both manual skills and computer skills for the MIS system, the trainees felt the computer was easiest and most efficient, and that its use should be encouraged. Both trainees identified that computers are not accessible in their areas, and therefore it was difficult to use the information they received from the workshop. When asked if they were given a computer and time, would they would be able to utilize the skills acquired during the workshop, both trainees clearly believed so.

Recommendations

- A. Dr. Titi Siswari recommended it would be beneficial if more participants from certain Health Center areas were involved in the workshop, thus allowing more mobility and flexibility due to the rotation of staff through the Center. It was found that each of the CCS-UI's workshops, teams such as an MD and their supervisor, were invited to the workshops.
- B. Both trainees recommended follow-up meetings with the participants to discuss methods to utilize their new MIS skills.
- C. In addition, they emphasized they would access Dr. Sumedi Sudarsono, MPH, a Child Survival Specialist, as a consultant when developing a program in their areas.

2. Social Marketing training

Persons interviewed:

- o Dr. A.A. Tombokan-Neloe - PELKESI (Christian Organization for Health Services)
- o Dr. Mundi Mahaswiati - Yayasan Kusuma Buana
- o Endang Anhari, MD, DR.PH - Fac. Public Health - UI

Observations/Findings

It was clear from all three trainees that this workshop met their own objectives for attending, and actually exceeded their expectations in some instances. All three trainees were able to articulate how they had utilized the information from the workshop and were planning to utilize it in future program activities within their organizations. In particular, the first Indonesia Christian Association for Health Services brought documents to demonstrate their ability to utilize the information and apply it. The trainees emphasized how they have been able to teach others in their organizations about social marketing in work training sessions.

A major strength cited by all trainees is that this workshop provided practical information about social marketing which can be applied, as opposed to purely theoretical information. They found this quite unusual in comparison to other workshops they have attended.

Dr. Endang, from the FKM Faculty of Public Health - U.I, noted that social marketing is being used now by the government in looking at health interventions. She is involved in two projects using social marketing, and found this workshop has helped her tremendously in understanding how to utilize their strategy in planning health interventions. All three trainees believed that they could perform as trainers in future social marketing workshops.

Recommendations

A. All trainees felt there is a major knowledge deficit in social marketing in Indonesia. They emphasized that further workshops should be conducted in this area.

3. Lessons-Learned Workshop on Sustainability

People interviewed:

- o Dr. Rulina Suradi - PERINASIA
- o Dr. Nastiti Rahayu - Asthma Foundation
- o Dr. Sandi Iljanto - Fac. Public Health, UI.

Observations/Findings

Each of the trainees during the interview discussed the concept of sustainability, and how each of them has struggled with understanding it and trying to help their foundations to promote it. All felt that the biggest strength of this workshop was enabling all the participants to discuss how their organizations

have examined and promoted sustainability. Each of the trainees articulated ideas regarding their perspective organization's sustainability, and their strategies to promote financial as well as programmatic sustainability. They emphasized the difficulties in promoting financial sustainability. The participants felt the workshop provided them an opportunity to validate that their ideas were good.

Recommendations

- A. All felt that future networking should occur with the group assembled during the lessons-learned workshop. The CCS-UI is currently planning a communication forum for sustainability. Forum membership will include NGOs or PVOs involved in CS. Dr. Alex Papilaya, DTPH, and the group are planning to meet on August 20, 1992 to discuss this. It is currently planned that the objectives of this forum would be to provide a medium for forum members to meet each other to improve communication between the members, to exchange information and share experience on sustainability strategies, approaches, methods and skills. The forum would also help to seek steps and action to improve organizational sustainability of members.

Overall Conclusions of the Workshops

It appears from the trainees interviewed that the workshop met their objectives. All trainees were able to cite knowledge and practical skills acquired during the work sessions. The Social Marketing and Lessons-Learned workshops were clearly very successful in meeting the trainee's needs. The trainees from those two workshops, in particular, were able to relate how they have used the information from the workshop and taught others about it. It was clear from all interviews that the participants viewed themselves as trainers for future workshops conducted by CCS-UI, and also saw the CCS-UI consultants as potential consultants for their new projects. See Appendix 5 for list of core trainers.

Recommendations

- A. The trainees stated that during the first Social Marketing Workshop it would have been helpful to have the language and materials translated into Indonesian. In the second workshop, conducted solely by CCS-UI, all materials were translated into Bahasa Indonesia. The trainers for the second workshop were the participants in the first workshop.
- B. The trainees requested that the objectives be written more clearly, and relate specifically to their job. This was

completed in the second Social Marketing Workshop conducted by CCS-UI.

C. A post-evaluation follow-up monitoring of the training sessions should be conducted six months to a year following the workshop. The CCS-UI is currently planning to perform this follow-up evaluation. It was also recommended that the pre-workshop assessment time be extended in order to continue to provide content specific to the participants' needs.

F. ABILITY AND WILLINGNESS OF COUNTERPART INSTITUTIONS TO SUSTAIN ACTIVITIES

F1. Please identify persons interviewed and indicate their organization and relationship to the child survival project.

F2. What linkages exist between the child survival project and the activities of key health development agencies (local/municipal/district/provincial/state level)? Do these linkages involved any financial exchange?

F3. What are the key local institutions the PVO expects to take part in sustaining project activities?

F4. Which child survival project activities do MOH personnel and other staff in key local institutions perceive as being effective?

F5. What did the PVO do to build skills of local MOH personnel or staff of key counterpart NGOs? Did they teach them to train CHWs, or manage child survival activities once A.I.D. funding terminates?

F6. What is the current ability of the MOH or other relevant local institutions to provide the necessary financial, human, and material resources to sustain effective project activities once CS funding ends?

F7. Are there any project activities that counterpart organizations perceive as effective?

Observations/Findings

The following individuals from the PUSDIKLAT were interviewed:

- o Dr. Brahim, Head of PUSDIKLAT, MOH.
- o Dr. Sumaryati Arjoso, SKM, Physician Trainer & Liaison Officer of Project HOPE/CCS-UI.

- o Halid Daud, SKM, Training Staff, Pusdiklat, South Sulawesi Province

This program strengthened the close collaborative relationship with PUSDIKLAT-MOH. The PUSDIKLAT, as the Centre for Training of Health Personnel by the Ministry is seen as key in promoting the sustainability of project activities from the workshop. During the period of this grant there was the presence of PUSDIKLAT staff at the Center on a very regular basis. The liaison staff member was Dr. Sumaryati Arjoso, SKM. The director of the PUSDIKLAT, Dr. Brahim, participated in the workshops and in particular the two-day institutional development conference, which led to the development of the CCS-UI strategic plan.

The director of the Ujung Pandang-MOH Training Center came to the CCS-UI to discuss the CCS-UNHAS's development. This provided the opportunity to develop staff from Ujung Pandang as well as help in the initiation phase and to foster a collaborative working relationship between the centers.

In discussion with Dr. Sumaryati at the PUSDIKLAT, it was clear that she was very involved in the assessment, implementation, and evaluation phases of each workshop. When questioned, Dr. Sumaryati felt that one of the biggest strengths of working with CCS-UI was the networking that was involved. Dr. Sumaryati believed the Social Marketing workshop was the most effective in providing new information she could share with others. Drs. Brahim and Sumaryati also spoke of the Lessons-Learned workshop as an opportunity to again examine sustainability issues and concerns. Dr. Brahim, Dr. Papilaya, and Dr. Sumaryati all cited their intention to continue this relationship, since they have been working together for three years on two grants Project HOPE projects.

Dr. Brahim discussed the success of the previous Project HOPE grant working with midwives. Dr. Brahim said it provided PUSDIKLAT with the opportunity to work with an integrated curriculum, with both physicians and midwives in the field. When asked, both Drs. Brahim and Sumaryati stated they are interested in continuing to work with CCS-UI because of its expertise in developing and designing curricula and developing evaluation tools for the program. Dr. Brahim has recommended a post-training evaluation design instrument to look at the impact of their programs on the community.

During the meeting with Halid Daud, FKM, Pusdiklat-Ujung Pandang he stated that the CS Management Workshop was a success. Previously PUSDIKLAT had conducted what was considered to be a generic management workshop. He and others at PUSDIKLAT were pleased with the CS-specific, trainee need-specific content of the workshop. The PUSDIKLAT would like to continue the collaborative relationship with Ujung Pandang.

G. PROJECT EXPENDITURES

- G1. Attach a pipeline analysis of project expenditures.**
- G2. Compare the budget for planned expenditures identified in the DIP with the actual expenditures at the end of the project. Were some categories of expenditures much higher or lower than originally planned?**
- G3. Did the project handle the finances in a competent manner?**
- G4. Are there any lessons to be learned regarding project expenditures that might be helpful to other PVO projects, or relevant to AID's support strategy?**

Observations/Findings

The pipeline analysis of program expenditures is attached in Appendix 7.

Planned and actual expenditures are displayed in Appendix 8. Actual A.I.D. expenditures were in line site expenditures proposed in the DIP. At the development of the DIP, Project HOPE had also requested additional A.I.D. funding in order to implement additional activities and provide improved monitoring. Because A.I.D. funding did not become available until late in the project, it was not utilized. However, Project HOPE increased its contribution by \$31,069.

The primary reason for the additional expenditures was the much higher salary of the expatriate Program Director. She was hired, after consultation with the Chief of FVA/PVC/CSH because of her extensive experience in Indonesia. Also, additional Indonesian staff and counterparts received partial salary support. The increased salaries resulted in concomitant increases in indirect cost, calculated based on staff salaries and benefits.

The higher cost for evaluation is due in part to procedural changes. Evaluation-related costs are tracked more carefully and charged to this category, rather than to other line items.

Due to the experience of the expatriate Program Director, less headquarters time was needed to backstop this project.

Project HOPE maintains its accounting on an accrual basis. Revenue is accounted for by source (i.e., public, private, service agencies, and in-kind) and monies become fundable upon deposit. Expenditures are accounted for in budget controlled cost centers and account titles are functionally descriptive. Financial reports are prepared monthly for Foundation management,

comparing actual with budgeted performance (and on a regular, less-frequent basis for the Board of Directors). Project HOPE's financial statements are audited annually by Deloitte & Touche, an internationally respected firm of independent certified public accountants. Selection of the auditors is made by the Board of Directors based on the recommendation of the Audit Committee of the Board of Directors. Functional responsibilities of employees are structured to assure sound internal control of Foundation resources.

Accountability for the receipt and expenditure of Project HOPE funds at program sites is through an imprest system. Each country office is provided a cash fund of \$1,300 to \$20,000 from which local operational expenses and foreign national salaries are paid, and into which host country contributions are deposited. The Indonesia account was set at \$5,000. Each program site submits to HOPE Center a monthly report of imprest account receipts and expenditures. All expenditures are supported with vendors' vouchers. Indonesia submitted such reports in a timely manner. HOPE Center issues reimbursement checks on a monthly basis to restore on-site bank accounts to the imprest amount. From imprest fund reports, the headquarters accounting department compiles a summary of transactions, including budget comparisons, journal entries, accounts payable, and cash receipts. In addition, monthly employee attendance records are submitted by program offices. Accounting records at the program sites consist of duplicate imprest fund reports and local bank records. Project HOPE has established procurement procedures accepted and approved by A.I.D.

The lessons-learned are as follows:

- o Additional program funds should be committed early in the project to facilitate timely planning and implementation of all activities.
- o Expatriate staff can significantly reduce the amount of time needed by headquarters staff in communication in the field.

H. ATTEMPTS TO INCREASE EFFICIENCY

- H1. What strategies did the PVO implement to reduce costs, increase productivity, or make the project more efficient?**
- H2. What are the reasons for the success or failure of the attempts to reduce costs, increase productivity or efficiency of this project?**

H3. Are there any lessons to be learned regarding attempts to increase efficiency that might be applicable to other PVO child survival projects or to A.I.D.'s support of these projects?

The number of workshops was decreased from seven (7) to four (4) during the project. This proved to be more efficient, improved quality, and reduced the costs.

It was determined that instead of hiring an international MIS consultant, the project should hire a local MIS consultant. There were number of local MIS specialists available in Indonesia. Hiring a local consultant proved to be more appropriate, more productive and less expensive for the program. By hiring this local consultant, problems with Bahasa Indonesia were avoided and the individual was better informed to the cultural differences in Indonesia.

I. COST RECOVERY ATTEMPTS

- I1. What specific cost-recovery mechanisms did the PVO implement to offset project expenditures?**
- I2. Estimate the dollar amount of cost recovery obtained during the project. What percent of project costs did this revenue cover? Did the cost recovery mechanisms generate enough money to justify the effort and funds required to implement the mechanisms?**
- I3. Are there any lessons to be learned regarding cost recovery that might be applicable to other PVO child survival projects or to A.I.D.'s support strategy?**

Observations/Findings

In this project emphasis was placed on assisting the CCS-UI to implement cost recovery mechanisms. As cited earlier in the report, the CCS-UI conducted training workshops on their own utilizing the methodologies, and teaching materials developed during the Project HOPE program. These workshops proved to be profitable for the Center. The Center has since developed a plan to conduct a number of workshops each year as a means of recovering operating costs.

J. SUMMARY

J1. Please give a brief (no more than one page), succinct summary of the responses to the previous questions concerning:

- the project's accomplishments (in terms of outputs and/or outcomes) in enabling communities to meet their basic health needs, and in promoting sustainability of effective child survival activities;
- the project's competence in carrying out its sustainability promoting activities;
- any lessons to be learned regarding sustainability that might be applicable to other PVO child survival projects, and/or relevant to A.I.D.'s support of these projects.

J2. Attach a list of all members of the final evaluation team and indicate institutional affiliation. (See Appendix 8.)

EXECUTIVE SUMMARY

Background

The purpose of Project HOPE's Child Survival Program with the CCS-UI was to strengthen the Center for Child Survival-University of Indonesia (CCS-UI) in its ability to provide child survival training and to develop a similar capability in another demonstration area at Hasanuddin University, South Sulawesi. The objectives of the final evaluation of Project HOPE's program were to:

- a. Document the major accomplishments of Project HOPE in promoting sustainability of this Child Survival Training Project.
- b. Document Project HOPE's effectiveness in carrying out the activities specified in the Detailed Implementation Plan in a competent manner.
- c. Present the lessons-learned and make recommendations for the future.

Methodology

The evaluation team consisted of: Firman Lubis, MPH - local external evaluator; Ms. Leslie Mancuso, RN, MSN - staff member of HOPE Center who served as the Team Leader; dr. dr. Soeratmi Poerbonegoro, MPH - Training Coordinator, CCS-UI; dr. Sumedi Sudarsono, MPH - Child Survival Specialist - local, CCS-UI.

The scope of work for the team was drafted by Project HOPE with input from FHA/PVC/CS and the Mission and then reviewed with the evaluation team members. The A.I.D. guidelines for the final evaluation were revised following discussions with FHA/PVC/CS Washington (see Appendix 6). On August 3, 1992, the team met to review the program plan and to coordinate its scope of work and schedule.

The team engaged in the following activities during the evaluation process:

- a. Documents were examined to validate activities performed.
- b. Interviews were conducted with Project HOPE's primary counterparts, colleagues and trainees of previous workshops.
- c. A site visit to Ujung Pandang CCS-UNHAS was conducted by the external evaluator and Leslie Mancuso. (Please refer to the appendices 3 and 4 for The List of the Documents and people interviewed during the evaluation process).

Lessons Learned

1. Training Workshops

- (1) It was clear that utilizing the new methodology for assessment, planning and training evaluation was of benefit to the trainees and the collaborating institutions, CCS-UI, PUSDIKLAT, CCS-UNHAS.
- (2) This 2 year program, although limited in time, provided the opportunity to initiate CS training activities which were non-existent in the CCS-UI prior to the program.
- (3) Training workshops should address the specific trainee needs and provide opportunities to apply theory to practice in their own setting unlike existing programs sponsored by the PUSDIKLAT.
- (4) Trainees expressed satisfaction in the participatory process in the training which includes such activities as networking between NGOs, PVOs, MOH and of lessons learned.
- (5) It is possible to conduct training with a multidisciplinary team from a health center, etc. as evidenced by the positive evaluation from CCS-UNHAS CS-Management Workshop and the Social Marketing Workshop.
- (6) CCS-UI has established a positive collaborative relationship with PUSDIKLAT, MOH. A representative of PUSDIKLAT, Depkes and PUSDIKLAT, South Sulawesi served as liaisons during all phases of the program. PUSDIKLAT has requested that this relationship continue.
- (7) Further development is needed in the area of post-training evaluation for the purpose of measuring impact of the training. This activity was included earlier in this grant as a follow-up to the first Project HOPE/CCS-UI project.

2. Institutional Development

- (1) An institution such as CCS-UI must have a clearly written strategic plan. It is important that this plan then be operationalized.
- (2) With a short-term grant, it is possible to strengthen a Center such as CCS-UI by developing an expertise in staff, increasing the human resources available (trainers), and developing teaching materials and curricula.
- (3) This project has developed the necessary administrative capacity in the Center to conduct CS training. The new full-time administrator is now managing the day to day activities of the CCS-UI. This was a change in response to the mid-term evaluation. In addition a full-time MIS staff person has been hired to continue with the plans for further MIS development.

- (4) It is critical to involve outside collaborating institutions in the development of a long-term plan for the Center promoting sustainability. This process has been conducted at CCS-UI and CCS-UNHAS.
- (5) By strengthening the Center capacity on how to organize and conduct training activities in CS management has provided the foundation for a long-term sustainability.
- (6) There must be support from the University to promote the activities of the CCS-UI. In the early phase of the development of such centers, the University should provide financial assistance until such Centers can sustain their activities.
- (7) In response to the mid-term evaluation recommendation, a core training group has been established (see Appendix 5), i.e., trainees from the first Social Marketing Workshop were utilized as trainers in the second. In addition a part-time trainer has been hired by CCS-UI.

3. Data Base

- (1) Due to the absence of a human resource and literature data base in CS, additional time and financial resources must be committed to such a project.
- (2) It is critical that a human resource data base (trainers, researchers, consultants and trainees in CS) be available to support CS program activities. Marketing such a data base must be included in the centers' activities.

4. CCS-UNHAS

- (1) Previously developed Centers, (e.g., the CCS-UI) can be utilized to support the establishment of another regional Center (CCS-UNHAS) providing such information as lessons-learned.
- (2) It is critical to consider the local environment, socio-political conditions in structuring the Center and developing its strategic plan. CCS-UI and CCS-UNHAS have unique strategic plans based on these considerations.
- (3) It is very timely to have the establishment of CCS-UNHAS in East Indonesia because the government of Indonesia has emphasized the need for development activities in the Eastern provinces in Indonesia as a priority, with a focus on health and CS. The first step must include institutional development and human resources.

Outputs

- o The number of training activities implemented by CCS-UI increased by 50%.
- o The CCS-UI began to offer training consultancies.
- o The evaluations of the lessons-learned, MIS and social marketing workshop conducted by CCS-UI trainers were good.
- o The MIS human resources program is now fully operational at the CCS-UI.
- o CS teaching and educational materials and guidelines are available at the CCS-UI in Bahasa Indonesia.
- o A linkage with public and private sector institutions is currently present.
- o Child Survival Trainers, managers and practitioners received training in CS management, MIS, Social Marketing and Lessons-Learned.
- o Core staff for the CCS-UNHAS was trained by CCS-UI. A long term plan was developed by CCS-UNHAS.

Recommendations

The recommendations made in this report can be summarized as follows:

- The CCS-UI should continue in its efforts to strengthen its capacity to provide quality program activities (training, consultancies, research, IMS system).
- The CCS-UI should focus on the following areas of need in future project planning: a) post-training evaluations of trainers, b) a post-training workshop for the trainers to strengthen what has been learned, and c) monitoring of trainer performance.
- The CCS-UI should continue to expand its marketing effort based on the expertise they have developed in CS. Child Survival should not be limited to the traditional scope of activities, but the Center should continue to define the broad range of CS activities, including Safe Motherhood and Child Development.
- CCS-UI should receive continued outside support for its positive efforts in strengthening its ability to sustain itself. The local resources may not be sufficiently able to support such efforts at this time.

- Two years of assistance is too short for a Center to reach full sustainability. The Center should continue to make positive steps towards this goal.
- The CCS should continue to strengthen its collaborative relationships with NGO's, PVOs, and the MOH. The Center has provided the opportunity to establish a communication forum for organizations as NGOs and PVOs in CS to discuss and develop solutions for sustainability, as recommended in the Lessons Learned workshop on Sustainability. This should be supported.
- The CCS-UI should continue to expand the full-time staff for training at the Center. A new full-time administrator, a part-time trainer, and a full-time MIS staff person have been hired recently in response to concerns mentioned in the mid-term evaluation.

FINAL EVALUATION
Project HOPE Indonesia
Scope of Work

Project Title:

"Child Survival Training at the Center for Child Survival-University of Indonesia, and a demonstration area in South Sulawesi" - Cooperative Agreement No. OTR-0500-A-00-0099-00

Purpose:

To evaluate Project HOPE's performance in strengthening the Center for Child Survival - University of Indonesia (CCS-UI) in its ability to provide Child Survival Training and initiate a similar strategy in another demonstration area at the Hasanudin University, South Sulawesi.

Objectives

1. To assess the major accomplishments of Project HOPE in promoting sustainability of this CS training project;
2. To assess Project HOPE's effectiveness in carrying out the activities specified in the Detailed Implementation Plan in a competent manner;
3. To identify any lessons learned; and make recommendations about their applicability and relevance of lesson learned in sustainability.

Methodology

The evaluation team will consist of local external evaluator, a staff member from Project HOPE headquarters, key counterpart staff of the CS project, and, if possible, a representative of the A.I.D. Mission. The evaluation team will review pertinent project documents (DIP; monthly, quarterly, and annual report/s; training curricula; midterm evaluation report) and conduct interviews with key informants (i.e., counterparts from CCS-UI and UNHAS, representatives of the PUSDIKLAT, trainees)

Level of Effort:

The project has allocated 2-3 weeks of time to the external evaluator, at least one week on site and 1-2 weeks for preparing the final report. The external evaluator and the evaluation team are expected to spend approximately one week interviewing key participants in the project and on discussing major project documents (to be reviewed prior to the evaluation).

Logistical Support

Project HOPE's office, located in the Center for Child Survival-University of Indonesia, will provide office space, staff support, and equipment to complete the SOW.

Schedule:

The evaluation will be scheduled during the month of August. A first draft of the evaluation report will be due at the CCS-UI and at HOPE Center no later than 9/15 for final input from the evaluation team members. The final version of the report will be due no later than 11/1 at HOPE Center for submission to FVA/PVC.

Content of the Report:

Attachment 1 contains the questions to be addressed in the final report. Section G will be addressed for the most part by HOPE Center finance staff. Due to the type of project evaluated, no standardized survey will be submitted.

Attachments:

Attachment 1: Modified Final Evaluation Guidelines

Attachment 2: CV of Final Evaluator

CCS,UI / Project HOPE
CS Training Project

FINAL EVALUATION
Tentative Schedule

DATE	ACTIVITY	PARTICIPANTS	POSITION
August 2, 1992 Sunday 06.40 pm	Arrival: Cathay Pacific F/719	dr. Sunedi Sudarsono, MPH. Ms. Titi Lestariasih	CS Specialist-local, Project HOPE Admin. Assistant, Project HOPE.
August 3, 1992 Monday 09.00 -	Morning: Meet with Team and Review Documents	Ms. Leslie Mancuso, RN, MSN. dr. Firman Lubis, MPH. dr. Alex Papilaya, DTPH dr. Sunedi Sudarsono, MPH dr. Soeratni Poerbonegoro, MPH	Associate Dir.Nursing,HOPE Center Final Evaluation Consultant Executive Director,CCS-UI CS Specialist-local, Project HOPE Training Coordinator, CCS-UI
15.00 -	Meet with USAID to review Scope of Work	Ms. Leslie Mancuso, RN, MSN dr. Firman Lubis, MPH. dr. Alex Papilaya, DTPH dr. Sunedi Sudarsono, MPH dr. Soeratni Poerbonegoro, MPH Mr. Victor Pandjaitan	Associate Dir.Nursing, HOPE Center Final Evaluation Consultant Executive Director, CCS-UI CS Specialist - local, Project HOPE Training Coordinator, CCS-UI Acting chief,HIRD/VHP Division,A.I.D
August 4, 1992 Tuesday 09.00 -	Institutional building / CCS-UI	Ms. Leslie Mancuso, RN, MSN. dr. Firman Lubis, MPH. dr. Alex Papilaya, DTPH dr. Sunedi Sudarsono, MPH dr. Soeratni Poerbonegoro, MPH dr. Anhari Achadi, Sc.D. dr. Endang Achadi, DR.PH. Dra. Sudarti Kresno, SKM, MA Mr. Marwan Tanjung, SE	Associate Dir.Nursing, HOPE Center Final Evaluation Consultant. Executive Director, CCS-UI CS Specialist - local, Project HOPE Training Coordinator, CCS-UI Research Coordinator, CCS-UI Researcher, CCS-UI Researcher, CCS-UI Chief Admin. & Finance, CCS-UI

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13.00 -	Meet with CCS-WI staff	Ms. Leslie Mancuso, RN., MSN. dr. Sumedi Sudarsono, MPH dr. Soeratni Poerbonegoro, MPH	Associate Dir. Nursing, HOPE Center CS Specialist - local, Project HOPE Training Coordinator, CCS-WI
<hr/>			
August 5, 1992 Wednesday			
09.00 -	Meet with Prof.DR.Kartomo	Ms. Leslie Mancuso, RN, MSN. Prof.DR.Kartono Wiroshardjo dr. Alex Papilaya, DTPN dr. Sumedi Sudarsono, MPH dr. Soeratni Poerbonegoro, MPH	Associate Dir.Nursing, HOPE Center Director, Center for Mesarcy, U.I. Executive Director, CCS-WI CS Specialist - local, Project HOPE Training Coordinator, CCS-WI
13.00 -	Meet with Dean, FKW-WI	dr. Kemal H. Siregar, MA Ms. Leslie Mancuso, RN, MSN dr. Alex Papilaya, DTPN dr. Soeratni Poerbonegoro, MPH dr. Sumedi Sudarsono, MPH	Dean, Fac. of Public Health, UI Associate Dir.Nursing, HOPE Center Executive Director, CCS-WI Training Coordinator, CCS-WI CS Specialist-local, Project HOPE
<hr/>			
August 6, 1992 Thursday			
09.00 -	Interview with selected trainees from:	Ms. Leslie Mancuso, RN., MSN. dr. Firman Lubis, MPH	Associate Dir. Nursing - HOPE Center Final Evaluation Consultant
	a. HIS Workshop	dr. H. Mardelis, MPH dr. Titi Siswari Nuru	YARSI(Moslem Hospital Found.)-NGO Sukmajaya Health Center, Government
	b. Social Marketing Workshop	dr. A.A. Toebokan-Meloe Dra. Mundi Mahaswiati	PELKESI (Christian Foundation) Yayasan Kusuma Buana - NGO
	c. Lessons-Learned Workshop	dr. Endang Achadi, DR.PH dr. Rulina Suradi dr. Mastiti Bahayu dr. Sandi Iijanto, MPH	FPH - UI, Government Perinatology Association - NGO Child Asthma Foundation - NGO Center for Health Research, U.I.
13.00 -	Write draft final report		
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August 7, 1992 Friday			
09.00 -	Meet PUSDINKLAT	Ms. Leslie Mancuso, RN., MSN. dr. Firman Lubis, MPH dr. Soeratni Poerbonegoro, MPH dr. Sumedi Sudarsono, MPH dr. Brahim	Associate Director Nursing, HOPE Center Final Evaluation Consultant Training Coordinator, CCS - UI CS Specialist-local, Project HOPE Head, PUSDINKLAT, NON

13.00 - Write draft final report

<p>August 10, 1992 Monday</p>	<p>Visit to CCS - UNHAS, Ujung Pandang Meet with CCS-UNHAS & FK-UNHAS</p>	<p>Ms. Leslie Mancuso, RN, MSN. dr. Firman Lubis, MPH dr. Alex Papilaya, DTPH Drs. Nur Masry Moor, MPH dr. Alinin Maidin, MPH Dra. Sani Silwana, MPH Prof.Dr. Basri Hasanuddin, MBA Walid Daud, SKM</p>	<p>Associate Dir. Nursing, HOPE Center Final Evaluation Consultant Executive Director, CCS-UI Dean Fac. Public Health - UNHAS and Chairman of CCS - UNHAS. Vice Chairman, CCS - UNHAS Secretary, CCS - UNHAS Rector, University of Hasanuddin, U.P. Staff of BLKII - South Sulawesi</p>
<p>August 11, 1992 06.00 -</p>	<p>Leave Ujung Pandang for Jakarta</p>		
<p>14.00 -</p>	<p>Meet with Team Continue completion of Draft report findings,</p>	<p>Ms. Leslie Mancuso, RN, MSN. dr. Firman Lubis, MPH dr. Alex Papilaya, DTPH dr. Soeratai Poerbonegoro, MPH dr. Sunedi Sudarsono, MPH Ms. Titi Lestariasih</p>	<p>Associate Dir. Nursing, HOPE Center Final Evaluation Consultant Executive Director, CCS-UI Training Coordinator, CCS-UI CS Specialist-local, Project HOPE Administrative Assistant-Project HOPE</p>
<p>August 12, 1992 Wednesday 10.30 -</p>	<p>Meet with Team Continue completion of Draft report findings</p>	<p>Ms. Leslie Mancuso, RN, MSN dr. Firman Lubis, MPH dr. Alex Papilaya, DTPH dr. Soeratai Poerbonegoro, MPH dr. Sunedi Sudarsono, MPH. Ms. Titi Lestariasih</p>	<p>Associate Director Nursing, HOPE Center Final Evaluation Consultant. Executive Director, CCS-UI Training Coordinator, CCS-UI CS Specialist - local, Project HOPE Administrative Assistant-Project HOPE Associate Dir. Nursing, HOPE Center Final Evaluation Consultant Executive Director, CCS-UI</p>
<p>14.00 -</p>	<p>Meet with A.I.D.</p>	<p>Ms. Leslie Mancuso, RN, MSN dr. Firman Lubis, MPH dr. Alex Papilaya, DTPH</p>	

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dr. Soeratni Poertonegoro, MPH
dr. Sumedi Sudarsono, MPH
Ms. Nurmaulina Suprijanto, SE, MSc.
John Bogosh
Joseph Carney
James F. Jackson

Training Coordinator, CCS-UI
CS Specialist-local, Project HOPE
CS Coordinator, VHP/A.I.D.
Director, HIRS/ A.I.D.
Deputy Director, NIRD/A.I.D.
Chief, NIRD/VHP Division, A.I.D.

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LIST OF PERSONS INTERVIEWED

- | | | |
|-----|---|------------------------------|
| 1. | Associate Director of Nursing, HOPE Center. | Leslie Mancuso, RN, MSN |
| 2. | Head of R&D Institute, University of Indonesia. | Prof.DR.Kartomo Wirosuhardjo |
| 3. | Dean of FPH, U.I. | Kemal Siregar, MD, SKM, MA |
| 4. | Head of PUSDIKLAT - MOH | Brahim, MD |
| 5. | Executive Director, CCS-UI | Alex Papilaya, MD, DTPH |
| 6. | Training Program Coordinator CCS-UI | Soeratmi Poerbonegoro,MD,MPH |
| 7. | Research Program Coordinator CCS-UI | Anhari Achadi, MD, Sc.D. |
| 8. | CS Specialist - local | Sumedi Sudarsono, MD, MPH |
| 9. | Researchers, CCS-UI | Sudarti Kresno,Dra.,SKM, MA |
| 10. | Head of Admin, & Finance CCS-UI | Marwan Tanjung, SE |
| 11. | MIS Assistant, CCS-UI | Priotomo Soekarso, SE |
| 12. | Head of Sukmajaya H.C. (ex-trainee of MIS) | Titi Siswari Heru, MD |
| 13. | Head of YARSI H.C. (ex-trainee of MIS) | H. Mardelis, MD, SKM |
| 14. | PELKESI (Christian Org.) (ex-trainee of S.M.) | AA Tombokan-Neloe, MD |
| 15. | Chief Lab. of YKB (ex-trained of SM) | Mundi Mahaswiati, Dra. |
| 16. | Researcher, CCS-UI | Endang Achadi, MD, DR.PH |
| 17. | PERINASIA (NGO) (ex-trainee of L-L) | Rulina Suradi, MD |
| 18. | YPAAI (NGO) (ex-trainee of L-L) | Nastiti Rahayu, MD |
| 19. | PUSLITKES - UI (ex-trainee of L-L) | Sandi Iljanto, MD, MPH. |

- | | |
|---|------------------------------|
| 20. Liason Officer,
PUSDIKLAT - MOH | Sumaryati Arjoso, MD, SKM |
| 21. Director CCS-UNHAS
and Dean FPH-UNHAS | Nur Nasry Noor, Drs.Med, MPH |
| 22. Vice Director, CCS-UNHAS | Alimin Maidin, MD, MPH |
| 23. Administrator, CCS-UNHAS | Sani Silwana, MD., MPH |
| 24. Rector, UNHAS | Basri Hasanuddin, Prof. MBA. |
| 25. Training staff, PUSDIKLAT
South Sulawesi Province. | Halid Daud, SKM. |

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LIST OF DOCUMENTS REVIEWED

1. Detailed Implementation Plan (DIP)
2. Monthly Reports : - January-August/91
- September/91-June/92
3. Quarterly Reports
4. Annual Report
5. Scope of Work
6. Mid-Term Evaluation Report
7. Training Curricula
8. Strategic Plan - CCS - Ui
9. Strategic Plan CCS - UNHAS
10. Operational Plan 1991-1992 CCS - UNHAS
11. Training Workshop Program Materials
12. Human Resources Management System
13. Schedule of Project's Activities

LIST OF CORE TRAINERS

Social Marketing:

1. dr. Adi Sasongko, MPH - Faculty of Public Health U.I.
2. dr. Anhari Achadi, Sc.D - CCS-UI
3. dr. Soeratni Poerbonegoro, MPH - CCS-UI
4. drs. Teng Sugilar - Faculty of Public Health U.I

M . I . S:

1. DR. Supriyanto - Faculty of Public Health U.I
2. dr. Pandu Riono, MPH - Faculty of Public Health U.I
3. dr. Juwono - FETP M.O.H
4. dr. Sumedi Sudarsono, MPH - CCS-UI

SPSS computer program:

1. dr. Iwan Ariawan, MPH - Faculty of Public Health U.I
2. dr. Sumedi Sudarsono, MPH CCS- UI
3. dra. Sudari Kresno, SKM, MA - CCS-UI

F.G.D:

1. dra. Sudari Kresno, SKM, MA - CCS-UI
2. DR. Hadi Pratomo, MPH - Faculty of Public Health U.I
3. DR. Julfita Raharjo - LIPI

Media Development:

1. drs. Teng Sugilar - Faculty of Public Health U.I
2. dr. Zulasmi Mamdi, MPH - Faculty of Public Health U.I
3. DR. Hadi Pratomo, MPH - Faculty of Public Health U.I

Qualitative Research:

1. dra. Sudarti Kresno, SKM, MA - CCS-UI
2. DR. Valeri K. - Faculty of Law U.I
3. DR. Soekidjo Notoatmodjo - Faculty of Public Health U.I

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**SUSTAINABILITY QUESTIONS AND ISSUES TO BE ADDRESSED BY THE
PVO CHILD SURVIVAL PROJECT FINAL EVALUATION TEAM**

A. Sustainability Status

- A1. At what point does A.I.D. funding for child survival project activities end?
- A2. At what point does the organization plan to cease child survival project activities?
- A3. How have major project responsibilities and control been phased over to local institutions? If this has not been done, what are the plan and the schedule?

B. Estimated Recurrent Costs and Project Revenues

- B1. Identify the key child survival activities that project management perceives as most effective and would like to see sustained.
- B2. What expenditures will continue to be needed (i.e. recurrent costs) if these key child survival activities are to continue for at least three years after child survival funding ends?
- B3. What is the total amount of money in US dollars the project calculates will be needed each year to sustain the minimum of project benefits for three years after CS funding ends?
- B4. Are these costs reasonable given the environment in which the project operates? (e.g. local capacity to absorb cost per beneficiary)
- B5. What are the projected revenues in US dollars that appear likely to fund some child survival activities for at least three years after A.I.D. CS funding ends?
- B6. Identify costs which are not likely to be sustainable.
- B7. Are there any lessons to be learned from this projection of costs and revenues that might be applicable to other child survival projects, or to A.I.D.'s support of those projects?

C. Sustainability Plan

- C1. Please identify number and position of project staff interviewed, and indicate the extent of their involvement in project design, implementation, and/or monitoring/evaluation.

- C2. Briefly describe the project's plan for sustainability as laid out in the DIP, or other relevant A.I.D. reports.
- C3. Describe what sustainability-promoting activities were actually carried out by the PVO over the lifetime of the project.
- C4. Indicate which aspects of the sustainability plan the PVO implemented satisfactorily, and which steps were never initiated. Identify any activities which were unplanned, but formed an important aspect of the PVO's sustainability effort.
- C5. Did any counterpart institutions (MOH, development agencies, local NGOs, etc.), during the design of the project (proposal or DIP), make a financial commitment to sustain project benefit? If so, have these commitments been kept?
- C6. What are the reasons given for the success or failure of the counterpart institutions to keep their commitment?

D. Monitoring and Evaluation of Sustainability

- D1. List the indicators the project has used to track any achievements in sustainability outputs and/or outcomes.
- D2. Do these indicators show any accomplishments in sustainability?
- D3. What qualitative data does the PVO have indicating a change in the sustainability potential of project benefits?
- D4. Identify in-country agencies who worked with the PVO on the design, implementation, or analysis of the midterm evaluation and this final evaluation.
- D5. Did the PVO receive feedback on the recommendations regarding sustainability made by the technical reviewers of the proposal and DIP? Did the PVO carry out those recommendations? If not, why not?
- D6. Did the PVO carry out the recommendations regarding sustainability of the midterm evaluation team? If not, why not?

E. Community Participation

- E1. Please identify trainees interviewed and indicate which group(s) they represent.
- E2. Which training activities do the trainees perceive as being effective at meeting current health needs?

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E3. What resources have the trainees contributed that will encourage continuation of project activities after donor funding ends?

F. Ability and Willingness of Counterpart Institutions to Sustain Activities

F1. Please identify persons interviewed and indicate their organization and relationship to the child survival project.

F2. What linkages exist between the child survival project and the activities of key health development agencies (local/municipal/district/provincial/state level)? Do these linkages involved any financial exchange?

F3. What are the key local institutions the PVO expects to take part in sustaining project activities?

F4. Which child survival project activities do MOH personnel and other staff in key local institutions perceive as being effective?

F5. What did the PVO do to build skills of local MOH personnel or staff of key counterpart NGOs? Did they teach them to train CHWs, or manage child survival activities once A.I.D. funding terminates?

F6. What is the current ability of the MOH or other relevant local institutions to provide the necessary financial, human, and material resources to sustain effective project activities once CS funding ends?

F7. Are there any project activities that counterpart organizations perceive as effective?

G. Project Expenditures

G1. Attach a pipeline analysis of project expenditures.

G2. Compare the budget for planned expenditures identified in the DIP with the actual expenditures at the end of the project. Were some categories of expenditures much higher or lower than originally planned?

G3. Did the project handle the finance in a competent manner?

G4. Are there any lessons to be learned regarding project expenditures that might be helpful to other PVO projects, or relevant to A.I.D.'s support strategy?

H. Attempts to Increase Efficiency

H1. What strategies did the PVO implement to reduce costs, increase productivity, or make the project more efficient?

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- H2. What are the reasons for the success or failure of the attempts to reduce costs, increase productivity or efficiency of this project?
- H3. Are there any lessons to be learned regarding attempts to increase efficiency that might be applicable to other PVO child survival projects or to A.I.D.'s support of these projects?

I. Costs Recovery Attempts

- I1. What specific cost-recovery mechanisms did the PVO implement to offset project expenditures?
- I2. Estimate the dollar amount of cost recovery obtained during the project. What percent of project costs did this revenue cover? Did the cost recovery mechanisms generate enough money to justify the effort and funds required to implement the mechanisms?
- I3. Are there any lessons to be learned regarding cost recovery that might be applicable to other PVO child survival projects or to A.I.D.'s support strategy?

J. Summary

- J1. Please give a brief (no more than one page), succinct summary of the responses to the previous questions concerning:
- the project's accomplishments (in terms of outputs and/or outcomes) in enabling communities to meet their basic health needs, and in promoting sustainability of effective child survival activities;
 - the project's competence in carrying out its sustainability promoting activities;
 - any lessons to be learned regarding sustainability that might be applicable to other PVO child survival projects, and/or relevant to A.I.D.'s support of these projects.
- J2. Attach a list of all members of the final evaluation team and indicate institutional affiliation.

HEADQUARTERS COST ELEMENTS -----	Actual Expenditures To Date (09/01/90 to 08/31/92)			Projected Expenditures Against Remaining Obligated Funds			Total Agreement Budget (Columns 1 & 2) (09/01/90 to 08/31/92)		
	AID	PVO	TOTAL	AID	PVO	TOTAL	AID	PVO	TOTAL
-----	---	---	-----	---	---	-----	---	---	-----
I. PROCUREMENT									
A. Supplies	0	0	0	0	0	0	0	0	0
B. Equipment	0	0	0	0	0	0	0	0	0
C. Services/Consultants									
1. Local	0	0	0	0	0	0	0	0	0
2. Expatriate	0	0	0	0	0	0	0	0	0
SUB-TOTAL I	0	0	0	0	0	0	0	0	0
II. EVALUATION/SUB-TOTAL II	0	0	0	0	0	0	0	0	0
III. INDIRECT COSTS									
Overhead on HQ/HO (55%)	15,902	2,223	18,125	0	0	0	15,902	2,223	18,125
SUB-TOTAL III	15,902	2,223	18,125	0	0	0	15,902	2,223	18,125
IV. OTHER PROGRAM COSTS									
A. Personnel (List each position & total person months separately)									
1. Technical	17,087	2,397	19,484	0	0	0	17,087	2,397	19,484
2. Administrative	7,462	1,046	8,508	0	0	0	7,462	1,046	8,508
3. Support	4,353	610	4,963	0	0	0	4,353	610	4,963
B. Travel/Per Diems									
1. In-country	0	0	0	0	0	0	0	0	0
2. International	5,862	822	6,684	0	0	0	5,862	822	6,684
C. Other Direct Costs (Utilities, printing, rent, maintenance, etc.)	1,693	238	1,931	0	0	0	1,693	238	1,931
SUB-TOTAL IV	36,457	5,113	41,570	0	0	0	36,457	5,113	41,570
TOTAL HEADQUARTERS	52,359	7,336	59,695	0	0	0	52,359	7,336	59,695

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FIELD	Actual Expenditures To Date (09/01/90 to 08/31/92)			Projected Expenditures Against Remaining Obligated Funds			Total Agreement Budget (Columns 1 & 2) (09/01/90 to 08/31/92)		
	AID	PVO	TOTAL	AID	PVO	TOTAL	AID	PVO	TOTAL
I. PROCUREMENT									
A. Supplies	0	4,857	4,857	0	0	0	0	4,857	4,857
B. Equipment	0	7,762	7,762	0	0	0	0	7,762	7,762
C. Services/Consultants									
1. Local	0	0	0	0	0	0	0	0	0
2. Expatriate	6,086	7,512	13,598	0	0	0	6,086	7,512	13,598
SUB-TOTAL I	6,086	20,131	26,217	0	0	0	6,086	20,131	26,217
II. EVALUATION/SUB-TOTAL II	4,363	10,157	14,520	0	0	0	4,363	10,157	14,520
III. INDIRECT COSTS									
Overhead/Field (55%)	77,362	32,132	109,494	0	0	0	77,362	32,132	109,494
SUB-TOTAL III	77,362	32,132	109,494	0	0	0	77,362	32,132	109,494
IV. OTHER PROGRAM COSTS									
A. Personnel (List each position & total person months separately)									
1. Technical	106,680	39,828	146,508	0	0	0	106,680	39,828	146,508
2. Administrative	1,784	660	2,444	0	0	0	1,784	660	2,444
3. Support	9,988	3,694	13,682	0	0	0	9,988	3,694	13,682
B. Travel/Per Diems									
1. In-country	30,911	11,433	42,344	0	0	0	30,911	11,433	42,344
2. International	33,151	12,262	45,413	0	0	0	33,151	12,262	45,413
C. Other Direct Costs (Utilities, printing, rent, maintenance, etc.)	27,316	10,103	37,419	0	0	0	27,316	10,103	37,419
SUB-TOTAL IV	209,830	77,980	287,810	0	0	0	209,830	77,980	287,810
TOTAL FIELD	297,641	140,400	438,041	0	0	0	297,641	140,400	438,041

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TOTAL - FIELD & HEADQUARTERS

	Actual Expenditures To Date (09/01/90 to 08/31/92)			Projected Expenditures Against Remaining Obligated Funds			Total Agreement Budget (Columns 1 & 2) (09/01/90 to 08/31/92)		
	AID	PVO	TOTAL	AID	PVO	TOTAL	AID	PVO	TOTAL
TOTAL HEADQUARTERS	52,359	7,336	59,695	0	0	0	52,359	7,336	59,695
TOTAL FIELD	297,641	140,400	438,041	0	0	0	297,641	140,400	438,041
TOTAL	350,000	147,736	497,736	0	0	0	350,000	147,736	497,736

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INDONESIA CHILD SURVIVAL

	A.I.D.			PVO (HOPE)			TOTAL		
	D.I.P.	ACTUAL	VARIANCE *	D.I.P.	ACTUAL	VARIANCE *	D.I.P.	ACTUAL	VARIANCE *
PROCUREMENT	\$ 6,086	\$ 6,086	\$ 0	\$ 20,014	\$ 20,131	\$ 117	\$ 26,100	\$ 26,217	\$ 117
EVALUATION	4,363	4,363	0	3,523	10,157	6,634	7,886	14,520	6,634
PROGRAM COSTS	209,830	209,830	0	52,074	77,980	25,906	261,904	287,810	25,906
INDIRECT COSTS	77,362	77,362	0	23,602	32,132	8,530	100,964	109,494	8,530
HEADQUARTERS	52,359	52,359	0	17,454	7,336	(10,118)	69,813	59,695	(10,118)
TOTAL	\$ 350,000	\$ 350,000	\$ 0	\$ 116,667	\$ 147,736	\$ 31,069	\$ 466,667	\$ 497,736	\$ 31,069

NOTE: * Variance in () indicates under budget.

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**FINAL EVALUATION
TEAM MEMBERS AND INSTITUTIONAL AFFILIATION**

Dr. Firman Lubis, External Evaluator

**Senior Lecturer, Dept. of Community Medicine
Medical School, University of Indonesia**

**Executive Director
Yayasan Kusuma Buana
Jalan Asem Baris Blok A/3**

Dr. Soeratmi Poerbomegoro, Training Coordinator, CCS-UI

Dr. Sumedi Sudarsono, CS Specialist, CCS-UI

**Leslie Mancuso, M.S.N., R.N.,
Associate Director of Nursing, Project HOPE**