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REPORT ON VISIT TO
INDONESIA

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Robert N. Grosse
November 26, 1975

Report on Visit to Indonesia

November 9-22, 1975

Scope of Work:

In his letter of September 4, 1975, Dr. Hood requested me to:

1. Review current program, budgeting, planning (PBP) process
2. Assist in analysis of current PBP constraints
3. Advise reasonable alternatives for field testing
4. Review progress to date in the USAID-funded physician income analysis study

I. Program, Budgeting, Planning Process.

A project to develop a program budgeting system or health information system for Ministry of Health planning had been proposed in the summer of 1974, had received approval of the government, but because of financial constraints associated with the loss of large sums of money by the government oil corporation (Pertamina), no funds had been released for the study. No chief investigator had been designated by BADAN LITBANG, the governmental board for health research and development which has the responsibility for designing and testing the system.

While numerous health ministry officials had expressed interest in having such a system, no one was pressing for a specific system, or, indeed, for any. Dr. Clinton of AID/Jakarta asked me to review the situation and suggest whether AID ought to encourage any work by funding or forget the matter, or what.

The only person actively concerned was Mr. C. R. Snyder, Management Officer with the World Health Organization's Jakarta office. It was he who had proposed the study initially, following recommendations of mine when I was serving as a consultant to WHO in June of 1974.

With respect to the PBP system activities, I talked with Prof. Dr. Sulianti, head of LITBANG, Dr. Hapsara, Chief of the

Bureau of Health Planning, and Dr. Made Karatuharta, Office of the Inspector-General (all of the Ministry of Health), and Mr. Clive Gray of the National Economic Planning Body, in addition to Dr. Clinton and Mr. Snyder.

The discussions reveal an interest in having a health program information system for use in evaluating the current five-year plan and in helping to design the next five-year plan. It is unlikely anyone would give attention to the matter before June of 1976. At that time a work-shop on planning methodology is being scheduled.

My experience in program budgeting indicates that the classifications must serve the management interests and styles of the managers of decision makers. At the moment there is no one in a managerial capacity ready to work with researchers. The IKES (Provincial Health Officer) of West Java is willing to have his province used for testing purposes, but has no personal interest as far as I could determine at second-hand.

I developed for illustrative purposes an example of a program budget classification system, based upon the published objectives of the current five-year development plan (health sector), and matched these against present budget and administrative program classifications. It was clear that there was little match, indicating that a cross-walk between the two might be of help in future work. I recommended that, when funds become available, a limited amount of work might be done to develop such a classification list - indicating target populations by age and location, preventive and curative efforts, in and out-patient services, etc. - and that feasibility testing be done in West Java or elsewhere to determine the possibilities of developing reasonable estimates in terms of expenditures, activity levels, and accomplishments, according to objectives as well as existing program categories. In such a system a critical problem would be to include and identify Department of Health, Department of Interior, Provincial, Local, and private funds.

Further, I suggested that evaluation, especially the development of useful indicators which might give insights into areas of success and difficulty in health areas, be pursued with agencies of the Ministry, including the Office of the Inspector-General. Responsibility for evaluation (and the definition of evaluation itself) is currently under discussion in the Ministry. Clearly there is a user (if as yet not identified or selected) for evaluation content and system. While these indicators might be the same as parts of a program budgeting system, it might be that a relatively short list of indicators (10-20) would be more immediately useful to top management, and of less cost and trouble. This recommendation was discussed with Dr. Clinton and Dr. Sulianti, both of whom approved the idea. It may be anticipated that in the near future AID would agree to support such an activity in BADAN LITBANG. I think it might be more likely to prove a useful activity if it were clear that the Inspector-General were

considered as a significant potential user. His office is seeking a tool and rationale for evaluations of operations. Dr. Hapsara's office, the Bureau of Health Planning, is overloaded with urgent business and has little time for the required reflection and interaction with researchers.

II. Physician Income Analysis Study

General approaches:

Here the focus of my work was on determining what the applications of the results might be. First we worked out what the major types of information developed in the field survey might be. These appeared to consist of income levels and sources, work patterns, and job satisfaction. The remainder of the items, especially career history, were largely attempts to explain these items and their variations.

Then we attempted to develop policy choice problems. This involved ideas of the study group combined with a rapid communication with decision makers. Working between the policy questions, e.g., career design, remuneration structure, and the information which might be of use in answering them, criteria were developed for selecting questions.

Research instruments:

It was decided to add a series of between 6 and 12 in-depth case studies of representative types of physicians (age, location, assignment) to the 250 personal interviews and to forego a broad mail survey. I suggested case studies be added in order to get a better understanding of possible variables and insights into the contexts of the survey responses. In effect, the decision was to emphasize quality and insight, rather than numerical coverage and statistical results of dubious validity. Considerable time was spent applying general criteria to the eliminations or additions to draft questionnaire. Bids from contractors for the field surveys were reviewed, a contractor selected, and discussions held with the selected contractor laying out the steps of the survey within a time frame (training, revisions, pretesting, field interviews). Assistance was also given in preparing the study's budget for AID.

General evaluation:

The chief investigator, a young physician, is bright and well motivated. He lacks research experience, but recognizing this he has solicited and received technical assistance of high quality from agencies such as the Central Bureau of Statistics,

the Consortium for Medical Sciences, the World Health Organization, and the Ford Foundation. He displays excellent managerial characteristics. The World Health Organization support, through Mr. Snyder, appears very effective, and the working relationships are excellent.

The primary subject of the investigation, physician income, is a difficult and sensitive issue for both the individual respondents and the government. Government income appears to be only one, and likely a small, fraction of total government physician income, as almost all government physicians engage heavily in private practice. In addition, government income itself is made up of numerous components, among which basic salary is only a minor part. For example, the recent rise of 900% in basic salaries of civil servants raised government payments to physicians by only 100%. Income in kind (housing and transportation) and various money incentives for participation in "priority" activities are usually more significant.

An objective of the survey and study is to quantify these income components, both public and private. Such pre-testing as has been done on preliminary questionnaires indicates that respondents will answer the questions, but there is still some doubt, and the questions and their sequencing have to be carefully constructed to elicit the desired information.

The field survey contractor, P.T. In-Search, appears to be experienced and reliable. Their bid seemed high, although at about the same level as other bidders. This probably is caused by the costs of travel and locating of respondents, rather than by the administration of the questionnaire and the training of field enumerators. The submitted budget did not reveal the breakdown of costs, and this will be reviewed by the study team before contracts are signed.

At this time, the survey and case studies look as though they will add useful and reliable insights into manpower policy studies and decisions in the future.