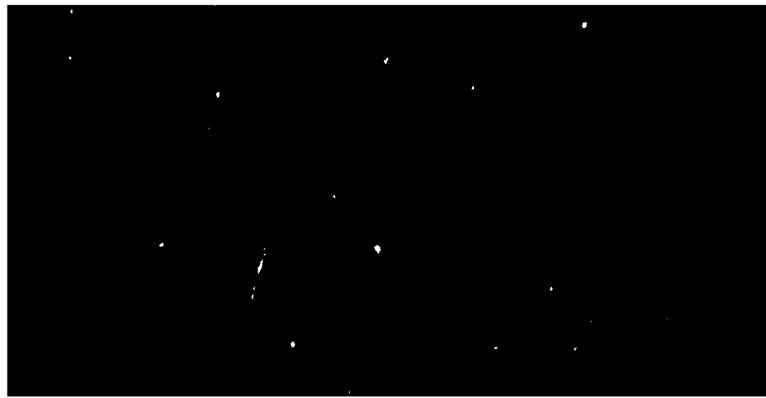


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FIRST YEAR EVALUATION OF HEALTH
DEVELOPMENT AND PLANNING PROJECT
(AID COOPERATIVE ARRANGEMENT 596-5901)

A Report Prepared By:
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EXECUTIVE SUMMARY

The Health Development Planning and Management (HDPM) Cooperative Agreement between Johns Hopkins University and the Faculty of Public Health of the University of Indonesia was reviewed with regard to performance during the first year of the project and the scope of work for the project's second year. Due to limitation of time, the author's opinions are based on a few interviews plus review of written materials.

The Training of the Trainers management workshop in August had a very good effect on management training activities in West Sumatra. Substantial numbers of Puskesmas personnel have been trained since August 1982, and Kabupaten doctors are scheduled for training in April 1983. The teaching modules were considered to be quite useful and appropriate. Application of management knowledge into daily activities was a problem. Stress on micro-planning as well as followup and field involvement with the trainees is recommended, with particular focus on identification of management problems.

A short course in project management for faculty members from the University of Andalas medical school is still desired. Faculty of Public Health (FKM) faculty members exhibit continuing interest also in carrying out the course. Agreement was reached to plan implementation of the course in November/December 1983, with expectation that the cost would be such that a direct grant from USAID would be available for financing. More detailed plans will be made by FKM personnel during April/May 1983 with the University of Andalas, School of Medicine (FKUA) personnel in Padang.

Johns Hopkins University (JHU) management training improvements at FKM were examined. There was some question as to the appropriateness of developing a management "department" within the FKM curriculum. A supervised field practicum for management was felt to be desirable.

Efforts to develop enhanced capacity by FKM faculty members to provide technical assistance were examined. This was seen as entirely appropriate and one in which JHU faculty would be particularly valuable as consultants. Development of an institutional structure as well as technical assistance (TA) activities so as to allow of inclusion of younger faculty members and students in assistance teams as well as to maintain supplemental income was discussed and recommendations were made.

Lack of funding from within the department of health for

FKM health services research (HSR) seemed a major barrier to HSR development. Integration of the HSR development efforts with current student training and field research projects as well as the efforts to assist faculty members in obtaining doctoral degrees was recommended. The inventory of previous health services research was seen as less than maximally useful unless additional funds can be made available for expansion of that activity and its continuation as well. Johns Hopkins assistance was suggested in the development of large scale HSR projects which could be broken down into projects to be carried out by students and merged to become doctoral level research projects by more senior faculty members. There was clear interest in West Sumatra in FKM developing a course in health services research.

While the present system of rotating short-term consultants from Johns Hopkins to FKM was considered to have negative aspects, in the overall assessment it was seen as a highly desirable and useful approach. Nevertheless the addition of a long-term consultant and faculty member from Johns Hopkins to the project was seen to be extremely desirable and a search for additional funding to make this possible was urged.

Substantial interference with the development of community medicine education in the medical faculties was seen as quite likely to result from the use of present faculty members from medical school public health departments to man new faculties of public health outside of Jakarta. Present efforts to develop these faculties was seen as relatively unplanned and hasty. It was urged that additional information be collected to assist in curriculum development and that the impact of FKM development on community medicine education in each medical faculty be assessed and made part of the planning considerations for the new FKMs.

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TERMS AND ABBREVIATIONS

BLKM	Public health training center at the provincial level
CHIPPS	Comprehensive Health Improvement Program-Province Specific
CHS	Consortium on Health Science
COME	Community Oriented Medical Education
DepKes	Department of Health, Government of Indonesia
DIP	List of project contents or items
Dokabu	Kabupaten level doctor
DUP	List of project proposals
E.R.I.C.,	Educational Resources Information Center
FKM	Faculty of Public Health
FKUA	University of Andalas, School of Medicine
HDPM	Health Development Planning and Management
HSR	Health Services Research
IKIP	Teacher training school
JHU	Johns Hopkins University, generally refers to the Department of International Health at Johns Hopkins
KanWil	Regional or provincial office of the Department of Health
Lembaga	Institute
MOH	Ministry of Health

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P & R	Education and Culture
P4K	Communicable Diseases Division
Pusdiklat	Center for Education and Training of the Department of Health
Puskesmas	Health center
SEAMO	Southeast Asia Medical Education Organization
TA	Technical assistance
TOT	Training of the Trainers, referring to the August 1983 workshop in management training for provincial persons
UGM	Gadjah Mada University
USAID	United States Agency for International Development
Yayasan	Foundation

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INTRODUCTION

This is a brief report of activities, observations, conclusions and recommendations from the first year internal review and evaluation of the Health Development Planning and Management cooperative agreement between Johns Hopkins University and the Faculty of Public Health of the University of Indonesia (FKM). The major portions of this review were carried out by the other two team members, Ms. Sarita Henry and Robert Pratt. Due to restrictions on time, my participation in the evaluation was limited to approximately two days in Indonesia plus pre-travel review of the documents and reports from the first year of the HDPM project. As a result, this report will not cover many of the aspects of the project in detail, and will focus primarily on the potential impact of the project on provincial level health services by the Department of Health (DepKes). The overall scope of work of the review and evaluation is attached as Appendix A.

The itinerary of my activities in Indonesia is attached as Appendix B. Relative to the HDPM project, I met with Ms. S. Henry the evening of my arrival (March 12) and reviewed with her the progress of the evaluation to that point as well as some of the tentative conclusions which she had reached. The following morning I spoke briefly with M. Gingerich, in part about HDPM, and subsequently more extensively with S. Henry and Robert Pratt, the other team member. In Padang that afternoon S. Henry and I reviewed in more detail specific points in the HDPM activities. On the following day we met with the provincial health officer and other members of the team at the provincial level, discussing a variety of aspects of the HDPM project, but particularly focusing on the impact of the management training course (Training of the Trainers) on West Sumatra and the plan follow-through by the provincial DepKes team to implement in West Sumatra the lessons from the training course.

Subsequent to that interview, I was occupied with the Faculty of Medicine at the University of Andalas, primarily involving community medicine education. As such, no specific discussions or observations regarding HDPM were carried out until one week later, March 21, when I met again with Dr. Rafki and other members of the team. At this time I also met with two of those who had been trained in the short course, Dr. Anwarshah and Dr. Saif. We reviewed in detail the activities carried out in West Sumatra as a result of the management training course. The following day (March 22), I discussed with the Faculty of Medicine the short course in project management aimed at members of the medical faculty, planned by myself and JHU persons to be carried out by FKM.

Returning to Jakarta that day, I was able to carry out

discussions later that day and the next two days with persons at USAID and at FKM involved with the HDPM project. I met in addition with Dr. Henry Mosley, of the Ford Foundation, who had been previously involved with the efforts to plan a Center (Lembaga) or Foundation (Yayasan) through which some of the activities for FKM could be organized.

The results of these discussions as well as the review of of documents will be discussed in the next section of the report, organized on the basis of specific sub-areas of the overall HDPM project.

OBSERVATIONS AND FINDINGS

Provincial Management Training: Training of the Trainers

Discussions with the DepKes team in West Sumatra indicated that the August Management Workshop conducted by FKM faculty along with Pusdiklat (Center for Education and Training of the Department of Health) personnel and JHU personnel has had a major impact on activities in West Sumatra. The group of West Sumatra persons trained at the Training of the Trainers (TOT) Workshop included three from KanWil, a provincial health office, one from the governor's office, one from IKIP (teacher training school), and one from the Faculty of Medicine. Activities of the three persons outside KanWil have not been explored; however, led by Dr. Anwarshah the head of public health training center at the provincial level (BLKM) in West Sumatra, the DepKes team has been extremely aggressive in passing along the training which they received to West Sumatra DepKes members. Between August and March the team has conducted three workshops for Puskesmas (health center) personnel, each of them involving 10 doctor from the Puskesmas and 20 additional staff persons including nurses, midwives, etc. Thus a total of 90 individuals have been trained using the techniques and modules from the August National Workshop.

The approach in West Sumatra to plan these Puskesmas workshops was identical to that used for the National workshop. The team of KanWil persons carried out semi-structured interviews with the Puskesmas staff to determine major management problems. They attempted also to collect some case studies, although this was not particularly successful. On the basis of this they assembled workshop agendas and using many of the activities from the August workshop carried out the workshops at BLKM. Activities went from 8:00 in the morning until 11:00 P.M. Attendees were reported to be quite enthusiastic about the workshops, participating with great interest in the special games and other activities carried out as part of the modular approach.

Plans are in progress now for the next phase of the provincial training, that of training the dokabus (Kabupaten doctors). Management problems are in the process of being identified presently. The workshop is scheduled for sometime in April. Dr. Saif, one of the trainees from KanWil, is attending a workshop in West Java, also for dokabus, to observe the techniques which they are employing there. This West Java workshop is to be held for an approximately two weeks beginning March 21. He will bring the results of these observations back to the planning for a West Sumatra dokabu workshop.

The West Sumatra BLKM is a training center for two other

Sumatran provinces. Plans are, after the West Sumatra dokabu workshop, to extend the workshop training to the dokabus from the other two provinces.

Direct assessment of the management knowledge gained from the TOT workshop by the three DepKes trainees from West Sumatra was not possible using the evaluation procedures necessitated by the time available.

Another question raised in previous discussions was the appropriateness of the modules developed by the JHU-FKM team for the workshops. These had been translated from SEAMEO modules used in the previous workshops as well as from JHU teaching procedures used in Baltimore. Whether the modules were objectively appropriate to Indonesia cannot be assessed, as I did not actually compare the modules with my knowledge of the Indonesian health situation. The enthusiasm with which the West Sumatra team has used these modules, however, and their parts of the enthusiasm with which they were received, does suggest that at least as training activities they are attractive and motivating. Subsequent discussions in Jakarta with the FKM faculty suggested that they felt the modules were appropriate, and the progressive use of these modules in West Sumatra suggest that the DepKes team has felt them highly successful to the West Sumatra situation.

One possible problem may be application of the management knowledge in daily activities by those trained. It has been my experience, particularly with management training, that lessons learned in an isolated workshop often do not become translated into changed working procedures such as changed planning activities, changed supervision methods, changed personnel relations, etc. An indication that this might be the case was suggested by one comment made by the group in West Sumatra. They had been attempting to collect cases of management problems, for use in a followup workshop conducted by the National FKM- Pusdiklat-JKU team. "We have found only cases of programmatic problems, not management problems," said Dr. Anwarshah. An example was failure of the immunization program to reach its targets. It is my feeling that this comment reflects a failure to identify management problems within specific programmatic difficulties. Perhaps increased attention to the "diagnosis" of management problems would be a useful addition to future followup workshops. It is certain that using the interview technique employed for problem determination before the National Workshop, this topic or need would not emerge, as the inability to recognize a problem is hidden from the person involved.

Conclusions and Recommendations

There is no doubt that the management TOT workshops have had a pronounced impact on training for management in West Sumatra. Excellent implementation of the lessons learned at the National Workshop has already been carried out, and future plans are salutary. Identification of management problems appears to be one topic which could be given additional stress in future TOT workshops. Assistance in case study collection may be one approach to building this into the procedures. An objective assessment of the actual impact of the workshops on management procedures within the daily activities of DepKes personnel in West Sumatra would be highly desirable. This would require actual field observation by an objective observer, carried out as part of health services research. It is possible that the "micro-planning" stress suggested by Dr. Parker for the coming year may be beneficial in improving the implementation and application of the management lessons in the daily activities of the trainees as they attempt to be managers on the scene.

Short Course in Project Management for FKUA Faculty Members

A short course aimed at project management was suggested by myself as part of the preparation of the University of Andalas Medical Faculty members for carrying out the community oriented projects planned under Comprehensive Health Improvement Program Province Specific (CHIPPS). This course was further planned in collaboration with JHU faculty members in May 1982. A part of the activities of this trip was to determine the extent to which this activity had been implemented.

The proposed short course is an excellent opportunity for FKM to provide technical assistance in the area of management, following through with the assistance they received from JHU as well as the specific modules developed through this JHU-FKM collaboration. As the National course in management aimed at the provincial level was focused more on general overall administration, discussions with FKM faculty members indicated that some additional planning and module development would be necessary for the project-focused training course. Here the Hopkins' support will be ideal in developing the necessary modules.

Discussions with the FKUA faculty indicated a continuing desire for the short course. Due to lack of availability of CHIPPS funds, no details had been finalized prior to my visit, such as in particular selection of the trainees. With the expectation that CHIPPS money would be available beginning in April 1983, the medical faculty was prepared to move ahead

actively to identify those 12 to 15 persons who would take part in the course. A course date of June or November 1983 was identified.

Followup discussions at FKM indicated continuing interest by the faculty to carry out the course. FKM personnel wished to include West Sumatra trainees from the National TOT workshop as part of their team for this FKUA workshop. FKM personnel, however, will hold the major responsibility, rather than turning this over to the West Sumatra personnel.

Further specific plans will be made by FKM and FKUA staff in discussions held at the same time as a FKM visit to West Sumatra for the followup of the TOT efforts. This should take place in May 1983. The November date appears practical for the FKM faculty members. Specific plans including those for selection of participants will be made in concert with FKUA personnel. JHU advisor participation will be obtained in planning the workshop.

Three funding modes are possible. The first, inclusion in DUP, would take much longer than the proposed time period, and was not preferred by either FKUA or FKM personnel. The second possibility, that of requesting a supplement to the 1983-84 DIP (list of project contents or items), seemed less guaranteed, and therefore was not the preferred approach, although it was agreed that this approach would be feasible if necessary. Obtaining the funds through this DIP approach might be possible by the November time target. The third approach, that of obtaining a direct grant from USAID, was preferred by all. This was dependent upon keeping the overall budget low. Gross estimates of the cost for the workshop as well as the followup visitations suggested that an overall budget of less than RP \$5,000,000 would be likely. It seemed possible that this would fit within the limitations of such direct USAID grants. FKM personnel accepted the responsibility for furthering these discussions with Dr. Calder at the USAID mission.

Conclusions and Recommendations

The short course in project management is an ideal application of JHU-FKM collaboration to the utilization of FKM faculty to meet specific National training needs and technical assistance needs. The project appears feasible, and specific plans for implementation were made. Funding will be necessary, and should fall within the limits of USAID direct grants.

Management Training

Problems

The second year work plan proposed the development of a management program at FKM. The major emphasis in this program would be micro-planning, as proposed particularly by Dr. Parker to include an emphasis on operational level management techniques.

The need for management skills in the graduates of FKM is clear. Given the expectation that essentially all FKM graduates will have significant management responsibilities, however, the question must be raised as to whether the needs of the graduates would be better served by expecting each student to pursue a disciplinary major among the five present areas, and to obtain management training in addition. Management should certainly be a component of FKM's teaching program. Whether strengthening this aspect of FKM should be directed toward the development of a specific management concentration or major is less obvious.

The work plan proposes the review and potential adoption of Johns Hopkins' curriculum material in the management area. This approach has obvious advantages in the development of didactic and classroom teaching activities. A major problem for the graduates of FKM, or for that matter JHU, however, is the application of knowledge obtained in the classroom to the work setting. This was observed in West Sumatra in the individuals trained in the management workshop, and has also been observed by me in other FKM graduates in other settings. Transplanting the JHU classroom-based model to FKM in Jakarta would not help to combat this problem.

Supporting Factors

The majority of FDM students are DepKes employees already holding positions of responsibility. In addition, the curriculum already includes a field experience. At present this consists of the thesis research project.

Conclusions and Recommendations

Further clarification of the goals of the efforts to strengthen management at FKM would be desirable. This would be assisted by an analysis of the work situations of the FKM graduates, to determine the extent to which the graduates need major specific programmatic or disciplinary knowledge and skills in areas such as maternal and child health, epidemiology, or statistics as opposed to serving in a general administrative or management capacity. There is no doubt that strengthening the management capacities at FKM is a desirable objective. The

question is raised as to whether that strengthening should be expressed in the addition of a major unit to the present five FKM disciplinary units, and in the addition of a new major or concentration in the curriculum, rather than being integrated into the present five disciplines and curricular concentrations.

The possibility of incorporating supervised management or administrative field experience in the FKM curriculum, to assist in the application of didactic knowledge, should be explored. The Preventive Medicine Residency Program in the United States requires, in addition to a year of clinical activities and the year of didactic education oriented toward obtaining the M.P.H., a year of such on-the-job experience. Coupled with supervisory input for FKM faculty, the inclusion of such experience in the curriculum would assist the FKM graduates in bridging the gap between didactically acquired knowledge and practically utilizable skills applied in the work place. One model for this would be the Liverpool School of Tropical Medicine Master of Community Health program, which incorporates a three month field experience. An additional model, as mentioned previously, is the U.S. Preventive Medicine Residency program, with its third year field internship experience. Using consultants from HDPM with experience in those or similar models could add an additional perspective to the development of management strengths in the FKM faculty and teaching programs.

Technical Assistance

Problems

The substitution of technical assistance activities for the present private practice activities of the faculty as a means of supplementation of the meager faculty salaries is a desirable objective. The HDPM project has already demonstrated appropriate TA activities, for example the Training of the Trainers Management Workshop. A major problem in achieving this objective is the limited faculty time available. Teaching demands at FKM are heavy, particularly with the necessity for supervising field research projects. Faculty members are also presently engaged in the development of new teaching activities for the SI and doctoral level programs. The other planned HDPM objectives, doctoral level training for the FKM members, will also interfere with the availability of time for technical assistance activities.

An additional problem is the limited demand for TA, particularly for that type of assistance for which the FKM faculty members are most appropriate, education and training. There is

clearly a strong desire within DepKes to attempt to manage their training needs within their own budget and personnel limitations, rather than contracting out such needs to in-country consultants such as FKM faculty members.

A third problem is the difficulty in developing expertise as consultants among the faculty. The most frequent requests are for those individuals who are senior on the faculty and have the most experience. Yet it is often they who are the most busy, and without whom institutional development activities at FKM may be hampered. Some means of incorporating junior faculty members in to the technical assistance activities to provide them both experience and necessary manpower, would be highly desirable.

A final consideration is the institutional structure from which such technical assistance activities should be carried out. Clearly an organizational unit to coordinate TA activities, promote FKM as a source of TA, and in particular serve as a fiscal buffer so as to ensure continuity of salary supplementation would be highly desirable.

Supporting Factors

Involvement in technical assistance activities is extremely valuable for faculty members. In addition to necessary income supplementation, it would increase exposure to practical problems in the field, and provide topics for research which may in fact be carried out along with the assistance activities.

Conclusions and Recommendations

John Hopkins' assistance in development of technical assistance activities at FKM is highly desirable. Working guidelines to control the amount of time spent at such activities away from faculty responsibility should be developed. An institutional structure such as a Lembaga or Yayasan, with the function of reviewing all requests for TA and coordinating activities so as to ensure maximum benefit to FKM, utilization of younger faculty members and students as well as the more experienced ones, and management of income from such activities to bring about continuity of salary supplements to all involved should be supported and encouraged. If in the Indonesian context a Yayasan or foundation would in fact isolate and remove these activities from the University, then a Lembaga would be preferred, JHU support in merging technical assistance activities with research should be encouraged. JHU assistance in developing effective marketing strategies for TA services by FKM faculty should also be emphasized.

Health Services Research

Problems

A variety of factors appear to inhibit achievement of the goals in health services research for FKM. Perhaps the most flagrant is the difficulty in obtaining funding. There have been discussions within the MOH about channelling research funds and assistance from LitBangKes, but as yet there has been no realization of this goal that I know of. But since such funds from LitBangKes for FKM health services research cannot be counted on, this fact makes faculty members loath to spend days preparing a complex research protocol which has little likelihood of funding and implementation.

An overall problem again is that of the variety of demands placed on the faculty members. Effective HSR will require a great deal of time and energy. With the JHU development efforts in process, it is unclear whether the faculty members, particularly those most experienced in research, will have time available for these new and additional efforts.

The inventory of past research being prepared is presumably intended to be used as a working source of information for health researchers at FKM and elsewhere. A variety of factors inhibit that, however. Information about studies is difficult or nearly impossible to obtain. One person commented to me during this visit that it was only by chance that one faculty member mentioned to him that he had carried out a project in a particular area of HSR some years previously. This same person was unable to find a copy of the report from that research. Moreover, even if information that a project has been done is available, the report, as mentioned already, may be difficult or impossible to obtain. Merely knowing the title of a previous study would not be substantial assistance to an investigator planning a future project. Finally, while the inventory will presumably mark a point before which information is available, its usefulness will become substantially diminished with the passage of time, as new research continues to be done and will not be added to the inventory.

The regional workshop for Health Services Research proposed may be in the abstract a desirable objective, allowing investigators in a number of countries to exchange information regarding comparative systems and conditions as well as health services problems. A single event of this sort, however, is hardly likely to pay off in the long run. Continuing support for interaction, the formation of a real network of investigators, and an opportunity for continuing exchange of information and even collaboration on research efforts would be necessary to make this worthwhile. Unless such support is in prospect, a regional work-

shop of the sort described would require a great deal of effort, yet have little real long term benefit for the faculty members at FKM who would be responsible for organizing it. As such it may in fact interfere with the JHU efforts to assist in FKM development. FKM has proven on numerous occasions its ability to carry out workshops. The rationale for this regional workshop in assisting the development of FKM should be assessed carefully before utilizing scarce faculty time for this purpose.

Supporting Factors

A number of elements support achievement of the HSR goals. The first is the present S2 thesis research required of all FKM students. Faculty members are currently involved with supervising these projects, which are done at the expense of the student, and are very often health services research. As many students from FKM come from operational units of DepKes, they have a real opportunity to carry out evaluative or monitoring research of the programs in which they work customarily.

The HDPM objective of assisting FKM faculty members to obtain their doctoral degrees could assist greatly in achieving the HSR goals. A personal incentive such as a doctoral degree will be a strong motivating force to a faculty member embarking on a long and difficult process of protocol development. Such a target might ameliorate the problems anticipated in obtaining funds. Here is where the long experience of the JHU consultants in supervising research, particularly HSR, could play a major role in assisting the faculty members to develop appropriate HSR projects which would meet doctoral requirements.

Finally, with regard to the carrying out of provincial level workshops in training in HSR, I observed in West Sumatra a real desire for such assistance from the director and staff of the Provincial Health Department. Having minimal experience in HSR, they saw as a real opportunity the chance to get outside training from FKM in planning and carrying out health services research.

Conclusions and Recommendations

Support should be sought to allow the expansion of the inventory sub-project to include the possibility of access to the research reports described in the inventory, as well as continuation and maintenance of the inventory in an up-to-date fashion. In addition, support would be required for dissemination of the inventory on a recurring basis to those who may be able to use it in planning such research projects. As such this project would become more of a project to establish a working library for health services research, which would include a function through which those interested in a particular project could

request a Xerox or microfilm copy of the report, which they would pay for. (Like E.R.I.C. in Washington). Dissemination of the information could be through a type of Current Contents publication, perhaps on a quarterly basis. Efforts would need to be made to maintain the inventory through collection of new reports from Indonesia. An additional desirable addition to the inventory project would be the establishment of a journal, in addition to the title or abstract dissemination service. A journal would allow publication of what is currently largely a field in which reports are distributed in a limited fashion or not at all. This could be a later aspect of the inventory project. Without some additions of these sorts to the inventory sub-project, it will remain primarily an educational experience for the person compiling it, and not a particularly useful step in the development of HSR.

Rather than aim at the development of free-standing HSR projects which will seek imaginary funds, it would seem more productive to use the Johns Hopkins' consultants to develop overall strategies for health services research in particular areas, which would be tied to a particular faculty member. These broad overall plans could then be, again with JHU assistance, broken down into sub-projects, which would in turn be able to be carried out by the S2 students in fulfilling their thesis requirements, under the supervision of the involved faculty member. Through an accumulation of S2 projects, the faculty member would be able to move toward the achievement of a significant doctoral research project, which would pull together the sub-projects into a meaningful whole. This combining of activities would tend to reduce the fragmentation of faculty attention and the task overload for the limited time which they have available to them.

Efforts to develop the HSR course for provinces should be moved ahead. On the basis of my own experience, the most productive program of this sort would utilize an initial intensive experience over a few days to establish basic directions and the beginnings of actual protocols, followed by a series of followup workshops to which the participating provincial investigators would bring results of work carried out in the interim period. It would be particularly desirable if the initial intensive workshop or one or more of the followup mini-workshops could incorporate actual experience collecting data in the field, analyzing data, and so forth. Such hands-on education based on experience will be more effective in bringing about worthwhile research than theoretical courses which are difficult to apply.

Little justification is apparent to this reviewer for the international region HSR workshop.

FKM Training

The second year work plan includes under the topic FKM training three sub-areas, research training, planning and management training, and planning and management training at Hopkins. Both the first two of these have been discussed in previous topic areas (HSR and management training), with regard to the content areas themselves. In this section the question of the manpower which JHU is able to provide to these efforts will be discussed.

A major underlying objective of the systems program is the improvement of the curriculum at FKM. To achieve this initial step the assessment of the current curriculum including the actual detailed teaching methods and course content. While the emphasis of the HDPM project is obviously in planning and management, these areas are clearly interwoven with the many other disciplines at FKM, and the expertise of the JHU advisors is correspondingly broad as well. Thus it may be assumed that a desirable objective for the project would be the improvement of teaching in general at FKM with the assistance of JHU faculty members.

During the first project year JHU was able to provide only six man-months of advisors. None of the advisors has been able to learn Indonesian to any degree other than the simplest social fluency. There has been no continuing presence of the JHU group at FKM, but rather a series of short-term consultants. While good communication among JHU consultants has resulted in some continuity of action, there is no doubt that the combination of limited absolute time availability and discontinuity of visits results in some inefficiency and potential fragmentation of efforts and objectives. A major objective of the one year evaluation is to determine if the present staffing for the HDPM project is acceptable.

Positive Factors

The JHU faculty members who have served as consultants are among the most senior and highly respected in the world. As many Indonesian health officials have studied at JHU under these teachers, they are particularly highly respected in Jakarta and elsewhere in Indonesia. The combination of the experience which they bring to the project, and the personal respect which they command makes them particularly effective in bringing about desirable changes both within FKM and in the Ministry of Health. Compared to a potential long term advisor at the junior level, even one who was able to become fluent in Indonesian, their effectiveness in the eyes of FKM and in my own opinion is substantially greater.

Conclusions and Recommendations

The HDPM project should include detailed assessment of present FKM teaching. While substantial progress may be made in discussions in English, observation of classes and seminars by an advisor who understands Indonesian would be highly desirable. Efforts should be made to add such an advisor to the consultant team, one who would live in Jakarta. At the same time, the present system of recurring visits by the senior faculty members from JHU should be continued. Additional funds to support the long-term stay of a JHU staff member should be sought. The combination of a long term consultant in Jakarta and recurring visits by the present senior advisors would be ideal.

New FKMs

Problems

While general estimates of the number of potential students for new FKMs have been made, no functional analysis of the jobs which these students should be carrying out has occurred. Thus a rational coordination of their educational packages with prospective students have not been possible in the new FKM developments which have taken place so far.

Those faculty members at the proposed sites for the new FKMs who would become the new faculty members for the FKMs are limited in number. Clearly additional manpower will be needed. A deficiency in FKM-UI is the lack of personal on-line experience by the faculty members with health care delivery in the field. This would suggest recruitment of perspective new faculty members not from the current undermanned public health departments in existing medical schools but rather from the department of health, particularly from persons who have worked in Puskesmas or Kabupaten level posts.

Major efforts have been underway for the past decade to shift medical education toward a community orientation. The Consortium on Health Sciences (CHS) has recently used the term COME (Community Oriented Medical Education) to designate their objective for medical education development. As many of the activities in COME involve working with communities in preventive efforts, the department of public health in the various facilities of medicine have been key elements in the community medicine teaching programs. If the same persons are to be utilized as key faculty members for the new FKMs, a significant blow to the community medicine development efforts will occur. Inasmuch as it is the medical school graduates who become the directors of health

centers, this would be a significant threat to the success of the health center (puskesmas) as a combination of clinical and outreach efforts.

CHS has been quite strict in its accreditation of clinical departments to give post-graduate degrees. Many medical school departments have yet to be allowed this privilege, due to deficiencies in staff, curriculum, facilities or other resources. Thus it is particularly surprising that CHS has apparently proceeded with accreditation of new FKMs prior to the establishment of accreditation criteria, and in the face of acknowledged deficits in staff, unplanned curricula, and the like.

Positive Factors

The JHU team has particular expertise in manpower planning. This includes the tailoring of educational programs to meet the needs of jobs in the field. JHU personnel have already been involved with P4K in Surabaya, where one of the new FKMs has already begun activity. Doubtless also major needs for curriculum in the new FKMs will be in the area of planning and management.

Conclusions and Recommendations

Too rapid and unplanned development of FKMs can be expected to have injurious results to community medicine education and an output which is less than desired or possible. There is opportunity for planned development of these new institutions, with assistance and guidance from CHS, support and practical lessons from FKM, and consultation from JHU. It is strongly recommended that this type of planning and collaboration take place.

To increase the element of practical experience among the faculty members, it is suggested that pathways be opened which would allow recruitment of new faculty members for these FKMs from DepKes staff, rather than exclusively from P & K staff. This pathway is at present difficult or impossible through the usual channels. Broadening the potential field of candidates for faculty members in this fashion will also avoid the rape of the departments of public health in existing medical schools.

Analysis of the stage of development of community medicine education and the personnel involved in COME should be carried out in each of the medical faculties where new FKMs are proposed. Top priority should be given to ensuring that FKM development efforts do not endanger the steady and effective development of community education programs in these facilities. This is another justification of recruiting manpower from outside P & K. Effective development of COME is as important to the future of public health in Indonesia as the development of new FKMs. JHU

can assist in assessment of community development efforts in each of the faculties. Other Indonesian consultants would also be useful for this purpose. Dr. Satoto at Disponegoro, Dr. Poerwono at Gadjah Mada University (UGM), Professor Soewasono also at UGM, and others could assist in that assessment.

Development of standards for FKM institutions is very important, to ensure uniform quality in those who have S1 or S2 degrees in public health in Indonesia. Intensive efforts should be made, with ideally the participation of JHU, to develop appropriate accreditation standards. Attention should be paid, however, to developing standards which would allow variations in the structure, orientation, and methodology of new FKMs. It is not necessarily desirable merely to reproduce FKMUI, as other approaches may be effective and perhaps more appropriate in different geographic and cultural contexts existing in other parts of Indonesia. It would also be desirable to allow for some variation in educational objectives, so as to allow individual FKMs to develop particular areas of interest and expertise such as MCH, management, epidemiology, and the like.

APPENDIX A

Scope-of-Work

Internal Review/Evaluation of Health Development Planning and Management Cooperative Agreement with Johns Hopkins University and FKMI/Indonesia

An early review/evaluation of the subject project is necessary to provide the recipients of the Cooperative Agreement and the sub-contract with specific guidance in developing the second year workplan, particularly with respect to activities aimed at the management training of provincial trainers.

The evaluation team will be made up of the ST/Health Project Manager, Sarita Henry, an ASIA/Project Development Specialist, Robert Pratt and Robert S. Northrup, M.D., Chairman, Department of Community Medicine, College of Community Health Sciences, University of Alabama.

The team will:

(a) review the relationship of the Johns Hopkins - FKMI provincial health planning and management training to similar Mission and GOI program interests.

(b) review the adequacy of JHU technical assistance and FKMI inputs in terms of qualifications of staff, in-country availability, and continuity of effort necessary for a cost-effective use of project resources in attaining the desired objectives. The Mission continues in its concern that there is not enough sustained technical assistance provided by Johns Hopkins to best assist the FKMI with the design, implementation and evaluation of innovative and field-relevant management training for provincial health officials, and to see that this field experience is translated into more effective curriculum and teaching at FKMI.

(c) examine the appropriateness and likely impact resulting from the implementation of the first year's plan in developing the inventory of technical consultation capability within the MOH and the private sector. It will advise on improvements for the second year workplan.

(d) examine the appropriateness and adequacy of first year progress in planning and implementation of JHU-FKMI activities aimed at the strengthening of health services research within the FKMI and within the MOH. This should be carried out within the context of first understanding Mission efforts to strengthen the MOH capability to plan, implement, and apply high priority health services research.

The team should provide advice on the second year plan in full awareness of Mission and MOH interests, and past experience.

(e) review current information on the long-term and short-term training needs of FKMI faculty and comment on the appropriateness and adequacy of the existing training plan, taking into account possible alternative approaches.

APPENDIX A

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The team should recommend improvements in the future planning and implementation of FKM faculty development. The team should also provide advice on the advisability and feasibility of providing technical assistance to other emergent schools of public health, using resources from the HDPM project.

(f) review and provide advice on any improvements in the current administrative arrangements involving:

- AID/W project management
- the Mission's monitoring function
- the in-country advisory board and
- FKM/JHU managerial-administrative functions

The Mission wishes to increase AID/W Project Manager's direct familiarity with on-site project planning, implementation and evaluation to monitor HDPM project progress.

- of 1st. day and to design questionnaire for evaluation
 - Analyze results of questionnaire
 - Met with Dr. Bimo, YIS, consultant to FK-COME
 - Met with E. Croft-Long consultant from HOPE
 - Evening meeting with team COME - evaluate seminar, discuss COME
- March 17
- 2nd day of workshop
 - Present summary of the day's presentations & discussions
 - Prepare lecture for 3 day
 - Met with Dr. Bimo
 - Dinner and meeting with Dean (Marias Marionis) Syafril, Darwin Arsyad, Yaknis (PD III), Bimo, Long
- March 18
- 3rd day of workshop
 - Present lecture on management, with questions, approximately 2-1/2 hours (in Indonesian)
 - Met with Dr. Satoto (consultant to FK-COME from UNDIP), Dr. Bimo
 - Evening meeting with team COME until 1:00 A.M.
- March 19
- Last day of workshop
 - Worked with small groups
 - Presented brief summary
- March 20
- Met with Dr. Syafril, discuss plans for COME development
 - Began report preparation
 - Prepared for meeting with DepKes
- March 21
- Met with Dr. Rafki (Rep. Kanwil, DepKes), Dr. Bachtiar, regarding FKM-JHU program in management, also on health services research, cooperation with Andalas Medical School
 - Met with Dr. Anwar Shah, Dr. Saif (P2M) regarding FK-JHU management workshop and continuing activities
 - Met with Syafril, Bachtiar, Faisal (PH), Darwin regarding use of KKN in COME

- Met with Dean, report on findings and recommendations
 - Met with Prof. Hanif, head of Internal Medicine Department, also Dr. Ilyas
 - Continued preparation of report
- March 22
- Discuss list of general recommendations with Dr. Syafril, Kamardi, Bastian, Darwin
 - Introduced to team COME from Aceh.
 - Depart Padang for Jakarta
 - Met with Pratt (JHU eval. team)
 - Met with Calder (USAID)
 - Met with Piet (Pop-USAID)
 - Met with E. Croft-Long regarding Project HOPE's participation in developing Pediatric Department at FKUS
- March 23
- Worked on reports
 - Met with Charles Johnson (USAID-Population) regarding new FKMs
 - Met with Calder regarding FKM-JHU project
 - Met with Henry Mosley regarding Ford Foundation research support and interest in FKM T. lembaga
- March 24
- Met with A. Horwitz on provincial health system
 - Reviewed FKUA progress and recommendations w/ Calder
 - Complete FKUA short summary
 - Met at FKU w/ Adik, Wibowo, Gani Ascobat, Amal and Anhari for short course for FKUA faculty, also JHU project
 - Left Jakarta for U.S.
- March 25
- En route to U.S.
 - Over night in London
- March 26
- | | |
|------------|---------------------|
| 06:30 P.M. | - Arrive Tuscaloosa |
| 07:00 P.M. | - Arrive home |