

A.I.D. EVALUATION SUMMARY - PART I

1. BEFORE FILLING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS.
2. USE LETTER QUALITY TYPE, NOT "DOT MATRIX" TYPE.

IDENTIFICATION DATA

A. Reporting A.I.D. Unit: Mission or AID/W Office <u>USAID/INDONESIA</u> (ES# _____)	B. Was Evaluation Scheduled in Current FY Annual Evaluation Plan? Yes <input checked="" type="checkbox"/> Slipped <input type="checkbox"/> Ad Hoc <input type="checkbox"/> Evaluation Plan Submission Date: FY <u>88</u> ^{Q 2}	C. Evaluation Timing Interim <input checked="" type="checkbox"/> Final <input type="checkbox"/> Ex Post <input type="checkbox"/> Other <input type="checkbox"/>
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D. Activity or Activities Evaluated (List the following information for project(s) or program(s) evaluated; if not applicable, list title and date of the evaluation report.)

Project No.	Project /Program Title	First PROAG or Equivalent (FY)	Most Recent PACD (Mo/Yr)	Planned LOP Cost (000)	Amount Obligated to Date (000)
497-0327	Family Planning Development and Services (FPDS) II -- Research Component	83	12/92	36,400 (whole project) 2,900 (research component)	36,400 2,900

ACTIONS

E. Action Decisions Approved By Mission or AID/W Office Director Action(s) Required	Name of Officer Responsible for Action	Date Action to be Completed
1. The 1988/89 (and subsequent) Annual Plan for Research should reflect the results of this evaluation and will contain a limited number of comprehensive "packages" of activities (research and related training, workshops, seminars) to reduce the management burden and consolidate efforts to produce higher quality research. One of the packages will focus on KB Mandiri activities. USAID will prepare the corresponding PIL.	Dr. E. Srihartati P. Pandi and staff	4/30/88
2. A short-term management consultancy and training needs assessment will be conducted to clarify the role of the PDD and the three centers and to develop a training plan to build specific competencies.	Dr. Carol Carpenter-Yaman	5/30/88
3. A long-term local administrative assistant will be hired under host country contract to serve in a secretariat function to the Deputy PDD. USAID will prepare corresponding PIL.	Dr. Carol Carpenter-Yaman	11/30/88
4. The PDD, with the assistance of the administrative assistant, will develop a computerized monitoring system to track incoming proposals and ongoing research.	Dr. E. Srihartati P. Pandi/Dr. C. Carpenter-Yaman	10/30/88 11/30/88
5. Support continued long-term technical assistance to the PDD in the form of a research advisor funded under a host country contract.	Dr. E. Srihartati P. Pandi Dr. Carol Carpenter-Yaman	12/30/88 10/1/88 9/30/90

APPROVALS

F. Date Of Mission Or AID/W Office Review Of Evaluation: (Month) 9 (Day) 22 (Year) 88

G. Approvals of Evaluation Summary And Action Decisions:

	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director
Name (Typed)	Carol Carpenter-Yaman	Dr. E. Srihartati P. Pandi	D. Westrick	D. Merrill
Signature	<i>Carol Carpenter-Yaman</i>	<i>Dr. E. Srihartati P. Pandi</i>	<i>D. Westrick</i>	<i>D. Merrill</i>
Date	<u>OCT 21 1988</u>	<u>31 OCT 1988</u>		

ABSTRACT

H. Evaluation Abstract (Do not exceed the space provided)

While Indonesia's National Family Planning Coordinating Board (BKKBN) has almost 20 years of experience in coordinating, implementing and monitoring family planning service activities, the establishment of the Program Development Division (PDD) as an independent research unit responsible for the management and implementation of program-relevant research is a relatively recent development. The PDD was established and given its mandate to conduct research on all biomedical, social, and policy topics related to family planning by presidential decree in 1983. AID project 497-0327, Family Planning Development and Services II (FPDS II), was signed in 1983 and support to the PDD began in 1984 with the submission of its first Annual Plan for research. Over the brief four year history of PDD, program planning and fund absorption have improved and the division has gained in momentum, visibility, and recognition.

Since the project has recently been extended until 1992, this review of project activities represents the approximate midpoint. In this context, AID contracted a team of three family planning and public health professionals to review the progress of the project. They were asked to examine the extent to which activities supported under the project have met the quantitative objectives of the project, as well as to assess the quality of research activities and the utilization of research findings. In addition, the evaluators were asked to examine the development of institutional capacity in the PDD to manage research, and the contribution of international technical assistance to institutional development.

The accomplishments of PDD have been substantial: 25 research projects have been completed, numerous training courses for staff development have been held, seminars/workshops have been organized for outside researchers and staff, first steps have been taken toward computerization of project monitoring, and systems for research management are in place. In general, research is reviewed and utilized by the highest levels of management at BKKBN.

While improvements have been made over the project period in training, management, and research output, considerable opportunities exist for more progress in the future. The PDD has been through a period of very rapid expansion and increasing demands for output. The evaluation team feels that the time is appropriate for tightening up the system and clarifying objectives and goals for the future. Concerns which should be addressed include development of consensus on the role of the division, consolidation of efforts, improvements in quality, and longer range planning of research.

COSTS

I. Evaluation Costs

1. Evaluation Team		Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (U.S. \$)	Source of Funds
Name	Affiliation			
Dr. Sarah Harbison	USAID/New Delhi: PSC Evaluation Officer	30	} \$ 23,000	Project 497-0327
Drs. Sri Djuarini	Consultant to BKKBN	30		PIO/T No.: 497-0327-3- 40152
Dr. Dewa Nyoman Wirawan	University of Uda- yana, Bali, Indonesia	30		Columbia Univ. Cooperative Agreement for Research
2. Mission/Office Professional Staff Person-Days (Estimate) <u>10</u>		3. Borrower/Grantee Professional Staff Person-Days (Estimate) <u>35</u>		

PDD also compiled a list of every seminar/workshop and training participant. On arrival the team reviewed the pertinent documents assembled. They then selected a sample of USAID-supported research projects and reviewed them in depth - from proposal selections, field implementation to final report and dissemination of findings - in order to assess the Division's research management system, the quality of work produced and the manner in which the findings are utilized. The evaluators surveyed a sample of outside institutions which have requested project funding from BKKBN to learn their perceptions of BKKBN support. They also surveyed a sample of workshop/seminar participants to learn their views on the value of the experience. They assessed the research management systems developed by the Division and the degree to which they have been institutionalized. The quality and usefulness of the technical assistance, both long and short term, was reviewed in terms of its contribution to the institutional development of PDD and to improving the quality of the various subprojects.

FINDING AND CONCLUSIONS

After holding extensive discussions with AID and BKKBN staff in Jakarta and the provinces, with participants in seminars and workshops, and with researchers and implementing agencies, as well as reviewing AID and BKKBN documents and research reports, the team has concluded that the PDD has made substantial progress during its short history and that AID assistance has been appropriately focused and managed to contribute to that development.

While the PDD must still be considered to be in very early stages of its institutional development, its accomplishments have been substantial: 25 research projects have been completed, numerous training courses for staff development have been held, seminars/workshops have been organized for outside researchers and staff, first steps have been taken toward computerization of project monitoring, and systems for research management are in place. One of the strongest aspects of research management at BKKBN is the utilization of research findings: policy implications of recent research are presented regularly at two major policy and planning meetings. Research is considered a priority by the Chairman and there is considerable pressure for high quality, policy-relevant studies produced in a timely fashion. A recent major success in research management and implementation has been the collaboration between BKKBN, AID, UNFPA, Westinghouse, and the Central Bureau of Statistics to design and conduct the first National Contraceptive Prevalence Survey.

While improvements have been made over the project period in training, management, and research output, considerable opportunities exist for more progress in the future. The PDD has been through a period of very rapid expansion and increasing demands for output. The evaluation team feels that the time is appropriate for tightening up the system and clarifying objectives and goals for the future. Concerns which should be addressed include development of consensus, consolidation of effort, improvements in quality, and longer range planning. In developing consensus, a review of the overall objectives of PDD, the specific areas of responsibility of the three centers, their relationship to other research units within BKKBN, and realistic targets for outputs should be considered. One issue for discussion is the differentiation in function and area of responsibility between the Center for National Family Planning Studies and the Center for Family Planning Policy Studies. On the basis of consensus on these issues, efforts should be made to consolidate the efforts of the PDD.

At present, the number of ongoing research projects is very large, and the topics are diverse. Projects have been implemented through a large number of institutes and universities and technical assistance has been provided to many of these organizations. There is a need to reduce the number of activities and to focus the

A.I.D. EVALUATION SUMMARY - PART II

SUMMARY

J. Summary of Evaluation Findings, Conclusions and Recommendations (Try not to exceed the three (3) pages provided)

Address the following items:

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| <ul style="list-style-type: none"> • Purpose of evaluation and methodology used • Purpose of activity(ies) evaluated • Findings and conclusions (relate to questions) | <ul style="list-style-type: none"> • Principal recommendations • Lessons learned |
|--|--|

Mission or Office: USAID/INDONESIA	Date This Summary Prepared: September 19, 1988	Title And Date Of Full Evaluation Report: Mid-Term Evaluation of USAID Project 497-0327: Family Planning Development and Services (FPSD) II - Research Component
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PURPOSE OF ACTIVITY

The Family Planning Development and Services (FPDS) II project with the National Family Planning Coordinating Board (BKKBN) provides support for six components: Training, Modern Management, Voluntary Sterilization, Urban, Village Family Planning, and Research. The project began in 1983 and has recently been extended until 1992. Support provided for the research component was for activities of the newly created Program Development Division (PDD) within BKKBN; a total of \$1.9 million was obligated for technical assistance, staff training and research activities. Another \$1.0 million was obligated by the end of FY 1987 to fund additional technical assistance, a 1990 contraceptive prevalence survey, and provide support to the National Center for Child Survival for research on family planning-child survival relationships. Specifically, the original objectives of USAID support for this component, as outlined in the FPDS II project paper, were:

- To support 25 biomedical, operations, and social science research projects and the 1985 nationwide intercensal survey.
- To support 12 seminars and workshops on special population research methodology-related topics and 12 conferences and meetings to disseminate research findings.
- To provide short-term U.S. and local consultants to assist in research design, implementation and evaluation.
- To support the institutionalization of research capacity at BKKBN, strengthening of Indonesian research capabilities, and utilization of research findings.

PURPOSE OF EVALUATION AND METHODOLOGY USED

The first objective of this evaluation was to gauge the extent to which the activities supported under the project have met the objectives of the project as outlined above. In addition to quantitative measures of actual activities performed, the evaluation assessed the quality of the work conducted and the degree to which research findings have been utilized. The second objective was to examine the development of institutional capacity to manage research at BKKBN. Of special interest is the assessment of the project implementing procedures designed by USAID to 1) provide BKKBN with an institutional framework for research management and 2) transfer research management responsibility from USAID to the PDD. The third objective was to assess the contribution of the international technical assistance to improving the quality of the research and to developing BKKBN's research management institutional capability.

Prior to the arrival of the evaluation team, the PDD assembled relevant documents (project papers, monthly/quarterly reports, annual plans and corresponding umbrella PILs) and prepared a list of all projects funded, by time period and institution, and also a master list of each institution/individual submitting proposals for funding.

S U M M A R Y (Continued)

remaining ones on a limited number of topics. Such a consolidation will allow an increased emphasis on quality of output and on institutional development, within the context of comprehensive planning which takes into account staff time and capability, overall objectives and priorities, and funding availability.

PRINCIPAL RECOMMENDATIONS

1. At the start of the next plan, provide support for a short-term management consultant to work with the PDD in clarifying objectives of the three centers, assessing the staffing levels and skills required to meet those objectives, reviewing expectations of output from the PDD on the part of BKKBN and the donors, and designing a more efficient task allocation and staff management system.
2. Building on the results of the management consultancy described above, provide support for a training needs assessment, the output of which would be a two year training plan designed to build specific skills related to specific tasks and specific research areas.
3. Strengthen the office of the Deputy of Program Development through providing support for a secretariat, including several support staff, a computerized monitoring system, and possibly a consultant management specialist.
4. Reduce the number of small-scale in-house research projects to a minimum; consider a limited number of small-scale in-house studies as training activities for junior staff to be supported on a project-wise basis by local consultants who are experts in the particular research area.
5. Reduce the project management and monitoring load by supporting a limited number of larger size projects to be conducted by qualified external researchers, the subject of such projects to be indicated in the annual plan. The topics selected for these research projects should be used to develop comprehensive "packages" of activities, including research, seminars, workshops, and other institution building activities (for example, library acquisitions should be focused on subjects of current research topics and methodology).
6. In recognition of the fact that the program is developing rapidly and that urgent research issues will inevitably arise, it is recommended that a certain portion of the project budget and staff time (perhaps 20%) be reserved for unanticipated research and activities.
7. Provide support for activities designed to further strengthen the research management process and institutional development of the PDD, such as:
1) implementing the computerized monitoring system, including a log for tracking incoming proposals; 2) increased support for acquisition of resource materials and library organization; 3) increased communication with first quality institutes, universities, and other family planning organizations, to make them aware of PDD research priorities and procedures; 4) improvements in monitoring of the field implementation phase of research, and 5) strengthening the portfolio system of project management.
8. Provide support for seminars, workshops and staff development to provincial offices; increase communication between PDD staff and provincial staff involved in research.

S U M M A R Y (Continued)

9. Provide support for a "package" of activities relating to self-sufficiency (K.B. Mandiri) including: 1) research funding; 2) training in relevant research methodologies (focus group, operations research, as well as survey methodology and data analysis); 3) analysis of existing data sets with relevant information, and 4) design of a K.B. Mandiri module for the 1990 CPS.
10. Encourage improved communication within BKKBN among staff involved in research to assure coordination of research on related topics.
11. Provide continued long-term technical assistance to the PDD in the form of a research advisor and perhaps a full-time management consultant as well.

ATTACHMENTS

K. Attachments (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier; attach studies, surveys, etc., from "on-going" evaluation, if relevant to the evaluation report.)

Harbison, Sarah, Sri Djuarini, and Dewa Nyoman Wirawan. Mid-Term Evaluation of USAID Project 497-0327, Family Planning Development and Services (FPSD) II - Research Component. Jakarta, February 1988.

COMMENTS

L. Comments By Mission, AID/W Office and Borrower/Grantee On Full Report

USAID and the BKKBN were extremely pleased with this report. The evaluators, in a very short time, correctly identified the strengths and areas for improvement in the PDD activities which have been supported under Project 497-0327. They also gave a fresh perspective on how to improve the management of the PDD's activities. USAID and BKKBN concur in the conclusions reached by the evaluators and have already begun to implement the recommendations offered by the team.

MID-TERM EVALUATION OF
USAID PROJECT 497-0327

FAMILY PLANNING DEVELOPMENT AND SERVICES (FPSD) II
RESEARCH COMPONENT

JAKARTA, FEBRUARY 1988

DR. SARAH HARBISON

DRA. SRI DJUARINI

DR. DEWA NYOMAN WIRAWAN

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ACKNOWLEDGEMENTS

The evaluation team sincerely appreciates the cooperation of AID/Jakarta and BKKBN staff in conducting this evaluation. The preparatory work prior to the arrival of the consultants was excellent and all personnel and consultants of the PDD gave most generously of their time throughout the evaluation. In particular the team would like to thank Dr. Mrs. Srihartati Panai, Deputy for Program Development, for her assistance throughout our work and Dr. Haryono Suyuno, Chairman of BKKBN for his ongoing commitment to the development of a higher quality research unit at BKKBN.

The team leader would especially like to thank her fellow team members, without whose untiring hard work and insightful analysis this report would have been impossible.

EXECUTIVE SUMMARY

While BKKBN has almost 20 years experience in coordination, implementation, and monitoring of family planning service activities, the establishment of Program Development Division (PDD) as an independent research unit responsible for management and implementation of program - relevant research is a relatively recent development. The PDD was established and given its mandate to conduct research on all biomedical, social, and policy topics related to family planning by presidential decree in 1983. AID project 497-0327, Family Planning Development and Services II (FPDS II) was signed in 1983 and support to the PDD began in 1984 with the submission of its first Annual Plan for research.

Funds have been provided by AID to the PDD to support in-house and extramural research projects, technical assistance, development of research management systems, staff training, and other institution building activities. While the first project implementation letter was executed relatively late in the Indonesian fiscal year and only 48.5 million rupiah or 16% of total budgetted funds were used, fund absorption has improved with each consecutive PIL. A total of 523.8 million rupiah or 84% total budgetted funds were used in 1986/87 (PIL 59/73). At the same time, efficiency of planning has increased with consecutive PILs being approved increasingly earlier in the fiscal year, leaving more time for project implementation.

Over the brief four year history of the PDD, it has gained in momentum, visibility, and recognition. Since the project has recently been extended until 1992, this review of project activities represents the approximate midpoint. In this context, AID contracted a team of three family planning and public health professionals to review the progress of the project. They were asked to examine the extent to which activities supported under the project have met the quantitative objectives of the project, as well as to assess the quality of research activities and the utilization of research findings. In

addition, the evaluators were asked to examine the development of institutional capacity in the PDD to manage research, and the contribution of international technical assistance to institutional development.

After holding extensive discussions with AID and BKKBN staff in Jakarta and in the provinces, with participants in seminars and workshops, and with researchers and implementing agencies, as well as reviewing AID and BKKBN documents, including research reports, the team has concluded that the PDD has made substantial progress during its short history and that AID assistance has been appropriately focussed and managed to contribute to that development.

While the PDD must still be considered to be in very early stages of its institutional development, its accomplishments have been substantial: 25 research projects have been completed, numerous training courses for staff development have been held, seminars/workshops have been organized for outside researchers and staff, first steps have been taken toward computerization of project monitoring, and systems for research management are in place. One of the strongest aspects of research management at BKKBN is utilization of research findings: policy implications of recent research are presented regularly at two major policy and planning meetings. Research is considered a priority by the Chairman and there is considerable pressure for high quality, policy - relevant studies produced in a timely fashion. A recent major success in research management and implementation has been the collaboration between BKKBN, AID, UNFPA, Westinghouse, and the Central Bureau of Statistics to design and conduct the first National Contraceptive Prevalence Survey.

While improvements have been made over the project period in training, management, and research output, considerable opportunities exist for more progress in the future. The PDD has been through a period of very rapid expansion and increasing demands for output. The evaluation team feels that the time is appropriate for tightening up the system and clarifying objectives and goals for the future. Concerns which should be addressed include

development of concensus, consolidation of effort, improvements in quality, and longer range planning. In developing concensus, a review of the overall objectives of PDD, the specific areas of responsibility of the three centers, their relationship to other units within BKKBN conducting research, and realistic targets for outputs should be considered. One issue for discussion is the differentiation in function and area of responsibility between the Center for National Family Planning Studies and the Center for National Family Planning Policy. On the basis of concensus on these issues, efforts should be made to consolidate the efforts of the PDD.

At present, the number of ongoing research projects is very large, and the topics are diverse. Projects have been implemented through a large number of institutes and universities and technical assistance has been provided to many of these organizations. There is a need to reduce the number of activities and to focus the remaining ones on a limited number of topics. Such a consolidation will allow an increased emphasis on quality of output and on institutional development, within the context of comprehensive planning which takes into account staff time and capability, overall objectives and priorities and funding availability.

SPECIFIC RECOMMENDATIONS

1. At the start of the next plan, providing support for a short term management consultant to work with the PDD in clarifying objectives of the three centers, assessing the staffing levels and skills required to meet those objectives, reviewing expectations of output from the PDD on the part of BKKBN and the donors, and designing a more efficient task allocation and staff management system.
2. Building on the results of the management consultancy described above, provide support for a training needs assessment, the output of which would be a two year training plan designed to build specific skills related to specific tasks and specific research areas.
3. Strengthening the Office of the Deputy of the Office of Program Development through providing support for a secretariat, including several support staff, a computerized monitoring system, and possibly a consultant management specialist.
4. Reduce the number of small scale inhouse research projects to a minimum; consider a limited number of small scale inhouse studies as training activities for junior staff to be supported on a project wise basis by local consultants who are experts to the particular research area.
5. Reduce the project management and monitoring load by supporting a limited number of larger size projects to be conducted by qualified external researchers, the subject of such projects to indicated in the annual plan. The topics selected for these research projects should be used to develop comprehensive "packages" of activities, including research, seminars, workshops, and other institution building activities. (for example, library acquisitions should be focussed on subjects of current research topics and methodology).

6. In recognition of the fact that the program is developing rapidly and that urgent research issues will inevitably arise, it is recommended that a certain portion of the project budget and staff time (perhaps 20%) be reserved for unanticipated research and activities.
7. Providing support for a collection of activities designed to further strengthen the research management process and institutional development of the PDD, such as:
 - 7.1 implementing the computerized monitoring system, including a log for tracking incoming proposals.
 - 7.2 increased support for acquisition of resource materials and library organization.
 - 7.3 increased communication with first quality institutes, universities, and other family planning organizations, to make them aware of PDD research priorities and procedures.
 - 7.4 improvements in monitoring of the field implementation phase of research.
 - 7.5 strengthening of the portfolio system of project management.
8. Provide support for seminars, workshops and staff development to provincial offices; increase communication between PDD staff and provincial staff involved in research.
9. Provide support for a "package" of activities relating to self-sufficiency (K.B. Mandiri) including:
 - 9.1 research funding,

9.2 training in relevant research methodologies (focus group, operations research, as well as survey methodology and data analysis),

9.3 analysis of existing data sets with relevant information,

9.4 design of a K.B. Mandiri Module for the 1990 CPS.

10. Encourage improved communication within BKKBN among staff involved in research to assure coordination of research on related topics.
11. Provide continued long-term technical assistance to the PDD in the form of a research advisor and perhaps a full time management consultant as well.
12. Continuing discussions between AID and BKKBN on issues relating to finance and transfer of funds; following resolution of financial transfer issues with development of a manual and training session.

I. INTRODUCTION, SCOPE OF WORK, METHODOLOGY

In the context of USAID's fifteen years of support to family planning activities in Indonesia, the research component of the Family Planning Development and Services (FPDS II) Project is relatively "young". The project, which includes five other components (Training, Modern Management, Voluntary Sterilization, Urban, and Village Family Planning) was funded in June 1983 at a level of \$23.4 million. Originally scheduled for completion in September, 1989, the project has now been amended to add \$13.0 million additional funds for a total of \$36.4 million and to complete all project activities by December 1992.

Support for the research component was for activities of the newly created Program Development Division (PDD) within BKKBN: a total of \$1.9 million was obligated for technical assistance, staff training and other institution building activities, seminars, workshops, and research activities. During FY 1987 another \$1 million was obligated to fund additional technical assistance, a 1990 contraceptive prevalence survey, and support for the National Center for Child Survival.

Although the FPDS II began in 1983, support to the PDD began in 1984 with the submission of the first annual plan for research; thus, the timing of this evaluation represents the approximate mid-point of planned assistance to the Division. An examination of progress thusfar in achieving project objectives is considered an important input to planning for the remainder of the project. The project objectives as stated in the project paper are:

1. To support 25 bio-medical, operations, and social science research projects and the 1985 nationwide intercensal survey.
2. To support 12 seminars and workshops on special population research methodology-related topics and 12 conferences and meetings to disseminate research findings.

3. To provide short-term U.S. and local consultants to assist in research design, implementation and evaluation.
4. To support institutionalization of research capacity at BKKBN, increase of Indonesian research capabilities, and utilization of research findings.

The scope of work for this evaluation identified three major objectives:

1. To gauge the extent to which activities supported under this project have met the objectives of the project as indicated above, including quantitative measures as well as an assessment of quality of research and utilization of findings;
2. To examine the development of institutional capacity to manage research at BKKBN, and the effectiveness of AID's role in that process; and
3. To assess the contribution of international technical assistance to improving the quality of research and to developing BKKBN's research management and implementation capability.

Based on the findings, the evaluators were asked to provide recommendations in three areas: 1) how to improve further the institutional capacity at BKKBN to manage research; 2) how to utilize most effectively the remaining original and new resources planned for the final years of this project; 3) what role the Division could play in implementing the proposed new USAID project, "Private Sector Family Planning" planned for FY 89 obligation.

The evaluation team consisted of one international consultant (a specialist in research management) and two local consultants (a medical doctor with research and public health experience and a social scientist with program implementation, evaluation, and research experience). Team members were Dr. Sarah Harbison, team leader, Dr. Dw Nym Wirawan MPH, and Ms. Sri Djuarini, SE.

Prior to the arrival of the evaluation team, the PDD assembled and organized relevant documents (project papers, monthly/quarterly reports, annual plans and corresponding umbrella PILs). The PDD prepared a list of all projects funded, by time period and institution, and a list of every seminar/ workshop and training participant.

The team reviewed the documents assembled by the PDD and selected a sample of USAID-supported research projects to review in depth from proposal selection, field implementation to final report and dissemination of findings - in order to assess the PDD's research management system, the quality of work produced and the manner the findings are utilized. The evaluators surveyed a number of outside institutions which have received project funding from BKKBN to learn their perceptions of BKKBN support. They also surveyed a sample of workshop/seminar participants to learn their views on the value of the experience.

The evaluators reviewed research management systems developed by the Division and the degree to which they have been institutionalized. The quality and usefulness of the technical assistance, both long and short term was reviewed in terms of its contribution to the institutional development of the PDD and to improving the quality of the various subprojects. The detailed methodology which was submitted to AID at the end of the first week of the evaluation is presented as Appendix 1. This evaluation was carried out during the period February 1-28, 1988.

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II. PROJECT DESCRIPTION (FPDS II) AND OBJECTIVES

The Project Paper for the Indonesian Family Planning Development and Services II (497-0327) project highlighted the rapid growth of the Indonesian Family Planning Program since the establishment of BKKBN in 1970 and its success in increasing levels of prevalence and reducing birth rates. The paper noted strong political commitment, the efficiency and innovation of BKKBN, and the decentralized, village-based program orientation as major factors contributing to the program success. Given the relative maturity of the program in many respects, AID shifted from its usual concentration on helping to build a basic family planning organization and on providing massive quantities of contraceptives to an emphasis on provision of assistance in meeting remaining challenges as Indonesia moved toward national implementation of a fully-developed family planning program.

These remaining challenges were outlined as follows:

1. Increasing rates of contraceptive use in low performing areas;
2. Increasing institutional capability through training and technical assistance; and accelerating decentralization of program planning, implementation, administration, and evaluation;
3. Utilizing the private sector; and
4. Leading BKKBN into new areas or approaches, utilizing flexible funds.

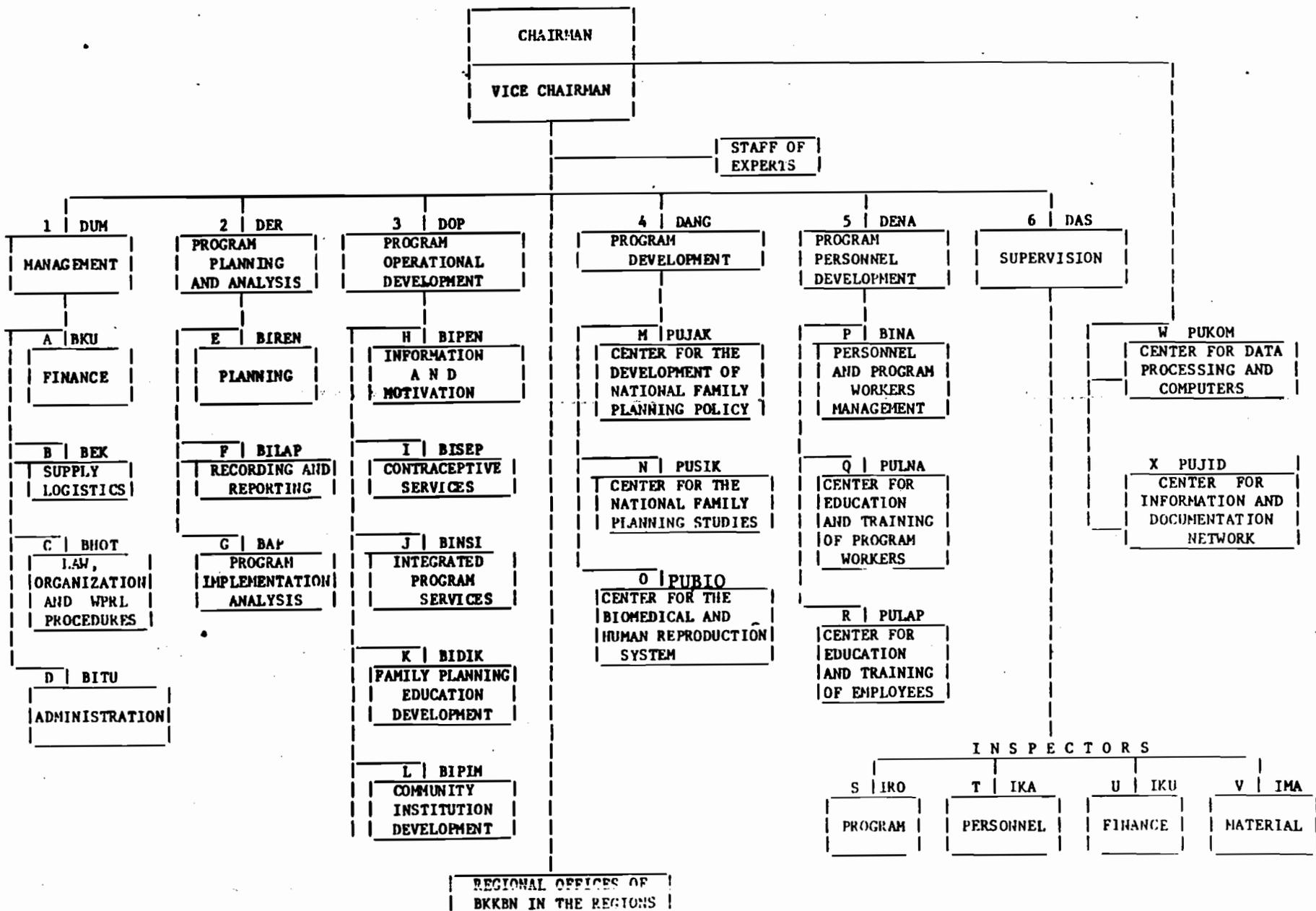
Within this general context, the research and development component of FPDS II (\$1,900,000 grant) was designed as support to the newly established Program Development Division (PDD) for such activities as the measurement of program progress, the testing of new ways of delivering services and information, and the strengthening of monitoring and supervision of program operations. The project paper anticipated that the intercensal survey of 1985 (SUPAS) would be undertaken, that 25 research studies would be implemented, and that 100 persons would receive short-term training.

III. THE EVOLUTION OF AID'S SYSTEM OF RESEARCH MANAGEMENT

In the project paper, AID specified that "prior to the release of funds a research plan covering proposed research for the first twelve month period for review and concurrence by BKKBN and AID would be prepared." Subsequently, a plan was to be developed for each research activity, and agreed to by BKKBN and AID via a PIL (Project Implementation Letter). While the project paper is primarily a funding document, it is the PILs which describe technical activities in detail and also which determine the research management process. A detailed review of the PILs relating to Project 327 (Nos. 17, 36, 59/73 and 88) is useful in describing changes in the project management system.

- A. PIL #17 - After the project paper and agreement were signed in June of 1983, there was a delay of almost 1 1/2 years until the submission to AID by BKKBN of the first annual workplan. Based on this plan, PIL #17 was prepared by AID and signed in December 1984. The PIL supported the BKKBN research and development program for six months of GOI FY 84-85, during the period of October 1984 - March 1985. The PIL provided for initial support to the newly established PDD and the three research centres; the Center for National Family Planning Policy (PUJAK), the Center for Biomedical and Human Reproduction Research (PUBIO), and the Center for National Family Planning Studies (PUSIK). Figure 1 describes the position of these centers within the overall organizational structure of BKKBN.

There were several important management procedures which were developed in PIL 17, the most important of which was "umbrella" funding for research. In contrast to the procedure outlined in the project paper by which every individual research project would have a separate PIL, PIL 17 provided funds for a group of projects. It identified two "urgently needed" studies and a general category of medium sized research studies (under 100 million rupiah). The



detailed budget summary was based on five sample activities. The responsibility for identification of research topics and proposal development on the basis of prioritized research agenda was clearly based in BKKBN. PIL 17 provided that all research proposed by any one of the three centers would require approval by a joint committee of AID and BKKBN.

The PIL also identified possible sources of proposals: the BKKBN-AID committee could consider unsolicited proposals from research institutions, individual and institutional responses to informal solicitation of bids by the BKKBN, as well as studies that were to be undertaken by BKKBN staff. In-house studies and unsolicited proposals did not require bids but had to be reviewed for financial and technical soundness. Final selection of the researcher or research site were to be approved by committee and the contract signed between BKKBN and the institution.

Under PIL 17 AID agreed to transfer funds quarterly, following an initial advance, against which expenses would be drawn. The details of the financial management system of PIL 17 are outlined in Appendix 2.

B. PIL 36

PIL 36 provided for an additional 12 months of support (April 1985 - March 1986). This PIL took further additional step in transferring responsibility for research management to BKKBN by establishing a "Small Individual Research Studies" (Rp. 5,000,000 - Rp. 10,000,000) component for which AID approval was not required. A committee of the Deputy, the three research Center Chiefs, and the Columbia University Research Advisor reviews and approves these studies. The procedure for approval of mid-size projects remained the same as in PIL 17.

C. PIL 59

PIL 59, which provided support for GOY FY 1986/87 introduced a system whereby funds must be committed during the fiscal year, but implementation can be carried out during the next FY. This PIL also specified in greater detail the procedures to be used by BKKBN in research management as follows:

1. Research Identification and Solicitation

The BKKBN Program Development Division in collaboration with its various advisory committees identifies needed research and develops the appropriate protocols (Terms of Reference - TOR). If it is determined that the project will be implemented outside the BKKBN, a request for proposals (including the protocol) will be prepared and distributed to research organizations and institutions as well as advertised publically. For projects which have estimated costs above Rp. 10,000,000, the request for proposals shall be reviewed and approved by the USAID project officer prior to distribution and advertisement. For in-house projects exceeding Rp. 10,000,000, the protocols (TOR) will be submitted to USAID for concurrence prior to commencement of the project.

2. Proposal Selection and Approval

The Program Development Division has established several technical review committees. These committees are responsible for advising the PDD on the quality of research proposals. The committees will be used to score proposals in competitive procurements and to rank unsolicited proposals for selection.

A research review committee within the Division will manage the review process and make final selection based on the rankings of

the reviewers. For all projects selected with monetary values above Rp. 10,000,000, BKKBN will submit the proposal with work plan, budget, and reasons for contractor selection to the USAID project officer for final concurrence. If the project/contract is under Rp.10,000,000, the workplan and budget will be approved by a committee consisting of the Deputy, Center Chiefs and the Columbia University Research Advisor. The USAID project officer will be informed with copies of the TOR and the budget.

3. Contracting

Contracts signed between the BKKBN and the selected institution must include in English the AID host country mandatory contract clauses found in AID Handbook 11, Chapter 1. Annex III of PIL No. 17 contains the standard BKKBN research contract (III. A. the official Bahasa Indonesia version and III. B. English translation) both with the required AID clauses in English as Pasal (Article) 8.

D. PIL 88

Finally, PIL 88 provided funding for the GOI FY April 1987 - March 1988 and further specified categories of mid-size studies:

1. mid-size studies to be conducted in house;
2. mid-size studies on particular topics to be non- competitively awarded;
3. mid-size studies to be competitively awarded; and
4. unanticipated mid-size studies.

In a modification of the financial system, a shift was made to monthly revolving account system. A monthly activity report was required as well.

Findings:

1. The gradual transfer of responsibility for research management from AID to BKKBN has been well-handled and appropriate to the development of the PDD. Consecutive PILs have outlined management procedures designed to assist the PDD in developing effective research management systems and these have been incorporated into the institutional structure and function of the office.
2. Discussions with staff at BKKBN have indicated that the shift from the quarterly accounting system to a monthly accounting system has resulted in more work, but has not overcome the problems of delays in receiving funds. It appears that reports are frequently held by the BKKBN Office of Finance for a considerable length of time, prior to forwarding them to AID.
3. AID/Jakarta currently reviews for approval all projects over Rp.10,000,000. Since an annual plan is reviewed by AID in detail, this appears an unnecessary duplication of effort and is felt by PDD staff to slow down the research process.
4. A separate issue, however, is the relative number of small, medium and large studies, and the number of studies conducted in-house. These issues will be discussed in a later section on planning and research management.

RECOMMENDATION:

AID staff should meet with BKKBN staff to discuss the issue of review of mid-size proposals by AID. It is recommended that, in keeping with the progressive shift of responsibility for management to BKKBN, the breakpoint should be raised, perhaps to Rp. 25,000,000.

IV. THE PROGRAM DEVELOPMENT DIVISION: HISTORY, STRUCTURE AND ACTIVITIES

The present institutional structure of BKKBN and the place of the Program Development Division (See Figure 1) represents a relatively recent development in the history of BKKBN. In 1969, the National Family Planning Institute was founded, with semi-governmental status, based on the instruction of the President No. 26. This was superceded by Presidential Decree No. 8, 1970, which provided for the establishment of the National Family Planning Coordinating Board (BKKBN).

In 1972, Presidential Decree No. 33 was issued to strengthen the organization and workplan of the BKKBN, and to define the function of BKKBN and the President in determining population policies and in implementating the National Family Planning Program. With implementation of the program throughout the whole country, and with the emergence of broader population programs, it was considered necessary to enlarge the BKKBN's scope. Thus, Presidential Decree No. 38 was issued on 1978. Based on this Presidential Decree, the work of BKKBN fell into four principal areas, under a Deputy for Management, a Deputy for Family Planning, a Deputy for Population, and a Deputy for Supervision and Control. The Deputy for Population was responsible for collection of population and related data, research and development, and coordination of the different population programs that support the National Family Planning Program, to establish an overall and integrated policy. The Deputy supervised the Bureaus of Population Data, of Research and Program Development, and of Coordination of Program Implementation.

In 1983 research and development activities were upgraded within the BKKBN; chaired by a deputy who reports directly to the Chairman of BKKBN. It was felt that a unit that could respond quickly and appropriately to resolve issues raised by the rapid expansion of program operations was needed, institutions outside BKKBN could not fill the need as they were not aware of policy and implementation charges.

The 1983 reorganization resulted in the establishment of the Program Development Division, chaired by a Deputy who reports directly to the Chairman of BKKBN. This reorganization required a presidential decree and gave BKKBN the mandate to conduct research on a wide variety of bio-medical, social-scientific, and policy-programmatic topics. Research and development efforts of the Division to be directed towards providing strategic and relevant contributions to the achievement of the objectives of the national family planning programs, and providing policy, management and operational options which will strengthen the program. The PDD is also concerned with research focussed on improving the quality of family planning service delivery. It aims to help the program solve problems on a sub-national as well as national basis while considering the unique characteristics of various regions. Lastly, research and development is directed towards increasing the scope of integrated programs as well as community participation.

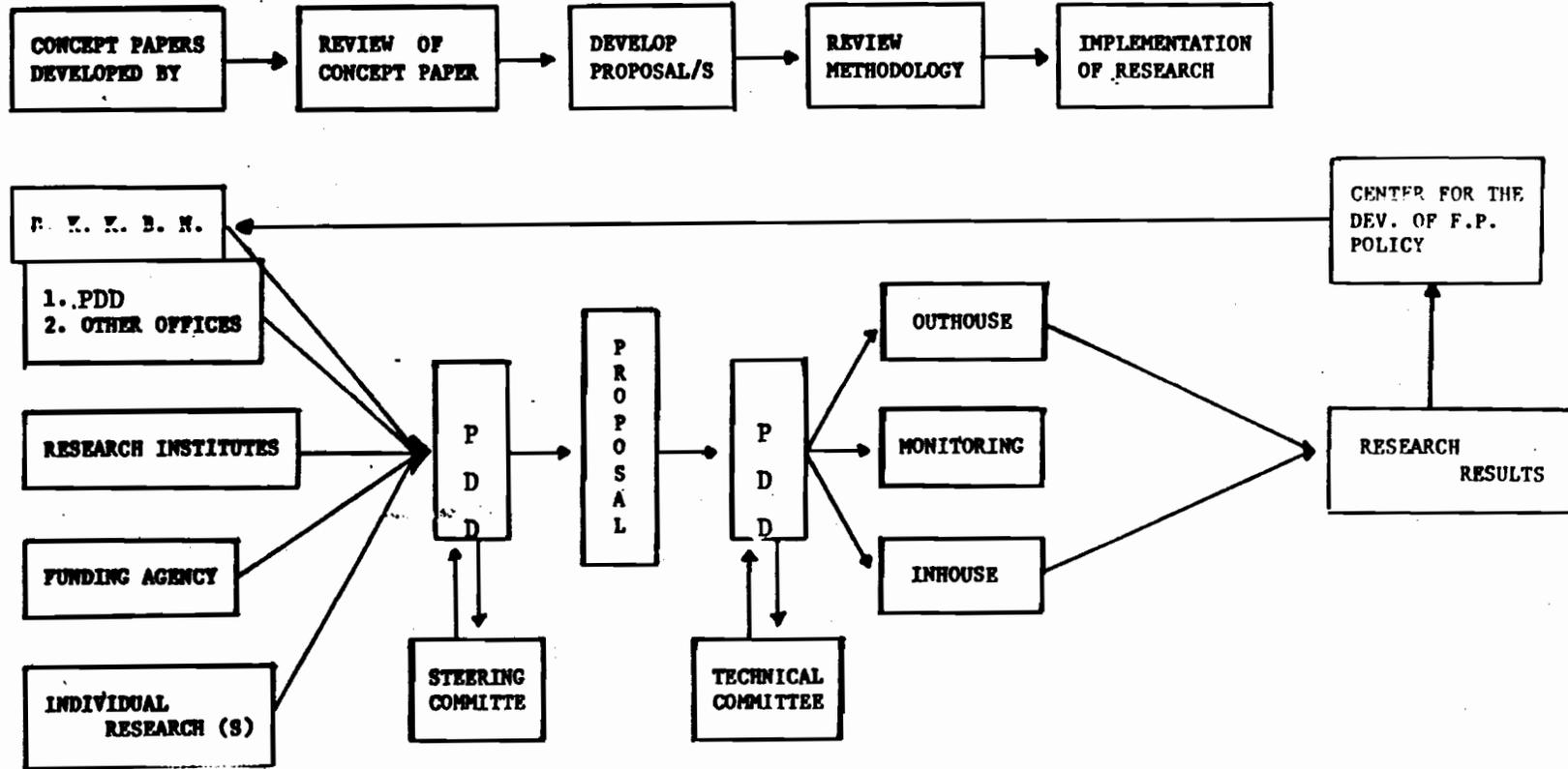
Activities are carried out by the Center for the National Family Planning Studies, the Center for Biomedical and Human Reproduction Studies, and the Center for the Development of National Family Planning Policy. Research findings from the first two centers are the major ingredients for the development of policy recommendations by the third. The overall objective of PDD is to contribute to the development of a comprehensive and integrated national family planning policy through program-relevant research. In order to facilitate achievement of these objectives the PDD is supported by three standing committees as follows:

<u>COMMITTEE</u>	<u>PROVIDING ADVICE TO</u>	<u>CONCERNING</u>
1. Advisory Committee	Chairman, BKKBN	Broad, general areas needing research
2. Steering Committee	The Deputy Division of Program Development	Research priorities derived from broad major areas for research
3. Technical Committee	Center Heads	Quality of proposals; soundness of methodology

The steps in research development and the role of these committees in the process are presented in Figure 2.

FIGURE 2

STEPS IN RESEARCH DEVELOPMENT



Research development activities begin with identification of research needs and formulation of research problems. The five-year plan outlines general research priorities and the annual plan prepared by the PDD preliminary to signing of the PIL identifies specific research projects for a given year as well as setting aside some funding for unsolicited research. In the case of solicited proposals, a request for proposals will be prepared by the appropriate technical bureau. The annual plan is intended to be comprehensive, listing projects and activities funded by other donors as well as those identified for USAID support.

Proposals, usually in preliminary form may come in to the PDD, either solicited or unsolicited, from various sources: within BKKBN proposals may be generated within PDD or by other offices or the Chairman, funding agencies may request particular studies, and individuals or research institutes may propose projects. At this initial stage, research may be proposed in the form of a concept paper or a preliminary proposal. The PDD, in consultation with the center working group, will review proposals/concept papers for importance of the topic, those judged to be on an appropriate topic are divided into two categories: some may be relatively well developed and ready for review by the technical committee. Others requiring additional work will be critiqued by PDD staff and the proposer will be provided detailed comments and suggestions for proposal improvement.

The PDD then meets with the technical review committee to rate proposals and make funding decisions. Once funded, research implementation is monitored by the particular center within PDD responsible for the research. Upon completion of the research, results are provided to the Center for National Family Planning Policy (PUJAK) which discusses results and policy implications of completed research. Results are presented to the relevant program personnel (for example, staff from the Bureau of Integrated Programs) in a discussion meeting.

The PUJAK prepares summaries of important studies and their policy implications for presentation at National Working Meetings.

TABLE - 1: PROJECT 32/ ACTIVITIES

AID PIL 36 1985/86: 1. SMALL SCALE RESEARCH STUDIES
 AID PIL 59 1986/87: 2. MID-SIZE RESEARCH STUDIES
 3. UNSOLICITED STUDIES
 (UP TO DECEMBER 1987)

DATE	FUND SOURCE	A M O U N T	T I T L E	COMPETITIVE PROCUREMENT YES / NO	EXECUTING AGENCY	STATUS DECEMBER 1987
1985/86	PIL 36 (1)	Rp. 7,490,000.-	Posyandu Survey	No	Center for Policy Studies/BKKBN	Completed
1985/86	PIL 36 (1)	Rp. 7,490,000.-	Hybrid Coconut Survey (Incentive for F.P.)	No	Center for Policy Studies/BKKBN	Completed
1985/86	PIL 36 (1)	Rp. 5,010,000.-	IDU Quality Study	No	Yayasan Kusuma Buana, Jakarta	Completed
1985/86	PIL 36 (1)	Rp. 4,828,000.-	Predictions of Continuation of Contraceptive Use	No	Yayasan Kusuma Buana, Jakarta	Analysis in progress
1985/86	PIL 36 (2)	Rp. 9,000,000.-	Contra-Indication to Pill Use	No	Center for Biomedical Studies/BKKBN	Completed
1985/86	PIL 36 (2)	Rp. 9,000,000.-	Health Risk and Referral	No	Center for Biomedical Studies/BKKBN	Completed
1985/86	PIL 36 (2)	Rp. 15,000,000.-	Evaluation of Safari Programme	No	Center for National Family Planning Studies/BKKBN	Completed
1985/86	PIL 36 (2)	Rp. 18,230,000.-	Five Provincial Profiles of Family Planning/Fertility	No	Various BKKBN Provincial Research Staffs	Completed
1985/86	PIL 36 (2)	Rp. 19,000,000.-	Study of Young Adult and F.P.: Focus Group Discussion	No	P.T. S R I, Jakarta	Completed
1985/86	PIL 36 (2)	Rp. 29,000,000.-	Methodology Study: Contraceptive Prevalence as Measured from Head of Household and Female Respondents	No	P.T. S R I, Jakarta	Completed
1986/87	PIL 59 (1)	Rp. 5,000,000.-	Determinants of Acceptance of F.P. among Rural areas of Indonesia	No	Hasanudin University	Writing final Report
1986/87	Pil 59 (1)	Rp. 9,600,000.-	Multiloop Continuation Study (1 year extension)	No	School of Medicine: University of Indonesia	Followup in process
1986/87	PIL 59 (1)	Rp. 9,000,000.-	Study of the Use of K-4 in Selection of Acceptors in in the clinic	No	Center for Biomedical Studies/BKKBN	Data collectin in process

TABLE - 1: PROJECT 327 ACTIVITIES

(CONTINUED)

DATE	FUND SOURCE	A M O U N T	T I T L E	COMPETITIVE PROCUREMENT YES / NO	EXECUTING AGENCY	STATUS DECEMBER 1987
1986/87	PIL 59 (1)	Rp. 9,994,000.-	Ulama Study	No	Center for Policy Studies/BKKBN	Completed
1986/87	PIL 59 (1)	Rp. 9,981,000.-	Transfer of Role/Management (Alih Peran/Study)	No	Center for Policy Studies/BKKBN	Completed
1986/87	PIL 59 (3)	Rp. 2,197,995.-	Preliminary Research on Role of Males in F.P. Programme	No	P.T. Sarana Sabesha Lestari, Jakarta	Completed
1986/87	PIL 59 (2)	Rp. 3,000,000.-	Study of Young Adult: Survey of New Mothers	Yes	University Islam Nusanantara, Bandung	Completed
		Rp. 3,000,000.-			University Udayana: FKM. Denpasar	Completed
		Rp. 5,250,000.-			PT. Inmar Infos Sarana, Jakarta	Completed
		Rp. 1,500,000.-			Pusat Pengembangan Kebjks, KBN	Completed
		Rp. 12,750,000.-				
1986/87	PIL 59 (2)	Rp. 19,900,000.-	Study of Young Adult: High Schoold Students	Yes	Faculty of Psychology, UI	Completed
1986/87	PIL 59 (2)	Rp. 18.300,000.-	Five Provincial Profiles	No	Various BKKBN Provincial Research Staffs	Completed
1986/87	PIL 59 (2)	Rp.162,450,000.-	1987 National Contraceptive Prevalence Survey	No	Central Bureau of Statistics	Data Processing
1986/87	PIL 59 (2)	Rp. 27,000,000.-	Susenas Analysis	No	Central Bureau of Statistics	Data entry in Processing
1986/87	Pil 59 (2)	Rp. 16,165,000.-	Study of Young Adult:	Yes	Faculty of Pshycology, UNPAD	Completed

DOC. AID PIL 59/73

TABLE - 1: PROJECT 327 ACTIVITIES

(CONTINUED)

NOS.	MONTH/YEAR	FUND SOURCES	T I T L E
01	Dec. 1984	PIL No. 17	Seminar on Factor Determine Variation of F.P. Program Achievement in Central Java
02	Dec. 1984	PIL No. 17	Seminar to Pretest All Results of Biomedical Research Studies on Oral Contraceptives and IUDs
03	Jan. 1985	PIL No. 36	Research Development Workshop
04	Sep. 1985	PIL No. 36	Safe and Effectiveness Male Contraception
05	Dec. 1985	PIL No. 36	Biomedical Working Group
06	Aug. 1986	PIL No. 59	Technical Review Committee Meeting
07	Sep. 1986	PIL No. 59	Research Development Workshop: Establishment of prevalence Survey Steering Committee and Organizational Structure
08	Oct. 1986	PIL No. 59	Demographic Analysis and Micro-computer Application Workshop with Westinghouse, DDD Project
09	Nov. 1986	PIL No. 59	Workshop in Reproductive Immunopathology
10	Jan. 1987	PIL No. 59	Epidemiological Methods in Reproductive Health, with Center for Disease Control (Atlanta) and the Ford Foundation
11	Feb. 1987	PIL No. 59	Research Development on Analysis and Utilization of Continuation Rating in Current User Studies
12.	Feb. 1987	PIL No. 59	Male Participation in Family planning Program
13.	Oct. 1987	PIL No. 88	Young Adult Seminar: Rangkuman Hasil Penelitian Remaja Dalam Program KBN
14.	Feb 1987	PIL No. 88	in <i>Research on Clinical Trial Methodology</i>

DOC. AID PIL 17 - 1984/85
DOC. AID PIL 36 - 1985/86
DOC. AID PIL 59/73 - 1986/87
DOC. AID PIL 88 - 1987/88

TABLE - 1: PROJECT 327 ACTIVITIES

(CONTINUED)

TIME PERIOD	FUND SOURCES	T R A I N I N G
ct.1984 - Mar.1985	PIL No. 17	Training for new staffs
ay - Aug. 1985	PIL No. 17	Training for senior staffs at the Central Bureau of Statistics Training Center
pr. - Oct. 1986	No Funds required	In house training for staffs by Consultants on various research related topics
ep. 1986	PIO/P	Training in adolescent fertility for 1 EKKBN staff member in Chicago, Ill, USA
ct. 1986	PIO/P	Training in Demographic Analysis Techniques for 1 BKKBN staff member and 1 Demographic Institute staff at Westinghouse Health System, USA (DDD Project)
ct. 1986	PIL No. 59	Training Program on Epidemiological Methods for Contraceptive Safety Studies
an. 1987	PIL No. 59	Training workshop for BKKBN staffs (Central and Provincial) and affiliated research institutions on research methodology and operations research
ab. - March 1987	PIL No. 59	In-service and inhouse training for the DANG staffs
ap. - Dec. 1987	PIO/P	Two DANG's staffs undertook a Demographic Statistics Training at the U.S. Bureau of the Census, Washington, D.C.

DC. AID PIL 59/73

V. PROJECT PERFORMANCE

A. General Comments

The overall objectives set out by the project paper were indeed ambitious. Starting with a newly established unit and very few experienced staff, the challenge of improving the capacity of the office both to manage and to carry out high quality research was great. The office has made substantial progress toward meeting the objectives in the face of staff vacancies at the junior and senior levels, junior staff with little research experience, transfer of skilled individuals out of the division, heavy demands on the time of senior level staff for activities outside the PDD. At the same time, the volume of planned research has grown rapidly and additional requests for urgent research have increased. The achievements and improvements observed during the project period are all the more impressive viewed in this context.

B. Quantitative Measures of Program Performance

The original objectives set forth in the project paper (planned to run through 1989) included 25 research projects, as well as the 1985 intercensal survey (SUPAS). As of December, 1987 a national contraceptive prevalence survey had been conducted and 27 research projects had either been completed or were nearing completion. Table 1 presents a list of all activities funded under Project 327.

12 seminars and workshops on special population research methodology related topics were planned and a total of 13 had been held. Four were held with international collaboration including one in Demographic Analysis and Micro-computer Applications with Westinghouse under the DDD project, a workshop on Reproductive Immunopathology with U.S. experts in andrology, a clinical trials

workshop with BKS-Penfin and Family Health International, and a workshop on Epidemiological Methods in Reproductive Health, with the cooperation of CDC, Atlanta and the Ford Foundation. Participants' evaluations of these workshops will be discussed in a later section; however it is worth noting here that the workshops were extremely well received and felt to be highly relevant for most participants.

Twelve research related conferences and meetings were planned and, as of December 1987, 11 had been held. The third objective set forth in the project paper was to provide short-term local and international consultants to assist in research design, implementation and evaluation. A decision was made in P11 #36 to provide a long term resident U.S. Consultant and this advisor has been in place since May, 1985. Short-term local and international consultants have been supplied as well.

The fourth objective was to support institutional development of research capacity at BKKBN, to increase Indonesian research capabilities, and the utilization of research findings. Major progress has been made toward meeting this objective through local and short term international staff training, the development of research management systems, the reproduction and dissemination of research findings, and the improvement of resource materials at BKKBN. A detailed summary of expenditures on these activities is presented in Appendix 3. Additionally, awards have been made to 42 students for masters and doctoral theses related to family planning and population issues. Appendix 4 presents a list of the research topics which have received awards.

C. Qualitative Measures of Program Performance

1. Trends in implementation and utilization of funds.

One measure of improved institutional capability to manage

research is timely planning, implementation, and utilization of budgetted funds. It should be noted that the three centers of the PDD receive funds from a number of donors, namely WHO, UNFPA, and The World Bank, as well as USAID. Thus, the list of AID projects only by no means represents the total work load of the centers. The fact that multiple donors are involved and have their own particular interest and requirement presents additional challenges to planning and implementation.

Major improvements have been made in the system of annual plan development and approval by BKKBN and USAID. The GOI fiscal year starts April 1; thus completion of an annual plan (and consequent signature of the PIL) at any time significantly later than that reduces time available for implementation. The table below indicates improvement in annual plan preparation and finalization of the PIL.

<u>FY</u>	<u>DATE OF APPROVAL</u>	<u>TIME REMAINING IN FY</u>
1984-1985	December, 1984	4 months
1985-1986	October, 1985	6 months
1986-1987	August, 1987	8 months
1987-1988	June, 1987	10 months
1988-1989 ^s	Initial discussions November 1987	

In addition to the increase efficiency in planning, AID, in recognition of the fact that research projects take time to develop, contract and implement, developed a system whereby PILs would not close on the last day of the fiscal year, but rather would be kept open for those activities contracted before March 31. The activities must be completed by March 31 of the next fiscal year.

There is some concern that this has worked out to mean that commitments are slid forward and that the majority of projects are committed in March. For example, under the current PIL 88, as of mid-February only 4 of 19 projects had been committed. The system does, however, represent a significant improvement. It means that all projects will at the least have a full year after commitment, to be implemented.

Improvements have also been noted in utilization of budgetted funds. Appendix 5 presents data on improvements in fund absorption broken down by type of activity. The information summarized below:

	<u>TOTAL BUDGET</u>	<u>AMOUNT USED OF COMMITTED</u>	<u>% UTILIZATION</u>
1984/85 (PIL #17)	300,002,720	48,492,106	16%
1985/86 (PIL #36)	386,277,000	216,574,674	57%
1986/87 (PIL #59/73)	622,350,000	523,753,705	84%

2. Research Activities

The evaluation team reviewed all completed research project reports in detail. The table presenting rating scores is presented in Appendix 6.

The results of this exercise raise some concerns about the quality of research output. In particular, the problem of definition of research issues and application of appropriate methodology is particularly acute in inhouse small scale studies. On the other hand, this problem was also encountered in some of the externally contracted research projects. In both cases, the explanation is related to a multitude of factors: the quality of proposals coming in, the availability of staff and consultant's time to improve proposals, the effectiveness of project monitoring and implementation, etc. Perhaps the more basic problem is the volume of work; that is, the number of research studies in relation to availability of BKKBN staff time.

In addition to reviewing all final reports available, the evaluation team selected six research projects, two from each center to analyze as case studies. The studies, which are included as Appendix 7, included ones which were conducted in-house and externally as well as small and large studies. In these case studies, an effort was made to focus on the process of research management as well as the quality of the research itself.

3. Staff Training, Workshop, and Seminars

Funds from the research component of Project 497-327 support training and workshops of various types designed improve skills of BKKBN PDD staff as well as other Indonesian researchers involved in population and family planning related research. Training activities include short-term overseas training, workshops conducted in Indonesia with international assistance, and locally-organized training of various types. (See Appendix 8).

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International short-term training provided under this project has included a 3 1/2 month course in statistical methods at the U.S. Bureau of the Census (2 staff attended) and a seminar in Young Adult fertility at the University of Chicago. Discussions with participants revealed that course quality was judged to be high and relevant to their research interest. However, several participants noted that their current job responsibilities are primarily administrative (contracting, budgetting) and therefore they have little chance to utilize their skills.

Seminars/workshops organized in Indonesia with international technical assistance include a workshop on Contraceptive Safety and Reproductive Epidemiology (with CDC) and a workshop on methods of demographic analysis, utilizing the microcomputer (with the DDD Project of Westinghouse). Participants in the CDC course felt it was extremely valuable, presentation was clear, and that a follow-up workshop would be especially useful.

Participants in the Westinghouse demographic methods workshop felt it was well organized and in most cases relevant to the participants' interests. Several participants felt that more time could have been spent on training in the use of microprograms; and that the course was too short, considering the subject matter to be covered. In addition, there is some concern that staff from the PDD may be appointed to attend particular workshops who lack the particular background to benefit from the training and whose job responsibilities require different skills.

Locally organized training/workshops for PDD staff include two training sessions organized by the Central Bureau of Statistics and one workshop on Operations Research Methodology. There are several concerns about the relationship of course content to specific job responsibilities and the ability of some of the

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staff to understand the technical material presented, particularly in the course organized by the Central Bureau of Statistics. The Operations Research Workshop, on the other hand, appeared to be highly relevant to current research activities of the PDD, and appropriately geared to the level of preparation of the participants.

Findings: Numerous training opportunities, both local and international, have been organized for the staff of PDD. While virtually all of these activities have been well organized and presented by highly-qualified individuals, the technical level of such courses have sometimes exceeded the capabilities of staff and content has not been directly relevant to job responsibilities in other cases. However, BKKBN staff pointed out that rotation of staff occurs on a periodic basis. So training may be relevant for subsequent assignments. Also success in a training program can be used to help identify capabilities and influence future job placement. Second, it was pointed out that the Research Division must recognize the morale needs of some of the less capable staff who will be discouraged if they never get a training opportunity. Third, even though not all candidates are equally able to benefit from training, they all benefit to some extent.

D. Development of Institutional Capacity to Manage and Implement Research

1. The structure and staffing of the Program Development Division

The PDD is headed by a Deputy who is directly responsible to the Chairman of BKKBN and has the task of managing the activities of the three specialized centers. While each of the centers has their own staff and budget, the Deputy has neither. Furthermore, it appears there is considerable overlap in providing each

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individual center with a full complement of support staff, while at the same time the Office of the Deputy has considerable unfilled needs in this respect. The Deputy needs better access to data on project funding and reporting for effective management of the office and coordination of the three centers. Similarly, there are institution-building activities, including the library improvement effort, the effort to increase availability of resource materials, management of awards, training, financial reporting, printing and translation, etc. which could be placed in the deputy's office.

Finding: The Office of the Deputy is in need of support staff and better access to current project data. This could be provided by assigning several structural staff (or perhaps three, one from each of the centers) to the Deputy's office, implementing the computerized monitoring system (as described in PIL 59), and basing it in the Office of the Deputy. However, the design to make structural change is a serious matter and must be approved at very high levels of the government. This would argue that if a change is going to be made that the entire structure be reviewed in light of the results of the evaluation and four years of experience. BKKBN should take a serious look at a reorganization. Issues to be considered could be 1) the restructuring of the Biomedical unit in light of the needs of BKKBN the biomedical research capabilities and structures in Indonesia, and the likely donor support for the next several years. 2) A clearer separation of the functions of the Studies Center and the Policy Center. 3) The relationship of the Division with other components of BKKBN (Analysis Bureau, Computer Center, and operational units). This comment is not intended to suggest that changes are necessary or that a restructuring of the Research Division is the best approach, but only that a careful consideration of the issues could clarify overall Division operations.

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Each of the three centers has a specialized area of emphasis (biomedical, family planning studies, policy studies) and is headed by a chief. Since the establishment of PDD, there have been staff vacancies at junior and leadership positions for various reasons-necessitating a heavy reliance on consultants.

During the years since the establishment of the Division, a number of individuals with severely needed statistical and research skills have been transferred out of the PDD. Furthermore, there are frequently demands on the time of the center chiefs at crucial times in project management which are unrelated to research activities. The lack of a significant number of "midlevel" staff who can take over in the absence of the chief compounds the problem. There appears to be a big gap between the chief and the junior staff. While it is recognized that this situation is related to the fact that the center is relatively new and started off with almost exclusively junior staff, some effort should be made to fill this mid-level gap.

Finding: The history of staff assignments and the current staffing strategy of the PDD is not in balance with the extremely high expectations for volume, quality and timeliness of work.

Reporting directly to the three center chiefs are the research staff. While all three centers are entitled according to the original plan to have 24 staff each, in fact, for various reasons, none of the centers approach this number. The major reason is that when the centers were established in 1983 very junior people were appointed to fill "research assistant" positions.

A decision was made to provide as many long and short-term training opportunities to these staff as possible. This will certainly pay off in the long run, but means that the three

centers severely lack skilled staff at the same time the work load is growing rapidly. Table 2 below presents data on staff assignments. The situation in the Center for Family Planning Studies is especially acute where only two functional staff are in place. In the Center for Policy Studies 8 functional staff are in place and in the Center for Biomedical Studies six functional staff are in place. Originally, it was planned that structural staff would serve support and administrative functions and that functional staff would be researchers. However, in the face of general staff shortages, this distinction has broken down.

While a number of junior staff have gained experience in research management and research related skills, it still is generally true that the center staff lack the necessary skill and experience to manage and implement quality research. Some effort should also go into recruiting more appropriate junior staff. The people recruited should have some proven inclination towards research, they should already have some English skills to do background reading and take advantage of training opportunities, and they should have some quantitative skills.

This staff situation is all the more critical in the face of growing expectations for research. Appendix 9 presents a list of all funded research activities which have been completed by each of the three centers. The volume of these activities is totally out of all proportion to number of staff and staff skills.

Finding: The volume of work undertaken by the PDD is out of proportion to staffing levels and skills and has meant that institution building and staff development efforts have been slowed.

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TABLE 2
STAFFING OF THREE CENTERS

DIB	PUSIK			PUJAK			PUBIO			
	POSITIONS	APPROVED	APPOINTED	IN PLACE	APPROVED	APPOINTED	IN PLACE	APPROVED	APPOINTED	IN PLACE
FUNCTIONAL	9	9	2	10	10	8	8	8	8	6
STRUCTURAL	15	15	13	14	14	12	9	9	9	8

In the face of the volume of work facing the PDD, every opportunity should be explored to increase the skills and efficiency of staff who are currently in place. In terms of improving efficiency, the portfolio approach (assignment of a set of projects to a single individual, who is responsible for monitoring all phases of research management) which has recently been introduced on a limited basis should be fully implemented.

Internships with implementing or intermediary agencies which have been discussed in the past, but never implemented, should be further explored, and a training needs assessment should be conducted to review capabilities of staff, assess skills needed to carry out job tasks, and design appropriate training. Such an assessment will have to deal initially with the objectives of the office and the relative emphasis on research management versus research implementation.

In particular, a hard look should be taken at the content of training recently offered in comparison to skills required for job tasks. Training through involvement in the research process should also be considered. The possibility of viewing small-scale in house studies as training opportunities for junior staff and contracting with an expert consultants on a project basis to work with junior staff is also a possibility.

Finding: There is an urgent need for upgrading of staff skills, based on a realistic assessment of job requirements. All possible types of "on-the-job" training should be considered. The increases in efficiency and skill level described above will require careful planning of projected research and scheduling of staff time for program management and training.

2. The Research Management Process

a. Improvements Introduced

Starting with the establishment of the PDD in 1984, major gains have been made in designing a research management system and institutionalizing the process as discussed in Chapter IV.

The organizational structure of the three centers with their respective specialized functions, and then the establishment of committees (the operating committee, the three technical committees, the ethical review committee, the research steering committee and the advisory committee) to support these centers were crucial first steps in development of the capacity of the PDD to coordinate and manage family planning research, as well as to conduct in-house research. The three technical review committees, with a total of 30 members provide a pool of technical expertise essential to the selection of high quality research proposals by means of the peer review process.

There is, however, some concern about the effectiveness of these committees resulting from a lack of familiarity with programmatic issues. While outside members of these committees are all highly-respected specialists in their own fields, many are unfamiliar with family planning priorities and programs, and also lack sufficient time for preparation for such meetings.

Membership on committees at present is predominantly outside members. The possibility of including more individuals from within BKKBN who have research skills should be explored.

In addition to providing greater program knowledge to the committees, this could serve to increase communication within BKKBN and awareness of PDD research activities. Beyond this, selection of outside members should be based on criteria of program knowledge, research skills, and time availability.

With the organizational structure for research management in place, the challenge has been to develop functional procedures (and support documentation for those procedures) which insure the highest quality and most program-relevant research possible. In this regard, the appointment by AID of a long-term international research advisor to assist in institutional development of research management capacity as well as to provide technical assistance on substantive issues has been particularly effective.

The research advisor has worked with the Deputy, the Center Chiefs, and staff to develop guidelines and manuals to standardize and improve management of the various stages of research. The strategy has been to develop a series of manuals each specific to a particular task in research management and which taken together comprise a comprehensive volume. The manuals which have been prepared include:

1. The role of the PDD and its organizational structure.
2. Research Committees
3. Management of Research
4. Research Project Monitoring
5. Proposal Review Guidelines
6. AID Research Project Approval Procedures for the PDD
7. Proposal Development Guidelines
8. Research Report and Presentation
9. Contracting Research Projects

These manuals have been used for staff training, for distribution to various committee members, and portions have been sent to implementing agencies.

In addition to the management manuals, considerable progress has been made in developing standardized formats for necessary project documents and transmittal letters and storing these in the computer. For example, each center now has its own contracting specialist who utilizes model contracts stored in the computer. This effort to standardize and computerize administrative documents is relatively recent, but use of the system is increasing and improvements in efficiency will certainly result.

Finding: The PDD assisted by the AID research advisor has made major progress in designing and implementing effective research management systems and efficient administrative procedures. The systems seem to work very well when used, but not all centers use them all the time.

In addition to improvements in management of research projects, there has been an effort to improve the handling of the thesis awards program. This project component supporting students at the masters and doctorate level was designed to encourage students in family planning and population related research, and to increase the visibility of the BKKBN research program. Initially awards were made rather unsystematically. However, over the last three years efforts have been made to improve the management of this activity. A brochure describing the research awards program has been widely circulated. As proposals come, they are collected and reviewed in groups by a technical committee. Guidelines are provided to reviewers for assessing importance of research and quality of the proposal. Recently, a

system has been designed to provide somewhat higher awards to students conducting research considered to be of high priority. Thusfar, 16 students have completed thesis.

Another activity supported by funds from Project 497-0327 was the computerized project monitoring system. PIL 59 provided funds to computerize activities of the office relating to project management, and to train staff in the utilization of this system. Specifically, PIL 59 stated that "the Division will computerize the list of all on-going and proposed research projects of the Division to provide the Division with a dynamic monitoring tool. Information about the projects to be computerized will include title, type of research, center responsibility, funding source, start and completion dates, implementing agency and project director, critical activity paths, benchmark dates, activity and financial status."

The goal of this support was to establish a system capable of providing current project status for all activities of the PDD, to be used to improve tracking and monitoring of projects.

As implemented, however, funds were utilized to support a general training program in the use of computer software. Participants included staff from the three centers as well as staff from the computer center. While this was a valuable activity, it did not have the impact which was intended and there still is not computerized monitoring system in place.

Finding: There is a major difference in the activities described in the PIL and the actual implementation. The result is that there is still an urgent need for computerized monitoring system as originally intended.

b. Areas for Further improvement

Much progress has been made in the development of the research management capability of the PDD. At the same time, however, there remains considerable potential for further development. A review of issues related to the various stages of research management may be useful in identifying areas in which AID can assist in further development.

1. Establishment of Priorities and Planning

As has been outlined in earlier sections, it is the Five Year Plan which outlines major priorities for the PDD. The current Five Year Plan (1985 - 1989) listed in the following priorities:

1. Institutional Development.
2. Research related to program development and achievement (prevalence, continuation, provincial variation, innovative action studies).
3. Dynamics of community participation in program, including KB-Mandiri, the role of private organizations, and developing community institutions.
4. Research on youth and development of new approaches.
5. Studies on improved resource management, including cost-effectiveness, management studies, implications of target setting, contraceptive mix, etc.
6. Evaluation of contraceptive services, small clinical and field trials, and measures of contraceptive effectiveness and safety.
7. Development of integrated programs such as nutrition and family planning, and research back-up for such efforts.
8. Development of contraceptive technology appropriate to Indonesian women.

9. Human reproduction and health; impact of long-term contraceptive use.
10. Improving logistics and quality of services, such as skill of providers, accessibility of services, followup, logistics.
11. Increasing male participation in family planning.

From this long and diverse list of topics relating to many facts of the family planning program, the PDD develops annual plans which form the basis for preparation of the PIL. A review of the list of research and institution-building activities included in PIL 88 reveals an incredibly ambitious and broad range (see Appendix 7) of research topics and activities. A number of issues relating to the development of the annual plan can be raised.

(a) A more focussed approach to setting research priorities and plans.

While the subjects for research and the institution building activities planned are all important, they still comprise a diverse group and lack a coherence. The possibility of selecting a considerably more limited number topics or areas of specialization (perhaps three or four, based on programmatic issues) and then developing "packages" of activities including research projects, training, workshops, etc on these key topics should be considered.

(b) Communication with units outside the PDD in annual planning.

Review of the organizational structure of BKKBN, (see Figure 1) reveals a primarily vertical structure: staff of the PDD relate to their respective center chiefs who relate to the Deputy who relates to the Chairman of BKKBN.

Horizontal communication does occur but it is more difficult because there are not institutionalized channels. Nevertheless, frequent communication with other offices is crucial for at least two reasons. First the close link with issues coming out of program performance and program operations is essential. Secondly, there is a considerable amount of high-quality research and analysis going on in various other offices of BKKBN; staff of the PDD should be aware of the results of these activities.

In addition to communication with other offices in the central office of BKKBN, there is an urgent need for stronger links with the provincial offices in the research planning process. The provincial offices are after all, closer to actual program delivery. There are numerous individuals in the provincial offices who have good research skills and detailed knowledge of program issues in their particular province. However, the difficulty of increased provincial participation should not be minimized. Developmental and supervision costs are extremely high. Staff capability varies between provinces. Many provincial programs are radically different from those around them, so generalizations from one provincial study may not be widely accepted. Each province argues that it needs its own research agenda to provide a management data base. The result of this situation is that the lack of resources prevents the Research Division from fully exploiting the experience of the provincial programs.

- c. Development of annual plans in conjunction with an assessment of staffing levels and ability, as well as plans for institutional development.

Current staff in the three centers are relatively numerous, but many lack even basic research qualifications. Given this constraint, the scope of the activities outlined in PIL 88 seem over ambitious. The possibility of a management needs assessment prior to or in conjunction with the development of the next annual plan should be considered. Such an assessment could focus development of consensus on overall objectives of the PDD and its various centers staffing needs and the possibility of recruitment of mid-level and senior staff, a review of the capacity to implement in-house research and the appropriate role of such research in the office, and a task-analysis for various positions within the office.

2. Links with Potential Implementors

The PDD during the past year organized a meeting on research priorities and procedures for individuals and institutions which would be potential research implementers (universities, institutes, private firms, non-government agencies). This was a very important activity, which should be followed up, and repeated.

In addition to increasing communication with potential implementers about BKKBN research priorities, the issue of raising confidence in the efficiency and objectivity of proposal review procedures should be discussed within

BKKBN. Ways in which processing of proposals could be improved should be explored, and targets should be set for maximum turn-around time. Researchers should know when to expect a decision on their proposals, and if the decision is negative, be made aware of the reasoning of the technical committee.

3. Solicitation of Proposals

Over the past several years, the PDD has gained experience in identification of specific issues for research and preparation of terms of reference (TORs) with which to solicit proposals. Thusfar, however, proposal solicitation has been done on an adhoc basis. It would be helpful to potential implementers as well as for planning and management purposes within the PDD, to develop a tentative schedule for proposal solicitation in conjunction with the annual plan. At the same time, decisions should be made on in-house versus external research implementation (see discussion in section 4 below).

4. The decision to conduct research in-house versus externally

A large volume of research has been conducted in-house with project 497-0327 funds. The quality of this work has been uneven and the volume of such work has stretched to the limit the capacity of the centers. The contribution of these activities to meeting the overall objectives of the PDD needs to be reassessed. One possible use of such projects is as training activities for junior staff, carried-out in conjunction with an external consultant hired on a project wise basis. It appears that the number of such projects should be brought into balance with staff capabilities and time. Such planning should ideally occur at the time of the development of the annual plan.

5. Quality of Proposals submitted to the Program Development Division

The quality of research proposals coming into BKKBN continues in general to be low. Proposals typically do not come from the best research institutions. This creates substantial demands on PDD staff time. When a proposal comes in, it is reviewed by the technical staff and technical assistance in the form of suggestions for improvement of proposals is provided. This constitutes institution-building of a sort, but the practice needs to be reconsidered. It is extremely time consuming. Furthermore, staff report that proposals frequently come back virtually unchanged even after detailed suggestions have been provided.

This issue of poor proposal quality remains difficult, but it seems clear that the PDD has neither the staff time nor the capability to become involved in substantial institution-building or technical assistance to implementing agencies. The institution-building efforts of PDD should be directed on the three centers. Therefore, it appears that the emphasis should be on establishing links with high-quality research institutions, recognizing that the best institutions frequently plan several years in advance.

6. Processing of proposals and project monitoring

The PDD has instituted several important management procedures designed to increase efficiency of project monitoring. The assignment of a project monitor for each research project is an important improvement and should be instituted in all three centers. The agreement on the importance of a computerized monitoring system reflects recognition by the PDD

of the need for up-to-date, readily accessible information on project activities. However, this computerized system has never really been implemented on an office-wide basis. Follow up is urgently needed on this activity. In another section of this report a suggestion was made that such a system might be based in the Deputy's office. Another urgent need is log and tracking system for incoming proposals. This could easily be incorporated into the computerized monitoring system discussed above.

7. Utilization of Research Findings

The PDD prepares a comprehensive review of research findings for presentation prior to the RAKERNAS as well as to the mid-term review meetings. The presentation focusses on research findings as well as policy implications.

Additionally, as research is completed, a presentation by the researcher will be organized for PDD staff as well as staff from other relevant units. At the province level, funds are provided to support dissemination of research findings and discussion meetings with local researchers.

There are numerous examples of research findings which have been utilized by program staff. The results of the continuation rate studies, for example are used in target setting for particular regions. The results of the Lippe Loop quality study supported increased usage of locally produced IUDs. The Chairman, on the basis of a preliminary study of male involvement in family planning programs initiated an intensive effort to increase male participation.

However, the division has failed to effectively carry out secondary analysis, or promote analysis by others, of its various data sets. These data sets are inadequately stored and documented, making use by other researchers difficult. In addition, there has only recently been efforts to integrate different studies to present a comprehensive view of an issue. Considerable work continues to be needed in this area.

Finding: Utilization of research findings is a strong point within BKKBN. Mechanisms have been established for disseminating research results and incorporating findings into the policy process. The Chairman views research as a priority activity and strenuously supports the activities of PDD. Further efforts should be made to store data sets properly and encourage secondary analyses.

8. Decentralization

Other sections of this report have discussed various ways in which the interaction between the provincial offices and the PDD should be strengthened. While it is not feasible to consider major development assistance to research capability in all of the provinces, there are a number of activities which could benefit both the provincial offices and the PDD. The underlying point is that the provincial offices are the link between the PDD (and Central BKKBN) and actual program implementation. Increased communication between provincial staff in operations, in the Bina Program, and computer staff and the PDD would be useful. The involvement of provincial staff in all stages of research management situated in that province is crucial from the point of identification of program-relevant issues, effective monitoring, and utilization of research findings.

3. Utilization of Consultants

In discussion with the evaluation team, the Chairman of BKKBN emphasized the fact that the PDD is in an interim period. A decision was made shortly after the establishment of the PDD to provide long-term international training to as many junior staff as possible. Most of these staff are still being trained. In the interim, a heavy reliance has been placed on consultants. The PDD has 5 full time consultants. Three funded by UNFPA, one by the World Bank, and one by AID (the international research advisor). Consultants have in many ways functioned as regular staff as well as providing technical assistance on many research issues. As Dr. Haryono pointed out, reliance on consultants has made it possible to get the research management system up and running and for the PDD to start to meet the demand for policy-relevant research.

There is some concern, however, that the large volume of research activities means that there is not sufficient time for consultants to pass on their skills to junior staff and to contribute to other institutional development activities. There is also some concern about developing the habit of reliance on external consultants in fulfilling regular staff functions. The risks of such a strategy are highlighted by considering how the three centers would function in the absence of these three consultants.

The USAID full-time advisor who has been in place since May, 1985 has worked with all three centers of the PDD to improve both research management and quality of research. In discussions with AID staff at the outset of his evaluation, the team was asked to consider the issue of whether the research advisor should

emphasize development of research management systems or provision of technical assistance and transfer of research skills. The question must be answered within the context of the daily functioning of the PDD. In fact, the research advisor has made major contributions in both of these areas by remaining responsive to requests for assistance in virtually all aspects of research design, implementation, administration and management and has been maximally effective. It should be noted, however, that the needs of the PDD in terms of research management assistance and improvement of research quality constitute more than a single full-time job. The possibility of an additional full-time local consultant to complement the efforts of the international advisor should be considered. The organizational placement of such a consultant would be an issue for discussion. One possibility would be in the secretariat supporting the Deputy.

AID has also supported several part time local consultants. Discussions with BKKBN staff indicated that this effort has not been successful. The lack of continuity and involvement with the centers has meant that the contribution of such consultants has been minimal.

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VI. FAMILY PLANNING SELF-SUFFICIENCY

In the scope of work for this evaluation, and in discussion with USAID staff/Office of Population and Health (OPH), the evaluation team was requested to focus on the possible role of project 497-0327 assistance in the transition to "self-sufficiency".

KB-Mandiri is a new concept meaning that a person, a family, or a community should make greater effort in fulfilling their needs related to family planning and should rely less on governmental support and program. This concept was first introduced to the public by President Soeharto. In the KB-Mandiri Seminar held in Jakarta on March 2, 1987, the concept was further discussed by asking NGO institutions like Indonesian Doctors Association, Indonesian Artists Association, Planned Parenthood Association and YKB to come together to discuss possible mechanisms for increasing self-sufficiency. Social marketing as one approach to KB-Mandiri was included as a topic in the Seminar.

Although the major source of funding for the seminar came from UNFPA and USAID, a large number of the participants paid an enrollment fee of Rp. 15,000. As has been noted in a previous evaluation, the concept of KB-Mandiri or self-sufficiency is still involving in Indonesia. Most individual with whom we held discussions, however, agreed that some form of cost recovery or payment for services in the public sector and increased reliance on the private sector in some form were included in the concept. In addition, most people noted that the success of these institutional changes would be determined by the extent to which the value family planning had been internalized. The contrast between a system which is supply-driven to demand-driven was frequently raised. Many individuals with whom we talked, both within BKKBN and in private organizations, raised concerns about moving ahead rapidly with a shift to KB-Mandiri, without considerably greater understanding of such issues as:

- Attitudes of private practitioners
- Ways in which BKKBN and the department of health can cooperate in this effort
- The relationship between high-prevalence areas and potential for mandiri
- The cause of low prevalence in certain areas
- The attitude of users towards payment for fees
- The variability among different provinces in appropriate programs
- The relationship of contraceptive method mix to potential for mandiri
- The role of IEC in a shift to mandiri
- How to measure ability of individuals to pay, etc.

A great deal of ground work needs to be done, even prior to moving ahead with a large number of pilot projects. This ground work should include establishing working communication networks for KB-Mandiri between the BKKBN and the Ministry of Health for KB-Mandiri, and collecting a great deal of data on both provider and user attitudes.

Additionally, it was emphasized that such a shift in program strategy and structure must build on the already well-developed community-level village participation in family planning. This implies a close relationship with the provinces, the villages, and the Kabupaten on the part of program planners and a decentralized, regional focus, with considerable autonomy for implementation of programs geared to particular regional characteristics resting with the provincial BKKBN office.

In discussions with provincial staff and implementers of research projects in various provinces, concerns were raised concerning the emphasis in KB-Mandiri discussions on cost recovery and privatization. While it was acknowledged that these are potential approaches, staff involved in service delivery pointed out that many communities have volunteers and organizations which are already taking partial responsibility for the family planning program in their areas. There was

a feeling that if the program was to be successful, it would have to be built from the ground up, taking regional characteristics such as the strength of community organizations, the contraceptive method mix, the levels of prevalence, and other socio-demographic factors into account.

With these cautions in mind, it is the opinion that KB-mandiri related activities (discussion meetings on all levels, seminars, training workshops, as well as research projects), should be a major focus of the AID support to the PDD during the next two years, to the extent of fund availability. Specific suggestions include:

1. Support for a KB-Mandiri working committee within BKKBN, including representatives from Operations, Planning and Evaluation, the PDD and other relevant units.
2. Support for activities to be administered from provincial BKKBN offices to involve private practitioners, officials and field-workers from the Ministry of Health, village leaders, and local officials in discussions and development of program policy.
3. Secondary analysis of the 1987 CPS data focussing on KB-Mandiri related issues.
4. Inclusion of KB-Mandiri module in the CPS planned for 1990.
5. Continued support for carefully selected operations research projects.
6. Community level studies, for using on factors relevant to the introduction of KB-Mandiri initiatives.
7. Utilization and discussion of research findings already generated in the urban context.

APPENDICES

**FAMILY PLANNING DEVELOPMENT AND SERVICES (FPSD II)
RESEARCH COMPONENT EVALUATION**

Jakarta, February 1988

EVALUATION

METHODOLOGY

A. Case Studies

Six case studies have been selected, 2 from each of the centres as follows:

Biomedical:

1. Health Risk and Referral Procedures
2. Quality Test of Lippes Loop

Pujak:

1. Ulama Project (in-house)
2. Provincial Profile: - Bali

Pusik:

1. National Indonesian Contraceptive Prevalence Survey (NICPS)
(Central Bureau Statistics)
2. Methodological Study

These studies were selected on the basis of discussions with BKKBN staff and consultants to represent small and very large projects with work conducted in-house and externally, work considered of higher and lesser quality, and work based in differing regions of Indonesia. Attached is general outline which case studies will follow.

GENERAL OUTLINE FOR CASE STUDIES

1. Project Data: Funding data and amount, completion date, implementing agency
2. Study objective, highlight (short para)
3. Process by which issue/topic was identified
4. Process of proposal development
5. Description of research design process
6. Administrative issues prior to implementation
7. Implementation of field research
8. Monitoring
9. Data analysis
10. Report preparation
11. General evaluation of quality, utility of findings, and management of this project

B. Interviews with Project Implementers

Detailed discussions will be held with the following individuals, institutions following attached discussion guidelines:

1. Central Bureau of Statistics
2. SRI
3. Provincial officer, Bina Program
4. Centres for Human Reproduction, Bali, Jakarta
5. Provincial BKKBN Chairman, Bali, Jogya, Mataram
6. Udayana University
7. University of Mataram
8. YKB

C. Interviews with selected participants

participants from workshop seminars will be interview, using attached discussion guideline. Selected participants in the following seminars.

1. Demographic Data for Development Workshop
2. CDC Epidemiologic Workshop
3. In-house training by consultants
4. International short-term training

D. Detailed discussion with other donors, with BKKBN staff and Consultants and AID.

FINANCIAL MANAGEMENT

PIL 17:

1. USAID will provide an initial advance to cover projected cash disbursement needs for a period of 90 days. This 90 day advance will be based on the Central BKKBN's submission of a 90 day work schedule and a Planned Cash Disbursement Schedule.

2. Whenever 75 percent of USAID funds have been expended, or within 30 days following the end of each 90 day planned activity period, whichever is earlier, the activities covered under this PIL should be reported on by certified financial statements of USAID funded expenditures to the Central BKKBN. The Central BKKBN backstop Division, or the individual research centers conducting activities under this PIL, together with the Bureau of Finance, will submit a single certified financial statement of USAID funded expenditure for the various activities to USAID.

At the same time, the Division for Program Development, Central BKKBN should submit its request for the replenishment of funds for the next 90 days of planned activity. This request should be accompanied by a new detailed Planned Cash Disbursement Schedule for the subsequent quarter of activity.

3. The certified financial statement submitted by the Division for Program Development should be accompanied by a brief activity report which discusses the activities carried out in accordance with the prior 90 day work plan. This financial statement should be submitted on the "Financial Accounting: USAID assisted Population Activity" form supplied by the Central BKKBN. A 30 day reporting period is allowed following each 90 day period in order to provide sufficient time for both activity and financial reports to be submitted to the Central BKKBN and USAID.

Upon approval by the Central BKKBN, the certified financial statements are to be forwarded to the USAID Project Officer for approval and subsequent payment by the USAID paying office. The certified financial statement (invoice) for expenditures incurred during the 90 day activity period will represent a no-pay transaction to liquidate or reduce the existing advance.

4. The Division for Program Development is to submit its request for its subsequent 90 day funding needs, accompanied by a new detailed Planned Cash Disbursement Schedule for the quarter at the same time the above described financial statement is submitted. If the Division has a balance of funds from the prior advance, this balance should be shown on the "Financial Accounting: USAID Assisted Population Activity" form, Columns 3 and 7. This balance is to be subtracted or netted from the current request for a 90 day advance.
5. After joint agreement by the BKKBN and USAID that the above mentioned activities are proceeding as planned, the request to replenish the advance may be forwarded to USAID for payment. Each replenishment of funds should not exceed actual 90 day needs.
6. Within five days after receipt of each USAID check, the Central BKKBN will transfer such funds to the Division for Program Development for its immediate use in carrying out the activities summarized in Annex II of this PIL.

FINANCIAL SYSTEM OUTLINED IN PIL #88

A. Monthly Expenditure Form (MEF)

To obtain additional funds, the Program Development Division and the BKKBN Office of Finance must submit monthly expenditure reports on the new USAID/BKKBN Invoice Form (previously provided). This invoice

will replace the "Financial Accounting" USAID Assisted Population form previously used. The new form has five columns. In the first, each descriptive category of expense in the detailed PIL budget is listed. Column two is the total amount committed for each category. Column three indicates the current expenditures. The fourth column indicates the cumulative expenditures including those previously approved by USAID and the current period's expenditures. The last column is the balance of funds remaining in the project.

This new monthly expenditure report must still be approved and certified by BKKBN Project and Finance Officers, but may be for any amount of expenditures for that month. The report should cover one month. Initially, the BKKBN Project Officer may include 1 -3 months projected cash needs to start the system. Note that under this system there is no requirement that a percentage of the advance be spent before replenishment of the advance can be requested.

Based on the monthly expenditure report and Cash Requirement Form (CRF) (see below), USAID will replenish the advance up to the "Required" level of the CRF. This monthly system will provide for a continued rolling advance for project operation during the planned period of the project. The monthly reports for the last three months of the planned activity period may utilize any remaining advance funds and reimbursement of expenditures not covered by advance funds will be made. On the other hand, advance funds in excess of expenditures must be promptly refunded to USAID.

2. Cash Requirement Form (CRF)

The responsible BKKBN Office will include with its Monthly Report and Invoice Form described above, a "USAID Cash Requirement Form." Part I of this form indicates the level of the current advance and

subtracts the expenditures which were reported on the MEF and then indicates a new 90 day cash requirement level. USAID current funds available (advance outstanding minus current expenditure) are subtracted from the new 90 day requirement level to indicate the new Cash Requirement. This report will provide a more current reconciliation of USAID/BKKBN accounts.

The responsible BKKBN Office will be required to provide a brief detailed budget of the next 90 days needs for the new advance level in the notes in Part II of the CRF.

3. Activity Reports

A report on the progress in the Program Development Division activity should be submitted at the end of each month with the above forms.

Status of Commitment and Expenditures
FY 84/85 Research Budget PIL 17 - Project 327
(In Rupiah)

<u>PIL 17:</u>	<u>Budget</u>	<u>Expenditure</u>	<u>Decommit</u>
I. Technical Assistance:			
1. Columbia University	(PROS-270)	-	-
Local - 3 PT	20,000,000	800,000	19,200,000
Sub-total	20,000,000	800,000	19,200,000
II. Seminars and Workshops			
1. Central Java FP	7,474,000	7,474,000	-
2. Bio Medical	10,038,000	10,029,106	8,894
2a. Bio Med. Working Ip.	2,793,000	-	2,793,000
3. Newly Married	9,733,000	-	9,733,000
Sub-total	30,038,000	17,512,000	12,534,894
III. Research Mat and Staff Dev.			
1. Training 055	21,386,000	-	21,386,000
2. Training - G. Made	30,189,000	30,189,000	-
3. Research Mat.	13,425,000	-	13,425,000
Sub-total	65,000,000	30,189,000	34,811,000
IV. Thesis and Disertation Grants			
Sub-total	15,000,000	-	15,000,000
V. Research - Mid Size			
(10,00 - 100,000)			
1. Young Marrieds	15,000,000	-	15,000,000
2. Safari	14,962,000	-	14,962,000
3. Mortality and FP	20,000,000	-	20,000,000
4. Evaluation VFP	39,981,720	-	39,981,720
5. Contra Indications PIL	15,001,000	-	15,001,000
6. Screening Tools IUD	25,000,000	-	25,000,000
7. Health Risks for Ref.	40,000,000	-	40,000,000
Sub-total	169,964,720	-	169,964,720
Total PIL No. 17 (Project 0327)	300,002,720	48,492,106	251,510,614
. (TA \$ Project 0270)	<u>\$200,953</u>		
. (ADVANCE REMAINING)	<u>Rp 105,830,894</u>		

Status of Commitments and Expenditures
FY 1985/86 Research PIL No. 36
(in Rupiah)

No.	Activities	Budget	Actual Spent/ as of 31/3/86	Commitments (not expended)	Decommit Funds
1.	Local Technical Assistant				
	a. Honorarium	13,600,000	8,400,000	4,800,000	-
	b. Travel	5,000,000	700,800	2,000,000	2,699,200
2.	Seminars				
	a. Young Adult	11,130,000	-	-	11,130,000
	b. Research Dev. Workshop	9,400,000	2,457,100	-	6,942,900
	c. Demographic Analysis	8,935,000	-	-	8,935,000
	d. Research Review Workshop	5,230,000	3,802,350	-	1,427,650
	e. Biomedical Working Group	2,890,000	2,793,000	-	97,000
	f. Safe Effectiveness	6,384,000	5,011,349	-	1,372,651
3.	Research Materials and Staff Development				
	a. Software Purchase	2,000,000	406,250	1,593,750	-
	b. Translation	1,200,000	-	700,000	500,000
	c. Repr. of Ind. Research Mat.	8,000,000	-	2,000,000 ^{a/}	6,000,000
	d. Purchase of Text & Matr.	1,000,000	989,725	-	10,275
	e. Junior Staff Training	21,386,000	21,386,000	-	-
4.	Thesis and Dissertation				
	a. Master	10,000,000	10,000,000	-	-
	b. Doctorate	20,000,000	3,750,000	2,000,000	14,250,000
	c. Committee Meetings	100,000	100,000	-	-
5.	Small Individual Studies	60,000,000	-	24,818,900 ^{b/}	35,181,100
6.	Mid-size Research Project				
	a. Safari Program	15,000,000	9,000,000	6,000,000	-
	b. Young Adult	95,000,000	11,842,000	8,058,000	75,100,000
	c. Provincial Profiles	18,230,000	-	18,230,000	-
	d. Eval. Service Sta.	8,672,000	-	-	8,672,000
	e. Contr. Indict. Pill Use	9,000,000	9,000,000	-	-
	f. Health & Risk	9,000,000	2,600,000	6,400,000	-
	g. Second Analysis	23,900,000	-	-	23,900,000
	h. Methodological Study	-	-	29,500,000 ^{c/}	29,500,000(-)
7.	BKKBN Research Staff Supervision	18,220,000	6,735,450	10,000,000	1,484,550
8.	Outside Review Proposal	3,000,000	1,500,000	-	1,500,000
Total:		386,277,000	100,474,024^{d/}	116,100,650^{d/}	169,702,326

a/ = Rp.1,500,000 for Repr. of Ind. Research Materials/ICPS
Rp.500,000 for BKS-PenFin

b/ = Rp.7,490,000 for PosYanDu (Survey) -- PUJAK
Rp.7,490,000 for Kelapa Hybrida (Survey) -- PUJAK
Rp.5,010,000 for IUD (Comparative Study) -- PUBIO
Rp.4,828,900 for Predictions of Continuation of Contraceptive Use -- YKB

c/ = Methodological Study not in PIL; written approval for study obtained from USAID project offer prior to commencement.

d/ = Total of these two columns represents amount utilized

Status of Commitments and Expenditures
FY 1986/87 Research PIL No. 59/73
 (in Rp 1,000)

No.	Item	Budget	Actual Spent as of 3/31/87	Commitments (not expended)	Decommit Funds
A. Institutional Development					
1.	Technical Assistance	17,400	6,150.000	6,200.000	5,050.000
2.	Management System	7,500	7,500.000	0	0
3.	Computer Project Monitor	1,000	1,000.000	0	0
4.	Research Reference Adm.	7,000	3,000.000	0	4,000.000
5.	Staff Development	23,749	23,784.000	0	(35.000)
B. Seminars and Workshop					
1.	Young Adult Seminars	10,830	0	0	10,830.000
2.	Research Development	6,135	5,574.000	0	561.000
3.	Demographic Analysis	13,530	13,530.000	0	0
4.	Research Review	570	0	0	570.000
5.	Adv. and Steering	2,232	0	0	2,232.000
6.	Male Participation	9,490	9,490.000	0	0
7.	Reproductive Immunology	13,558	13,558.000	0	0
C. Thesis and Award					
		30,450	20,551.000	8,500.000	1,399.000
D. Research Dissemination & Util.					
1.	Reproduction	15,000	83.400	14,500.000	416.600
2.	Provincial Presentation	3,144	3,144.000	0	0
3.	Newsletter	500	0	0	500.000
4.	Research Follow-up	8,800	720.000	0	8,080.000
5.	Analysis Guide	17,000	0	0	17,000.000
E. Research Projects					
2.	Young Adult	55,000	35,299.000	15,000.000	4,701.000
3.	Prov. Profile	18,380	5,352.000	12,000.000	1,028.000
5.	Prevalence Survey	162,450	0	162,450.000	0
6.	Transmigration	15,000	0	0	15,000.000
7.	Susenas Analysis	27,000	0	27,000.000	0
8.	Small Studies	40,000	25,276.000	3,600.000	11,124.000
9.	Unsolicited Studies	75,000	19,557.995	42,302.310	13,139.695
10.	Continuation Rate Study	13,500	12,300.000	1,200.000	0
F. Review and Supervision					
		25,132	10,048.425	15,083.575	0
G. Proposal Review					
		3,000	0	0	3,000.000
Total		622,350	215,917.820^a	307,835.885^a	98,596.295

a - Total of these two columns represents amount utilized

PROJECT EXPENDITURE BY CATEGORY OF ACTIVITY
USAID 497-0327 PIL 88
FISCAL YEAR 1987-88

(Amount in Rupiah)			
NO.	ACTIVITIES	BUDGET 1987-1988	ACTUAL SPENT OF FUND
A.	<u>INSTITUTIONAL DEVELOPMENT</u>		
	1. Technical Assistance	13,500,000	0
	2. Research Management	12,000,000	5,084,100
	3. Staff Development	3,000,000	0
	4. Research Management	13,000,000	0
B.	<u>SEMINARS & WORKSHOPS</u>		
	1. Young Adult Seminar	7,800,000	7,800,000
	2. Research Development	7,500,000	1,500,000
	3. Demographic Analysis	9,200,000	0
	4. Workshop on Biomedical	10,500,000	0
	5. Workshop on Epidemiol	14,700,000	0
	6. Screening Tools	2,500,000	0
	7. Workshop on Andrology	0	0
C.	<u>THESIS & DISSERTATIONS</u>	32,550,000	0
D.	<u>RESEARCH, DIS. UTILIZATION</u>		
	1. Reproduction	25,000,000	0
	2. Provincial Presentation	5,000,000	2,500,000
	3. News Letters	1,000,000	0
	4. Research Fdg.	4,500,000	3,000,000
E.	<u>RESEARCH PROJECTS</u>		
	2a. Provincial Profile	19,000,000	0
	2b. BKKBN Service Stat	13,000,000	0
	3a. Liver Cancer	15,000,000	0
	3b. Survey Private Doct.	23,300,000	29,115,000
	3c. Survey Pharmacists	7,100,000	0
	3d. Survey Private Mid	21,900,000	20,990,000
	3e. Transmigrants Study	15,000,000	0
	3f. CR Study	45,000,000	0
	3g. Cost Benefit Study	10,000,000	0
	4a. Youth Training Assessment	10,990,000	0
	4b. Analysis Guidelines	17,000,000	0
	4c. Age at Marriage	30,000,000	0
	5. Unanticipated Studies	50,000,000	0
	6a. Young Adult Analysis	3,000,000	2,500,000
	6b. Data Summary File	7,000,000	0
	6c. Micro Planning	9,200,000	0
	6d. Eval. Contro. F.P.	5,000,000	0
	6e. Unspecified Studies	60,000,000	10,219,600
	7. Unsolicited Studies	90,000,000	0
F.	<u>REVIEW AND SUPERVISION</u>	31,000,000	8,010,600
G.	<u>OUTSIDE PROPOS REVIEW</u>	2,000,000	0
	TOTAL	646,150,000	90,719,300

THESIS AND DISSERTATION AWARD TOPICS

1. The difference of behaviour in using contraception among Triharjo sub-district, Sleman - Yogyakarta.
2. Some factors which influence use of tubectomy (case-study in Bejiharjo village, Karang Mojo, Gunung Kidul regency).
3. The interaction of husband and wife toward the acceptance of IUD Lippes Loop in Gondokusuman district, Yogyakarta.
4. The right of making decision among the Indonesian woman to have a small family (case study in Surabaya).
5. The influence of social-economic factors in the fertility of Melayu Community, Bengkalis, Riau.
6. The influence of psycho-socio-cultural factors on the drop-out rate of family planning acceptors in Rappojawa in the district of Tallo - Ujung Pandang.
7. The influence of mass-media on the participation of eligible couple and family planning Program in North Sulawesi.
8. Qhadi Abdul Jabbar: the concepts of Taklif and implication toward the human responsibility.
9. The simulation game as a strategy of diffusion, interpersonal network and group behaviour; it's influence on the adoption of IUD contraceptive.

10. The influence of facilitator's motivation toward NKKBS (the small happy and prosperous family norm) for the youths who belong to the mosque, based on their sex and age.
11. The influence of the combination between low-dosage of Gossypol and cholesterol sugar on the fertility of rat.
12. The continuation of the use of contraception method by family planning acceptors in 1984/85 in two districts in Majalengka regency, West Java.
13. The population education by non-formal education toward NKKBS in Pinrang regency, South Sulawesi, observing from the education level and social-economic level.
14. The influence of KIE (Communication, Information and Education) Program on the FP adoption, observing from the delivery system and the education level of housewives behaviour in Bone regency, South Sulawesi.
15. The influence of population education in the Social Science Education (IPS) and Natural Science Education (IPA) Studies on population behaviour which is related to the decrease of fertility.
16. The performance of nutrient in the pattern village and non-pattern village, Penebel district, Tabanan - Bali.
17. The difference of creativity of the children who come from a small family and large family.
18. The role of mass-media in order to make response from the young generation about family planning.

19. The comparison study of Dactyloscopy figure of Economic and Technic Students of Borobudur University, among other things is influenced by Family's doctor (FP factor).
20. The effect of sterilization on the psychological health and sexual behaviour.
21. The prevented pregnancy of the FP acceptors who are free in choosing the contraceptive in Ponorogo regency, East Java Province, 1985/86.
22. The influence of givine Methoclopiramyde toward the change of prolactin value and lutenizing hormone and it's influence toward the ovulation of the monkey.
23. A case-study of female fertility in the agricultural sector: Balung District, Jenber.
24. The relation of the number of children and mentally emotional disturbance.
25. The influence of female/women status toward the acceptance of "Small Family Norm" (NKK): A case of female group of worker in Surabaya.
26. The relation of several determinant concept of effective coordination with criterion of the effectiveness of transmigraton organization program.
27. Several factors which influence the continuation of the use of contraceptive, in Melati district, Sleman Regency - Yogyakarta.

28. A study of marriage and divorce - a design of marriage among the Sundanese, Karawang Regency.
29. A study of sperm of male infertile which is soiled by micro-organism.
30. The influence of several aspects of a custom: A tendency of fatalistic thinking and an intelligence level toward the result of population education in some "Madrasyah Tesnanawiya" - a "Pesantren" Design.
31. A study of sterol of Mushroom *Aspergillus* species.
32. Profile steroid in the *Solanum Momosum* culture.
33. The marriage and fertility of woman in Bengkulu villages.
34. The influence of manpower toward the contraceptive in Maluku.
35. The influence of KIE/FP Nutrient Program toward the mortality-rate of baby in Jember Regency, East Java.
36. Several factors which are influence the proportion of children.
37. The marriage law and it's problem, especially about divorce and poligamy, in Menanga village, Oku, South Sumatra.
38. The influence of modernism, the perception of child value and some demographics variables toward the reliance in the use of FP.

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39. The relation of social-economy status and fertility: a case in fisher village, Tongas District, Probolinggo Regency.
40. The relation of interpersonal communication behaviour of the "Apsari" FP groups member and the their tendency to continue the FP correctly.
41. The designs of making decision and family fertility behaviour: a case-study in 5 (five) villages in Kupang District (Central Kupang).
42. The problem of family planning in Indonesia observing from historic development aspect and it's success in implementation.

TREND IN UTILIZATION OF PROJECT FUNDS

Status of Commitment and Expenditures
FY 84/85 Research Budget PIL 17 - Project 327
(In Rupian)

<u>PIL 17:</u>	<u>Budget</u>	<u>Expenditure</u>	<u>Decommit</u>
I. Technical Assistance:			
1. Columbia University	(PROS-270)	-	-
Local - 3 PT	20,000,000	800,000	19,200,000
Sub-total	20,000,000	800,000	19,200,000
II. Seminars and Workshops			
1. Central Java FP	7,474,000	7,474,000	-
2. Bio Medical	10,038,000	10,029,106	8,894
- Bio Med. Working Ip.	2,793,000	-	2,793,000
3. Newly Married	9,733,000	-	9,733,000
Sub-total	30,038,000	17,512,000	12,534,894
III. Research Mat and Staff Dev.			
1. Training 055	21,386,000	-	21,386,000
2. Training - G. Made	30,189,000	30,189,000	-
3. Research Mat.	13,425,000	-	13,425,000
Sub-total	65,000,000	30,189,000	34,811,000
IV. Thesis and Dissertation Grants			
Sub-total	15,000,000	-	15,000,000
V. Research - Mid Size			
(10,00 - 100,000)			
1. Young Marrieds	15,000,000	-	15,000,000
2. Safari	14,962,000	-	14,962,000
3. Mortality and FP	20,000,000	-	20,000,000
4. Evaluation on VFP	39,981,720	-	39,981,720
5. Contra Indications PIL	15,001,000	-	15,001,000
6. Screening Tools IUD	25,000,000	-	25,000,000
7. Healthn Risks for Ref.	40,000,000	-	40,000,000
Sub-total	169,964,720	-	169,964,720
Total Pil No. 17 (Project 0327)	300,002,720	48,492,106	251,510,614
	=====	=====	=====
• (TA \$ Project 0270)	\$200,953		
	=====		
• (ADVANCE REMAINING)	Rp.105,830,894		
	=====		

INTERVIEW GUIDE FOR WORKSHOP/SEMINAR PARTICIPANTS

1. Title of Seminar/Workshop in which you participated:

2. Brief Description of Topics covered:

3. Why were you interested in attending seminar:

4. Evaluation of quality of seminar/workshop.
 - clarity of presentation?
 - topics covered in sufficient detail?
 - relevance of seminar to your work?
 - general comments

GUIDED DISCUSSION WITH IMPLEMENTING AGENCIES

1. Name of Organization:
2. Name of Project:
3. How was contact made initially with BKKBN:
4. Research Process and BKKBN support:
 - Proposal development
 - Project Implementation
 - Analysis and report preparation
5. General Comments
6. Suggestion for improvement:
7. Interest in further collaboration with BKKBN

STATUS OF COMMITMENTS AND EXPENDITURES

FY 1985/86 RESEARCH PIL No. 36

(IN RUPIAH)

NO.	ACTIVITIES	BUDGET	ACTUAL SPENT/ AS OF 31/3/86	COMMITMENTS (NOT EXPENDED)	DECOMMIT FUNDS
1.	Local Technical Assistant				
	a. Honorarium	13,600,000	8,400,000	4,800,000	-
	b. Travel	5,000,000	700,000	2,000,000	2,699,200
2.	Seminars				
	a. Young Adult	11,130,000	-	-	11,130,000
	b. Research Dev. Workshop	9,400,000	2,457,100	-	6,942,900
	c. Demographic Analysis	8,935,000	-	-	8,935,000
	d. Research Review Workshop	5,230,000	3,802,350	-	1,427,650
	e. Biomedical Working Group	2,890,000	2,793,000	-	97,000
	f. Safe Effectiveness	6,384,000	5,011,349	-	1,372,651
3.	Research Materials and Staff Dev.				
	a. Software Purchase	2,000,000	406,250	1,593,750	-
	b. Translation	1,200,000	-	700,000	500,000
	c. Repr. of Ind. Research Mat.	8,000,000	-	2,000,000a/	6,000,000
	d. Purchase of Text & Matr.	1,000,000	989,725	-	10,275
	e. Junior Staff Training	21,386,000	21,386,000	-	-
4.	Thesis and Dissertation				
	a. Master	10,000,000	10,000,000	-	-
	b. Doctorate	20,000,000	3,750,000	2,000,000	14,250,000
	c. Committee Meetings	100,000	100,000	-	-
5.	Small Individual Studies	60,000,000	-	24,818,900b/	35,181,000
6.	Mid-size Research Project				
	a. Safari Program	15,000,000	9,000,000	6,000,000	-
	b. Young Adult	95,000,000	11,842,000	8,058,000	75,100,000
	c. Provincial Profiles	18,230,000	-	18,230,000	-
	d. Eval. Service S.a.	8,672,000	-	-	8,672,000
	e. Contr. Indict. Pill use	9,000,000	9,000,000	-	-
	f. Health & Risk	9,000,000	2,600,000	6,400,000	-
	g. Second Analysis	23,900,000	-	-	23,900,000
	h. Methodological Study	-	-	29,500,000c/	29,500,000(-)
7.	BKKBN Research Staff Supervision	18,220,000	6,735,450	10,000,000	1,484,550
8.	Outside Review Proposals	3,000,000	1,500,000	-	1,500,000
		386,277,000	100,474,024	116,100,650	169,702,326

a/ = Rp.1,500,000 for Repr. of Ind. Research Materials/ICPS
Rp.500,000 for BKS-PenFin

b/ = Rp.7,490,000 for PosYanDu (Survey) — PUJAK
= Rp.7,490,000 for Kelapa Hybrida (survey) — PUJAK
= Rp.5,010,000 for IUD (Comparative Study) — PUBIO
= Rp.4,828,900 for Predictions of Continuation of Contraceptive Use — YKB

c/ = Methodological Study not in PIL; written approval for study obtained from USAID project offer prior to commencement

STATUS OF COMMITMENTS AND EXPENDITURES

FY 1985/86 RESEARCH PIL No. 59/73

(IN RUPIAH 1,000)

NO.	A C T I V I T I E S	BUDGET	ACTUAL SPENT/ AS OF 31/3/86	COMMITMENTS (NOT EXPENDED)	DECOMMIT FUNDS
A.	<u>Institutional Development</u>				
	1. Technical Assistance	17,400	6,150.000	6,200.000	5,050.000
	2. Magement System	7,500	7,500.000	0	0
	3. Computer Project Monitor	1,000	1,000.000	0	0
	4. Research Reference Adm.	7,000	3,000.000	0	4,000.000
	5. Staff Development	23,749	23,784.000	0	(35.000)
B.	<u>Seminars and Workshop</u>				
	1. Young Adult	10,830	0	0	10,830.000
	2. Research Dev. Workshop	6,135	5,574.000	0	561.000
	3. Demographic Analysis	13,530	13,530.000	0	0
	4. Research Review Workshop	570	0	0	570.000
	5. Adv. and Steering	2,232	0	0	2,232.000
	6. Male Participation	9,490	9,490.000	0	0
	7. Reproductive Immunology	13,450	13,558.000	0	0
C.	<u>Thesis and Award</u>	30,450	20,551.000	8,500.000	1,399.000
D.	<u>Research Dissemination & Util.</u>				
	1. Reproduction	15,000	83.400	14,500.000	416.600
	2. Provincial Presentation	3,144	3,144.000	0	0
	3. Newsletter	500	0	0	500.000
	4. Research Follow-up	8,800	720.000	0	8,080.000
	5. Analysis Guide	17,000	0	0	17,000.000
E.	<u>Research Projects</u>				
	2. Young Adult	55,000	35,299.000	15,000.000	4,701.000
	3. Prov. Profile	18,380	5,352.000	12,000.000	1,028.000
	5. Prevalence Survey	162,450	0	162,450.000	0
	6. Transmigration	15,000	0	0	15,000.000
	7. Susenas Analysis	27,000	0	27,000.000	0
	8. Small Studies	40,000	25,276.000	3,000.000	11,124.000
	9. Unsolicited Studies	75,000	19,557.995	43,302.310	13,139.695
	10. Continuation Rate Study	13,530	13,300.000	1,200.000	0
F.	<u>Review and Supervision</u>	25,132	10,038.425	15,083.575	0
G.	<u>Proposal Review</u>	3,000	0	0	3,000.000
	Total	622,350	215,917.820	307.835.885	98,596.295

COMPLETED RESEARCH REPORTS (USAID FUNDED)
EVALUATION TABLE

1	2	3	4	5	6	7	8	9	10	11	12
PROJECT NAME AND PIL NUMBER	IMPLEMENTING AGENCY	RESEARCH PROBLEM CLEARLY STATED?	POLICY IMPORTANCE	ARE STUDY OBJECTIVES CLEARLY DESCRIBED?	IS HYPOTHESIS RELEVANT TO STUDY OBJECTIVES?	APPROPRIATE METHODOLOGY?	ARE DATA PRESENTED?	ARE DATA COLLECTED RELEVANT TO THE STUDY OBJECTIVES?	DEPTH OF INTER - PRETATION	DO CONCLU- SIONS FOLLOW FROM DATA ANALYSIS	GENERAL EVALUATION
		* CLEAR * LESS CLEAR * NOT CLEAR	* HIGH * MED * LOW	YES/NO	*NOT APPLICABL *RELEVANT *LESS - RELEVANT *NOT RELEVANT	YES / NO	* YES/NO * NA (NOT APPLICABLE)	YES/NO	* HIGH * MEDIUM * LOW	YES/NO	
METHODOLOGICAL STUDY PIL 36, 85/86	S R I	CLEAR	HIGH	YES	YES	YES	YES	YES	INTERPRETATION IN HOUSE		HIGH
NORPLANT PIL 59, 86/87	Y K B	NOT CLEAR	HIGH	NO	N.A.	NO	SUMMARY STATS	NO	L O W		LOW
YOUNG ADULT ATTITUDES STUDY PIL 59, 86/87	FACULTY OF PSY, U.I.	EXPLORA- TORY	HIGH	YES	N.A.	YES	YES	YES	HIGH	YES	HIGH
QUALITY TEST OF LOCALLY-MADE LIPPES LOOP. PIL 36, 85/86	Y K B	CLEAR	HIGH	YES	YES	YES	YES	YES	HIGH	YES	HIGH
MALE PARTICI- PATION IN FP PROGRAM PIL 59, 86/87	P.T. SABESHA	NOT CLEAR	LOW	NO	NO	NO	NO	NO	NO	NO	LOW
YOUNG ADULT FOCUS GROUP PIL 36, 85/86	S R I	EXPLORA- TORY	HIGH	YES	N.A.	YES	N.A.	YES	HIGH	YES	HIGH

COMPLETED RESEARCH REPORTS USAID FUNDED (PROJECT 0327)
EVALUATION TABLE
(CONT'D)

1	2	3	4	5	6	7	8	9	10	11	12
PROJECT NAME AND PIL NUMBER	IMPLEMENTING AGENCY	RESEARCH PROBLEM CLEARLY STATED?	POLICY IMPORTANCE	ARE STUDY OBJECTIVES CLEARLY DESCRIBED?	IS HYPOTHESIS RELEVANT TO STUDY OBJECTIVES?	APPROPRIATE METHODOLOGY?	ARE DATA PRESENTED?	ARE DATA COLLECTED RELEVANT TO THE STUDY OBJECTIVES?	DEPTH OF INTER - PRETATION	DO CONCLU- SIONS FOLLOW FROM DATA ANALYSIS	GENERAL EVALUATION
		* CLEAR * LESS CLEAR * NOT CLEAR	* HIGH * MED * LOW	YES/NO	*NA *RELEVANT *LESS - RELEVANT *NOT RELEVANT	YES / NO	* YES/NO * NA	YES/NO	* HIGH * MEDIUM * LOW	YES/NO	
KB-MANDIRI: CHARACTERISTICS OF PRIVATE PROVIDERS AND USERS	IN-HOUSE (PUJAK)	EXPLORA- TORY	HIGH	YES	N.A.	NO	PARTIAL	NO	LOW	NOT CLEAR	LOW
DEVELOPMENT AND TESTING OF MANUAL FOR SIDE EFFECT AND REFERRAL FOR ALL METHODS PIL 36, 85/86	IN-HOUSE (PUBIO)	CLEAR	HIGH	YES	YES	NO	YES	NO	MEDIUM	YES	MEDIUM
CONTINUATION RATE STUDY PIL 59, 86/87	IN-HOUSE (PUSIK)	CLEAR	HIGH	YES	YES	YES	YES	YES	HIGH	YES	HIGH
EVALUATION OF SAFARI PROGRAM PIL 36, 85/86	IN-HOUSE, (PUJAK)	NOT CLEAR	HIGH	YES	N.A.	NO	YES	YES	LOW	YES	MEDIUM

COMPLETED RESEARCH REPORTS USAID FUNDED (PROJECT 0327)
EVALUATION TABLE
(CONT'D)

1	2	3	4	5	6	7	8	9	10	11	12
PROJECT NAME AND PIL NUMBER	IMPLEMENTING AGENCY	RESEARCH PROBLEM CLEARLY STATED?	POLICY IMPORTANCE	ARE STUDY OBJECTIVES CLEARLY DESCRIBED?	IS HYPOTHESIS RELEVANT TO STUDY OBJECTIVES?	APPROPRIATE METHODOLOGY?	ARE DATA PRESENTED?	ARE DATA COLLECTED RELEVANT TO THE STUDY OBJECTIVES?	DEPTH OF INTER- PRETATION	DO CONCLUSIONS FOLLOW FROM DATA ANALYSIS	GENERAL EVALUATION
		* CLEAR * LESS CLEAR * NOT CLEAR	* HIGH * MED * LOW	YES/NO	*NA *RELEVANT *LESS - RELEVANT *NOT RELEVANT	YES / NO	* YES/NO * NA	YES/NO	* HIGH * MEDIUM * LOW	YES/NO	
POSYANDU STUDY SAFARI PROGRAM - PIL 36, 85/86	IN-HOUSE, (PUJAK)	CLEAR	HIGH	YES	N.A.	YES	N.A.	YES	MEDIUM	YES	MEDIUM
HYBRID COCONUT STUDY/INCENTIVE FOR FP. PIL 36, 85/86	IN-HOUSE, (PUJAK)	CLEAR	HIGH	YES	N.A.	YES	N.A.	YES	MEDIUM	YES	MEDIUM
ULAMA STUDIES PIL 59, 86/87	IN-HOUSE, (PUJAK)	NOT CLEAR	MEDIUM	NOT CLEAR	N.A.	YES	N.A.	NOT CLEAR	LOW	YES	LOW
TRANSFER OF ROLE/ALIH PERAN STUDY	IN-HOUSE, (PUJAK)	NOT CLEAR	HIGH	CONCEPT	PAPER	YES	N.A.	NOT CLEAR	LOW	YES	LOW

NOTES:

COLUM (4)
HI : IMMEDIATE PROGRAM RELEVANCE
MED: USEFUL TO PROGRAM
LOW: GENERAL/THEORETICAL NON PROGRAM

COLUM (7)
HI : DETAIL INTERPRETATION
MED: MODERATE INTERPERETATION
LOW: ONLY DESCRIPTION

CASE STUDIES

A. Case Studies from the Center for Biomedical Research

1. Title: Testing of the Quality of Lippes Loop (Pil 36)

Implementing Agency: YKB (Yayasan Kusuma Buana), Rp. 5,010,000

Objective: The stated objective of this study was to compare the quality of locally made and imported Lippes Loop, and attitudes of midwives concerning IUDs. The subject was identified as a possible topic for research by complaints of midwives that locally produced IUDs lacked resilience, and also had a higher rate of method failure. The study did not address this latter point, but rather focused on the resilience and midwives perceptions of quality.

Research Management: BKKBN circulated terms of reference related to this issue. Three proposals were received and YKB was selected.

Implementation: Tests of elasticity were conducted in the laboratory; no significant differences were found between the locally-produced and imported IUDs. When a double blind study was conducted, there were no differences between locally-produced and imported IUDs in perceived quality and ease of insertion. Findings were reported to top management at BKKBN.

2. Title: Health Risk and Referral Procedure: Development and Pretesting of Manual for Paramedical Personnel on Management of Side Effects (PIL 36).

Implementing Agency: In-house, Rp. 9,000,000

Objective: To develop a manual for paramedics on management and referral of contraceptive side effects, including pill, condoms, IUD, injection, Norplant, and tubectomy; and to test the manual.

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Identification of Issue: There was no manual available that was convenient to use, relatively simple, and suited to the needs of paramedics.

Implementation: The development of the manual was done in-house with expert technical assistance. An initial draft was reviewed by family planning specialist. Midwives were selected to use the manual, afterwards midwives were surveyed on the utility of the manual. Prior to trials midwives were given training in the use of the manuals. The staff of the Biomedical Center served as interviewers.

Research Management Issues:

(1). The plan is that the manual, after revision, will be submitted to the Bureau of Motivation and the Bureau of Contraception for reproduction and use.

(2). The evaluation focussed on whether paramedics found the manual useful and convenient. Results were generally positive. A useful followup activity would be to design an evaluation methodology including either a pre and post test situation or a control-group and focussing on improvements in actual case management.

B. Case Studies from the Center for National Family Planning Studies.

1. Title: Case Study: National Indonesian Contraceptive Prevalence Survey. (NICPS)

Project Data: PIL #88 approximately (\$100,000 from AID, \$100,000 from UNFPA, \$1,000,000 from Westinghouse) funded in 1987, preliminary report due March, 1988, implemented by Central Bureau Statistics.

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Background: Unlike other research projects chosen for these case studies, the NICPS is still ongoing: the preliminary report will be available by mid-March in time for the BKKBN national meetings (Rakernas). It was included, however, because of its policy importance, because of the complexity of collaboration among the donors, because of the role of external technical assistance, and because of the importance of the collaboration between BKKBN and the Central Bureau of Statistics. It is by far the largest and most complicated research effort supported by USAID - 327 funds.

Study Objective: Identification of issue: The objective of any national contraceptive prevalence survey is to provide timely and accurate estimates of prevalence to policy makers and program implementers. In this particular case, a CPS was made a condition precedent to a World Bank loan. In addition, AID has typically used prevalence surveys as a major evaluation tool: growth in program effectiveness (and AID's contribution to that through funding various projects) is measured by increases in prevalence. Thus, AID in 1985 opened discussions with BKKBN on the possibility of fielding a national contraceptive prevalence survey.

Since the 1985 SUPAS had recently provided estimates of prevalence, and fertility, there was a concern on the part of BKKBN not to appear to duplicate that effort, and a decision was made to delay the survey for one year. Funding requirements for such a study exceeded AID bilateral and central funds which were available and UNFPA was requested to provide support as well.

Process of Proposal Development and Research Design. During early discussions between AID and BKKBN a decision was made to involve Westinghouse, through their Demographic and Health Survey (DHS) project. While Westinghouse has considerable CPS experience and

expertise in sampling, data processing, and analysis, the focus of the DHS project is considerably broader than contraceptive prevalence. Detailed health questions and fertility history comprise large components of the DHS questionnaire which has been utilized in a number of countries and on the basis of which country reports are prepared. Thus, early discussions between BKKBN, AID, and Westinghouse focussed on the need to limit this survey to the specific needs of Indonesia rather than using the standardized format.

A matter of particular concern was the issue of the extensive number of health questions: AID did not want them included because it wanted a focussed, quick turnaround, CPS, BKKBN did not want them because responsibility for health falls under the Ministry of Health and, moreover, the MOH had recently completed a number of related surveys, but Westinghouse wanted them included for purposes of comparability with other national studies. This group of questions was dropped. The issue of the detailed questions on fertility on the DHS questionnaire raised similar issues: AID was concerned that a detailed reproductive history is extremely time-consuming and difficult to collect and analyze, and furthermore not directly related to the major issue of prevalence. BKKBN was concerned fertility data had recently been collected by the CBS in the 1985 SUPAS.

In this case, however, after painstaking reassurances by Westinghouse of new rapid technologies for fertility analysis and the importance of linked fertility-contraceptive use data, the detailed reproductive history questions were retained particularly to allow analysis of family planning and infant mortality relationships.

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Once agreement was reached on the general scope of the study, and BKKBN had identified the Central Bureau of Statistics as the most appropriate implementing agency, extensive meetings were held among AID, Westinghouse, UNFPA (as represented by their consultant to BKKBN), and BKKBN (as represented by the Deputy for the Program Development Division and the Centre Chief for Family Planning Studies). The AID funded advisor on research to the Program Development Division participated in all discussions as well. The issues to be resolved fell into two categories: administrative and substantive. The administrative challenges were great: AID and UNFPA have separate accounts with BKKBN and accounts cannot be merged. Westinghouse is required to contract directly with the implementing agency which in this case would be the Central Bureau of Statistics. Finally as suggested by the AID population officer a master technical agreement was developed and signed by BKKBN, BPS and Westinghouse, laying out the structure, organization, budget, and division of labor for the study. This common agreement was then attached to each contract: USAID's funded BKKBN contract to CBS; UNFPA funded BKKBN contract to CBS, and Westinhouse's direct contract with CBS.

The substantive decisions were difficult as well. Decisions concerning the overall scope of the study, already described, led into detailed discussions of sampling issues and questionnaire development. Stratification of the sample was extensively discussed. While provincial estimates as well as outer-island estimates would obviously be of considerable use both for policy and program purposes, a decision was made not to stratify the sample in this way because of time and budgetary constraints. Detailed discussion

of questions to be included were held within BKKBN as well as among the donors, Westinghouse, CBS, and BKKBN. After general agreement had been reached within BKKBN, an advisory committee meeting was held and further revisions were made.

Once the questionnaire was finalized and contracts were signed, implementation proceeded smoothly. Westinghouse was involved in sampling, providing machines for data entry and processing, and in installing and providing training in the use of advanced software (ISSA) for data editing and analysis. Field work proceeded on schedule and was completed by early December, 1987. By the end of December virtually all the questionnaires collected from 12,000 households were in Jakarta, and approximately 85% were edited. Preliminary analysis has been completed and will be presented by CBS to the Deputy, Program Development Division in several weeks.

The remaining research management issues have to do with the analysis to be included in the final report and the responsibility for secondary analysis. There is concern that the Country Report prepared by Westinghouse include the special questions that were added for Indonesia and focus on issues of major concern to BKKBN rather than simply following the standardized format. Detailed memos on the issues have been prepared by the AID research advisor.

The issues of who will conduct secondary analysis and what the most important issues to be addressed are currently being discussed within the Program Development Division.

Findings:

1. The organization and implementation of the CPS represents a major achievement in cooperation among donors and cooperation between BKKBN and CPS and in utilization of external expertise;

2. The necessity of strongly maintaining the priorities of the local institutions in working with external technical assistance is highlighted;
 3. The role of the international research advisor as "broker" between various involved parties on technical issues was extremely helpful.
 4. Opportunities should be explored for utilizing further CPS-related work, such as the secondary analysis, to build skills with the Program Development Division.
3. Title: Case Study: Methodological Study of Response Bias in Prevalence Interviews

Project Data: PIL #36 (Rp. 29,000,000) funded and completed 1986, Implementing Agency: PT. SRI, Jakarta.

Objective: This study was designed to examine the issue of whether the use of male interviewers and the use of male head of household respondents in collecting data on contraceptive use significantly biases survey results.

Identification of Topic: The results of the 1985 Intercensal Survey (SUPAS) indicated a considerably lower level of prevalence than that estimated from service statistic data. There was considerable concern that an independent measure of prevalence be made prior to the 1986 RAKERNAS (Rapat Kerja Nasional).

Proposal Development, Research Design: The issue was discussed extensively within BKKBN and more specifically within the Program Development Division. The SUPAS used male interviewers to collect contraceptive usage data from the head of household (either male or

female) and this was identified as a possible source of bias. The USAID research advisor worked with the staff of the Center for Family Planning Studies in preparing a scope of work and designing the questionnaire. These materials were reviewed by the Center working group and the technical review committee. The decision was made to do the research design and questionnaire development in-house because of time pressures (the results of the study were required within 3 months for the RAKERNAS meeting). A decision was made by the PDD to use P.T. SRI, a survey research group based in Jakarta which has a good reputation for high quality survey work and the ability to implement quickly. Staff from the Center met with SRI, providing them with the research design and the questionnaire. Sampling issues were discussed and resolved. A contract was negotiated and the survey went into the field, collecting data from a 1,000 household cluster sample in Java. The USAID research advisor monitored the progress of field work. Data collection was completed on time and results were presented at the RAKERNAS meeting as planned. The basic finding was that the net error resulting from the methodology used in SUPAS (male interviewers) was not great.

The study was well designed, efficiently implemented, and of relevance to crucial issue for the BKKBN; that is, establishment of accurate estimates of prevalence. The decision to utilize SRI was appropriate, given the time constraints and data requirements of the study.

Findings:

1. The center for National Family Planning Studies has made effective use of external expertise to implement studies of crucial policy importance; however, the involvement of junior staff in these activities has been minimal. Exposure to project implementation activities of experienced research institutions

such as the Central Bureau of Statistics could be valuable learning experience for staff of the PDD. For example, the assistant director of the center in the Central Bureau of Statistics reported that implementation reports were prepared on various research activities including questionnaire design, sampling, training, etc. of the Contraceptive Prevalence Survey.

2. The importance of having a single individual at the office of Program Development, BKKBN, as the contact point was highlighted by implementing agencies.
3. The pivotal role of the USAID research advisor in both of these research projects is noted. The question is raised as to how participation of center staff could be involved to a greater extent.

C. Case Studies from The Center for National Planning Policy

Title: Case Study: Religious Leaders Study (Ulama Study)

Background:

A. Project Data Summary

Date of approval: January 22, 1987

Implementing Agency: Centre for Policy Studies

Chairman's Decree No. 02/KT.005/F3/87, January 5, 1987

Budget: Rp. 9,994,400.-

T.O.R.: Dec. 1986

Report Completed: July 1987

Data Collection: 4 - 14 January 1987

B. Justification

The National Family Planning Program of Indonesia has long recognized the importance of religious leaders' participation in family planning. A number of activities have been conducted to reach the Ulama; seminars, orientation courses as well as individual approach for the ulama has been done at the National, Provincial, and Pesantren level. In relation to the role of ulama, important areas to be studied, include:

- Knowledge and opinion of religious leaders about family planning;
- IEC activities conducted for the religious leaders;
- The role of Ulama in promoting family planning;
- Involvement of family planning field workers and Health Center doctors in promoting family planning in Pesantren.

C. Specific Objectives

- To identify approaches and activities done by BKKBN to involve Ulama in Family Planning;
- To observe how the BKKBN is approaching the Ulama and its effectiveness;
- To get information on opinions of Ulamas regarding BKKBN activities;
- To make recommendations on alternative policy appropriate for approaching the Ulama;

D. Objectives

The study is intended to examine the attitudes of religious leaders towards actual program implementation and explore possibilities for participation of religious leaders in the program.

E. Proposal Development

The research issues has been identified and discussed within the center of policy studies and TOR submitted to the steering committee meeting for review related to its relevancy and research priorities. Then the Deputy for Program Development decided the research should be conducted in-house.

D. Management and Implementation Issues

1. While there has been some research previously conducted on the topic, none of this was reviewed in development of the proposal or discussion of findings.
2. Discussion of findings should be more focussed and directed toward particular programmatic issues, so as to improve opportunity for utilization.

Title: Provincial Profile

Objective: The purpose of this project is to prepare demographic and family planning data on a province which a researcher will have as a basic reference document for any family planning research on program activity in that province.

The profiles collected data into one comprehensive document on family planning and demographic data for a particular province. Data collected from secondary documents like service statistics, completed research findings, et . could also be included.

Sources includes: Service statistics, survey data, specialized studies and census reports. In addition, each profile will have an extensive bibliography. The five provinces (West Java, Central Java, Yogyakarta, East Java and South Sulawesi) completed their provincial profiles in 1986. Further, through PIL 59, another five provinces (Bali, South Kalimantan, North Sulawesi, North Sumatra, and Jakarta) have been completed. The third stage, through PIL 88, 5 more provinces will be added for which profile contracts have been let.

Bali Provincial Profile: Under PIL 59, contracts for Bali Provincial Profile were made in November 3, 1986.

Implementation Period: November 1986 - April 1987.

Implementers: Data Processing and Network Information System Unit.

The process of implementation: The profile has been done on the basis of guidelines provided by the central office. No proposal was submitted to the Program Development Division.

The Objectives of the Profile are:

1. To describe the administration and implementation of family planning in the province of Bali.
2. To provide reference and referral information material of the Bali Province for the researcher.

The Central of the Profile:

1. Background:
 - a. Objectives
 - b. History of Family Planning

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2. The Province of Bali:
 - a. Geograpny
 - b. Economic Condition
 - c. Social and Cultural aspect

3. Demographic condition:
 - a. Population Composition
 - b. Fertility
 - c. Population Projection
 - d. Population Migration
 - e. Transmigration
 - f. Mortality

4. Family Planning Program:
 - a. Policy, strategy and target
 - b. Program achievement and mix contraception
 - c. Family Planning Services
 - Number of family planning hospital
 - Number of clinics
 - Number of VCDC
 - Number of Staff
 - Number of Cader
 - d. Characteristics of acceptors

5. Program Analysis:
 - a. Effect and impact
 - b. Problems and constraints
 - c. Future plan

The profile has not been published yet. It supposed to be published by the Central Office. In Bali demand is high to get a copy of the profile to be used by researchers as well as program background information in family planning and the demographic situation.

Relevancy: high

Management and Implementation Issues Relating to Provincial Profiles
in General

1. For maximum utility and comparability, it is recommended that the provincial profiles be made more concise, not to exceed approximately 100 pages.
2. In some provinces, analysis has been carried out on regional issues or problems (for example, an analysis of low prevalence areas). A brief summary of these analyses would be useful.
3. Discussion with provincial officials revealed enthusiasm for the project. It was considered to be highly useful in providing the public with information on local family planning activities and demographic statistics. There is already substantial demand for the reports. Copies should be made available as rapidly as possible.

TRAINING ACTIVITIES

1. Training for Senior Staffs at the Central Bureau of Statistics Training Center (May - August 1985)

The Training was lead by Central Bureau of Statistics. The contents of the course were probability theory, statistics, mathematics, sampling, census, sample survey and the use of computer in data analysis. This training has been contracted to CBS. The objectives of the training was to import knowledge and skill on research methodology.

The participants: 20 persons from the Program Development Division. The amount allocated for the training was Rp. 21,386,000.-

Reason for attending the training: Appointed by the Office of Program Development.

Evaluation: The topics covered are not directly relevant to the skill and knowledge to implement research (more on theoretical basis and statistically oriented).

2. Training in Demographic Analysis Techniques for one BKKBN Staff Member and one Participant from Demographic Institute at Westinghouse Health System, USA (October 1986 - DDD Project).

Participants: Ben Mamoto MPH and Rozy Munir SE, MSc. from Demographic Institute.

The Purpose: Training for trainers on computer techniques for demographic analysis.

Topics covered: Target setting and DDD package program on demographic statistical and research planning software.

3. Demographic Analysis and Micro-Computer Applications - Workshop.

Implementers: This training was implement by Demographic Institute, BKKBN, USAID Jakarta and DDD Project.

Objectives:

1. To increase knowledge and skill of the participant in demographic analysis and micro computer application.
2. To increase research capability among research staffs at the population study and other government research institutions such as BKKBN and Minister of Population and Environment.

Topics Covered: Population projection, target setting, mortality, fertility, mortality table, population structure, age composition, and age-adjustment.

Participants: Participants selected from various institutions such as BKKBN, Ministry of Population and Environment, National Planning Board, Department of Health, University of Indonesia, School of Public Health, Central Bureau of Statistics, Demographic Institute, and Population Study Centers, University of Pejajaran, Brawijaya, Gajahmada, Airlangga and Udayana. There were 25 participants attendend the training.

Evaluation by the participants:

1. The use of the package programme on micro compute should be intensified.
2. A sufficient number of micro computer has been distributed to various institutions at the province-level, however, the use of the packages was still limited.
3. The period of the course was too short, considering the subject matters to be covered.
4. The course was very useful.

1. Training in adolescent fertility for one BKKBN Staff member in Chicago, 111, USA (September 1986).

Drs. Sudjai Z.L. MPH went to Chicago to attend a Seminar on Young Adult fertility.

5. Training at US Bureau of Census, Washington DC, (September - December 1987)

Two Dang's staffs undertook a Demographic Statistics Studies at the US Bureau of Census, Washington DC (Jonhan and Assad).

6. Training workshop for BKKBN staffs (Central and Provincial) and affiliated research institutions on research methodology and operations research (January 1987).

This was a join funded (AID and UNFPA) workshop on operation research technique. The purpose of the workshop was to develop and review some operation research studies that were going to be implemented 1987/1988.

Outcome:

- a. Some operational research proposals have been developed and submitted to the PDD. Out of about 15 proposals used as practical exercises, 6 have been accepted by the PDD and started to be implemented in 1987.
- b. The Population Study Center at the University of Gajahmada, since last year has been started conducting training workshop on Operation Research.

7. Training for the Dang's Staff (23 - 24 March 1987 and 1 - 2 April 1987).

This training discussed about life table analysis, focus group discussion techniques, questionnaire design, developing proposal, data processing and interpretation, qualitative study, continuation rate study and policy studies.

The objectives of the training:

1. To increase knowledge and skill of the Dang's staff on data analysis related to policy formulation.
2. To increase the overall understanding of the Dang's staff on research methodology.

8. Follow-up of the training for the Dang's Staff

To assess the effectiveness of the above training, a series of presentation have been conducted by the participants on each subject discussed in the training. The presentation attended by the facilitators to facilitate discussions as well as acting as resource persons.

9. In-service training for the Dang staff (January - March 1987).

Domestic and International technical assistants have been developed and organized on service training for the Dang staff every Saturday. In this activity it is also included presentation of the senior staff who has attended seminar or training abroad, as well as in country training.

10. Training Program on Epidemiological Methods for Contraceptive Safety Studies (January 1987).

Objective: The purpose of this training was to increase the quantity and quality of biomedical research especially for contraceptive safety studies in Indonesia.

Specific objectives:

1. To disseminate knowledge and skill on epidemiological methods among junior Indonesian researcher.
2. To give knowledge on developing proposal using epidemiological technique.
3. To increase cooperation between various research institution and junior reseacher.
4. To create relationship among international agencies (USAID, Ford Foundation, CDC) and junior researchers.

Implements: This training has been implemented by BKKBN, YKB and Centers for Disease Control.

Training Agencies: USAID and Ford Foundation.

Participants: There were 28 participants coming from BKKBN, Universities, Department of Epidemiology of the Department of Health, Morbidity and Mortality Project of the University of Indonesia.

Duration: January 12 - 22, 1987.

11. Training workshop on Andrology and Immunopathology.

Overall Objective: To increase the overall skill of the participant on Andrology and Non-Hormonal Contraception.

Specific Objectives:

1. To increase knowledge on Andrology.
2. To disseminate knowledge on the development of andrology and non-hormonal contraception.
3. To increase knowledge and skill on some laboratory method on andrology and non-hormonal contraception.
4. To develop knowledge on research methodology in the build of andrology.
5. To increase knowledge on male contraceptive methods.

Participants: 15 persons from BKKBN, Faculty of Medicine, Biological Department from various universities.

Outcome: 5 proposals has been developed.

COMPLETED RESEARCH PROJECTS (including all donors)

CENTER FOR FAMILY PLANNING STUDIES			
#	RESEARCH TOPICS	IMPLEMENTOR/COUNTERPART	FUND SOURCE
01	Evaluation of Safari Program	In-house CI : Bureau of Contraception, BKKBN	USAID (PIL 96) UNFPA
02	Determinant of Acceptance of F.P. Among Rural Areas of Indonesia	University of Hasanudin	USAID (PIL 59)
03	Continuation Rates Study	Inhouse (completed '07)	USAID (PIL 59)
04	1987 Contraceptive Prevalence Survey (CK)	Central Bureau of Statistics.	USAID (PIL 59)
05	National Socio-Economic Survey (Secondary Data Analysis)(CK)	Central Bureau of Statistics.	USAID (PIL 59)
06	Modular Study at Jambi Province.	Djakfar. H. Idris Universitas of Jambi. BKKBN of Jambi.	GOI (1986/87)
07	Modular Study : Secondary data Analysis in East Nusa Tenggara	Research Center at Nusa Cendana, Kupang.	GOI (1986/87)
08	The Effect of Socio-Economic Condition to Infant Mortality Rate (Secondary Data Analysis of Modular Study in Central Sulawesi.	Research Center, University of Tadulako BKKBN of Central Sulawesi.	GOI (1986/87)
09	Continuation Rate Study in Central Sulawesi (Secondary Data Analysis of Modular Study)	Sunaryoto, S.G. University of Tadulako and BKKBN Central Sulawesi.	GOI (1985/86)
10	Modul Management Study in East Java.	Slamet Juwono, Management Center and Faculty Development, University of Airlangga, Surabaya.	GOI (1985/86)
11	The Effect of Socio-Economic on Fertility and Contraceptive Acceptance in Central Sulawesi	Sunaryoto, S.G. Research Center, University of Tadulako and BKKBN of Central Sulawesi.	GOI (1986/87)
12	Analysis of Fertility Pattern in Sulawesi Using 1980 Census Data.	Abdullah, M. Tahir. Demographic Institute, University of Indonesia	GOI (1985/86)
13	Analysis of Fertility Pattern in Yogyakarta Using 1980 Census Data.	Abdurachia Central Bureau of Statistics	GOI (1985/86)
14	Fertility Pattern in Indonesia Based on 1980 Census Data.	Ridwan, et al. Demographic Institute, University of Indonesia	GOI (1985/86)

15	Analysis of Fertilty Pattern in Sumatera Using 1980 Census Data.	Aris Ananta, Demographic Institute, University of Indonesia	GOI (1984/85)
16	Fertility Behavior in Some Regions in Java.	Aris Ananta, Demographic Institute, University of Indonesia	GOI (1984/85)
17	Fertility Behavior in Central Java : Analysis of 1980 Census Data.	Marcellinus Malo, Central Bureau of Statistics.	GOI (1984/85)
18	Fertility Behavior in Jakarta : Analysis of 1980 Census Data	Harto, Nardin, Demographic Institute, University of Indonesia	GOI (1984/85)
19	Fertility Behavior in Kalimantan : Analysis of 1980 Census Data.	Sukarsih Pandjaitan, Demographic Institute, University of Indonesia	GOI (1984/85)
20	Effect of Socio-economics to the Desired Number of Children : A Case Study in Andongsari Village, Jember, East Java.	Center for Population Studies, University of Gajahmada.	GOI (1985/86)
21	Study of Variation of F.P. Achievement in West Java.	Hebertus Hasan.	GOI (1985/86)
22	A Qualitative Research Among Condom Users and Non-Users in Jakarta and Surabaya.	Julie Marsaban PT SRI.	GOI (1985/86)
23	Study of F.P. Achievement in Several Areas in West Nusa Tenggara.	Senadhyasa, I Nengah Kukuh, dan Syachrinudin Seman.	GOI (1986/87)
24	Analysis of the Needs of Contraception Discontinuation.	Budi Soeradji, Sri Harijati Hatmadji. UI Press.	GOI (1986/87)
25	Rationale Contraception Study in East Jakarta.	Susilawati, Nurlaila.	GOI (1985/86)
26	Contraceptive Prevalence Survey 1983 : Report for Ujung Pandang.	Tjokke, A. Latief. School of Public Health University of Hasanudin	GOI (1985/86)
27	Factors Related to F.P. Service Preference in Jakarta. (Analysis of CPS 1983 Data)	Utja, Adang Sudjana	GOI (1985/86)
28	The Indonesia Contraceptive Prevalence Survey Report 1983; The Result Of Survey In Five Cities	Utomo, Budi FKM, UI	Hoslinghouse (1984/85)
29	F.P. and Nutrition : A Case Study of Self-Sufficiency in Bali 1985.	Widarsa, Ketut Tangking	USIID 305 (1985/86)

30	Mothers Participation in F.P. and Nutrition Program in East Java.	M.S. Sunarjo, University of Rirlangga.	GOI (1986/87)
31	Mothers Participation in F.P. and Nutrition Program in Bali.	Kumbara, A.A Ngurah A., University of Rirlangga.	USAID 305 (1986/87)
32	Factors Influencing Mothers in Weighing Children in the Group in East Java.	Haryanto, Tatong., Center for Population Studies, University of Brawijaya, Malang.	GOI (1986/87)
33	Effects of Nutrition Behavior to Fertility, Child Mortality and Morbidity.	Djamel, Faisal R., Center for Population Studies, University of Andalas, Padang.	GOI (1986/87)
34	Evaluation of Income Generating Scheme in East Java.	Nyesteun, John D, Mary Judd BKKBN dan USAID (completed 1987)	USAID (PIL ...) (1986/87)
35	Household Behavior Survey in Bali 1985.	Mirawan, Dewa Nyoman, School of Public Health, University of Udayana, Bali.	USAID 305 (1985/86)
36	Increasing the participation of husband in F.P. through Tudang Sipulung in South Sulawesi (CK)	Center for Population Studies, University of Hasanudin and University Association of Population.	GOI (1985/86)
37	A Case Study on the Determinants of High Acceptance of Sterilization in Jember, East Java.	In-house (completed 1987)	UNFPA
38	The Development and Try out of IEC Materials on Birth Spacing in NTB (CK)	Center for Population Studies, University of Mataram.	UNFPA
39	Modular Management Study in Sixteen Provinces.	In-house with Local University.	GOI (1986/87)
40	Evaluation of Integrated F.P. and Nutrition.	University of Udayana, Mataram, the Center for Population Studies and USAID.	USAID 305 (1985/86)
41	Evaluation of Income Generating Project Integration.	In-house	UNFPA (1985/86)
42	The Role of Doctors and Nurse Midwives in Safari Programme.	In-house (completed 1987)	GOI (1985/86)

43	The Feasibility Study on Production of Raw Materials for Oral Pill.	In-house	IGII (1985/86)
44	The Changing Value of Children.	In-house (completed 1987)	IGII (1987/88)
45	The Qualitative Study on The Role of IBC in The F.P. Programme.	In-house (completed 1987)	IGII (1987/88)
46	Effectiveness and Efficiency of Radio Communication Network Within The F.P. Programme (feasibility study)	In-house (completed 1987)	UNFPA
47	Methodologi Study : Contraceptive Prevalence as Measured from Head of Households and Female Respondents.	PT SRI Jakarta	USHD (1988/89)
48	Continuation Rates Study in 4 Provinces : South Kalimantan, West Sumatera, North Sulawesi and West Nusa Tenggara (1988)	HEKBN and Local Universities.	USHTD (1988/89)

CENTER FOR BIOMEDICAL AND HUMAN REPRODUCTION STUDIES			
#	RESEARCH TOPICS	IMPLEMENTOR/COUNTERPART	FUND SOURCE
01	Monthly Comparative Study of Cycloprovera Injection and HRP-102.	Dr. Biran Affandi, School of Medicine, University of Indonesia	WHO (1987/88)
02	Study of Returned Fertility After Using DMPA Injection and IUD.	Dr. Ichramsyah A.R., School of Medicine, University of Indonesia	WHO (1987/88)
03	Case Control Study of Ectopic Pregnancy and IUD Users.	Dr. Bastaman	WHO (1987/88)
04	Comparative Study of DMPA and Net-En.	Dr. Ny. Sunarti Sudomo BKKBN.	WHO (1986/7/8)
05	Male Contraception	LID-UI	WHO (1987/88)
06	Normal Hormonal Pattern in Healthy Fertile Indonesian Women	LID-UI	W H O
07	Serum Prolactin, Luteinizing Hormon and Follicle Stimulating Hormon Level in Lactating Indonesian Women.	LID-UNAIR	W H O
08	A Study of Effect of Hormonal Contraception on Thyroid Function in Women with Detectible Goiter.	LID-UNHAS	W H O
09	Comparative Study of DMPA Given Every 3 Months and Cycloprovera Given Monthly.	LID-UI	W H O
10	Gingival Condition in Oral Contraceptive Acceptors and IUD Users.	LID-UI	W H O
11	The Mobilizing Effect of Anti LDH-X From Rats Immunized With Isolated Human Sperm LDH-X.	LID-UI	W H O

12	Hemostatic Profile in Hormonal Contraceptive Acceptors.	LID-UI	WHO
13	Cellular and Humoral Immune Response of Vasectomized Men Introducing a New Method For Testing Cellular Immune Response.	LID-UI	WHO
14	Consequences of Hormonal Contraceptives on Lipid Metabolism : Clinical Point of View.	LID-UI	WHO
15	Efficacy and Safety of DMPA and Net-En in Indonesian Women : A Pharmacokinetic and Pharmacodynamic Study.	LID-UI	WHO
16	Lipid Metabolism Among Long Acting Injectable Contraceptives (DMPA, Net-En, Norplant) and IUD Users.	LID-UI	WHO
17	IUD (Locally made) Quality Study.	Yayasan Kusuma Buana	USAID (PIL 36)
18	Prediction of Continuation of Contraceptive Use.	Yayasan Kusuma Buana	USAID (PIL 59)
19	Contra-Indication to Pill Use.	In-house	USAID (PIL 36)
20	Health Risk and Referral Procedures.	In-house	USAID (PIL 36)
21	Multiload Continuation Study	School of Medicine, UI	USAID (PIL 59)
22	Study of the USE of K-IU in Selection of Acceptors in the Clinics (C*)	In-house	USAID (PIL 59)
23	Comparative Study of LLD, 1Cu 200, ML Cu 250, ML Cu 375.	T. Agustina BKS-PENFIN.	USAID (PIL 62)
24	Effect of Oral Pill to the Blood Lipid.	K.S. Suharti, et al. School of Medicine, University of Indonesia	UNFPA (1984/85)
25	Comparative Study of Accept- ance of IUD.	Dr. Biran Riffandi., School of Medicine, University of Indonesia	GOI (1985/86)
26	Cohort Study of IUD.	Yoedo Prihartono et al YKB-Jakarta	GOI (1984/85)

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27	Comparative Study of Acceptance and Efficacy on CU 1-2000 and Multiload 250.	Dr. Biran Affandi., School of Medicine, University of Indonesia	GOI (1985/86)
28	Field Study of Norplant : Phase II in Indonesia.	In-house. CI. YKB-Jakarta.	USAID (PIL 59)
29	Relationship of Oral Pill and Cervical Cancer.	B. Setiawati, et al.	GOI (1985/86)
30	Comparative Study of Noriday and Ovostat 28 in Indonesia.	T. Agustina BKS-PENFIN	USAID (1982/86)
31	Comparative Study of Oral Pill Microgynon 30-ED, Marvelon, Noringyl-1+35 in Indonesia.	T. Agustina BKS-PENFIN	USAID (1982/86)
32	Comparative Study of IUD : CuT-380A, ML-375, LLD.	T. Agustina BKS-PENFIN	USAID (PIL 36) and FHI.
33	Natural Family Planning Study	Mary Wonga, et al., Christian Doctor Ass.	FHI (1986/87)
34	Supplementary Food for Pregnancy and Lactating Mothers.	In-house. Center for Nutrition, Department of Health.	Dutch Gov. (1985/86)
35	Survey of Private Medical Doctors Participation in F.P. Program (C*)	In-house.	USAID (PIL 88)
36	Survey of Midwives Participation in F.P. program (C*)	In-house.	USAID (PIL 88)
37	Survey of Pharmacist Participation in F.P. Program (C*)	In-house.	USAID (PIL 88)
38	Length of Uterine Cavity (C*)	School of Medicine, University of Indonesia	USAID (PIL 88)
39	A Case Control Study of Liver Cancer and Oral Pill (C*)	School of Medicine, University of Indonesia (Multi-Center)	USAID (PIL 88)

CENTER FOR FAMILY PLANNING POLICY STUDIES

#	RESEARCH TOPICS	IMPLEMENTOR/COUNTERPART	FUND SOURCE
01	Posyandu Survey (Integrated F.P. and Health)	In-house (Completed 1987)	USAID (PIL 36)
02	Coconut Hybrid Survey (Incentive for F.P.)	In-house (Completed 1987)	USAID (PIL 36)
03	Five Provincial Profiles of East Java, Central Java, Yogyakarta, West Java and South Sulawesi.	BKKBN East Java BKKBN Central Java BKKBN West Java BKKBN South Sulawesi Drs. Sardin Pabbadja (Completed 1986)	USAID (PIL 36)
04	Study of Young Adult in Jakarta dan Palembang.	PT SRI Jakarta (Completed 1986)	USAID (PIL 36)
05	Ulama Study	In-house (Completed 1987)	USAID (PIL 59)
06	Transfer of Role in Family Planning.	In-house (Completed 1987)	USAID (PIL 59)
07	Preliminary Research on Role of Males in F.P. Program	PT Sarana Sabesha Lestari Jakarta (Completed 1987)	USAID (PIL 59)
08	Study of Young Adult : Survey of New Mother.	In-house 1 : Public Health Department, School of Medicine, Univer- sity of Udayana. 2 : PT Inaar Jakarta 3 : Uninus Bandung (Completed 1987)	USAID (PIL 59)
09	Study of Young Adult : High School Students.	Faculty of Psychology, University of Indonesia (Completed 1987)	USAID (PIL 59)
10	Study of Young Adult : Survey of Midwives and T.B.R.	Faculty of Psychology, University of Pajajaran Bandung. (Completed 1987)	USAID (PIL 59)
11	Five Provincial Profiles of Bali, North Sulawesi, South Kalimantan, North Sumatera and Jakarta.	BKKBN Bali BKKBN North Sulawesi BKKBN South Kalimantan BKKBN North Sulawesi BKKBN Jakarta (Completed 1987)	USAID (PIL 59)
12	An Exploratory Study on Pattern of Mixed Contraceptive	In-house (Completed 1987)	USAID (PIL 88)
13	Age at First Marriage (CM).	PT Surindo Utama	USAID (PIL 88)
14	Five Provincial Profiles of Aceh, West Sumatera, Lampung, East Kalimantan and Southeast Sulawesi (CM)	BKKBN Aceh BKKBN West Sumatera BKKBN Lampung BKKBN East Kalimantan BKKBN Southeast Sulawesi	USAID (PIL 88)
15	Survey of Mis-Information of Family Planning (CM)	PT Surindo Utama	USAID (PIL 88)

PEOPLE SEEN

1. Sri Teodjastoete, M.Sc., Central Bureau of Statistics
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COMMENTS BY BKKBN ON THE MIDTERM EVALUATION
OF USAID PROJECT 497-0327 RESEARCH COMPONENT

1. Role of the Research Division in BKKBN

The Evaluation Report does not discuss the larger role of the Research Division in BKKBN. Perhaps this is beyond the scope of an evaluation of donor assistance. However the issue should be considered now that the Research Division has been in operation four years. The role of any component of a larger organization is always determined by the needs of the organization, the resources available, and the perceptions of those responsible for implementation. The Research Division was designed and has operated to provide a broad and often conflicting set of services. Although considerable effort to achieve the broad objectives has been made, it is probably best for the management of BKKBN to reassess the goals for the Research Division in light of experience and make appropriate changes. The discussion below is an effort to present some of the options so that any discussion can consider more easily a very complex situation. If one agrees that the Research Division needs to focus on more specific and reasonable objectives, the possible approaches can be put into four somewhat overlapping categories, which are described below.

A. BKKBN Evaluation Unit - The Evaluation Report makes a clear statement that the resources (especially human) do not match the objectives. One of the most basic and under achieved objectives of the Research Division is to do evaluation research on BKKBN operational programs. If one were to try to maximize current resources, one of the best ways would be to have the Division focus primarily on evaluation research. For cultural, political and

management reasons, evaluation research on program activities has never been a first priority. Priority has always been given to non threatening, theoretical or global research. The Planning Division currently has responsibility for monitoring program performance and evaluating impact. However this evaluation activity is quantitative rather than qualitative, and focuses on overall program impact, rather than performance of the components of the program. BKKBN management has successfully avoided the need for evaluation in the past by being incredibly flexible in program operations. If a program did not work, change it or develop an alternate approach. Donor support for this approach has always been strong and the sophisticated management networks have made it work. The negative aspect of this approach is that programs can be changed or canceled with only a limited sense of why they appeared to fail.

Unfortunately donor support is decreasing, programs have become so large that initial investments make quick changes expensive, and BKKBN management is becoming larger and more systematized and therefore less flexible. These factors argue for an increased use of evaluation research in program management. The Research Division is ideally suited to this role. The low level of staff skills in research methodology, analytical techniques, and interpretation would not hinder them in performing most types of evaluation. Where more sophisticated evaluation is needed senior staff and consultants could be used. Another benefit of focusing priorities on an evaluation research is that the output has more impact per unit of effort than any other type of research activity. Also the close cooperation with operational units required to do an evaluation would integrate the Research Division into the BKKBN more fully. Functioning

as an evaluation unit would allow the Research Division to continue to carry out some of the other functions it currently does and grow by expanding the scope of operations in phases. In this way the Research Division would always be operating up to its strengths. There are several negative aspects of this approach which should be considered. Some Centers would be less effective if the Division were to focus primarily on evaluation research. The networking with outside groups that represents the Division's political functions would be reduced. Operational units within BKKBN would be forced to rationalize their programs under the threat of periodic evaluation of operations. The Division would become more reactive and focus less on development issues. However their potential for contributing to BKKBN through evaluation and improvement of research management could be substantial.

- B. Program Development - The role of the Research Division in the development of new programs is a major function of the Division. Considerable effort has already been put into this area. If the Division were to focus on this area as its primary function, there would be a number of issues which would need to be considered. Currently responsibility for doing project development in operational areas is housed in the operational units. Operational research activities are good examples of project development activities that, despite the research component have no technical or management inputs from the Research Division. This situation creates conflict, confusion and fails to fully utilize available resources. The USAID must also share some of the blame for this situation. Because USAID provides separate funding for research and operational research activities, there is little motivation for BKKBN to integrate the two. There

are other problems with making the primary focus of the Research Division program development. The skills to implement this type of activity require an understanding of the international family planning field, imagination, creativity, and the willingness to be experimental and take risks. In other words, the Division would not be able to effectively use its junior staff in this area. The Steering committee currently attempts to fulfill these functions, but their lack of familiarity with program operations and the very periodic and general nature of the meetings can not substitute for a staff with some of these skills. To effectively do program development the Division would need to focus on selected issues and do a thorough background study, interpretation, recommendations, and in the case of operational issues, field trials. The current project structure preferred by the BKKBN and the donors does not integrate well with the "think tank" environment necessary to do program development.

- C. Research Management - The Research Division currently stresses management of extramural research projects. This focus is generally preferred by the donors, because of staff skills within BKKBN, the need for independent research, and the increased volume of expenditures extramural research allows. BKKBN also likes this focus for the political benefits it provides through its support of various groups, and the volume of funding flowing through BKKBN. Extramural research management does have several real benefits. It does allow a larger volume of research to be implemented. It takes advantage of skilled personnel in other institutions. It provides some level of independent evaluation. It also provides the opportunity for the development of new ideas that may not be possible in the operational environment of BKKBN.

The negative side of this focus is that BKKBN and the Research Division will never be very good at it. The management of extramural research requires that BKKBN help design, monitor and evaluate the results. In other word BKKBN and the researchers must operate as colleagues. Cultural and educational backgrounds will never allow the senior researchers of Indonesia to respect or accept the role of the BKKBN junior staff members who are given responsibility for project monitoring. As indicated in the evaluation, another problem is the low quality of extramural research proposals the Research Division receives. These proposals take a considerable amount of technical and management support, while the Indonesian institutions with the technical skills to do good proposals can get direct donor support without going through BKKBN. This situation is not likely to change in the near future. Another cost of having an extramural research focus is that the BKKBN staff resent the financial benefits that outside researchers get, and their own inability to acquire practical research skills.

- D. In-House Research Unit - The opposite of extramural research management is in-house research implementation. The Research Division has already done a number of studies in-house, as indicated in the Evaluation Report. The Report questions whether this should be a continuing focus of the Research Division. As with all other possible focuses there are a variety of benefits and costs. In-House research provides staff with the opportunity to acquire some research skills. It ensures that research is more likely to reflect management needs. It ensures that BKKBN gets credit for the activities its supports. It allows the maximum use of a large number of the junior staff who have no research skills beyond

interviewing and data entry. It fits well with the project (input/output) approach preferred by BKKBN and the donors. In-House research capability is also likely to get stronger with the return of the staff from overseas long term training. On the negative side, in-house research has varied in quality and utility. It does not develop research capability in outside institutions. It does not meet the political agenda for institutional networking that BKKBN has set for the Research Division. It does not qualify as an independent measurement of the Program.

The lack of clear priorities in the face of severe resource constraints makes the daily management of the Research Division difficult under the best of circumstance. The four areas discussed above represent focuses BKKBN might take to improve and solidify the recent gains in institutional development made by the Research Division. It is unlikely that a program as dynamic as BKKBN's could accept a research operation which did only one of the above functions. It is hoped that the above discussions can be used to establish priorities that will help the management of the Research Division assign scarce resources to achieve the recommendations of the Evaluation Report.