

Terminal Evaluation

Asia

1. Outline of the Project

Country:

Indonesia

Project title:

Technical Cooperation Project for Improvement of District Health Services in South Sulawesi

Issue/Sector:

Health/Medical Care

Cooperation scheme:

Project-type Technical Cooperation

Division in charge:

Medical Cooperation Department, First Medical Cooperation Division

Total cost:

704 million yen

Period of Cooperation

1 April 1997 - 31 March 2002

Partner Country's Implementing Organization:

The Department of Health

Supporting Organization in Japan:

International Medical Center

Related Cooperation:

Grant Aid "The Project of Strengthening District Health Services in Sulawesi"

Loan Aid "The Project of Strengthening District Health Service System in Sulawesi"

Project-type Technical Cooperation Project for Improvement of District Health Services in South Sulawesi

1-1 Background of the Project

The infant and maternal mortality rate of Indonesia had been higher than those of its ASEAN neighbors, accounting for 55 deaths per 1,000 births and 390 deaths per 100,000 births, respectively. There also existed rural-urban disparities in health indicators. Under these circumstances, the Government of Indonesia requested technical cooperation from Japan to foster those engaged in medical fields such as district doctors, midwives and clinical technologists and to improve the skills of sanitation managers in the planning and execution of the health project on the island of Sulawesi where the health situation was particularly distressful.

1-2 Project Overview

For the purpose of improving the skills of senior-level officials in the field of sanitation in the planning and execution of the health project and further developing the skills of medical practitioners such as doctors, midwives and clinical technologists, the following activities in four different fields were conducted: (1) introduction of the problem solving oriented action research (PROAR) method to the health center (2) introduction of the examination system to district examination centers, examination rooms in district hospitals, and the health center, and securing the accuracy of the system (3) fostering district health managers (4) fostering those whose jobs relate to the health of mother and child such as midwives and nurses.

(* The PROAR method: This? method of problem-solving involves searching out? the cause of the problem and planning a solution based on data. The solution is evaluated by practitioners in order to refine or adjust the plan for the next action or stage. The method was developed and practiced in this project.

(2) Project Purpose

- 1) Regional and Pukesmas (Public Health Center) staff is able to solve health problems using PROAR method.
- 2) Appropriate Quality Assurance System is established and practiced on regular basis at the central lab, district hospital laboratories and Pukesmas labs.
- 3) District health managers are able to solve local problems.
- 4) Improve the service quality of midwives/nurses in the districts.

(3) Outputs

- 1) PROAR method is developed, and the implementation team is established.
- 2) Staff of the Pukesmas, districts and provinces are trained on PROAR method.
- 3) Equipment is provided to the selected Pukesmas, district hospital labs and Central labs, personnel are trained on Internal Quality Control (IQC) and External Quality Assessment (EQA) and IQC and EQA are introduced to selected district hospital labs and Central labs.
- 4) Knowledge, awareness, and attitude of doctors, medical technologists, hospital chiefs and regional health officers are improved.
- 5) Standardized and quality training program is developed and formally accredited.
- 6) Capacity of trainees is improved and training programs remain sustainable and marketable.
- 7) Verbal autopsy form, maternal death case conference and survey of high risk pregnancies are improved and trainers and staff are trained to for the use of social safety net scheme.
- 8) Basic Delivery Module (ASUHAN Persalinan Dasar: APD) is established, and the district midwives are trained.

(4) Inputs

Japanese side:

Long-term Experts	11	Equipment	169 million yen
Short-term Experts	29	Local Cost	87 million yen
Trainees received	14		

Tanzanian side:

Counterparts	27		
Local Cost	1,159 million Rupiah (16 Million Yen)		

2. Evaluation Team

Members of Evaluation Team

Leader: Makoto DOI, Director of the Bureau of International Cooperation, International Medical Center of Japan
Sanitation: Seiki TATENO, Director, the 1st Expert Service Division, International Medical Center of Japan
Clinical technologist: Tadao KINOSHITA, Chief of Medical Technologist, Clinical Laboratory Division, International Medical Center of Japan
Evaluation and Plan: Hisakazu HIRAOKA, First Medical Cooperation Division, Medical Cooperation Department
Project Evaluation: Hiroshi NAITOU, CRC Overseas Cooperation Co., Ltd.

Period of Evaluation	10 October 2001 - 2 November 2001	Type of Evaluation:	Terminal Evaluation
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3. Results of Evaluation

3-1 Summary of Evaluation Results

(1) Relevance

The concepts of quality assurance in clinical inspection, the PROAR method, the improvement of the district health manager's skill were all in line with "The Five Year National Development Project Part 6" in Indonesia. As mentioned in the plan above, improvement of quality has been important in the health-care services of Indonesia and, thus, the purpose of the project, disseminating health-care services, is relevant to the health policy developed by the Government of Indonesia. The training given to district health managers is consistent with the policy of improving the delivery of rural health-care services, as described in the National Development Program, "PROPENAS".

(2) Effectiveness

After compiling the PROAR method manual and implementing training and seminars, PROAR small-scale projects were implemented in the 64 pilot health centers within the project area. The system to guarantee the accuracy of clinical inspection was almost established in the central examination facility, district hospitals and examination facilities in the health center. This was achieved through accuracy assessment in the central examination laboratory and by training in clinical inspection. About 100 people participated in the training which was held once a year. Furthermore, 18 out of 52 trainees were promoted in the three year period at their workplaces, such as the Department of Sanitation. Out of those 52, the project hosted 32 participants, paying their expenses to attend the seminar, and 11 are so out of promoted 18. The test achievement result before training on the knowledge of mother and child health rose to 79.2/100 from 54.5 after the training program. These activities enabled the district health managers to solve health problems with their knowledge of sanitation. As a result of the training given to the midwives/nurses of the health centers, the level of services was improved as midwives/nurses are able to examine and study the maternal death cases in Pilot districts, and they have started to conduct research on expectant mothers with higher risk. As a whole, the improvement of the districts' health-care services was almost accomplished through the cooperation in these fields.

(3) Efficiency

Through the proper inputs such as long- and short-term experts, equipment for training and proper cooperation by Indonesian counterparts, the project enabled health personnel to identify community health problems and solve them by themselves using the PROAR method. In introducing Internal Quality Control and External Quality Assurance technologies, the appropriate equipment was selected and installed to 16 laboratories. Also, the equipment for educational purposes has been well utilized in conducting training for local health personnel and mother and child health-care personnel, contributing to the efficiency of the project.

(4) Impact

The improvement of district health services was attained through the achievement of four subprojects. Through maintaining the quality of services at least at the current level, it will eventually lead to improvement of health indicators. So far, the number of people who use a medical or health care institution has increased due to the improved services such as the emergency examination provided by the central clinical inspection laboratory. In addition, it became possible to diagnose health problems on the scene in a move toward decentralization, and not only district health services were improved but also the influence of health services and some of the activities are now known in east Indonesia as well as in South Sulawesi, the first target district.

(5) Sustainability

Through its application during the project, PROAR was found to be effective and important at the health center level, and the willingness on the Indonesian side suggests that the new activities introduced by the Project will be continued. The percentage of the people who participate in the training program at their own expenses is on the rise. The share of self-financing participants has risen from none to 36 percent for the training course for senior level managers. Similarly, the share increased from 27 percent (1997/98) to 100 percent for the postgraduate level course. The training programs for the district midwives and midwives/nurses of the health center are now budgeted, and many of the training programs meet the requirement for the sustainability development both in terms of institution and policy, and demonstrate the prospect of attaining the effects as well.

3-2 Factors that promoted realization of effects

(1) Factors concerning Planning

N/A

(2) Factors concerning the Implementation Process

Against the backdrop of decentralization started in 2001, the local governments, especially middle management, was highly motivated and channeled hard work into this project, which made accomplishment of its purpose possible.

3-3 Factors that impeded realization of effects

(1) Factors concerning Planning

N/A

(2) Factors concerning the Implementation Process

N/A

3-4 Conclusion

The project has successfully achieved its intended objectives. It considerably contributed to the improvement of the human resources development program for district health services. Furthermore, the project's provision of the required health personnel was timely in view of the health services decentralization that started in January 2001.

3-5 Recommendations

To achieve delivery of higher quality services and further organizational and institutional strength, the parties concerned should consider continuing monitoring and ways to retain a good relationship with the Japanese side.

3-6 Lessons Learned

In a project aiming at human resources development through the improvement of the health-services system, it is effective to involve Japan Overseas Cooperation Volunteers to coordinate with what is going on at the grassroots level. In the field of medical health, these efforts should be planned as comprehensively as possible.

3-7 Follow-up Situation

A district medical policy adviser was dispatched in 2003.