

The Republic of Indonesia

FY2015 Ex-Post Evaluation of Japanese ODA Loan
“Development of Faculty of Medicine and Health Sciences of
Syarif Hidayatullah State Islamic University”

External Evaluator: Kenichi Inazawa, Octavia Japan Co., Ltd.

0. Summary

This project developed hard and soft infrastructures for the Faculty of Medical and Health Science (Fakultas Kedokteran dan Ilmu Kesehatan; hereafter referred to as “FKIK”¹) of the Syarif Hidayatullah State Islamic University Jakarta (Universitas Islam Negeri Jakarta; hereafter referred to as “UIN Jakarta”), located in Banten Province near the capital Jakarta, with a view to expanding opportunities for higher education in medicine within rural areas and among the poor, as well as supplying doctors and nurses to rural areas². With regard to relevance, through the time of ex-ante and ex-post evaluation, the Indonesian Government is advocating for the need to nurture medical human resources in documents, such as the “National Development Plan” and the “National Medium-term Development Plan”. Additionally, securing medical personnel, especially for rural areas, has become an urgent task in Indonesia. Furthermore, the project is consistent with the Japanese assistance policy at the time of the appraisal; thus, relevance is high. Concerning efficiency, the project period was slightly prolonged due to the delay in a fellowship program; however, the project cost was kept within the initial plan’s budget. As such, efficiency is fair. Regarding the effectiveness of this project, the numbers of total students and female students at the FKIK generally reached what were initially expected, while there were positive comments on the improvement in educational standards at the FKIK from current and graduated students and those who participated in the fellowship program. However, considering the fact that only a small percentage of the FKIK students are from rural areas at the time of the ex-post evaluation, and that the percentage of its graduates who get jobs at medical facilities in rural areas is unknown, it cannot be said that the project has necessarily achieved outcomes that had initially been expected. Thus, effectiveness and impacts are fair. On the other hand, no particular problems are observed in the institutional, technical and financial aspects of the

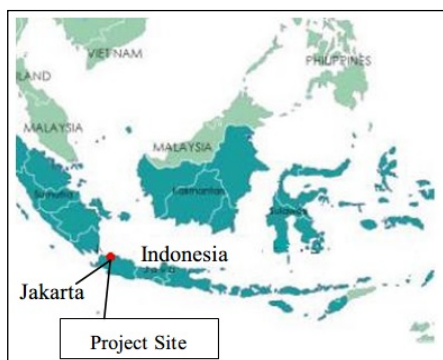
¹ At the time of the ex-post evaluation, there are four departments at the FKIK: Departments of Medicine, Pharmacy, Public Health and Nursing. However, only the Departments of Pharmacy and Public Health existed when it was established in 2004.

² Although there is no clear definition of “rural areas” as such, the FKIK said in an interview that a town/village is considered “rural”, unless it is a major city in that province (e.g., Padang City in West Sumatra, Banda Aceh in Aceh Province and Makassar in South Sulawesi), thereby distinguishing it from the urban area.

operation and maintenance of this project; thus, sustainability of the effects of this project is high.

In light of the above, this project is evaluated to be satisfactory.

1. Project Description



Project Location



FKIK School Building Developed by This Project

1.1 Background

In Indonesia, there have been large disparities among rural areas in terms of medical infrastructures, such that strengthening the system and capacity of healthcare administration was an issue. Before the start of this project, the number of doctors was 13³ per 100,000 people on average; a shortage of medical personnel was particularly serious in rural areas and there was an urgent need to nurture human resources to be engaged in rural medicine⁴. Under these circumstances, UIN Jakarta, the university which focused on contributing to rural areas/regions, set out on a mission of “contributing to the quality improvement of social life” and was actively accepting students from rural areas; half of its students were from rural areas. By extending assistance to the FKIK of this university, it was expected that students who received medical education would engage in the medical sector within rural areas in the future, which would contribute to narrowing regional disparities in terms of medical personnel through developing human resources engaged in rural medicine.

1.2 Project Outline

The objective of this project is to expand opportunities for higher education in medicine within rural areas and among the poor, as well as to supply doctors and nurses to rural areas by

³ 2001 data; the source is the JICA document.

⁴ The number of doctors per 100,000 people varies from 31.28 in the Special Region of Yogyakarta to 5.06 in West Kalimantan Province. (1998 data; the source is the JICA document.)

developing hard and soft infrastructures at the FKIK of the UIN Jakarta, located in Banten Province, near the capital Jakarta, thereby contributing poverty reduction through fulfilling the country's need for medical personnel and supplying basic healthcare services in rural areas.

Loan Approved Amount/Disbursed Amount	2,983 million yen /2,606 million yen
Exchange of Notes Date/ Loan Agreement Signing Date	March 2005/March 2005
Terms and Conditions	<p>Main Construction Work and Consulting Services: Interest Rate: 1.3% Repayment Period: 30 years (Grace Period: 10 years) Conditions for Procurement: General untied</p> <p>Fellowship Program and Consulting Services for the Fellowship Program: Interest Rate: 0.75% Repayment Period: 40 years (Grace Period: 10 years) Conditions for Procurement: General untied</p>
Borrower / Executing Agency(ies)	Government of the Republic of Indonesia/Directorate General of Islamic Education ⁵ (hereafter referred to as the “DGIE”)
Final Disbursement Date	July 2013
Main Contractor (Over one billion yen)	PT. Pembangunan Perumahan (Indonesia)
Main Consultant (Over 100 million yen)	PT. Darena Prakarsa Utama (Indonesia)/PT. Duta Hari Murthi (Indonesia)/Unico International (Japan)/Yamashita Sekkei, Inc. (Japan)
Feasibility Studies etc.	Implementation Plan (IP) (UIN Jakarta, September 2004)
Related Projects	• World Bank: “Health Workforce and Service Project” (2003, 105.6 million USD)

⁵ The executing agency at the time of the appraisal was the Directorate General of Islamic Institutions (DGII) of the Ministry of Religious Affairs. After the project began, the Indonesian Government indicated its position in terms of promoting the development of educational institutions, such that the DGII was changed to the Directorate General of Islamic Education (DGIE). However, the FKIK of the UIN Jakarta virtually acted as an executing agency.

	<ul style="list-style-type: none"> • Asian Development Bank: “Health and Nutrition Sector Development Program” (1999, 100 million USD) • Canadian International Development Agency (CIDA): “IAIN Indonesia Social Equity Project” (2001, 11 million CAD) (for educational content development for Muslim-based universities and human resources development project) • Islamic Development Bank (IDB): “Facility Development for the Islamic University of Malang” (2004, 26.5 million USD), “Facility Development for the Islamic University of Sunan Kalijaga” (2004, 31 million USD)
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2. Outline of the Evaluation Study

2.1 External Evaluator

Kenichi Inazawa, Octavia Japan Co., Ltd.

2.2 Duration of Evaluation Study

Duration of the Study:	October 2015	–	December 2016
Duration of the Field Study:	February 28	–	March 11, 2016; and
	May 22	–	May 27, 2016

3. Results of the Evaluation (Overall Rating: B⁶)

3.1 Relevance (Rating: ③⁷)

3.1.1 Relevance to the Development Plan of Indonesia

At the time of the appraisal, the Indonesian Government formulated the “National Development Plan” (2000-2004), in which expansion of higher education opportunities was set as one of its goals. Additionally, the government formulated the “National Medium-term Development Plan” (2005-2009), which aimed to increase capacity of the departments to accommodate students which may contribute to/improve quality of life, as well as narrow regional disparities related to higher education, incomes and gender. Furthermore, the policy for the healthcare sector aimed to increase the number and improve the quality of healthcare

⁶ A: Highly satisfactory, B: Satisfactory, C: Partially satisfactory, D: Unsatisfactory.

⁷ ③: High, ②: Fair, ①: Low.

personnel, expand medical services in remote areas, promote a plan for nurturing human resources, as well as educating and training people.

At the time of the ex-post evaluation, the government has formulated “National Medium-term Development Plan” (2015-2019). In the plan, the government advocates the necessity of nurturing medical human resources and increasing the number. Additionally, the Ministry of Health (hereafter referred to as the “MOH”) repeatedly stipulates the necessity of nurturing medical human resources in accordance with the above-mentioned development plan, in the internal documents, as well as advocating the need to nurture medical human resources across the entire country and expand the medical health systems. Furthermore, the DGIE points out the importance of narrowing regional disparities with a view to improving access to education and achieving equality in education as per Article 90, which was set out in 2013 (No. 90, 2013).

Based on the above, the importance of nurturing medical personnel has been recognized, while achieving equal education has been an aim in Indonesia both at the time of the appraisal and ex-post evaluation. Therefore, this project is consistent with the policies in terms of national and sectoral plans.

3.1.2 Relevance to the Development Needs of Indonesia

As discussed above, there were large regional disparities in terms of medical infrastructures, including human resources, in Indonesia at the time of the appraisal. In particular, there was a serious shortage of medical personnel in rural areas, such that nurturing human resources to be engaged in rural medicine was an urgent task. Under such circumstances, the UIN Jakarta was active in accepting students from rural areas who made up half of its total students; thus, it was expected that supporting the FKIK of this university would lead to more students receiving medical education so that they could help deliver rural medical services in the future. Additionally, it was expected that nurturing human resources for delivering rural medical services would alleviate the regional gaps in terms of medical personnel.

At the time of the ex-post evaluation, the number of doctors is 20⁸ per 100,000 people in the country. Compared to other Southeast Asian countries, such as Thailand, where there are 39 doctors per 100,000 people, and Malaysia, where there are 120 doctors per 100,000 people, the number of doctors is still insufficient. Along with economic growth, populations

⁸ 2012 data; the source is the WHO.

concentrate in urban areas; therefore, improving medical services in rural areas and securing medical personnel to narrow the regional gaps continue to be urgent issues⁹. Every year, 300-400 students are admitted to the FKIK of the UIN Jakarta, including at the time of the ex-post evaluation; since its foundation in 2004, a total of 2,100 students have studied there. A certain level of enrollment is maintained every year, while it is expected to continue contributing to the improvement in the country's medical service standards.

Based on the above, there is a need to develop and secure human resources to be engaged in medicine at the times of both the appraisal and ex-post evaluation; thus, this project is consistent with the development needs.

3.1.3 Relevance to Japan's ODA Policy

The "Country Assistance Program for Indonesia", formulated by Japan's Ministry of Foreign Affairs in November 2004, listed improvements in education and healthcare services as priorities for poverty reduction assistance in order to "create a democratic and fair society". Additionally, the JICA formulated the "Strategy for Overseas Economic Cooperation Operations" in April 2002, in which "strengthening poverty reduction", "support for human resource development" and "support for rural development" were listed as priorities; thus, support for the development of human resources was regarded as important. Furthermore, the "Country Assistance Strategy for Indonesia", formulated by the JICA in September 2004, said that they would support the development of medical personnel.

This project supports the improvement in Indonesia's healthcare sector and the development of human resources, while contributing to rural development. Thus, it is consistent with Japan's assistance policy.

In light of the above, this project has been highly relevant to the development policies and development needs of Indonesia, as well as to Japan's ODA policy. Therefore, its relevance is high.

3.2 Efficiency (Rating: ②)

3.2.1 Project Outputs

⁹ The source is the DGIE and the interviews are with the MOH. Data on the number of doctors in the regions, regional disparities and figures by city at the time of the ex-post evaluation were not available.

At the FKIK of UIN Jakarta, this project assisted the development of hard and soft infrastructures through the construction of school buildings and the procurement of educational materials and equipment, as well as by enhancing the quality of personnel engaged in education. Table 1 shows the planned and actual outputs of this project.

Table 1: Planned and Actual Outputs of the Project

Planned Outputs at the Time of Appraisal (2005)	Actual Outputs at the Time Ex-Post Evaluation (2016)
<p>1) Civil engineering works, procurement of equipment etc.</p> <p>① School building construction (total area: 16,000m²)</p> <p>(a) FKIK classrooms: 7,000m²</p> <p>(b) Laboratory: 3,000 m²</p> <p>(c) Dormitory: 3,000 m²</p> <p>(d) Library: 3,000 m²</p> <p>② Procurement of equipment</p> <p>③ Procurement of furniture</p> <p>④ Fellowship program</p> <ul style="list-style-type: none"> • Long study abroad in Japan for a doctoral program: 29 fellows • Short study abroad in Japan for courses other than a doctoral program: 20 fellows 	<p>1) Civil engineering works, procurement of equipment etc.</p> <p>① School building construction (total area: 18,021m²)</p> <p>(a) FKIK classrooms: 6,196m²</p> <p>(b) Laboratory: 5,758 m²</p> <p>(c) Dormitory: 2,990m²</p> <p>(d) Library: 3,077 m²</p> <p>② Procurement of equipment (722 items)</p> <p>③ Procurement of furniture (286 items)</p> <p>④ Fellowship program</p> <ul style="list-style-type: none"> • Long study abroad in Japan for a doctoral program: 30 fellows • Short study abroad in Japan for courses other than a doctoral program: 82 fellows
<p>2) Consulting services</p> <p>Mainly detailed design, bidding assistance, construction management, support for studying abroad (selection of school, assistance before and during the period of studying abroad), support for management and operations related to the overall implementation of the project.</p> <p>(International: 50M/M, local: 458M/M)</p>	<p>2) Consulting services</p> <p>The tasks listed on the left were mostly implemented in accordance with the plan.</p> <p>(International: 57.59M/M, local: 374.70M/M)</p>
	<p>【Additional Output】</p> <p>Construction of the Research Teaching and Clinic Unit (RTCUCU) for the purpose of</p>

	conducting research relevant to rural medicine, training and clinical services (two places): <ul style="list-style-type: none"> • Buaran: 2,926 m² • Reni Jaya: 2,476 m² Total: 5,402 m ²
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Source: Documents provided by the JICA (planned outputs at the time of the appraisal), answers to the questionnaire (actual outputs at the time of the ex-post evaluation).

A slight difference is observed between the planned outputs at the time of the appraisal and the actual outputs of this project. The reasons for the difference in the outputs shown in Table 1 are as follows:

1) Civil engineering works, procurement of equipment etc.

The ① construction of (a) FKIK classrooms was implemented mostly as planned. On the other hand, the total area of the (b) laboratory increased in comparison to the initial plan. This is because the FKIK decided to introduce Problem Based Learning (PBL)¹⁰, an educational method that had been mainstreamed in Indonesia's medical education at the time of the detailed design following the start of the project; for this to be realized, a larger space was needed for the laboratory. The (c) dormitory was constructed in accordance with the plan and it is now being used as a women's dormitory¹¹. The (d) library, the ② procurement of equipment and the ③ procurement of furniture¹² were implemented mostly as planned. Under the ④ fellowship program, it was planned that, at the time of the appraisal, 29 fellows would study abroad at Japanese medical universities on a doctoral program¹³, while another 20 would enroll on shorter medical training courses other than doctoral programs¹⁴. The main targets were faculty members of the FKIK. In reality, the number of fellows who studied abroad on doctoral programs was almost as planned, while the number of fellows who participated in shorter programs was significantly more than the plan. This is because there were more applicants than expected and also because the FKIK wanted as many applicants as possible to gain experience at Japanese centers of advanced medicine.

2) Consulting Services

¹⁰ This refers to a learning method in which one identifies causes for phenomena and problems that can actually occur at medical sites and finds ways to address these matters.

¹¹ On the other hand, the men's dormitory was constructed under a project financed by the IDB, which was implemented some time before this particular project.

¹² They were mostly for experiments and training experiments for the laboratory, including electronic computers, desks and shelves.

¹³ The period was three to four years on average.

¹⁴ The period was one week to two months on average.

These were implemented as per the plan. The international M/M slightly increased because of the implementation of additional outputs, such as the Research Teaching Clinic Unit (hereafter referred to as RTCU), which will be discussed below. The local M/M was less than as planned. This is because payments to the construction management consultants were in the local currency (i.e., Indonesian rupiah (IDR)) and due to a change in currency exchange (JPY appreciating against IDR) during the project implementation M/M was reduced because it was expected that expenses would increase in Japanese yen¹⁵.

【Additional Outputs】

Around the time of the commencement of this project, FKIK students were mostly trained at an affiliated educational hospital (Fatmawati Hospital¹⁶) and medical health facilities. At these facilities, while training curricula were established, training hours and space were limited, which meant that students in training were not able to gain sufficient hands-on experience in realistic medical settings. Thus, the UIN Jakarta decided to provide opportunities for gaining experience by building comprehensive medical training facilities for FKIK students, requesting that the JICA assist in the establishment of the RTCU. Based on such a request, the JICA made a decision to support the establishment of the RTCU in terms of additional outputs at two sites¹⁷: Buaran and Reni Jaya in South Tangerang City, Banten Province. During the evaluation study, it was confirmed, through interviews with the FKIK and site inspections, that these two facilities had been constructed without problems or delays¹⁸. Additionally, medical equipment was procured and installed at both facilities. The utilization status is generally good; however, X-ray examination machine is not in use at the time of the ex-post evaluation because radiology technicians have not been recruited. It is thought that the UIN Jakarta should have recruited or planned for the recruitment of such technicians before the device was procured and installed¹⁹. According to the UIN Jakarta, in addition to medical training for students, there is a certain demand

¹⁵ To be more specific, M/M was adjusted in accordance with the adjustment of the amount in rupiah since the contract of consulting services was estimated in Japanese yen.

¹⁶ A hospital located in the southern part of Jakarta.

¹⁷ Both facilities are three to four kilometers from the FKIK campus.

¹⁸ Every day, 30-50 residents living in the vicinity visit for medical consultations. The first floor of the RTCU comprises departments, such as those for Internal Medicine and Dentistry, as well as a pharmacy, which functions as a facility to provide regional medicine. Additionally, the second floor not only functions as a training facility for the FKIK students, but also used as a community-friendly medical facility.

¹⁹ The probable explanation here relates to the fact that radiology technicians tend to be recruited via referral facilities (e.g., large general hospitals), as there are insufficient numbers of radiology technicians to cover all medical facilities, which means that smaller facilities, such as the RTCU, face difficulties in securing personnel.

for X-ray examinations from residents near to the RTCU; thus, they would like the matter to be addressed in a swift manner.



Constructed Dormitory



Constructed Laboratory and Classroom in the FKIK building

3.2.2 Project Inputs

3.2.2.1 Project Cost

While the total project cost was planned to be 3,510 million yen (of which 2,983 million yen was an ODA loan), the actual total project cost was 2,775 million yen (of which 2,606 million yen was an ODA loan), which was within the planned budget (about 79% of the plan). The main reason was the fluctuation in the currency exchange rate²⁰. As discussed above, the RTCU was constructed, while medical equipment and goods were procured as an additional output (the total expense was about 250 million yen). The actual amount of 2,775 million yen includes cost for additional outputs and still within the planned total cost due to the fluctuation in the currency exchange rate (Japanese yen was stronger against rupiah).

3.2.2.2 Project Period

At the time of the appraisal, the project period was planned to last seven years and three months (87 months) from March 2005 to May 2012. On the other hand, the actual project period lasted nine years and one month (109 months) from March 2005 to March 2014, which was longer than planned (about 125% of the plan). The main reason for the delay was that the process by which the institutions accepted fellowship program participants (Japanese medical educational institutions) required time, as did the coordination with preceptors.

²⁰ At the time of the appraisal USD 1 = JPY 110.36 and IDR1.=JPY0.012 while, during the project implementation between 2009 and 2012, USD 1 = JPY 85.24 on average, IDR1 = JPY 0.009.

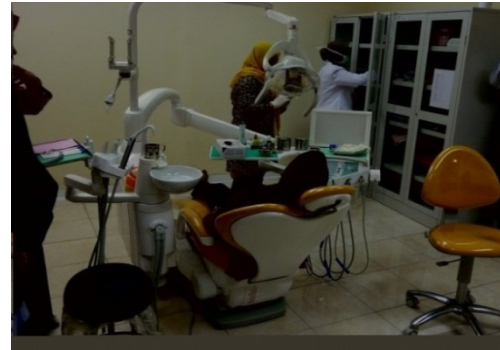
3.2.3 Results of Calculations of Internal Rates of Return (Reference Only)

The internal rates of return were not calculated at the time of the appraisal; thus, they were not recalculated as part of this study.

Although the project cost was within the plan, the project period exceeded the plan. Therefore, efficiency of the project is fair.



The RTCU Constructed as an Additional Output



Treatment in Action at the RTCU (Dentistry)



Procured Medical Equipment for Training inside the FKIK



Procured Equipment for Training inside the FKIK (electronic computers)

3.3 Effectiveness²¹ (Rating: ②)

3.3.1 Quantitative Effects (Operational and Effect Indicators)

Table 2 shows the baselines, targets and actual figures of the quantitative effects of this project.

²¹ Sub-rating for Effectiveness is to be put with the consideration of impact.

Table 2: Data Indicating Quantitative Effects of this Project
(Baselines, Targets and Actual Figures).

Indicator	At the Time of the Appraisal		At the Time of the Ex-Post Evaluation	
	Baseline	Target	Actual	
	2004	Two Years After Project Completion (2014)	2013/2014	2014/2015 ²²
1) Total students at the FKIK (no. of persons)	110	2,296	1,697	2,176
2) Female students at the FKIK (no. of persons)	74	946	1,178	1,374
3) Percentage of students from the rural areas (%)	50 (figure for the entire UIN Jakarta; a figure specific to the FKIK is not known - see Note 1)	70 ²³ (figure for the entire UIN Jakarta; a figure specific to the FKIK was not set)	40 or smaller (entire UIN Jakarta)	40 or smaller (entire UIN Jakarta)
			Around 20 (FKIK)	Around 20 (FKIK)
4) Percentage of FKIK graduates engaged in rural medicine (%)	N/A	50	N/A	N/A

Source: Documents provided by the JICA (baseline and target), answers to the questionnaires and interview results (actual).

Note 1: According to the FKIK, however, students from rural areas accounted for 0-10% at the FKIK when it was founded in 2004.

Below is the summary of indicators 1) to 4) as shown in Table 2:

1) Regarding the total number of students at the FKIK, the target (2,296 students) was an accumulated figure covering the period up to two years after the project completion. As seen in relation to the actual three years after the project completion (2,176 students as of 2014/2015), the initially expected target was mostly achieved (95%).

2) Similar to 1) above, the target and actual numbers of female students at the FKIK are accumulative. At the time of the ex-post evaluation, the actual number exceeded the target. Additionally, the male to female ratio has been 4:6 ever year; i.e., there are more female students. One of the probable explanations for this is that the FKIK has an excellent reputation for providing quality education in the Nursing Department, which is mostly

²² Since data of these two fiscal years (2013/2014 and 2014/2015) were only available through this ex-post evaluation survey, the analysis of comparison is basically done between data of 2014/2015 and the planned target which was set at the time of the appraisal (2004). However in reality it is ideal that the target should be compared with data of 2015/2016, which is two years after the completion of the project (cf. the actual completion was March 2014).

²³ The UIN Jakarta has a philosophy of “contributing to the improvement in the quality of social life” and focuses on supporting rural areas and regions; thus it was expected at the time of the appraisal that the percentage of students from the regions would increase to 70% in the future.

popular among female students because it offers a good learning environment for this reputation (including the women's dormitory that was constructed as part of this project). For example, during the interviews conducted as part of the field study, female students who were currently studying at the Nursing Department commented: "I don't think the nurse training equipment we are using here is available in other universities. It is as if we are working under real nursing situations. The constructed dormitory is also comfortable." With this comment, it can be judged that providing a good learning environment for female students is one of the reasons behind the increase in the number of students at the FKIK.

3) With regard to the percentage of students from rural areas, it was confirmed through interviews with the university that the baseline at the time of the appraisal (50%) and the target (70%) were consistent with the entire UIN Jakarta. On the other hand, the actuals at the time of the ex-post evaluation, with the UIN Jakarta in the upper part and the FKIK in the lower part in the Table 2, were lower than the baseline and the target. The reasons for this are as follows. Firstly, with regard to entrance exams and scholarships for universities at the time of the ex-post evaluation in Figure 1, the SBMPTN and the SNMPTN are the nationally standardized entrance exam systems governed by the Ministry of Education of Indonesia. At the UIN Jakarta, 30-40% of the total students enroll through the SBMPTN, while about 20% enroll through the SNMPTN (50-60% in total) every year. Actually, most of the students who enroll through these two systems are from urban areas²⁴. Secondly, the PTKIN, which is governed by the DGIE, was newly established during the implementation of this project; this is an entrance exam/scholarship for students from rural areas. Those who enroll through this system represent less than 20% of the total students every year. Additionally, the MANDIRI is an entrance exam/scholarship system for all students in the country, which is implemented by each university, including the UIN Jakarta. The percentage of students from rural areas who enroll through this system equates to 20% or less every year. In other words, the percentage of students from rural area who enroll in the UIN Jakarta through the PTKIN and the MANDIRI equates to 40% or less (20% or less plus 20% or less). Apart from this, some students enroll through scholarship programs run by local governments; however, the proportion is relatively small²⁵. This means that 50-60% of all students come through the SBMPTN and the SNMPTN and are mostly from urban areas, while about another 40% are students who come through the PTKIN, the

²⁴ It is probably because of the difference in academic performance between students from urban areas and rural areas, meaning that it is difficult for students from rural areas to enter universities using these two systems.

²⁵ According to the FKIK, the percentage is 1-5%, although this differs from year to year.

MANDIRI and scholarships provided by local governments. On the other hand, with regard to students from rural areas at the FKIK, accurate figures could not be obtained in terms of the percentage of students from rural areas at the time of the appraisal; however, according to the FKIK, the percentage was around 0-10%, while no target had been set for the future. As for the actual figure at the time of the ex-post evaluation, the percentage of students enrolling at the FKIK through the MANDIRI, along with others from rural areas, is around 20%. This is lower than the percentage of students from rural areas at the UIN Jakarta. The probable reason behind this is that many students from rural areas graduate from Muslim-based boarding schools (pesantren)²⁶ and their pass rate is low because their curriculum is not compatible with FKIK enrollment. However, some pesantren have entrance exam courses that focus on language and liberal arts (these are known as madrasas)²⁷; indeed, a certain proportion of students enter via a madrasa. Actually, students from a madrasa constitute “around 20%” of the enrolled students shown in Table 2. Compared to the estimate above (0-10%), there seems to have been an increase. That said, considering that this project initially planned to “give priority in enrollment to students from rural areas and poor families”²⁸, and that the percentage including that of the FKIK was expected to reach the target of 70%, what has been achieved is judged to have reached the halfway point²⁹. In order to further increase the number of students from rural areas at the UIN Jakarta, including the FKIK, in the future, it is thought that entrance and scholarship systems could be improved³⁰.

²⁶ They are Muslim-based boarding schools. Education is given based on Islamic scripture, with many students becoming Islamic leaders of the future.

²⁷ Although, like pesantren, they specialize in religious education, they also offer courses such as liberal arts, English and Islamic literature for the college-bound. In some cases, madrasas exist inside pesantren, while others exist independently. Given the contrasting situations in each region, it is not easy to capture the whole picture.

²⁸ Documents provided by the JICA are the source.

²⁹ Although this is difficult to evaluate, given that the targeted percentage of students from rural areas at the FKIK after the completion of the project was not set at the time of the appraisal, the proportion of students from rural areas is not significant as compared with the total number.

³⁰ Based on such a situation, the DGIE introduced a new entrance exam and scholarship program, “Program Scholarship Santri Excellency (PBSE)”, in 2015 for students from rural areas (especially those in the eastern regions). The program had already started at the time of the ex-post evaluation (May 2016). Students who currently attend pesantren and are from ① rural areas, ② peripheral regions or ③ poor families are eligible. Based on these three criteria, applicants are examined, with those who demonstrate a good academic performance selected. This program is funded by the DGIE’s budget, with tuition, accommodation and transportation covered. In 2016 (the first year), about 6,000 students from rural areas applied (of which about 600 students applied to the FKIK of the UIN Jakarta); 38 passed (according to the interviews with the DGIE’s management). Successful candidates will be enrolled after taking a foundation course (three to six months), which will prepare them for the FKIK classes and its living environment.

【Under Ministry of Education (MOE)】		【Under Ministry of Religious Affairs (MORA)】	【Each University】
SBMPTN (National common exam)	SNMPTN (Recommended admission exam)	PTKIN (Exam and scholarship program under MORA)	MANDIRI (University's own exam and scholarship program)
[30–40%]	[20%]	[Less than 20%]	[Less than 20%]

Source: Made by external evaluator based on interview results with DGIE, UIN Jakarta and FKIK

Note: The figure shows the percentage of students who enroll using each system. Apart from this, some students enroll through the scholarship process operated by local governments, although the proportion is small.

Figure 1: University Entrances and Scholarships in Indonesia at the Time of Ex-Post Evaluation (Illustration).

4) Regarding the percentage of FKIK graduates engaged in rural medicine, the target at the time of the appraisal was for about half of the graduates (50%) to work in rural areas after graduation. However, there is no record about graduates engaged in rural areas after the project completion. It is difficult to capture what percentage of graduates work at medical institutions in rural areas because graduates are not obligated to report to the FKIK where they are going to work. Thus, it is not possible to quantitatively evaluate. As the DGIE and the UIN Jakarta only have partial information about graduate careers, it is thought preferable that the UIN Jakarta should form an alumni society and try to capture what its graduates are doing.

3.3.2 Qualitative Effects (Other Effects)

Improvement in Access to Healthcare Services for Rural Residents

During this evaluation study, FKIK graduates were interviewed using a questionnaire about improvements in rural residents' access to healthcare services³¹. As shown in Figure 2, they were asked about whether they think that this project had contributed to the increase in medical personnel (doctors) in rural areas; there were many positive answers. While this result indicates that both FKIK graduates and people around them work at medical institutions in rural areas, the exact number could not be captured; thus, it is not assertive. On the other hand, as shown in Figure 3, they were asked about what should be addressed concerning medical situations in rural areas. Respondents pointed to the shortage of medical personnel and equipment, the increasing number of patients who were beyond the capacity of existing facilities, and the need to improve the skills of medical personnel; thus, it is

³¹ Of 21 valid responses, 16 were female and five were male. Questionnaires were sent to graduated students using the FKIK alumni list, which is owned by the DGIE; 21 graduates responded.

presumed that these issues still exist in Indonesia. As such, it cannot be claimed that rural residents' access to healthcare services has largely improved since the time of the appraisal. However, one fellowship program participant commented: "I make my rounds to medical institutions in rural areas more often, and I think I am utilizing what I learned." This comment will be discussed later as part of the beneficiary survey results under the Impacts heading. Thus, it can be presumed that FKIK-related personnel are more active in rural areas, as well as interact with local residents and provide healthcare services more often than before the start of this project.

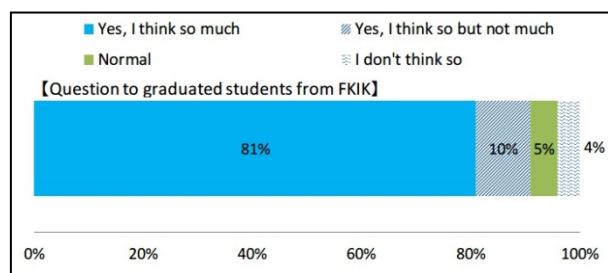


Figure 2: Do you think that this project has contributed to an increase in medical personnel (doctors) in rural areas?

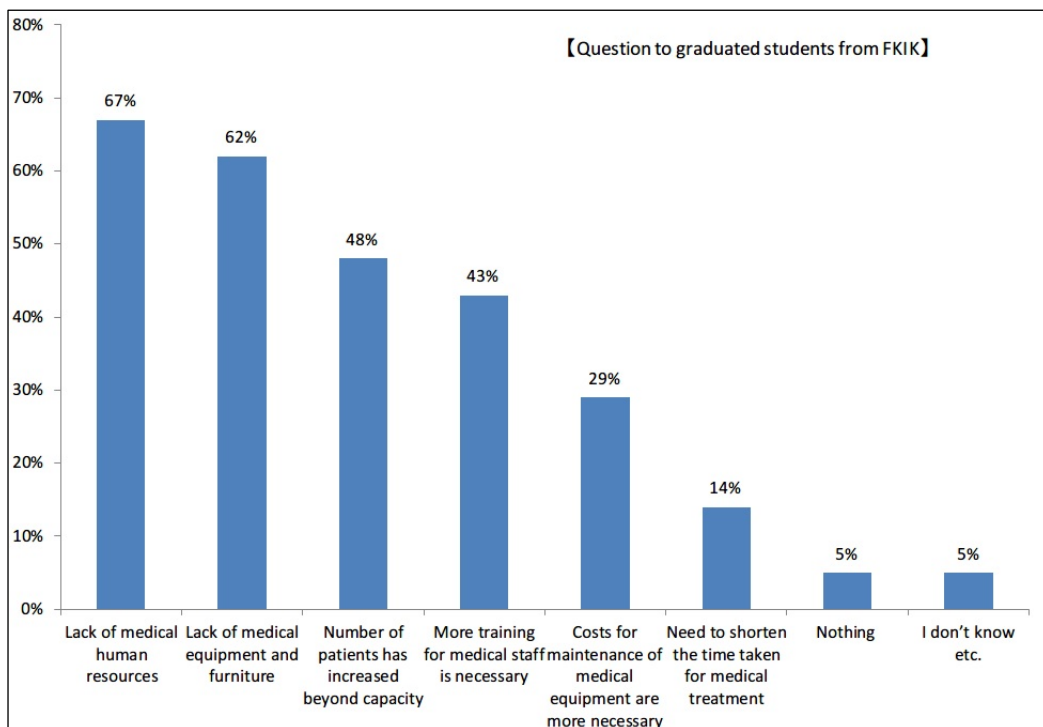


Figure 3: Do you think there is any issue to be addressed concerning medical situations in rural areas? If yes, what do you think is the issue? (Multiple answers allowed.)

3.4 Impacts

3.4.1 Intended Impacts

3.4.1.1 Contribution to the Fulfillment of the Need for Medical Personnel and Poverty Reduction Through the Provision of Basic Healthcare Services in Rural Areas

As discussed in Section 3.3.2 “Qualitative Effects (Other Effects)”, a beneficiary survey was conducted to assess the level of satisfaction with this project, improvements in the educational standards at the FKIK and the contribution made in order to fulfill the need for healthcare personnel. The results are shown in Figures 4-10. These items targeted current and graduated students of the FKIK and participants on the fellowship program. The sample size (valid responses) totaled 121³², of which 85 were current students³³, 21 were graduates³⁴ and 15 were participants on the fellowship program³⁵.

First, as shown in Figure 4, current and graduated students were asked if they were satisfied with the constructed FKIK classrooms; responses were generally positive. Reasons given included: “There are facilities suitable for the degree program, such as the library and laboratory. The design of the facilities is modern. The classroom is spacious.” On the other hand, some current students said they were “dissatisfied” as a result of outstanding repairs: “The toilet doors need repair”, for example. As shown in Figure 5, which was about procured equipment and furniture, while the level of satisfaction was generally high among graduates, many of the current students answered “normal” or “dissatisfied”. Some commented that the amount of equipment and furniture is “appropriate considering the number of students”, while others commented that the amount of equipment “is not enough for practical training. Some are broken”. It is presumed that, while graduates were satisfied with the procured equipment and furniture, current students tend to be more dissatisfied some years after the completion of the project because the equipment and furniture were either not available or old at the time of the ex-post evaluation. As such, it can be judged that the FKIK needs to purchase, replace, maintain and repair its facilities according to the serviceable life. As shown in Figure 6, current and graduated students were asked about the project’s

³² The sampling methods were as follows: ① 85 students were drawn from the list of current students, in a balanced manner, with regard to the enrollment year (2013-2015) and department (Medicine, Pharmaceutical, Public Health or Nursing); the sample was drawn using the student list submitted by the FKIK. ② As the FKIK did not have sufficient records of graduates, information owned by the DGIE was used; all 21 people whose information was available were targeted by the survey. ③ All 15 responded when all those participating in the long program were asked to respond.

³³ 62 were female, while 23 were men.

³⁴ The breakdown is the same as that of the sample size from 3.3.2 Qualitative Effects (Other Effects) (i.e., 16 females and five males).

³⁵ The breakdown is 10 females and five males.

contribution to the improvement in education standards at the FKIK; many from each category answered: “I greatly think so”. When the respondents were interviewed, they commented: “Classrooms and laboratories are spacious, and we can [could] study in a comfortable environment. The procured medical equipment is [was] modern, practical and suitable for the needs of the laboratories and Nursing Department.” From these statements, it can be presumed that the construction of classrooms and the procurement of medical equipment throughout this project are among the factors contributing to the improvement in educational standards. As shown in Figure 7, when current female students were asked whether they felt positive about majoring at the FKIK, the majority said “yes”. When asked for the reasons why, they commented: “There is a women’s dormitory, which helps [with] our living aspect. We can wear Muslim-style clothes. Students around me have entered this university having the same ideas. There is a good learning environment.”

As most of the participants on the fellowship program were FKIK faculty members, a direct contribution to rural medicine is not observed. On the other hand, as shown in Figures 8 and 9, the level of satisfaction with this program is high. Indeed, there were positive answers to a question which asked whether the content of, and experience from, the program are contributing factors to the improvement in the FKIK’s educational standards. Additionally, as per the participants’ comments in Box 1 regarding the presentation of research findings, the contribution of articles, and the sharing of the knowledge and experience with FKIK students, it can be judged that the implementation of this program is generally contributing to an improvement in the FKIK’s educational standards.

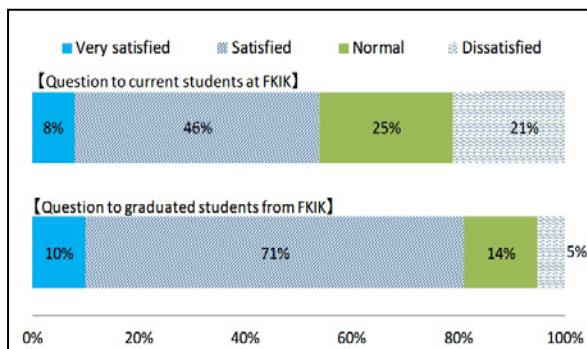


Figure 4: Are you satisfied with the developed FKIK classrooms?

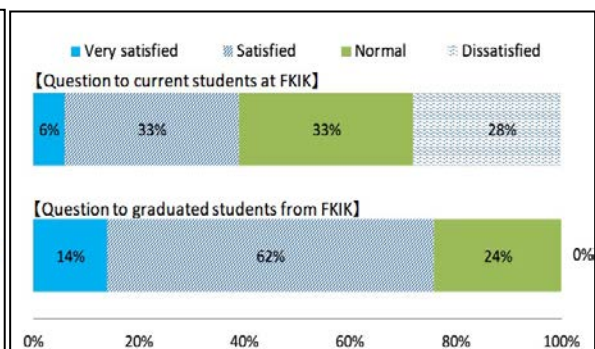


Figure 5: Are you satisfied with the procured equipment and furniture?

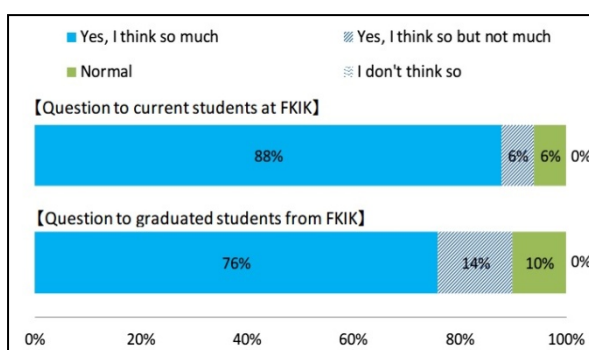


Figure 6: Do you think this project has contributed to improvements in educational standards?

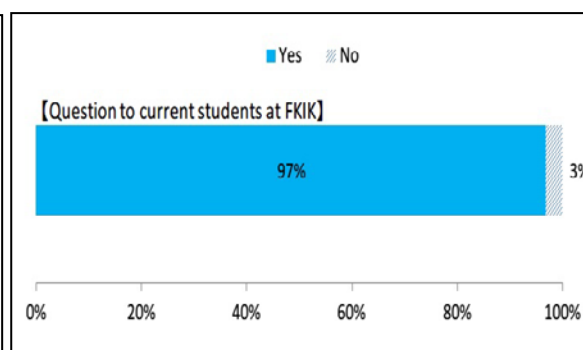


Figure 7: As a female student, do you feel positive about studying and living at the FKIK?

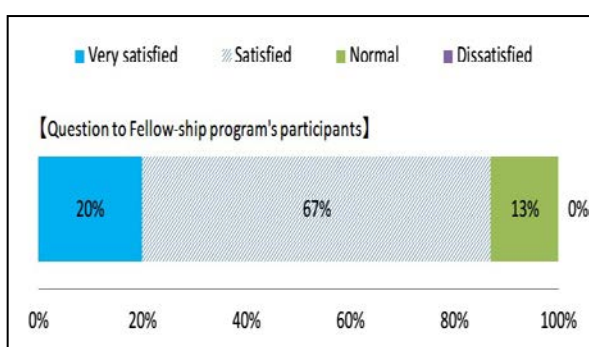


Figure 8: Are you satisfied with the implemented fellowship program?

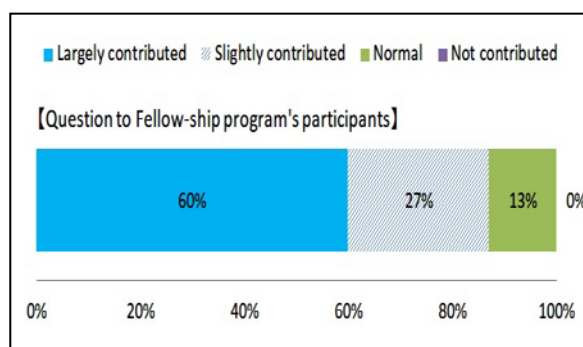


Figure 9: Is the content of, as well as the experience from, the implemented fellowship program contributing to improvements in the work standards?

【Box 1. Comments from Fellowship Program Participants】

- It was meaningful to have learned in Japan where medical systems are advanced. My preceptor, who taught me how to write research papers and present them, was polite and kind.
- After coming back to Indonesia, I write more articles and present more at academic societies and conferences. We gained knowledge through the fellowship program and connected more with people outside the university. As a result, I think the FKIK's educational standard has improved and we have more academic diversity.
- Since the fellowship program, I visit medical institutions in rural areas for work more often. As I have opportunities to utilize the gynecological knowledge I gained in Japan at the medical institutions in rural areas, I think the program is contributing to the improvement in rural medical situations. In particular, as something I learned from Japan's advanced healthcare, I feel that disseminating maternal handbooks is important. It is not common yet in Indonesia, so I would like to make it my goal to distribute maternal handbooks in the future.
- I learned about otology in Japan. I witnessed treatments at a university hospital and the program offered ample training opportunities.
- In Japan, I conducted research into nursing/caring of children with disabilities. I had opportunities to present not only in Japan, but also in other countries (mainly Southeast Asian countries), and it was meaningful. After coming back to Indonesia, I have written a few

research papers and articles for professional journals based on such experience and knowledge. Through more academic presentations and article contributions, I think the program is contributing to the improvement of the FKIK's research findings and educational standards.

■ At the FKIK, I studied family medicine, while I studied universal health coverage in Japan. The system is advanced in Japan and I learned that Indonesia has a lot to learn. After returning to Indonesia, I would like to make efforts toward spreading information about universal health coverage by presenting at symposiums in and outside Indonesia.

■ I learned about tropical environment medicine in Japan. In the near future, I think I will have opportunities to pass on my knowledge and research findings to FKIK students. Since my return, I have been sharing my research findings and information with the Japanese university at which I studied. I think there is a possibility of accepting students and fellows from Japan in the future.

With regard to the “contribution to the fulfillment of the need for medical personnel”, which was supposed at the time of appraisal, the “improvement in both quality and quantity of healthcare services for rural residents” and the “contribution to poverty reduction”, no relations or concrete effects/impacts were confirmed by the beneficiary survey, interviews and information/data collection conducted during this evaluation study.

3.4.2 Other Impacts

3.4.2.1 Impacts on the Natural Environment

During the project implementation and after the completion, it was confirmed by the questionnaires, interviews with the FKIK and site inspections that there were no negative environmental impacts. No air pollution, water pollution, noise, vibration or negative impacts on the ecosystem were observed around the constructed FKIK classrooms, dormitory and RTCU³⁶.

Regarding the environmental monitoring of this project, the Central Public Health Service Division, which reports directly to the Dean of the FKIK, takes care of the environmental works, planning and implementation of medical waste management on periodic basis. If any problem occurs, immediate actions are taken to address the matter. However, since no environmental problem especially occurred following the completion of this project, no measure was taken based on the monitoring results.

3.4.2.2 Land Acquisition and Resettlement

It was confirmed by the questionnaire and interviews with the FKIK that no land

³⁶ The environmental impact assessment (EIA) of the project was approved by the governor of Tangerang, in the province of Banten in November 2004, before the project started.

acquisition and resettlement, which was associated with this project, occurred. There was no need to acquire new land because the premises upon which the RTCU was constructed as an additional output belonged to the UIN Jakarta (the category of the land was raw land) before the start of this project.

(Summary of Effectiveness and Impact)

Regarding the quantitative effects of this project, the number of FKIK students and female students mostly reached the initial expectation. However, considering that the percentage of students from rural areas is still low, and that the percentage of graduates who are working at medical facilities in rural areas is unknown (although following up on students after graduation is not within the scope of this project and not necessarily related to this project), it cannot be concluded that the initially expected outcomes have been achieved. In particular, with regard to the small percentage of students from rural areas, since the initial plan of “giving priority in enrollment to students from rural areas and poor families” remains at the halfway stage, it is still necessary to continue trying. On the other hand, according to the beneficiary survey, which targeted current students, graduates and participants of the fellowship program, on the subject of classrooms, dormitories and the library that had been constructed, as well as the medical equipment that had been procured through this project, it was confirmed that the classrooms and laboratories were spacious, while the environment was considered to be comfortable. Furthermore, it was confirmed that this project offers a certain contribution to the improvement in the FKIK’s educational standards and practical medical skills of the graduates. Based on the above, this project has to some extent achieved its objectives. Therefore, the effectiveness and impact of the project are fair.

3.5 Sustainability (Rating: ③)

3.5.1 Institutional Aspects of Operation and Maintenance

The executing agency of this project is the DGIE, which manages the UIN Jakarta and the broader education system, including budget allocations. On the other hand, it is FKIK of UIN Jakarta that operates and maintains the constructed classrooms and dormitories, as well as the procured medical equipment and furniture, operates the undergraduate education program, and implements the budgets. At the time of the ex-post evaluation (as of the end of December 2015), the total number of FKIK staff is 52. It was confirmed by this study that a sufficient number of staff was assigned to the operation and the maintenance divisions of the FKIK, and

that there is no shortage in the number of faculty members³⁷.

Based on the above, it can be judged that there is no major problem in terms of the institutional aspect of the operation and maintenance of this project.

3.5.2 Technical Aspects of Operation and Maintenance

In recent years (2012–2015), training has been held for the operation and maintenance staff of the FKIK. For example, training entitled “Procurement System Training and Examination” has been delivered by the National Procurement Committee, while training on “Library Computer Science” and “Elevator Maintenance Technology” has been conducted by private companies, with “Web Design at Laboratory Experiment Facilities” run by another university. On-the-job training is also given as needed when staff are newly recruited, while maintenance technologies and skills are shared. Additionally, it was confirmed through the site inspections that experienced staff members³⁸ were in appropriate positions within the FKIK. Furthermore, it was confirmed that participants of the fellowship program were still working there at the time of the ex-post evaluation.

Maintenance manuals were provided by the supplier of the procured medical equipment. FKIK staff operate and maintain the medical equipment by referring to such manuals.

Based on the above, no major problems are observed regarding the technical aspect of the operation and maintenance of this project.

3.5.3 Financial Aspects of Operation and Maintenance

Table 4 shows the operation and maintenance costs of different departments in the FKIK for the last three years³⁹.

Table 4: Operation and Maintenance Costs of Each Course and Department at the FKIK (the upper row is the allocated amount for that year, while the lower row is the actual amount)

(Unit: Thousand rupiah)

Department		2012	2013	2014
Medicine	Allocation	6,768,458	7,369,513	8,216,841
	Actual	6,737,657	6,285,167	7,111,322
Nursing	Allocation	980,994	1,394,580	1,702,881
	Actual	925,661	1,264,364	1,771,914

³⁷ It was confirmed through interviews that, at the FKIK, efforts are being made to operate the school in order to avoid staff shortages occurring in accordance with the number of students.

³⁸ Almost all staff members are degree holders or higher and have passed civil service exams (i.e., National Uniform Exams).

³⁹ According to the FKIK, data for 2015 could not be obtained because it would take too much time to put things in order.

Pharmacy	Allocation	1,326,040	1,795,510	1,904,638
	Actual	1,163,968	1,443,295	1,849,376
Public Health	Allocation	959,308	1,315,678	1,336,197
	Actual	862,849	1,022,559	932,996
Registrar	Allocation	6,680,232	11,867,716	12,297,582
	Actual	5,715,453	7,890,691	(allocation)
Dormitory	Allocation	901,325	2,262,900	9,887,699
	Actual	666,503	907,038	(actual) - see Note
RTCUC	Allocation	571,280	763,554	2,009,425
	Actual	214,037	570,090	1,134,610
Total	Allocation	18,187,637	26,769,451	27,467,564
	Actual	16,286,128	19,383,204	22,687,917

Source: Document provided by the FKIK.

Note: The allocated and actual budgets of the registrar and dormitory were merged in 2014.

Funding for operating the UIN Jakarta comes from the Indonesian Government. The FKIK's operation and maintenance are also funded from this budget. According to the interviews with FKIK management and financial staff: "Allocated budgets have been enough to operate each department recently." The actuals (lower row) in Table 4 are within the allocated amount (upper row)⁴⁰, except for the Nursing Department in 2014, which is showing an increasing trend. According to the UIN Jakarta, should a shortage occur in one department, the necessary budget will be allocated from the total budget so that things will run smoothly.

Based on the above, it can be judged that there is no major concern about the operation and maintenance budget of the FKIK.

3.5.4 Current Status of Operation and Maintenance

No major problems have occurred in terms of the status of the operation and maintenance of the FKIK classrooms, dormitories, library, medical equipment and furniture, as well as the RTCUC, which was constructed in the course of this project. Every year, the UIN Jakarta and the FKIK jointly develop a maintenance plan, based on which operation and maintenance works are carried out.

With regard to medical equipment, in the event of problems and breakages or if there is something unclear, operational and maintenance staff will contact the local agent of the supplier in an attempt to address the matter. However, as shown in the beneficiary results, under Section 3.4.1 (Impacts), some procured medical equipment and furniture were damaged before the end of their serviceable life or are already at the end of serviceable life. Therefore, it

⁴⁰ In 2014 the Department of Nursing required more money for the medical equipment maintenance than expected; and the actual expense exceeded the initial budget. However, there was no problem as additional budget was immediately provided based on the request.

is thought necessary that the FKIK try to undertake purchases, replacements or active repairs in accordance with the respective serviceable life. Most of the spare parts about medical equipment and furniture can be procured inside the country, and no problem has occurred to date⁴¹. It was confirmed during the site inspections that the FKIK keep records of the medical equipment and furniture while managing parts.

On the other hand, as discussed in Section 3.2.1 Project Outputs under the Efficiency heading, it is thought that the executing agency should address the fact that the X-ray machines (two in total), which had been procured for the RTCU as an additional output, are not being used⁴².

No major problems have been observed in the institutional, technical and financial aspects of the operation and maintenance system. Therefore, sustainability of the project effects is high.

4. Conclusion, Lessons Learned and Recommendations

4.1 Conclusion

This project developed hard and soft infrastructures for the FKIK of the UIN Jakarta located in Banten Province near the capital Jakarta, with a view to expanding opportunities for higher education in medicine within rural areas and among the poor, as well as supplying doctors and nurses to rural areas. With regard to relevance, through the time of ex-ante and ex-post evaluation, the Indonesian Government is advocating for the need to nurture medical human resources in documents, such as the “National Development Plan” and the “National Medium-term Development Plan”. Additionally, securing medical personnel, especially for rural areas, has become an urgent task in Indonesia. Furthermore, the project is consistent with the Japanese assistance policy at the time of the appraisal; thus, relevance is high. Concerning efficiency, the project period was slightly prolonged due to the delay in a fellowship program; however, the project cost was kept within the initial plan’s budget. As such, efficiency is fair. Regarding the effectiveness of this project, the numbers of total students and female students at the FKIK generally reached what were initially expected, while there were positive comments on the improvement in educational standards at the FKIK from current and graduated students

⁴¹ The maximum delivery time is one to two months.

⁴² At the time of the ex-post evaluation, the exact timing of when the machines will be used is not known. However, according to the FKIK, as of October 2016, license to provide radiology services at RTCU will be obtained from Banten Province Health Office, and FKIK will ensure budgets for radiology staff for 2017 and conduct the recruitment. Maintenance works will be carried out based on the plan discussed in the beginning in terms of when it is going to start servicing the machines.

and those who participated in the fellowship program. However, considering the fact that only a small percentage of the FKIK students are from rural areas at the time of the ex-post evaluation, and that the percentage of its graduates who get jobs at medical facilities in rural areas is unknown, it cannot be said that the project has necessarily achieved outcomes that had initially been expected. Thus, effectiveness and impacts are fair. On the other hand, no particular problems are observed in the institutional, technical and financial aspects of the operation and maintenance of this project; thus, sustainability of the effects of this project is high.

In light of the above, this project is evaluated to be satisfactory.

4.2 Recommendations

4.2.1 Recommendations to the Executing Agency

- At the time of the ex-post evaluation, the FKIK is considering whether to establish an alumni society in order to gather information about what their graduates are doing; as such, it is recommended that it does so promptly. By establishing an alumni society, which can gather information about the career pursuits of all graduates, it will become possible to identify the number of FKIK graduates working in rural medicine, meaning that, in turn, the extent of this project's contribution can be accurately captured.
- At the RTCU which was constructed as an additional output, x-ray machine is not in use. It is recommended that the FKIK take measures toward its utilization quickly⁴³ (e.g., accelerating the process of allocating radiology technicians, etc.).
- As shown in the beneficiary survey results, while the FKIK graduates were satisfied with the equipment and furniture procured by this project when they were students, current students tend to show discontent at the time of the ex-post evaluation since some years have passed and there are some damages. Thus, it is recommended that the FKIK purchase new equipment or repair it in accordance with its serviceable life.

4.2.2 Recommendations to JICA

None.

⁴³ As described in 3.5.4 Current Status of Operation and Maintenance, FKIK will plan to ensure budgets for radiology staff and conduct the recruitment.

4.3 Lessons Learned

The Need to Understand Risks Related to the Utilization of Procured Equipment

The X-ray machines at the RTCU, which were constructed as an additional output of this project, are not in use. It is presumed that the plans for recruiting radiology technicians and operating the equipment were not fully realistic. For similar projects in the future, on the basis that the procurement and operation of equipment, such as X-ray machine, which requires special skills, it is recommended that the project implementing agency/operator should have a concrete plan to recruit such technicians and to operate the equipment as much as possible at the time of project formation, simulating the actual site condition after the completion of the project (in consultation with suppliers who have specialized knowledges on the if necessary).

Comparison of the Original and Actual Scope of the Project

Item	Plan	Actual
1. Project Outputs	<p>1) Civil engineering works, procurement of equipment etc.</p> <p>① School building construction (total area: 16,000m²)</p> <p>(a) FKIK classrooms: 7,000m²</p> <p>(b) Laboratory: 3,000 m²</p> <p>(c) Dormitory: 3,000 m²</p> <p>(d) Library: 3,000 m²</p> <p>② Procurement of equipment</p> <p>③ Procurement of furniture</p> <p>④ Fellowship program</p> <ul style="list-style-type: none"> • Long study abroad in Japan for a doctoral program: 29 fellows • Short study abroad in Japan for courses other than a doctoral program: 20 fellows 	<p>1) Civil engineering works, procurement of equipment etc.</p> <p>① School building construction (total area: 18,021m²)</p> <p>(a) FKIK classrooms: 6,196m²</p> <p>(b) Laboratory: 5,758 m²</p> <p>(c) Dormitory: 2,990m²</p> <p>(d) Library: 3,077 m²</p> <p>② Procurement of equipment (722 items)</p> <p>③ Procurement of furniture (286 items)</p> <p>④ Fellowship program</p> <ul style="list-style-type: none"> • Long study abroad in Japan for a doctoral program: 30 fellows • Short study abroad in Japan for courses other than a doctoral program: 82 fellows
	<p>2) Consulting services</p> <p>Mainly detailed design, bidding assistance, construction management, support for studying abroad (selection of school, assistance before and during the period of studying abroad), support for management and operations related to the overall implementation of the project.</p> <p>(International: 50M/M, local: 458M/M)</p>	<p>2) Consulting services</p> <p>The tasks listed on the left were mostly implemented in accordance with the plan.</p> <p>(International: 57.59M/M, local: 374.70M/M)</p>
		<p>【Additional Output】</p> <p>Construction of the Research Teaching and Clinic Unit (RTCUC) for the purpose of conducting research</p>

		relevant to rural medicine, training and clinical services (two places): <ul style="list-style-type: none"> • Buaran: 2,926 m² • Reni Jaya: 2,476 m² <p style="text-align: right;">Total: 5,402 m²</p>
2. Project Period	March 2005 – May 2012 (87 months)	March 2005 – March 2014 (109 months)
3. Project Cost		
Amount Paid in Foreign Currency	1,442 million yen	2,587 million yen
Amount Paid in Local currency	2,068 million yen (=Approx.172,333 million Rp.)	188 million yen (=Approx.20,300 million Rp.)
Total	3,510 million yen	2,775 million yen
Japanese ODA Loan Portion	2,983 million yen	2,606 million yen
Exchange Rate	1 USD=110.36 JPY 1Rp.=0.0012 JPY (As of March 2005)	1 USD=85.24 JPY 1Rp.=0.0009 JPY (Average during the project's implementation. Source: International Financial Statistics, IMF)