

Country Name	Project for Enhancement of Nursing Competency through In-Service Training
Republic of Indonesia	

I. Project Outline

Background	In Indonesia, the health status had improved as shown in infant mortality in tandem with economic growth and enhanced health service delivery. However, various issues were raised; widening gaps between urban and rural areas, the transition of disease structure, anticipated aging society, declining family involvement in health care, heightened role of the private sector in health service provision and education for health personnel. As such, it needed a structure to address those emerging issues to be resolved. As the role of nurses is unquestionably significant, the Government of Indonesia aimed to enhance nursing competency through the introduction of a nursing registration renewal system and the reinforcement of in-service training. In addition, as globalization progressed and human resources in the health sector became increasingly internationalized, Indonesia also urgently needed to train nurses who met international standards. Nonetheless, it was deemed that the in-service training for nursing was compartmentalized by narrowly defined discipline and career training was not systematically implemented.		
Objectives of the Project	Through the introduction of a career development ladder system and four in-service training courses, strengthening of the in-service training program of target subjects, and dissemination of the results of the project, the project aimed at strengthening the in-service training system for enhancement of nursing competency in target areas, thereby contributing to the dissemination of the in-service training system in other areas in Indonesia. 1. Overall Goal: the in-service training system for the enhancement of nursing competency is disseminated in other areas in Indonesia. 2. Project Purpose: the in-service training system for the enhancement of nursing competency is strengthened in target areas.		
Activities of the Project	1. Project Site: Special Capital Region of Jakarta (DKI Jakarta), Provinces of West Java, East Java, North Sumatra, and South Sulawesi 9 hospitals: Fatmawati, Persahabatan, Hasan Sadikin (RSHS), Haji Adam Malik, Dr. Sutomo, Petrokimia Gresik, Hasanuddin University Hospital (RS UNHAS), Dr. Wahidin Sudiro Husodo, North Sumatra University Hospital (RS USU). 5 universities: University of Indonesia (UI), Padjajaran University (UNPAD), Airlangga University (UNAIR), North Sumatera University (USU), Hassanuddin University (UNHAS) 2. Main Activities: 1) Introduction of the Career Ladder System (CLS) ¹ in 9 hospitals, 2) strengthening of the in-service training program of 4 target subjects in 5 universities, 3) dissemination of the results to other institutions. 3. Inputs (to carry out the above activities) <div style="display: flex; justify-content: space-between;"> <div> <p>Japanese Side</p> <p>1) Experts: 41 persons</p> <p>2) Trainees received: 131 persons</p> <p>3) Equipment: training kits for critical care, geriatric nursing, Emergo Train System, etc.</p> <p>4) Local cost: costs for holding meetings, etc.</p> </div> <div> <p>Indonesian Side</p> <p>1) Staff allocated: 93 persons</p> <p>2) Facilities: Offices for the experts in Ministry of Health (MOH) and 5 universities</p> <p>3) Local cost: Administrative and operational expenses</p> </div> </div>		
Project Period	(ex-ante) July 2012 – June 2017 (actual) Oct 2012 – Oct 2017	Project Cost	(ex-ante) 506 million yen, (actual) 416 million yen
Implementing Agency	Directorate General of Human Resources for Health (DGHR), the Ministry of Health (Due to the administrative reform of MoH in 2015, the responsible unit for the project, the Directorate- General for Health Services formerly known as BUK was restructured as the Board for Development and Empowerment of Human Resources for Health (BPPSDMK). Thereafter, the BPPSDMK was restructured into the DGHR in 2022)		
Cooperation Agency in Japan	None		

II. Result of the Evaluation

< Special Perspectives Considered in the Ex-Post Evaluation >

The necessity of supplemental data/information to examine the effectiveness

- According to the terminal evaluation report, due to several reliability issues in the performance of the baseline and end-line surveys such as inadequate data interpretation and poor survey conditions, the results of the surveys could not be used to comprehend the outcome of the intervention. It was thus imperative to check how implementing/relevant agencies have assessed the perceived progress as an achievement in light of the Project Purpose. As such, the status at the time of project completion had to be examined through the survey at the time of the ex-post evaluation.
- Prior to the terminal evaluation, the mid-term review team suggested the indicators be revised to adequately measure the Project Purpose and Output achievement levels. As such, it was recommended to modify the project design to better serve project management to compatibly achieve the multiple objectives. However, despite the recommendation, a substantial discussion was not taken place on befitting indicators. As a result, the Project Purpose was not methodically evaluated in the terminal evaluation. Inevitably, it was impossible to definitively confirm the achievement level of the project at the time of project completion. Therefore, supplementary information through focus group discussions was indispensable for the ex-post evaluation, particularly concerning the workings of the CLS for the long-term benefit of nurses.

¹ The CLS for nurses generically provides a set of professional development tools to reward nurses based on the competence of the nurse through stages. As such, it is designed to encourage retention, increase competency, improve care quality, and have a positive impact on the job satisfaction of nurses.

1 Relevance
<p><Consistency with the Development Policy of Indonesia at the Time of Ex-Ante Evaluation ></p> <p>The project was consistent with the development policy of Indonesia at the time of the ex-ante evaluation. The MoH addressed the importance of developing human resources in the “Healthy Indonesia Program 2010” and the “Strategic Plan of the Ministry of Health” (2010-2014). It was considered important to provide education and training systemically to promote career development for health care workers as well as to enhance the professionalism of health personnel. Furthermore, the ministerial Ordinance issued in 2011 stipulated that all health personnel must pass the National Competency Test and that the Competency Certificate must be renewed every five years. For the renewal, it has become mandatory to obtain 25 credits by participating in continuing education since 2012.</p> <p><Consistency with the Development Needs of Indonesia at the Time of Ex-Ante Evaluation ></p> <p>The project was consistent with the development needs of Indonesia at the time of the ex-ante evaluation. Since the 25-credit acquisition system was officially introduced in 2012 in order to enhance continuing education for renewal of the certificate, the curriculum, contents, and instructional methods began to be developed. Since the early 90s, the Indonesian National Nursing Association (PPNI) has proposed to introduce a viable system for career development, aiming to enhance the nursing capacity by targeting junior to senior and/or management positions, along with upgrading each area of expertise. Despite much needed, the system was not officially introduced, and for this reason, continuing education was not systematically implemented.</p> <p><Consistency with Japan’s ODA Policy at the Time of Ex-Ante Evaluation></p> <p>The project was consistent with the “Country Assistance Policy for Indonesia” (2012) in which “human resource development in higher education for furthering economic growth” was addressed as one of the priority areas/issues.</p> <p><Evaluation Result></p> <p>In light of the above, the relevance of the project is high.</p>

2 Effectiveness/Impact
<p><Status of Achievement of the Project Purpose at the time of Project Completion></p> <p>The Project Purpose was partially achieved by the project completion. Specific indicators to check the effectiveness of CLS have not been defined. As an alternative measure, each hospital developed the standard operation procedure (SOP) for CLS and harmonized it with existing credential procedure(indicator1). As for the four curriculums for the in-service training courses, Geriatric Nursing was certificated as a National Standard by MoH, while other curricula were in the process of being verified for national verification.(Indicator 2).</p> <p><Continuation Status of Project Effects at the time of Ex-post Evaluation></p> <p>The project effects have been continued since project completion. According to focus group discussions, it was confirmed that, despite some remaining issues to be solved such as an inconsistent evaluation process of CLS, the CLS has functioned as a common career development platform to provide opportunities and options and to enhance the competency of clinical nurses. As for the 4 curriculums of in-service training courses, the target universities have continued the trainings oriented to clinical-based education in collaboration with partner hospitals. Regarding each status of accreditation of the curriculums², the Indonesian Emergency and Disaster Nurses Association (HIPGABI) has supported the accreditation process of the curriculums of emergency nursing and disaster nursing at 3 different skill levels. The curriculum of critical care nursing has been accredited as well but for the full-fledged application, it has been under deliberation by the Indonesian Critical Care Nurses Association (HIPERCCI). As for the curriculum of geriatric nursing, the Indonesian Geriatric Nurses Association (IPEGRI) has accredited the basic level. It was reported that the accreditation process for the intermediate level has been finished but the training for trainers has not yet been implemented.</p> <p><Status of Achievement for Overall Goal at the time of Ex-post Evaluation></p> <p>The Overall Goal had been achieved at the time of ex-post evaluation. According to the survey result, the number of hospitals that introduced the CLS was 13 vis-a-vis the target number of 9 (Indicator 1). Furthermore, the number of training institutions that adopted the four training curriculums was 9 vis-a-vis the target number of 9 (Indicator 2).</p> <p><Other Impacts at the time of Ex-post Evaluation></p> <p>No other positive and negative impact or ramifications were confirmed at the time of ex-post evaluation.</p> <p><Evaluation Result></p> <p>Therefore, the effectiveness/impact of the project is high.</p>

Achievement of Project Purpose and Overall Goal			
Aim	Indicators	Results	Source
(Project Purpose) The in-service training system for the enhancement of nursing competency is strengthened in target areas.	Indicator 1 A list of evaluation results of the effectiveness of the Ladder System.	<p><u>Status of the Achievement: Partially achieved (continued)</u></p> <p>Although the institutionalization of the national guideline for CLS had been established, the harmonization of the guideline with the credential procedures of each hospital was still in progress, and therefore, the indicator at the project completion was partially achieved.</p> <p>(Project Completion)</p> <ul style="list-style-type: none"> Given the irreversible situation, the following survey items were examined to track down the status of the CLS in the matching time frame. <ul style="list-style-type: none"> ➢ The national guideline of the CLS for Clinical Nurse was officially issued as a Health Minister decree No. 40 in 2017. ➢ Each hospital developed SOP of the CLS primarily to harmonize the existing Credential procedure. <p>(Ex-post Evaluation)</p> <ul style="list-style-type: none"> Despite some infeasible challenges, the significance of the CLS was amply understood by nurses (N=383) in the surveyed hospitals: to incentivize them to develop a career path underpinned by engaging in self-assessment and career mapping, then it would provide the avenues to reach individual goals. Also, nurses have generally perceived that the managerial side has made intelligible efforts to harmonize it with the process of credentials assessment to enhance individual competence and overall service quality. 	Terminal Evaluation Report Questionnaire responses from MoH and PPNI Site survey & focus group discussions held in hospitals

² The accreditation process of curriculums structurally requires approval from PPNI. To prepare for official endorsement, PPNI requests each sub-association to deliberate it and provide their justifications prior to the approval.

		<ul style="list-style-type: none"> Moreover, it was confirmed that hospitals supported the CLS; providing training where they had identified needs based on the given status of competency, internalizing the assessment mechanism in collaboration with the PPNI, and if necessary, peer reviews. It can be inferred that target hospitals have realized the merits of the system to rationalize the remuneration of nursing based on the defined level embedded in the CLS. Nonetheless, there were several common issues in the workings of CLS as follows: <ul style="list-style-type: none"> <u>a) Standardization of assessment methods and assessors' arrangement</u> <ul style="list-style-type: none"> Necessity to comprehensively set forth and regulate the CLS in terms of assessment methods and suitable assessors' arrangements areas. <u>b) Customization of the CLS</u> <ul style="list-style-type: none"> Necessity of expertise in giving proper guidance to operationalize the CLS to accommodate each hospital's specific conditions and specialized areas. <u>c) Data/information management by the Hospital Management Information System (SIM-RS) of each hospital and supervised by MoH</u> <ul style="list-style-type: none"> Necessity to integrate the CLS into the SIM-RS to optimize the process of credential assessment with all the service information/data in an intra-network of the hospital. <u>d) Reference framework for systematic leveling for the CLS</u> <ul style="list-style-type: none"> Needs for a framework for leveling: the process of establishing the relative value of nursing jobs, responsibilities and their corresponding pay ranges, irrespective of public or private affiliation of the hospitals. 	
Indicator 2 The number of in-service training courses provided by target universities that are qualified as part of the required "25 credits" (target: at least 10).	<p><u>Status of the Achievement: Partially achieved (continued)</u></p> <p>Although this indicator was evaluated as inappropriate at time of the terminal evaluation, quantitative measurement of this indicator was not possible because no alternative plan was proposed and agreed upon at the time of the project completion. Since it was not possible to check it retrospectively, the following survey items were verified in order to understand the status of in-service training courses for adjustment period.</p> <p>(Project Completion)</p> <ul style="list-style-type: none"> The following survey items were examined to track down the status of in-service training courses in the matching time frame. <ul style="list-style-type: none"> The curriculums of 4 selected subjects (emergency nursing, disaster nursing, critical care, and geriatric nursing) were introduced in the 5 target universities during project implementation. It conducted the ToT to produce trainers of in-service training courses during project implementation. Draft curriculums were all verified and subsequently finalized during project implementation; however, the accreditation process was not completed by the time of project completion in 2017. <p>(Ex-post Evaluation)</p> <ul style="list-style-type: none"> All 5 target universities have continued the in-service training oriented to clinical-based education in collaboration with respective partner hospitals. The survey has revealed that the number of derived training courses (including separated courses by level) is 29 in total. The breakdown numbers in each university are as follows. <ul style="list-style-type: none"> University of Indonesia: (although duly introduced, details are unknown) Padjajaran University: Emergency nursing (2) Disaster nursing (5) Critical care (2), Geriatric nursing (1) Airlangga University: Emergency nursing (2), Critical care (3), Geriatric nursing (1) North Sumatera University: Emergency nursing (1), Disaster nursing (1), Critical care (4), Geriatric nursing (1) Hassanuddin University: Emergency nursing (3), Disaster nursing (2), Critical care (1), Geriatric nursing (--) The recent notable developments of the 4 curriculums are as follows. <ul style="list-style-type: none"> <u>a) Emergency nursing</u> <ul style="list-style-type: none"> All modules and curriculums for basic, intermediate, and advanced courses have been accredited and approved by the HIPGABI. <u>b) Disaster nursing:</u> <ul style="list-style-type: none"> Partly integrated into advanced that of emergency nursing above, yet the module for an advanced course has been separately developed and accredited in 2018. <u>c) Critical care:</u> <ul style="list-style-type: none"> Same as above. Yet, a curriculum put forth by HIPERCCI has preceded the curriculum developed by the project as HIPERCCI has not yet approved it due to some issues, notably the required duration of the training. There was a procedural need to discuss the general contents of the version developed by the project with all stakeholders. <u>d) Geriatric nursing³:</u> <ul style="list-style-type: none"> The basic and intermediate courses were completed in accreditation. Although a standard module for the intermediate level has been finished, the TOT is not yet started. In addition, the advanced course has not yet progressed. IPEGGERI has actively explored ways to establish a track record in clinical application. 	Terminal Evaluation Report Questionnaire responses from target universities and hospitals	

³ As IPEGGERI was established in the recent year 2019, the accreditation might have been pending until then. However, IPEGGERI immediately engaged in compiling the curriculum for the basic and intermediate level. It has also initiated a series of networking and stocktaking activities in the field of gerontology.

(Overall Goal) The in-service training system for the enhancement of nursing competency is disseminated in other areas in Indonesia.	Indicator 1 The number of hospitals within and outside target areas that introduce the Ladder System. (Target: at least 9 institutions)	<p><u>Status of the Achievement: Achieved</u> (Ex-post Evaluation)</p> <ul style="list-style-type: none">In addition to 5 institutions in the targeted areas, 8 institutions outside of the targeted areas (13 institutions in total) have implemented CLS.Hospitals that introduced the system benefited from its introduction, such as enhancement of nursing competence and wellbeing. Some of the target hospitals have spearheaded the initiative in their respective provinces, RS UNHAS voluntarily introduced the CLS to 44 hospitals in South Sulawesi, Southeast Sulawesi, West Sulawesi, North Sulawesi, and Bali. And RS USU encouraged 8 hospitals in North Sumatera and Aceh to emulate it. Although some of the non-target hospitals remain rudimentary to fully exploit the system, RSCM, Dr. Kariadi Hospital, and RSJ Prof. Dr. Soerojo have methodically applied the CLS across other specialized fields of medicine with the E-credentialing system to fulfill the mission.In addition, RSJ Prof. Dr. Soerojo’s management policy must have been instrumental in streamlining a set of user-friendly standards along with the OSCE (Obstructive Structured Clinical Examination) method, in tune with the concomitant development of IT applications. Dr. Kariadi Hospital has tried to implement the CLS not only for clinical nurses, but also seek wider applications such as for the managerial nurses. Yet, across a broad spectrum, the discernible hurdle in the introduction might be how they should practically link or harmonize it to the remuneration system to ensure the financial viability of each hospital and to retain human resources capacitated within. <p>Table 1: The Number of Hospitals that Introduced the Career Ladder System</p> <table><tr><th>No</th><th>Hospitals</th><th>Province</th><th>Cumulative No. of Nurses</th><th>Year of introduction</th></tr><tr><td>1</td><td>RSHS</td><td>West Java</td><td>1,200</td><td>2015</td></tr><tr><td>2</td><td>Dr. Soetomo</td><td>East Java</td><td>1,429 (Since 2017)</td><td>2013</td></tr><tr><td>3</td><td>Petrokimia Gresik</td><td>East Java</td><td>195 (As of 2020)</td><td>2014</td></tr><tr><td>4</td><td>RS UNHAS</td><td>South Sulawesi</td><td>352</td><td>2017-2018</td></tr><tr><td>5</td><td>RS USU</td><td>North Sumatera</td><td>97</td><td>2016</td></tr><tr><td>6</td><td>Bethesda</td><td>DI Yogyakarta</td><td>502</td><td>2009</td></tr><tr><td>7</td><td>Dr. Sardjito</td><td>DI Yogyakarta</td><td>1070</td><td>2013</td></tr><tr><td>8</td><td>RSCM</td><td>DKI Jakarta</td><td>1917 (As of 2016)</td><td>2013</td></tr><tr><td>9</td><td>Kemayoran</td><td>DKI Jakarta</td><td>98</td><td>2017</td></tr><tr><td>10</td><td>Tebet</td><td>DKI Jakarta</td><td>69</td><td>2022</td></tr><tr><td>11</td><td>Duren Sawit</td><td>DKI Jakarta</td><td>198</td><td>2015</td></tr><tr><td>12</td><td>RSJ Prof. Dr. Soerojo</td><td>Central Java</td><td>395</td><td>2013</td></tr><tr><td>13</td><td>Dr. Kariadi</td><td>Central Java</td><td>1,651</td><td>2014</td></tr></table>	No	Hospitals	Province	Cumulative No. of Nurses	Year of introduction	1	RSHS	West Java	1,200	2015	2	Dr. Soetomo	East Java	1,429 (Since 2017)	2013	3	Petrokimia Gresik	East Java	195 (As of 2020)	2014	4	RS UNHAS	South Sulawesi	352	2017-2018	5	RS USU	North Sumatera	97	2016	6	Bethesda	DI Yogyakarta	502	2009	7	Dr. Sardjito	DI Yogyakarta	1070	2013	8	RSCM	DKI Jakarta	1917 (As of 2016)	2013	9	Kemayoran	DKI Jakarta	98	2017	10	Tebet	DKI Jakarta	69	2022	11	Duren Sawit	DKI Jakarta	198	2015	12	RSJ Prof. Dr. Soerojo	Central Java	395	2013	13	Dr. Kariadi	Central Java	1,651	2014	Questionnaire responses from Hospital.
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	Indicator 2 The number of training institutions within and outside target areas that adopt training curriculums improved by the project. (Target: at least 9 institutions)	<p><u>Status of the Achievement: Achieved</u> (Ex-post Evaluation)</p> <ul style="list-style-type: none">As stated above, the certification process was smooth in getting approval from the association, there were no outstanding issues in adopting 4 training curriculums in 5 target universities and outside of the four (4) target universitiesRegarding the states of non-target universities, it needs to consider a structural basis in context. Conventionally, any university with a nursing degree course is supposed to use the curriculum developed by AIPNI with the approval of the Ministry of Education, Culture, Research, and Technology, not the MoH.Therefore, 5 target universities must have voluntarily integrated the said curriculums into existing ones based on the perceived upside of change. Health Polytechnics are, on the other hand, placed under MoH and they use the curriculum developed by AIPVIKI (Association of Vocational Nursing Education Institutions) authorized by MoH. Thus, it explains that Health Polytechnic would have had better access to the curriculum developed by the project. <p>Table 2: A List of Training Institutions Which Adopted the Four Training Curriculum (Emergency nursing/ Disaster nursing/ Critical care/ Geriatric nursing)</p> <table><tr><th>No.</th><th>Institution</th><th>Province</th><th>Cumulative No. of Students</th></tr><tr><td>1</td><td>North Sumatera university</td><td>North Sumatera</td><td>501</td></tr><tr><td>2</td><td>Padjajaran University</td><td>West Java</td><td>526</td></tr><tr><td>3</td><td>Airlangga University</td><td>East Java</td><td>521</td></tr><tr><td>4</td><td>University of Indonesia</td><td>West Java</td><td>575</td></tr><tr><td>5</td><td>Hasanuddin University</td><td>South Sulawesi</td><td>493</td></tr><tr><td>6</td><td>Health Polytechnic II</td><td>DKI Jakarta</td><td>234</td></tr><tr><td>7</td><td>Health Polytechnic III</td><td>DKI Jakarta</td><td>240 (2018-2020 only)</td></tr><tr><td>8</td><td>Bandung Health Polytechnic</td><td>West Java</td><td>297</td></tr><tr><td>9</td><td>Diponegoro University</td><td>Central Java</td><td>439</td></tr></table>	No.	Institution	Province	Cumulative No. of Students	1	North Sumatera university	North Sumatera	501	2	Padjajaran University	West Java	526	3	Airlangga University	East Java	521	4	University of Indonesia	West Java	575	5	Hasanuddin University	South Sulawesi	493	6	Health Polytechnic II	DKI Jakarta	234	7	Health Polytechnic III	DKI Jakarta	240 (2018-2020 only)	8	Bandung Health Polytechnic	West Java	297	9	Diponegoro University	Central Java	439	Questionnaire responses from MoH and PPNI																														
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3 Efficiency

Although the project cost was within the plan (ratio against the plan: 82%), the project period was slightly exceeded (ratio against the plan: 101%). The outputs were produced as planned. Therefore, the efficiency of the project is fair.

4 Sustainability

<Policy Aspect>

MoH has issued a series of regulations pertinent to the advancement of the healthcare system and quality of nursing service after project completion: “Minister of Health Decree No. 40” in 2017 on “Clinical Nurse Professional Career Level Development”, the “Minister of Health Decision Letter No. HK.01.07/MENKES/425/2020” on “Professional Standards in Nursing” specified competency standards as well as professional code of ethics”, and the Minister of Health Decree No. 04 in 2022 on “Functional Nursing Job in the Public Hospital.” To respond to Decree No.40, some hospitals have readily formulated managerial policy and developed necessary guidelines and SOP for steady implementation of the introduced system. Also, as the faculty policy, some surveyed universities have supported the improvement of clinical-based education and studies through hands-on experiences gained by strong partnerships with hospitals.

< Institutional/Organizational Aspect>

The roles and responsibilities of MoH to oversee the healthcare system and the quality of nursing service have not been changed. However, regarding the DGHR, it was a relatively new unit derived from organizational reform after project completion in 2022. That may suggest difficulties in directing and monitoring required to complete the system development and possible brain drain of skilled counterpart personnel along with the dissolution of BUK, the former counterpart of the project. On another note, although the Centre for Training of Human Resources for Health (PUSLAT) was formerly in charge of the curriculum accreditation, after the reform, the Directorate for Quality Improvement of Health Workers (PUSKAT MUTU) has been responsible for all accreditations. It may have adversely affected the processing of curriculum accreditation procedures during the transition period. Regarding the hospitals and the universities, as each is seen as a foothold for further improvement, it was confirmed that trained staff members have generally been placed to engage in the activities, especially to lead the CLS process.

<Technical Aspect>

According to the survey results, PPNI has taken up a significant role in methodically promoting the competency of nurses through developing standards of professional conduct and the provision of continuous learning opportunities. Under the umbrella of PPNI, sub-associations of specialized fields of nursing: HIPGABI, HIPERCCI, and IPEGRI, have engaged in making respective training curriculums to warrant the quality. As for the hospitals, those involved have been amply motivated to sustain the knowledge and skills as the CLS has created a win-win situation for both sides of hospitals and universities. Participating nurses have found rewarding opportunities in hands-on training and periodic assessment in clinical practice. They have also collaborated with PPNI in nursing to have discussions to assess the outcome of the CLS in order to provide continuous updates by international standards. On the other hand, although there are varying degrees of opportunity and support in gaining clinical experience, university faculty members have studied and conducted research through training and seminars for nurses in the fields of clinical nursing.

<Financial Aspect>

According to the survey result, it was explained by MoH that the national budget may not be allocated to continue the monitoring and evaluation after 2020 in the same way as committed in the Record of Discussion of the project. Due to a vacancy in a senior decision-maker (director level) on budgeting in MoH as of March 2022, the amount budget was not clearly confirmed. On the other hand, most hospitals have labored to appropriate money for the CLS implementation in hope of balancing out the anticipatory investment eventually by generic quality enhancement in nursing. At universities, like others, they have managed to keep the expenses for the in-service training courses within a set budget based on the annual work plan of faculty. Some universities may not have afforded to extend the in-service training outside of the institution as there were no paying arrangements to remunerate for their outreach activity.

<Evaluation Result>

In light of the above, Slight problems have been observed in terms of the Institutional/Organizational and financial aspects of the implementing agency. Therefore, the sustainability of the effects through the project is fair.

5 Summary of the Evaluation

The project partially achieved the Project Purpose and achieved the Overall Goal. It was deemed that the introduction of the CLS and in-service training curriculums have substantively enhanced the overall competency of clinical nurses as it has been well underway to become an integrated system. As for sustainability, despite financial uncertainty such as an insufficient budget allocation in some institutions, the improvement has been unswervingly driven by hospitals and universities under the auspices of MoH. As for efficiency, the project period slightly exceeded the plan. Considering all of the above points, this project is evaluated to be satisfactory.

III. Recommendations & Lessons Learned

Recommendations for Implementing Agency:

(1) Further improvement for applicability and dissemination of the CLS in all hospitals

- Based on the achievement of the CLS implementation for clinical nurses, it is recommended to further examine the enabling factors and to proactively apply CLS to other professional nurses in both public and private hospitals in all provinces of Indonesia, as well as to improve CLS for dissemination. For the efficient dissemination on its own merits, MoH needs to take an ICT-based open-innovation approach; the e-portal would ensure accessibility for all-encompassing stakeholders to learn from both success and failure based on well-documented experiences of the CLS in the pilot hospitals. To orchestrate wide application and harmonization, such a functional approach may be eventually efficient for a reality check and identification of latent challenges in practice in terms of adept regulatory actions ensuing the Minister of Health Decree No.4 in 2022.

(2) Further improvement of the curriculums of in-service training courses

- MoH should steer and facilitate harmonization of the in-service training curriculums in tandem with the concerned sub-associations and PPNI, most urgently with HIPERCCI for the field of Critical Care at this juncture in time. Updating the in-service training curriculums is needed in order to be substantially connected to the local situation and social demand, not to mention being fully complied with the Government’s regulations. It is recommended that MoH should explore the outcome and remaining issues of the project constructively and fully collaborate with resourceful networks formed during and after project implementation.

(3) Approaches to securing financial resources for CLS

- Even in the situations where the national budget was not allocated as planned, some universities have been able to secure their budgets through self-helps efforts, for example, by reallocating the remuneration system for outreach activities to the budget for CLS.

It is recommended that MoH provide opportunities for the universities without the budget for CLS to share information on the experience and methods of the universities that have been able to secure the budget.

Lessons Learned for JICA:

(4) Collection of detailed information and its reflection in the framework of the project

- The project scope covered activities beyond of the jurisdiction of MoH activities. The curriculum of critical care submitted by the project has been virtually omitted as unapproved, since HIPERCCI, the linchpin in the formal approval process, was not properly consulted during project implementation. Once such a critical issue became clear and considered beyond the control of the counterpart, it should have immediately engaged related professional organizations to iron out differences. It is thus imperative to exhaustively collect pertinent information from various stakeholders, acting as a strategic network hub, especially regarding the structural arrangement of the authorization process before or during project implementation.

(5) Dissemination of the outcomes

- Disseminating the lessons learned from the project could have contributed to deepening the understanding of the outcome in non-pilot yet, potentially interested hospitals and universities. As prescribed in the Overall Goal, dissemination was presumed, but it was not deliberately strategized to carry out at the least cost incurred after project completion. In retrospect, project outputs would have been disseminated further if they could share the best practices to showcase that the benefits would be generic for growth-oriented parties in non-project areas as well. As a first step of the dissemination strategy, it could have set up expert committees or discussion groups steered by MoH in conjunction with the plenary conference of the key association (e.g. the Annual Working Meeting hosted by PPNI).



Learning Activity for Bachelor Student of Geriatric Care Unit in UNPAD using Aging simulator



Clinical Competence Assessment for Intensive Care Unit Nurses from PK 2 to PK 3 in RSHS