Report WHO Collaborating Centre for Health Services Development

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I. INTRODUCTION

1. This document provides a general overview of the centre's activities covering the period October 5th 1989 till December 1st 1992. The purpose of the report is to briefly explain our capabilities, constraints, steps taken to overcome problems and related issues of interest to WHO.

2. Justification:
   a. MOH's Regulation No. 732/1988
   b. Ministerial directives to the Director HSRDC on 29th September 1989
   c. NIHARD Policies & Guidelines.

3. Scope & Contents:
   a. Introduction
   b. Situational Overview
   c. Managerial & Administrative Steps taken
   d. Results Obtained
   e. Conclusion

4. Approach:

   To develop this document, we used the system's approach, especially System's Management. Here the centre is viewed as being a total system comprising the elements of organization, human resource, means and infrastructure which are comprehensively managed towards the goal stimulated by its supersystem (in this case NIHARD and WHO).

5. Specific Notification:

   "Comprehensively managed" should be understood as popularly speaking: "to create" and "to sustain" the centre so that it will (hopefully) always be economical and yet able to adapt to ever faster waves of change envisioned in the nineties.

II. SITUATIONAL OVERVIEW

1. Mission, functions & role

   a. The centre has the specific mission of managing and conducting R & D in the field of health services in line with NIHARD regulations and policies and MOH guidelines. Its activities are geared toward providing R & D information to the whole range of health care delivery systems and their management through research & development (Health System Research).
   b. The institute is also a WHO Collaborating Centre for HSR.
c. Main Functions

1. Planning and implementation of HSR activities
2. Administrative & technical support of those R & D activities
3. Institutional comprehensive management.

4) Educational Breakdown
   - S3 (Doctors) 5
   - S2 (Masters) 15
   - S1 (University Graduates) 27
   - B Sc 6
   - Secondary Education 52
   - Primary Education 16
   - Others 8

5) In Training/Post Graduate:
   - In-country: S3 1
     S2 4
     S1 -
     S0 1
   - Overseas: S2 -
     Training -

b. Physical Set-up:
1. Estate 68.565 M2
2. Staff Houses 10 units
3. Office/Buildings 34 units
4. Internakl Roads 37.237,02 M2
5. Transportation 4 vehicles
   (no capability for research operations)

c. Library:
1. Books 8,959 titles
2. Magazines (Nat/itl) 482 titles
3. News Papers 4 titles
4. Vertical File 2,027 titles
5. Cassettes 8 titles
6. Micro-fiches 142 titles
7. Clippings 88 subjects

d. Computers
1. PC-AT IBM with 1 Hard disk 20 MB
2. PC-XT IBM comp. with 2 Hard disk 20 MB
1 Printer LQ 1500
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1 Printer FX 100
1 Printer FX 105
1 Printer Epson FX 800
1 Printer 2631 B
2 HP 9845 B + HP 150
1 Ploter HP

e. Other facilities
1) The institution in Surabaya has sufficient (albeit old) space and equipment for meetings/lectures/conference/training cum accommodation including laudry facilities. There is one big kitchen component still being able to be reoperated. A Radio communication unit has been installed in 1992.
2) The staff in Jakarta has now been provided office and administrative space with necessary basic office equipment.

f. Research Management Rules & Procedures
1) Internal regulations and procedures for project management and administration have been stipulated since 1981.
2) Job descriptions for the various structural components have been developed since 1983 and are now being reviewed by MOH.
3) Main organizational procedures have been developed since 1984.

g. R & D Software
This component is still very limited consisting of:
Statistick Packages
SPSS/PC, Basic Advance (termasuk tabel & grafik); ABStat
Data Entry:
SPSS Data Entry; ABStat Data Entry
Data Base
Dbase III Plus, CDS/ISIS
Spreadsheet
Lotus 123
Word Processor
WS, WS2, WS4, SAMNA, Microsoft Word, Word Perfect
Diagnostic
Norton Utilities, Copywrite Version 102
Graphic
Hp Ploter

h. Budget (in rupiahs):

<table>
<thead>
<tr>
<th></th>
<th>89/90</th>
<th>90/91</th>
<th>91/92</th>
<th>92/93</th>
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<tbody>
<tr>
<td>Routine</td>
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<td>Development</td>
<td>27,644,000</td>
<td>49,262,000</td>
<td>134,497,000</td>
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<tr>
<td>WHO</td>
<td>43,411,000</td>
<td>24,034,000</td>
<td>399,283,738</td>
<td>159,000,000</td>
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<td>Total</td>
<td>511,077,000</td>
<td>588,671,000</td>
<td>1,067,012,738</td>
<td>292,611,000</td>
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3. Main Problem Areas
a. Internal Problematics:
We have identified 10 major problem areas which are being systematically tackled, they comprise:
1) Semantics
2) Structural Faguiness
3) Low Managerial capability
4) Poor Coordination
5) Weak Information System
6) Communication
7) Discipline
8) Psycho/Mental Blocks
9) Rigid Bureacracy
10) Ignorancy

b. External Problematics:
Physical Challenges to the centre are:
1) Location of the centre in Surabaya and Jakarta (± 900 Km apart)
2) Office space and administrative support in Jakarta in still minimal.
3) Facilities in Surabaya are over abundant (buildings and working space) but without adequate
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operation & Maintenance financial support).

These conditions have also a negative impact on managerial, administrative and organizational efforts to tackle the 10 major problem areas identified earlier.

4. System Challenges

In order to carry out its mission economically (as part of NIHHRD and as WHO Collaborating Centre) our centre visualised a further description of the national health system (NHS):

a. Analysis of the NHS to cater to operational health needs for the 5th Five Year National Development Plan 1994-1998 require development of three subsystems as follows:

1) The development of individual leaders and managers (especially university of academic graduates) and their career subsystem, including among other research staff and their managers functional career development.

2) The national Health R & D Subsystem to direct all the R & D institutes and their resources to the National Health R & D goal while at the same time being complementary to the operational subsystem of the NHS.

3) The national health strategic planning system which absolutely requires input, from the national health R & D subsystem (long/medium term trends) and the operational subsystem (health information/intelligence) to generate appropriate health strategies in line with long term national health goals and policies.

b. our centre is able to develop further operational environments of the NHS (especially if focussed on the district health management level by analysing four scenarios (based on National Geographic, demographic and social conditions) as follows:

1) The normal / peaceful scenario which is desired by every health agency or professional.

2) The deplorable situation, such conditions still existing in the eastern part of Indonesia.

3) The disaster situation especially pertaining to local/subdistrict/areas.

4) The calametic/catastrophic situation either man-made or natural.

In each of these 4 different scenarios the health care delivery system will also be operationally different, in turn needing particular research strategies and methodologies. These strategies should be part & parcel of the NIHHRD and its R & D Centre's (such as our centre) as well as the managerial & operational systems of the NHS. We believe that our centre will be able to develop, test and implement these research strategies/protocols.

III. HSRD CENTRE MANAGEMENT & ADMINISTRATION

1. Since October 1989 the following managerial & administrative activities have been stressed and/or enacted to overcome psychosocial inertia (see point 8/a)

a. MOH Regulation # 732/1989 was consciously stressed as being the most important basic document for mission accomplishment in our centre.
b. Mental, discipline and espritde corps development.
c. Opening up information & communication channels to the utmost.
d. In-house training and workshops on MOH planning-programming-budgeting cycle.
e. Utilization of non-structural and non-organe components of the centre to reach mental, physical and social welfare of the staff and their dependents.
f. Simulating faculty development to include development of administrative support staff.
g. Strengthening coordination and cooperation with units occupying 17 Indrapura street and surroundings.
h. Programmed rotation of personnel.
i. Professional development of the junior research staff.
j. Collaboration with the Airlangga University (especially with the Medical Faculty and the R & D unit), Professional Association (Accupuncture Provincial Board), NGO's and other health related bodies in Surabaya.

2. Management & administrative skill and acumen were the main focus of improving overall capability of HSR&D staff. This development is still on going and we feel that as a whole we have consolidated the centre's position in the broad field of Planning - Organizing - Actuating and Control (Programme, Project, and Routine Management) in HSR management.

IV. RESULTS OBTAINED

1. Number of Research studies finalized and programmed show the following picture.

<table>
<thead>
<tr>
<th>Period</th>
<th>Routine Budget</th>
<th>Dev.Budget</th>
<th>WHO &amp; Other Budget</th>
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<tbody>
<tr>
<td>1989/90</td>
<td>4</td>
<td>2</td>
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</tr>
<tr>
<td>1990/91</td>
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<tr>
<td>1992/93</td>
<td>4</td>
<td>3</td>
<td>5</td>
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2. Related Activities
   a. Seminars
   b. Scientific Lectures
   c. Training sessions
   d. Publications 27 (journals) 12 (Research Report Series)
   e. Formal Collaborative Protocols

3. Unit Capacity
   We feel that carefully spaking our centre has the following annual capacity:
   a. Numbers of projects per researcher
   b. Scientific seminars/year
   c. Training Activities
   d. Scientific lectures
   e. RRS per researcher
   f. Published articles per researcher
   g. Formal Collaborative Programs/year

   The unit in Jakarta has just been provided office and working space. We think that no unit activities can be realised in this fiscal year because its staff is still being administratively processed.

V. CONCLUSION

Although since October 1989 the HSR&D Centre (Surabaya) has been consolidated, there is still a long way to go. Especially the