



Australian Government  
AusAID



# **Kemitraan Australia-Indonesia Partnership dalam Program Penguatan Sistem Kesehatan (AIPHSS) - Penguatan Kelompok Riset Kesehatan (Health Policy Network)**

**Pengembangan Kelompok Riset Kebijakan  
Kesehatan, Surabaya 18 September 2012**



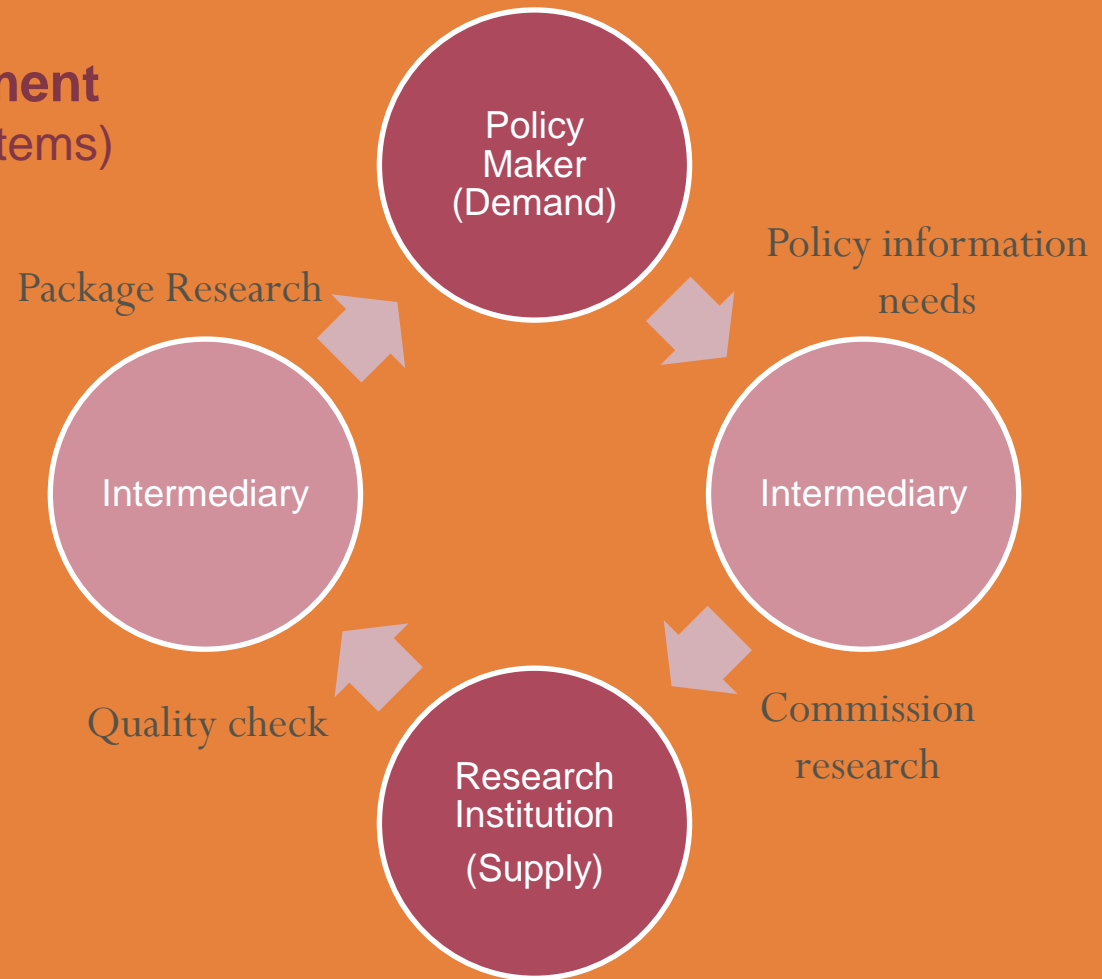
## OUTLINE

1. LATAR BELAKANG
2. AIPHSS – GRANT KEPADA HPN
3. IMPLEMENTING SERVICE PROVIDER (ISP)
4. TIMELINE
5. Q&A

# Latar Belakang

- **Perubahan kebijakan kesehatan & tingginya inequity**
- **Kualitas evidence yang terfokus pada perubahan sistem untuk memberi masukan kepada pembuat kebijakan terutama sdmk dan pembiayaan**
- **AIPHSS fokus mendukung akses masyarakat miskin terhadap kualitas kesehatan dasar**
- **AIPHSS berencana untuk mendukung kapasitas network dalam melakukan penelitian riset yang lebih baik**
- **Mengembangkn “centre of excellence”**
- **Kelompok akan mendapatkan “grant” selama lima tahun kedepan melalui ISP**

## Enabling Environment (policies, research systems)



Decreased MMR  
Decreased U5MR

Increased birth  
delivery in health  
facilities

Improved mgmt for  
high risk pregnant  
women

Improved ANC  
and PNC

Increased  
utilization of  
PHC

**Output 1:**

MoH using evidence based data and up to date information for the national policies decision making on health financing and HRH to improve access and quality of primary health care for the poor

**Indicator:**

1. increased demand for studies
2. 2015 health strategy linked to national needs and priorities
3. Program generated evidence and data referenced in policy briefs, docs and national strategic plans).
4. The HRH information system provides data to support national, provincial and district management

**Output 2:**

20 DHOs in 5 provinces implement health financing and HRH policies to improve effectiveness and efficiency of programs to improve access and quality of primary health care for the poor

**Indicator:**

1. districts make annual plan with a performance framework
2. Increased budget utilization
3. Number of Puskesmas with minimum midwives and nurses
4. % staff in district with agreed job desc. who receive annual performance appraisal
5. % of staff in post when they should be

**Output 3:**

Selected Puskesmas and Poskesdes in 20 districts having qualified HRH and sufficient resources to deliver quality primary health care

**Indicator:**

1. Reduced out of pocket expenditure by poor people attending Puskesmas
2. Benefits incidence of public funding
3. % Puskesmas meet SPM
4. Proportion of Puskesmas budget from all national and district sources disbursed to Puskesmas each month
5. Distribution of health workers matches planned allocation for PHC facilities

**Output 4:**

Pusdiklatnakes ensured selected Poltekkes run accredited nursing and midwifery stuy programs to produce qualified nurses and midwives for selected Puskesmas and Poskesdes

**Indicator:**

1. 5 Poltekkes accredited
2. Number of midwife and nurses graduated under new accredited courses.
3. Proportion of annual graduates who take up employment in poor or rural district.

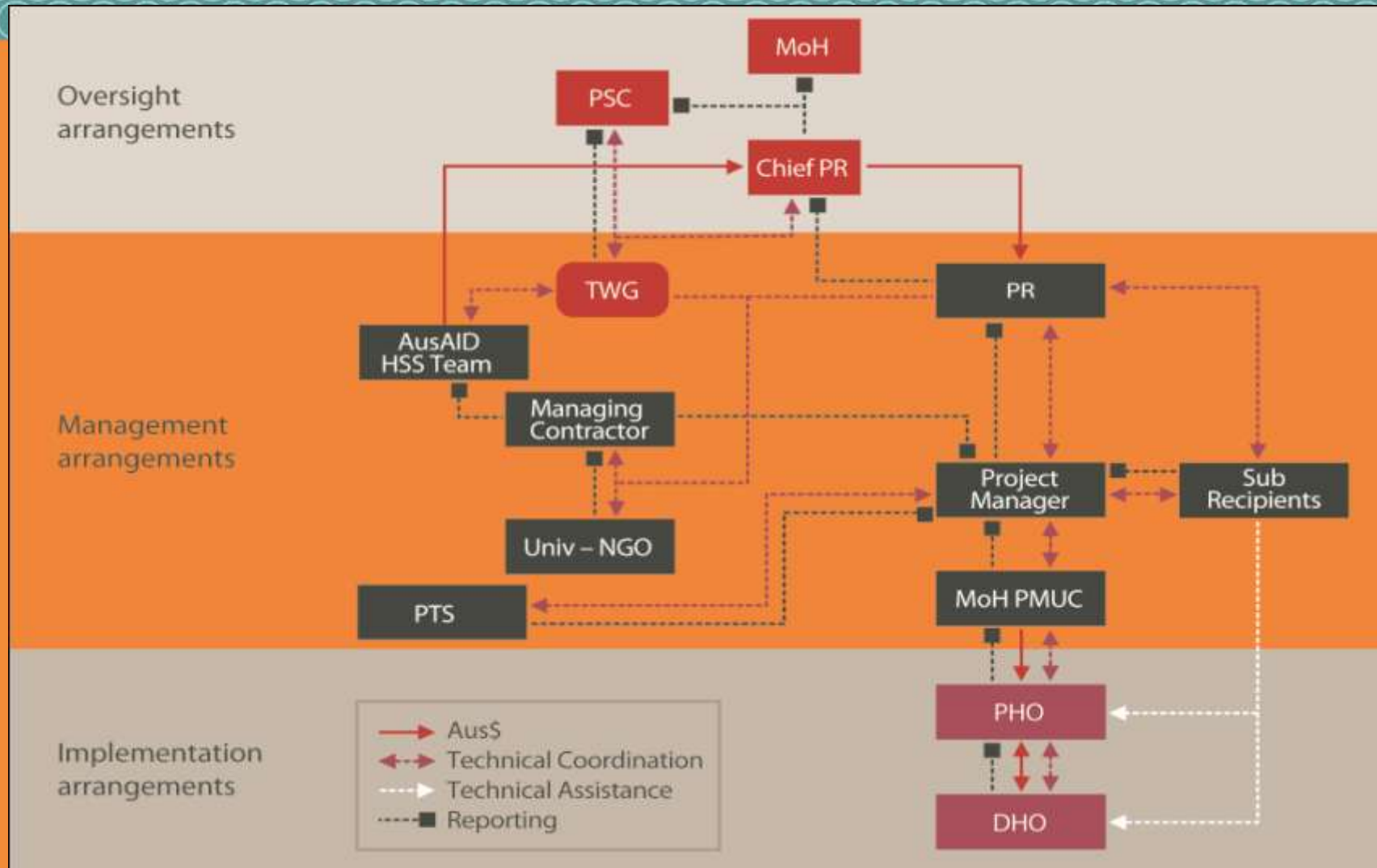
**Output 5:**

Universities, research institutes and CSO are able to deliver evidence data and advocate national and local policy makers on health financing and health workforce

**Indicator:**

1. Number of studies and relevant publications
2. Number of CSO receiving small grant fund for health policy and research for health advocacy.
3. Number of advocacy publications, events, press statements by civil society advocating for gov't attention to health of poor at national, provincial, and district

# Implementation Arrangement





# AIPHSS – dukungan terhadap HPN

“Centres of excellence” dalam bidang penelitian kebijakan kesehatan, pembiayaan dan TA

Bantuan terfokus terhadap:

1. Mendukung pendirian pusat penelitian di Universitas;
2. Memperkuat tata kelola dalam memproduksi penelitian dalam kebijakan kesehatan
3. Memberikan penguatan kapasitas dalam berdiskusi dengan “decision makers” dalam penelitian dan evidence termasuk bagaimana dapat berkomunikasi dengan efektif dengan pembuat kebijakan
4. Penguatan dan pemberian pelatihan “evidence based) kepada peneliti di daerah
5. Dukungan dalam persiapan untuk ‘call for proposal”
6. HPN member dapat melakukan penelitian di bidang sdm kesehatan, pembiayaan dan sistem
7. Memberikan kesempatan dalam berkolaborasi dengan International research institutes
8. Joint research antara peneliti dan network – cross institution network di daerah yang berbeda – beda (e.g. health seeking behaviour study)

# Tahap I - Mekanisme Pendanaan

**Sept 2012 – June 2013:**

**AusAID memberikan dana awal (bridging funding):**

- **Formalkan struktur dan mekanisme Governance**
- **Kolaborasi penelitian, training dan TA**
- **Kolaborasi antara Kesehatan Masyarakat dan Peneliti Kesehatan**
- **Memperkuat Undana research centre**
- **Health seeking behaviour**
- **Health financing and expenditure tracking study**



# Tahap II - Transisi

## March to June 2013

- Complete a “fit for purpose” review of the suitability and likely of continued funding – how network could be improved
- Develop process that integrate process and align activities of annual plan
- Facilitate further linkages between AIPHSS PR and SRs units and HPN
- Further specify TOR and the monitoring and evaluation of this support
- Recommendation on future funding

# Tahap 3 – Implementing Service Provider(ISP)

» Hasil assessment (tahap 2), ISP mulai memberikan “grant” dari June 2013 s/d lima tahun → funding channel

“ Independent Voice”

## Mekanisme

- ISP memberikan “grant” kepada network
- AusAID – ISP – Network berkolaborasi dalam management
- Peran Balitbangkes – call for proposal for research grant on primary health care & health workforce and financing
- Hubungan dengan Kemenkes melalui HSS Program



## Q & A