INDONESIA

Australia Bali Memorial Eye Centre Phase II Support Program (ABMEC)

Annual Plan

December 2011 – June 2012
Coffey International Development

December 2011

CONTENTS

Annexes

ABBREVIATIONS

ABMEC	Australia Bali Memorial Eye Centre Phase II Support Program
ADD	Activity Design Document
APBD	Anggaran Pendapatan dan Belanja Daerah (District Government Consolidated Budget)
AusAID	Australian Agency for International Development
BAPPEDA	Bali Provincial Development Planning Board
DinKes	Provincial Department of Health
GoA	Government of Australia
GoI	Government of Indonesia
HSS	Health Services Specialist
M&E	Monitoring and Evaluation
PAO	Procurement/Administration Officer
PCC	Program Coordinating Committee
PERDAMI	Perhimpunan Dokter Spesialis Mata Indonesia – Indonesian Ophthalmologist Association
RS	Rumah Sakit
SA	Subsidiary Agreement
SoS	Scope of Services
ToR	Terms of Reference

1 Introduction

1.1 Main referencing documents.

The development of this Annual Plan will span Dec 2011 – June 2012 and has been guided by the Scope of Services (SoS) within the contract for the Australia Bali Memorial Centre Eye Phase II Support (ABMEC) between AusAID and Coffey International Development (Coffey), the ABMEC Activity Design Document (ADD) (February 2010) and the Subsidiary Agreement (SA) between the Government of the Republic of Indonesia and the Government of Australia relating to the Australia Bali Memorial Eye Centre Project in Bali. AusGuideline 4.4 Preparing an annual plan was also consulted in the development of the document.

1.2 Main Implementing Agencies

The implementation and management of ABMEC is a partnership arrangement between the Government of Australia (GoA) (represented by AusAID) and the Government of Indonesia (GoI) (represented by the Provincial Department of Health, DinKes). A day-to-day working relationship is established with the management staff of ABEMC/RS Indera and all planning and implementation is done in collaboration with them.

The Program is provided oversight by the Program Coordinating Committee (PCC), which is the ultimate authority for ABMEC, and will ensure that the Program is operating effectively and delivering the desired outcomes. All program activities will be approved by the PCC including review of the six-monthly Operational Plan.

Members of the PCC include representative from AusAID, Centre for Foreign Cooperation, Ministry of Health of RI, ABMEC/Rumah Sakit (RS) Indera, RS Sanglah, DinKes, Administration Bureau of Bali Provincial Secretariat, Bali Provincial Development Planning Board (Bappeda), the Ophthalmology Department of Udayana University and the Indonesia Professional Association of Ophthalmologists (PERDAMI). ABMEC is represented by the Health System Specialist (HSS) as an observer but not a voting member of the PCC.

1.3 Preparation of the Annual Plan

The Annual Plan and schedule of activities for implementation were prepared by the ABMEC team in close collaboration with ABMEC/RS Indera. A workshop was held on 22 October to discuss the RS Indera Work Plan 2012 and areas of collaboration in relation to the technical themes of capacity building, training, technical assistance, procurement and twinning. The ABMEC Annual Plan follows the RS Indera Work Plan, and was developed in partnership to ensure complementarity of activities. The RS Indera Work Plan was endorsed at the November 2011 PCC which has informed this Annual Plan. The HSS works closely with senior personnel at RS Indera at all times, consulting on procedures and progress towards the planned activities.

2. Activity Description

The Program of assistance will revolve around training and capacity building to assist ABMEC/RS Indera meets its full potential to provide best practice eye care for men, women and children in Bali through the provision of cost effective eye health services that meet Indonesian best practice standards.

To achieve best practice tertiary clinical care there is a need to provide a well planned and phased implementation of new diagnostic and treatment equipment and procedures. Each major new item and procedure will need an accompanying training program for doctors, nurses and support staff.

The Program was planned in two Phases. The initial Support and Planning Phase was to run for approximately three to six months from the Project Start Date, or as determined by the PCC. The Facilitation Phase will run from the completion of Phase 1 until the end of the Program.

2.1 Purpose and Goal

The program goal is that the population of Bali, particularly those that are poor, receive best practice tertiary eye care. The two objectives are:

- To assist ABMEC/RS Indera to deliver best practice tertiary eye services
- To assist ABMEC/RS Indera and related eye surgeon training facilities to provide best practice eye surgeon clinical training.

2.1 Component Description

The program consists of four main components, with a mix of administrative and technical focus. The following section describes each of the components.

Component 1: Provision of Facilitative Support to AusAID and the PCC

AusAID and the PCC will be provided with facilitative support capacity that is responsive and flexible for planned and emergent needs. This component includes:

Establish a set of PCC operating procedures;

- Assisting ABMEC/RS Indera with needs identification and preparation of Terms of Reference and position descriptions for Short Term Personnel for the approval of the PCC;
- Providing logistical support to facilitate the twinning arrangements for the approved by the PCC;
- Arrange an independent procurement audit on an annual basis to be submitted to AusAID and the PCC;
- Provide secretariat support services to the PCC;
- Maintain reporting systems and preparation of financial and service delivery reports required by AusAID and the PCC.

Component 2: Recruitment and Management of Personnel

This component includes recruiting, contracting and managing Long Term Personnel and Short Term Personnel.

The Long Term Personnel will consist of:

- HSS who will facilitate the implementation of the Program; and
- Procurement/Administrative Officer who will conduct procurement activities and provide logistical support to the HSS.
- The Short Term Personnel will be recruited in order to fill the position endorsed by the PCC and authorised by the ABMEC/RS Indera.

Component 3: Procurement of Equipment and Minor Capital Works

This component will facilitate ABMEC/RS Indera to procure goods and services based on the needs assessment and scale of priority and endorsed by the PCC through six-monthly Operational Plan.

The category of the goods and services to be procured:

- Equipment for general staff training, to assist with classroom and experimental learning;
- General hospital equipment at ABMEC and approved District Hospitals;
- Eye specialty equipment proposed by ABMEC/RS Indera; and
- Minor capital works to assist with improved patient safety and the efficiency of service provision at ABMEC/RS Indera (excluding construction works).

Component 4: Provision of Training

Facilitating ABMEC/RS Indera provide training based on the needs assessment and analysis and endorsed by the PCC through six-monthly Operation Plan has identified.

Training to be delivered includes:

- Short technical courses associated with general and clinical health service management, developing procedures, protocols and standards for the various elements of service delivery, improving and effectively using new systems such as those in patient data management and the underpinning technology which gathers and reports on data; and
- Short clinical courses aimed at the clinical cadres of doctor and nurse and will be structured courses which will require specific support in terms of purchasing clinical specimens and one-off consumables to support the experiential aspects of the training.
- Work experience for selected personnel at specialist hospitals and attendance of selected personnel at appropriate conferences or workshops through external study activities; and International clinical visits.

3. Review of Program and Implementation Approach

3.1 Progress to Date

The contract for ABMEC was signed on 19 August 2011. A program briefing including meeting with AusAID Program staff in Jakarta was held 22-24 August 2011 and mobilisation to Denpasar on the 2 September 2011 to commence the program.

The ABMEC office is in the ABMEC/RS Indera Hospital Building at Jl. Angsoka No. 8 Denpasar. Office facilities (desks, chairs etc) have been provided by ABMEC/RS Indera as they were already present; high speed internet and communications systems have been established for the office. A website is under construction as part the proposed Partnership Communication Strategy.

Communication networks and processes have been established to assist the flow of information within the ABMEC team, with ABMEC/RS Indera, related partners, AusAID, PCC members and with external agencies. In order to have a shared perception on the arrangement of ABMEC Annual Plan 2012, a workshop with the participants from the management of ABMEC/RS Indera, Eye department of Udayana University/RS Sanglah, PERDAMI, Dinas Kesehatan Province Bali and the core team of ABMEC was held on 22 October 2011. The key agreed outcomes of the meeting were:

- The ABMEC II Support Program Annual Plan will be in support of the expected outcomes from Work Plan of ABMEC/RS Indera 2012.
- MoU has been established to improve the collaboration between ABMEC/RS Indera, RS Sanglah, PERDAMI, and Eye Department of Udayana University/RS Sanglah for training and education of eye surgeons;
- Recommended Cisendo Hospital for *Twinning Arrangement* with ABMEC/RS Indera;
- To maximize using of ABMEC meeting room as teaching and learning room for new eye specialists and practical eye specialists;
- DinKes is currently mapping Puskesmas with the highest blindness data. As a first step, DinKes is suggesting training for medic/non medic staff in Puskesmas for screening skills. ABMEC/RS Indera to be the referral of tertiary eye treatment from Puskesmas;
- Mobile clinic needs to increase its services districts;
- Eye Department of Udayana University/RS Sanglah has fresh fellowship new eye doctors but still need more training and recommended to train at ABMEC/RS Indera;
- Prioritise the process of ABMEC/RS Indera to be BLU.

PCC Operating Procedures/Guidelines were submitted to AusAID on September 2011 and are based on the PCC Decree which is yet to be signed off by the Ministry of Health. The HSS has supported AusAID to meet with the Directorate Referral Health Services (BUKR) to progress the signing of the PCC Decree. KemKes subsequently sent invitations to all targeted PCC members to participate in the pre-PCC meeting on November 1, to consider amongst others, the ToR for the PCC (see Annex 1). The PCC Operating Guidelines were endorsed at the first PCC meeting on 25 November 2011. One important key result raised in the pre PCC meeting was related to the signing of the Decree of the PCC by the Minister of Health. The Director of BUKR advised that any activities/works that were not yet approved but considered urgent, could be implemented even though the Decree had not been signed.

With the support of the HSS, ABMEC/RS Indera presented their proposed work plan and budget for the period December 2011 to June 2012 at the first PCC meeting on 25 of November 2011. The work plan received unanimous endorsement by PCC members.

The Procurement Manual has been developed and was submitted to AusAID in the November 2011. The manual includes details of the proposed procurement methods to be utilised by the ABMEC. The manual was endorsed by the PCC on 25 November 2011.

As a follow up from the meeting of 22 October, discussions took place in regards to investigating the possibility of a twinning arrangement with RS Cicendo in Bandung. Initial trip to initiate discussions took place in November and was attended by the HSS, dr Srijoni, dr Yuniti and dr Sinthia from RS

Indera. Follow up meetings are planned to expand on the twinning relationship and are discussed in Section 5.

Several activities have been undertaken to assist the management team of ABMEC/RS Indera including collecting information from the management team of ABMEC/RS Indera, RS Sanglah, Bali Provincial Health Office, Department of Ophthalmology, Faculty of Medicine, Udayana University, Bali Brach PERDAMI (the Indonesian Ophthalmologists Association*)* and several general hospitals in Bali to identify training needs for capacity building in order to achieve the Program objectives.

Documentation/Plans to achieve the status of BLU and Minimum Service Standards (MSS) have been developed by ABMEC/RS Indera and submitted to the Bali Provincial Government in November 2011. Several proposed changes were made in the development plans including:

- Services should be of good quality and affordable cost, and all staff of ABMEC/RS Indera should develop a spirit of entrepreneurship so that that the Hospital can be managed under non-profit principles by giving emphasis to effectiveness, efficiency and accountability.
- The number of operational services should be improved and the Hospital should open 24-hour services, so that ophthalmologist use of Hospital facilities can be optimized.
- BLU funds should be managed under economic principles and provide funds for operating costs, human resources development and investment as well as maintenance.
- That MSS be based on a collective agreement of all parties in ABMEC/RS Indera.
- Ophthalmologists should be disciplined and should abide by the systems and regulations applied by the ABMEC/RS Indera.

3.2 Significant Challenges

The working relationships between the program and ABMEC/RS Indera are strong and collaborative but will be presented with several changes to ensure the program is able to meet its goal. Most specifically they are:

- Delayed on the sign of PCC Decree. The Decree must be signed by Ministry of Health in Jakarta as the authorising agency to proceed with the program. The Decree formalises members of the PCC and roles and responsibilities. As the PCC is the authorising agency for ABMEC, any delays in signing the Decree may delay of the implementation of the activities of ABMEC program.
- Collaboration with RS Sanglah Eye department, Udayana University, PERDAMI and ABMEC/RS Indera need to be improved: At the moment there is limited cooperation and collaboration between the four implementing agencies to enhance service delivery and provide best services for training and education of new and practical eye surgeons. ABMEC will work to enhance relationships to ensure that services and resources are utilised to the best opportunity
- The function of communication networks between Puskesmas, RSUD and ABMEC/ RS Indera Hospital; Communications will need to be broadened between Puskesmas and ABMEC/ RS Indera to ensure that the services offered are maximise (particularly for the urban and rural poor) as a referral tertiary eye treatment.
- Planning to development ABMEC as an eye hospital after 2014; Since the commencement of ABMEC, it has become apparent that the licencing of ABMEC/RS Indera is only until 2014. Under new regulations, the level of services provided by ABMEC may not be sufficient for it to retain its current classification as a Class A hospital nor to achieve BLU status. The HSS will work closely

with the management of ABMEC/RS Indera to review options that will ensure that the hospital remains functional.

- Timeframe for ABMEC Phase II Support program: ABMEC was designed as a three year program of implementation however during contracting, the terms was reduced to 22.5 months with the same expectation of outputs. There is a need for very good collaboration between all related institutions/partners to achieve the goal of this program and close monitoring and reporting with AusAID on progress.

4 Implementation Strategy

The selection of a known and respected Balinese in the role of HSS was a strategic approach taken by Coffey to facilitate rapid implementation, as relationships did not have to be defined at program start up; they were already in existence. The HSS will work closely with ABMEC/RS Indera staff for the implementation of ABMEC.

In line with the communication strategy for the ABMEC, the program has adopted a practical and consultative approach to communication, and recognises the importance of face-to-face discussions in establishing open and honest relationships. At the national level, consultations have been conducted between AusAID Jakarta and the Director of BUKR (Bina Upaya Kesehatan Rujukan Kemkes). At the provincial level, extensive consultation has taken place between ABMEC and the Head of the Bali Provincial Health Office (DinKes), the Bali Chapter of PERDAMI, the Director of Sanglah Hospital, the Department of Ophthalmologist of the Medical Faculty of Udayana University, the Director of ABMEC/RS Indera and staff, especially with the vice Director of Services (dr. Yuniti) and ophthalmologist staff. The main purpose of consultation is to develop a common understanding by stakeholders of the Program's operations, activities and intended outcomes; including the major impact of an increased, best practice tertiary eye care for the people of Bali, especially the poor.

The development of a common understanding among stakeholders through the consultative approach also enables their significant buy-in and long term commitment to the Program's work plan and objectives. This commitment was evident at a planning workshop held on the 22 of October 2011 with stakeholders from:

- The management of ABMEC/RS Indera;
- Department of Ophthalmologist of Medical Faculty of Udayana University/RS Sanglah;
- RS Sanglah;
- Bali Province Health Office;
- Bali Chapter of PERDAMI.

All of the stakeholders made a strong commitment to support the ABMEC/RS Indera to become the best practice centre for tertiary eye service and to provide best practice eye surgeon clinical training, through agreeing to the following strategies:

- Eye treatment equipment procurement will be prioritized on a needs basis;
- ABMEC/RS Indera ophthalmologists will increase collaboration with RS Sanglah, PERDAMI and ophthalmologists from the Eye Department of Medical Faculty of Udayana University/RS Sanglah for the training and education of doctors to become ophthalmologist;

- The facilities in ABMEC/RS Indera should also be used by the Eye Department of the Medical Faculty of Udayana University/RS Sanglah and PERDAMI to extend services to the Balinese people;
- The ABMEC meeting room should be maximised as a teaching and learning room for new eye doctors and practicing eye doctors;
- Doctors and nurses from Puskesmas are to develop their skill and knowledge in the basic diagnosis and screening of patients with eye disease, to increase coverage of blindness/ cataract patients from the rural area for referral to ABMEC/RS Indera;
- Increase the use of mobile clinics to deliver eye treatment services in rural/remote areas.

Stakeholder commitment was evident at the pre-PCC Meeting on 1 November and again at the first PCC meeting held on Friday 25 November. The PCC meeting was well attended and the stakeholders signed off a number of key documents and strategies, including the Procurement Manual, the proposed equipment list and the AMBEC/RS Indera proposed six-monthly work-plan.

5. Work Plan

During the six months December 2011 to June 2012, ABMEC/RS Indera will manage the implementation of activities funded through Anggaran Pendapatan dan Belanja Daerah (District Government Consolidated Budget) (APBD) sources, and with support from the ABMEC.

Component 1: Provision of Facilitative Support to AusAID and the PCC

A recommendation made by the Pre PCC meeting on 1 November 2011 was for ABMEC/RS Indera to arrange a twinning program with RS Cicendo, Bandung. The HSS facilitated a meeting between the Director of RS Cicendo and the Director ABMEC/RS Indera at RS Cicendo Bandung on 1 December 2011 to discuss this possibility. The Director of RS Cicendo welcomed the opportunity and twinning arrangement to assist ABMEC/RS Indera to develop as a specialist eye hospital. The Memorandum of Understanding (MoU) between RS Cicendo and ABMEC/RS Indera for the twinning arrangement will be prepared early 2012. It is planned for the Director of RS Cicendo and staff to visit ABMEC/RS Indera for further discussions in January 2012 in planning for the twinning.

The draft Monitoring and Evaluation (M&E) plan to measure the impact and outcomes of the ABMEC was presented at the PCC meeting with the recommendation that it be further refined by a working group of selected stakeholder in December 2011 and for consideration at the second PCC Meeting (see Annex 3).

Planned activities for December 2011 – June 2012:

- December 2011: provide logistical support in organising a workshop with AusAID and stakeholders to further develop the draft M&E Plan.
- December 2011 and May 2012: Collaboration with ABMEC/RS Indera to develop the six monthly operational plans.
- January 2012: provide logistical/financial support for the team from RS Cicendo to visit the ABMEC/RS Indera for further discussions on the proposed twinning arrangement.
- February and May 2011: plan for two PCC meetings in February and May 2012. Full secretariat support will be provided by ABMEC.

- May – June 2011: Prepare the Second Annual Plan for the period July 2012 to June 2013, including revised Risk Management Plan, Second Six Monthly Operational Plans, and an updated M&E Plan.
- January – June 2011: Maintain reporting systems and prepare financial and service delivery reports as required by AusAID and the PCC.

Component 2: Recruitment and Management of Personnel

Locally engaged Short Term Personnel has been identified and approved by the PCC and will be recruited in March 2012. The Short Term Personnel include two six-month advisory positions in Nursing Services and Medical Consultant for Tertiary Eye Care. The recruitment of these positions will be undertaken through open and transparent process targeting local people. Coffey ID Jakarta HR team will work in partnership with ABMEC team and Rumah Sakit (RS) Indera for this recruitment. The recruitment processes for the above positions are detailed in Annex 6.

The HSS will continue to work with the ABMEC/RS Indera management team to identify short term personnel/adviser inputs required by the Program for the period 2012 – 2013 for the next annual plan.

Component 3: Procurement of Equipment and Minor Capital Works

The ABMEC Procurement Manual was tabled at the November PCC and endorsed by all members and will the guiding document for all procurement. The PAO works closely with counterparts in the development of priority listing for equipment in the following six months. Current equipment recommendation is that the priority for the ophthalmologists of ABMEC/RS Indera was to provide the cataract and glaucoma related equipment. Phacoemulsifier and argon laser were two related eye equipment proposed to provide; Argon laser is also used for the retina and cataract treatment. This equipment will support the eye surgeon training and improve the eye service delivery in ABMEC/RS Indera particularly, and in Bali generally.

Planned activities December 2011 – June 2012:

- December 2011: Preparing Request for Quotation (RFQ) document with Indera's representatives for selected tender process and submit to AA for approval.
- January 2012:
    - Conducting tender process – sending invitation letters and RFQ document to selected bidders, evaluation process, and announce the winner (product presentation when needed).
    - Notify shortlisted providers and issue purchase order arrangement.
- February 2012:
    - Direct purchase process of equipments to facilitate doctor and nurse training of satellite Puskesmas (in March). Process will be conducted through collecting quotations.
    - Asset insurance arrangement: collecting minimum two insurance corporate for eye specialty equipment purchased.
- March – April 2012:
    - Target to receive equipments, installation activity and conduct training for equipment operation and maintenance.
- April – June 2012:

- In coordination with medical equipment technician of RS Indera, conducting monitoring and quality assurance of equipment maintenance.
- Reviewing six month initial work plan and preparing for the coming six month work plan.

Component 4: Provision of Training

Planned activities December 2011 – June 2012

- January – April 2012: Provide logistical support and prepare administrative and financial support for the implementation of training and capacity building activities based on the time schedule planned by ABMEC/RS Indera. This training will be facilitated by the ABMEC team.
  - Conduct Glaucoma training (January 2012)
  - Train doctors and nurses from satellite puskesmas (January-March 2012)
  - Undertake a Study tour to Cicendo to secure the Twinning Program (February 2012)
  - Conduct a workshop for education and services strengthening (February 2012)
  - *Pelayanan Prima* (April 2012)
- March 2012: Assist ABMEC/ RS Indera in developing a MoU between ABMEC/ RS Indera and Cicendo Hospital in Bandung for the twinning program.
- January – May 2012: Monitor the implementation of the training and capacity building, ensuring that they are delivered effectively and efficiently.

6. Risk Management

The program risks have been reviewed and remain consistent and are detailed in annex 4. The operating environment for ABMEC is very cooperative and collaborative, and strong relationships have been established with key counterparts, but most specifically the directors of RS Indera.

A major challenge to the program will be the ability to meet the expected outcomes in the timeframes. There have been numerous briefings with counterparts to ensure there is a uniform understanding of both the program goal and the associated budget. All planning is undertaken jointly to ensure the program activities compliment ABMEC/RS Indera planning. Due to the differing timeframes between the two i.e. ABMEC/RS Indera work on a calendar year and ABMEC work on the Australian Financial Year, there is a need for close coordination to ensure that full support can be given by the program. The HSS, the ABMEC Program Manager and the Contractor Representative will monitor expenditure for each of the components.

7. Monitoring and Evaluation

As identified in the ADD, the M&E will monitor the delivery of outputs and evaluate program outcomes whilst supporting ABMEC/RS Indera to establish systems that will be ongoing to facilitate better reporting of service delivery. A draft M&E plan was developed with the HSS and counterparts and is aligned with the main expected outcomes of the program. The M&E reflects the current plan of activities and has been defined to ensure that the indicators are both relevant and achievable, as presented in Annex 3.

The Draft M&E plan was presented at the PCC meeting on 25 November for review. A further workshop with AusAID and counterparts is planned for December at a date to be determined to further refine the M&E plan. The M&E Plan will be completed and revised by all the stakeholders who will allow for alignment with GoI reporting requirements and will be endorsed at the next PCC meeting in February 2012, establishing baseline data to better monitor the progress of Program implementation.

8 Sustainability

ABMEC has been designed with a holistic approach, to build the capacity of management and technical skills of staff at AMBEC/RS Indera, using and strengthening GoI systems rather than imposing external systems that may become redundant at the cessation of support. As the program of assistance is focused on the whole of population with particular emphasis on the poor and vulnerable, there will be a broad impact on the health status of the population which will lead to increased productivity in the workforce, a decrease in curative medicine expenditure, decreased absenteeism at school and can lead to increased levels of savings and general household wellbeing.

The development of the PCC as the oversight authority also strengthens the relationships between stakeholders and lays the way for ongoing collaboration to better allocate and utilise resources. The success of ABMEC is dependent upon the cooperation of many parties to improve service delivery, not just ABMEC/RS Indera. Early indications are that collaboration and cooperation is strong with all members committing to the program through participation at the PCC meetings. Initial discussions have taken place on changes in functional roles for service delivery to better enhance service provision to the population of Bali, in accordance to where the optimum equipment is placed and so forth.

A major focus of ABMEC is strengthening of the management and financial planning of ABMEC/RS Indera, most particularly in the achievement of BLU status which will provide financial autonomy and independence for ABMEC/RS Indera. The selection of an experienced and well respected HSS who managed the BLU process for RS Sanglah will provide strong support and mentoring for the staff of ABMEC/RS Indera.

Importantly, the mode of support provided by ABMEC will contribute to sustainable activity outcomes. The HSS will support, mentor and guide his counterparts but he will not implemented activities; the phased approach has provided opportunities for strong relationship development with and between all stakeholders; the role of the program is to facilitate implementation rather than execute implementation.

9. Progress Payments

There are no milestones for ABMEC and details of payment of the management fee and program reimbursables in accordance to their respective category are detailed in Schedule 2 – Basis of Payment within the contract.

A full costing for all ABMEC activities for the period Dec 2011 – June 2012 is in Annex 5.

Annex 1

PCC TOR

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SPECIALISTS IN DEVELOPING COMMUNITIES

Australia Bali Memorial Eye Centre (ABMEC) TAHAP 2
***PROGRAM COORDINATING COMMITTEE* (PCC)**
Kerangka Acuan Kerja (TOR)

Background

Through the Australia Bali Memorial Eye Centre (ABMEC) Phase 2, the Government of Australia and the Government of Indonesia have entered into a collaboration to assist the poor people in Bali in obtaining the best tertiary eye health care.

This program has two objectives:

i) To assist ABMEC in providing tertiary eye health care services in accordance with the best practice standards; and
ii) To assist ABMEC and the related eye surgical training institutions to provide eye surgical clinical services in accordance with the best practice standards.

The program is intended to enhance the expertise of the clinical staff of Indera Hospital in preventing and managing eye diseases, and to improve the capacity of local management and clinical staff in making new and better service plans so as to increase access to better health services for patients.

Roles and Purposes of *Program Coordinating Committee (PCC)*

The role of the PCC is to comprehensively provide strategic directions of the program and to ensure that they are consistent with the strategies and priorities of the Government of Indonesia. The PCC is a forum for facilitating coordination and consultations between the Government of Indonesia and the Government of Australia. The PCC will also undertake the process of monitoring and evaluating activities to ensure that the work is effective and can achieve the objectives and outcomes expected. The PCC will apply the principles of good governance necessary to achieve program objectives and to meet reporting requirements set by the Government of Indonesia. The PCC has a full authority over all programs and decisions related to the Subsidiary Arrangement (SA).

Responsibilities of *Program Coordinating Committee (PCC)* are to:

- Determine and provide strategic directions and program priorities
- Ensure strategic objectives of the program relating to the priorities mentioned in the strategic and business plans for the Provincial Health Office and ABMEC.
- Examine and approve documents and key procedures including annual work plans (including endorsement of procurement of equipment, services and training), the monitoring and evaluation framework and progress reports
- Provide guidance and directions for long and short term health service advisers and experts who will support the program
- Determine the contents and scope of reporting required for the program

- Determine and make recommendations for improving quality in a sustainable way
- Develop criteria for funding activities in accordance with the program objectives, including procurement of goods and services
- Monitor and supervise the progress and performance of the program
- Conduct a review of any technical standards, protocols and guidelines developed by the program
- Assist in developing a culture of cooperation, innovation and high performance
- With the program partners, resolve any differences and disputes that may bring negatively impact program implementation
- Encourage coordination and harmonization with other stakeholders and donors
- Monitor all activities using the principle of good practices as specified in the provision of Article 14 of the Subsidiary Agreement (SA)

Membership of *Program Coordinating Committee (PCC)*

As the strategic responsibility for making decisions lies with the PCC, its representatives should be selected from senior (or executive) management positions. Members of the institutions and agencies agree that, if possible, the representatives selected to occupy positions on the PCC should be retained long term to ensure program sustainability. Where possible, there should be a gender balance in the composition of the PCC's membership.

The *Program Coordinating Committee (PCC)* membership comprises of:

1. Director of Directorate of Hospital Care (BUKR), Ministry of Health or nominated officer;
2. Director of Health, AusAID Jakarta
3. Director of RS Indera;
4. Head of the Centre for Foreign Cooperation, Ministry of Health of RI
5. President Director of Sanglah General Hospital
6. Head of the Bali Provincial Development Planning Board (Bappeda)
7. Head of the Bali Provincial Health Office
8. Head of the Administration Bureau of Bali Provincial Secretariat
9. Head of the Health Service Division of Bali Provincial Health Office
10. Head/Functional Medical Staff (SMF) of the Department of Ophthalmology, Faculty of Medicine, Udayana University / Sanglah General Hospital
11. Chairman of PERDAMI (*the Indonesian Professional Association of Ophthalmologists*) of Bali Branch

Each member of the PCC has an alternative/replacement member appointed to represent him/her in case of absence. If required, the PCC can include technical experts who may replace those who are absent as ad hoc members, but shall not have voting rights.

AusAID will facilitate the initial meeting of the PCC at which its Chairman will be appointed. A quorum for meetings of the PCC is at least four members who have voting rights including ABMEC/Indera Hospital, AusAID and a representative of the Provincial Health Office. The Secretariat function for PCC meetings will be provided by Indera Hospital/ABMEC.

ROLES OF PCC MEMBERS

I. Role of AusAID:

- Facilitating the initial meeting of the PCC and ensuring regular meetings of the PCC as scheduled on a quarterly basis
- Delivering perspectives and advice from the donor side (AusAID)
- Directing the ISP (assisted by the Health Services Adviser) to carry out activities that have been approved by the PCC, including monitoring and evaluation

II. Ministry of Health of the Republic of Indonesia - Directorate of Health Care (BUKR)

- Providing strategic directions, advice and guidance on health services of the Ministry of Health (MoH);
- Receiving regular reports from Indera Hospital on project activities;
- Undertaking monitoring and evaluation activities in conjunction with AusAID during program implementation.

III. Provincial Health Office (Dinkes)

- Developing, monitoring and controlling the implementation of eye health services;
- Receiving periodic records and reports from Indera Hospital;
- Forwarding reports to the Ministry of Health;
- Providing inputs & approving program planning and annual budgets.

IV. **ABMEC/Indera Hospital**

- Taking responsibility for the grant funds of Phase II provided by AusAID;
- Developing work plans and budgets and carrying out monitoring and evaluation approved by the Program Coordinating Committee (PCC);

- Developing training plans and equipment needs supported by Health Service Adviser (HAS) and approved by the PCC;
- Taking responsibility for program implementation supported by HSA;
- Recommending the selection of Short Term Advisers (STA) to support the program;
- Ensuring that the program works effectively in accordance with agreed objectives;
- Providing program reports and updates to the local and central governments.

V. Representative of Sanglah General Hospital

- Functioning as the supporting & referral hospital in developing and supporting the implementation of eye health services related to human resources training.

VI. PERDAMI Cabang Bali

- Providing recommendations and technical guidelines on training and equipment to comply with the standards of PERDAMI.

VII. Department of Ophthalmology – UDAYANA UNIVERSITY

- In the field of education, service and dedication:
    - Acting as a partner in training, research and development of eye care;
    - Ensuring that the program runs effectively and achieves results in accordance with the agreed objectives.

VIII. Health Service Adviser (HSA)

- Working closely with the Field Director of ABMEC and the Director of Indera Hospital to ensure that the program works effectively and achieves the agreed objectives;
- Providing technical advice and guidance on the procurement of training and equipment for ABMEC to be approved by the *Program Coordinating Committee (PCC)*;
- Assisting ABMEC / Indera Hospital in making progress reports for the Program Coordinating Committee (PCC) and delivering the needs of the Indonesian Government;
- Other specific responsibilities set out in the Terms of Reference (TOR) for HSA.

IX. Representative of the Regional Development Planning Board (BAPPEDA)

- Conducting synchronization and coordination for the sustainability of the ABMEC program

X. Administration Bureau of the Provincial and District / City Secretariat

- Monitoring and coordinating the implementation of the ABMEC program

XI. Representative of the International Relations Bureau of the Ministry of Health (PKLN)

- Facilitating and coordinating program stakeholders.

Schedule of Routine Meeting of the *Program Coordinating Committee (PCC)*

The *Program Coordinating Committee* (PCC) will conduct meetings on a three monthly basis, or more if required during annual planning and budgeting activities. The first meeting of Program Coordinating Committee (PCC) should be held immediately after the program has commenced to develop a work plan and budget in accordance with the cycle of annual planning and budgeting of the Bali Provincial Government. Meetings of the PCC will be facilitated by Indera Hospital/ABMEC and the ISP over the life of the program.

Roles and Responsibilities of the *Program Coordinating Committee (PCC)* members

Chairman I and II of PCC

- Ensuring the smooth conduct of PCC meetings
- Delivering strategic directions, advice and guidance on health services of the Ministry of Health (MoH) as well as donor views and needs (AusAID)
- Providing additional inputs/suggestions on program implementation or specific issues which are independent of the PCC.
- Signing off on PCC recommendations
- Monitoring program implementation based on the recommendations made by the PCC.

***PCC* Secretariat**

- Ensuring meetings take place as per agreed schedules
- Arranging and preparing agenda and relevant documents, including the required data and presenting them to the Program Coordinating Committee (PCC) members prior to commencement of the meeting
- Taking minutes of meetings and communicating action plans and recommendations to the ISP for implementation
- If necessary, provide additional inputs/suggestions for program implementation on matters which are independent for the PCC.
- Monitoring program implementation based on the recommendations of the PCC.

PCC Members

- Providing inputs/suggestions and proposing recommendations on specific issues independent of the PCC for program implementation.

- Legitimizing program activities proposed by Indera Hospital/ABMEC and/or related institutions.
- Monitoring program implementation based on the recommendations made by the PCC.

PCC Observers

- Providing inputs/suggestions in the program implementation on specific issues.
- Monitoring progress of meetings and recommendations made by the PCC
- Providing support and ensuring that the program works effectively in delivering agreed objectives.

DECREE OF THE MINISTER OF HEALTH
Number : ……

ON
AUSTRALIA BALI MEMORIAL EYE CENTRE (ABMEC) OF PHASE 2

MINISTER OF HEALTH

Considering:

a. that ABMEC (Australia-Bali Memorial Eye Centre) of Phase 2 will be launched at the agreed time,
b. that to effectively and efficiently achieve the implementation of ABMEC program, Health Service Advisers need to be appointed who will be recruited by the Implementation Service Provider (ISP),
c. that the officials listed in the Attachment to this Decree are deemed able to carry out the tasks mandated by the program.

In view of:

1. Law No. 37 / 1999 on Foreign Relations
2. Law No. 24 / 2000 on International Treaties
3. Law No. 7 / 2003 on State Finance
4. Law No.1 / 2004 on State Treasury
5. Law No. 36 / 2009 on Health.
6. Presidential Decree No. 18 / 2000 on the Methods of Goods and Services Procurement
7. Regulation of the Minister of Finance No. 168 / 2008 on Regional Grants
8. Regulation of the Minister of Finance No. 215/PMK.03/2008 on the Establishment of International Organizations which are not the subjects of income tax.
9. Decree of the Minister of Foreign Affairs No. 03/A/OT/X/2003/O on the Procedures for Foreign Relations by Local Governments
10. Decree of the Minister of Health No. 1571/MENKES/SK/I2006 on the Structures of the Organization and Managers of the Ministry of Health.

Has Decided:

A Subsidiary Arrangement (SA) between the Governments of Indonesia and the Government of Australia on Australia Bali Memorial Eye Centre (ABMEC) signed on 19 December 2010;

TO ANNOUNCE

Firstly: Decree of the Minister of Health on *Australia Bali Memorial Eye Center* (ABMEC), especially the *Program Coordinating Committee* (PCC);

Secondly: Appointment of officials to sit on the *Program Coordinating Committee* (PCC)

Thirdly:

a. *Program Coordinating Committee (PCC)* shall be responsible for formulating program policies and providing guidance to ensure the successful program implementation based on the approved plan.

b. *Program Coordinating Committee (PCC)* shall be responsible for providing technical guidance and monitoring the program implementation at the local level. The team shall also be tasked to provide reports and feedbacks on the program implementation to the *Program Coordinating Committee* (PCC).

c. In undertaking its duties, the *Program Coordinating Committee* (PCC) shall be assisted by a secretariat to provide administrative assistance and to liaise with other relevant parties. The Secretariat shall be the Implementation Service Provider funded by AusAID.

d. The Health Services Adviser contracted by AusAID shall provide technical support for the *Program Coordinating Committee* (PCC)

Fourthly: Members of the Program Coordinating Committee (PCC) shall be determined based on the Decree of the Minister of Health.

Fifthly: This Decree shall come into force from the date of issuance and if mistakes are found in its implementation, this decree shall be amended as required.

Issued in: Jakarta

On:
Minister of Health

dr. Endang Rahayu Sedyaningsih, MPH, DR, PH

ATTACHMENT TO
THE DECREE OF MINISTER OF HEALTH
NUMBER :
DATE :

MEMBERSHIP STRUCTURE
PROGRAM COORDINATING COMMITTEE (PCC)
AUSTRALIA BALI MEMORIAL EYE CENTER (ABMEC)

Adviser : Minister of Health

Steering Committees : 1. Secretary General

2. Director General of Health Care

DEVELOPMENT AND SUPERVISORY TEAM

Chairman I : Director of Health Care, MoH, RI

Chairman II : Director of Health, AusAID

Secretary : Director of Indera Hospital, Bali Province

Members :

1. Head of the Centre for Foreign Cooperation, MoH, RI
2. President Director of Sanglah General Hospital
3. Head of the Bali Provincial Development Planning Board (BAPPEDA)
4. Head of the Bali Provincial Health Office
5. Head of the Administration Bureau of Provincial Secretariat
6. Head of Health Service Section, Bali Provincial Health Office
7. Head/Functional Medical Staff of Department of Ophthalmology, Faculty of Medicine, Udayana University/ Sanglah General Hospital
8. Chairman of PERDAMI of Bali Branch

Stipulated in : J a k a r t a
On :

MINISTER OF HEALTH

ENDANG SEDYANINGSIH

cc:

1. Head of the Supreme Audit Agency in Jakarta.
2. Secretary General of Ministry of Health, RI.
3. Inspector General of the Ministry of Health, RI in Jakarta.
4. Director General of Referral Health Development, MoH, RI in Jakarta
5. Governor of Bali Province
6. Major implementer.

Annex 3

ABMEC M & E Matrix

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M & E Matrix: Draft Monitoring and Evaluation Plan

Program Goal: the population of Bali, particularly for those that are poor, receives best practice tertiary eye care

Output	Outcome	Means of Verification	Data and data source
Objective 1: Assist ABMEC / RS Indera to deliver Indonesian best practice eye services			
Ophthalmologists and training eye surgeons trained to PERDAMI recommended standards in the diagnosis and treatment of cataract, glaucoma, refraction and retinopathy diagnosis and treatment	Bali trained ophthalmologists and training eye surgeons able to diagnose and treat cataract, glaucoma, refraction and retinal problems to PERDAMI recommended standards	Pre and post training skill assessments demonstrating improvement in diagnosis and treatment of cataract glaucoma, refraction and retinopathy.	This training is the responsibility of RSCM Jakarta and RS Cicendo, Bandung. All the training support provided from local government budget and result of trainings will be reported. Reports of training results and standards
All ABMEC doctors, nurses and clinical support staff trained and up skilled in infection control practice	Clinicians practice infection control to Indonesian hospital prescribed standards Nurses able to diagnose and treat glaucoma to PERDAMI recommended standards	Decrease in hospital acquired infection rates evidenced by trends in locally collected data that is compared to national data Improvement in diagnosis and treatment of glaucoma by nurses.	Number of ABMEC staff trained for infection control Hospital records and reports on infection rates Twinning agreement with RS Cicendo Pre and post training skills assessment of nurses
Nurses trained in peri operative procedures, development and implementation of general policies and procedures, and nursing standards	Nursing standards, policies and procedures are in place for all major clinical activities	Nursing policies, procedures, protocols and standards are being used in daily practice by nurses.	Pre and post test results of nurses trained Manual of Nursing Standards, policies and procedures Observation and performance

Output	Outcome	Means of Verification	Data and data source
			reviews.
Basic diagnostic and essential surgical equipment for tertiary level eye care procured and available for staff use.	The procured diagnostic and surgical equipment routinely used by clinical staff to provide PERDAMI prescribed levels of diagnosis and care	External assessments by visiting specialists. Eye surgeons in training complete training log books evidencing access to equipment. Pre and post training skill assessments demonstrating improvement following new equipment commissioning and skills update courses. Increase in the number of patients treated	Assets Register of procured equipment Equipment installed and commissioned Log book of staff trained in use of new equipment Number of hours by trained staff in using the equipment Patient information system Hospital records and timesheets
Staff trained to effectively use the patient information system to produce regular and reliable data for hospital management	Staff generate routine and special reports from the installed Patient Information System to assist general and clinician managers with service assessment, planning and decision making	Production of reports to the PCC, DinKes and ABMEC management that meet GoI reporting standards and assist with monitoring of service volume and quality	Patient Information System Results of staff training Reports of observation of staff performance Special Reports Hospital records
Development and implementation of preventative and breakdown maintenance plans to maintain and repair all plant and equipment.	All ABMEC plant and equipment maintained in good working order	All major plant and equipment inventoried, and included in current preventative and breakdown maintenance plans. Maintenance occurring in accord with scheduled programs.	Maintenance Plans Budget available for maintenance by 2013 Register of repairs

Output	Outcome	Means of Verification	Data and data source
		Timely repairs and maintenance.	Records of frequency of Equipment use
Objective 2: Related objective-Improved services at Puskesmas and District Hospitals			
Enhanced skill of staff at selected *puskesmas* and district hospitals.	Puskesmas staff trained for screening and post operative care Improved referral system for vulnerable people in rural areas.	Increased number of patients referred to ABMEC and/or other district hospitals. Dinas Kesehatan routinely monitors clinical services to assess quality of service delivery at Puskesmas and district hospitals	Results of training Screening data Record of Referrals Reports from Dinas Kesehatan
Objective 3: Assist ABMEC / RS Indera and related eye surgeon training facilities to provide best practice Indonesian eye surgeon clinical training			
Established and enhanced formal partnership arrangements between ABMEC / RS Indera, RS Sanglah/Udayana University and local chapter of PERDAMI to prepare integrated programs for doctor trained to become ophthalmologist in training using all of Bali's tertiary eye training facilities	Doctors trained/in training to become ophthalmologists rotating through Bali's eye tertiary institutions to gain maximum exposure (diagnostic and surgical training). Partnership agreements formalized between between ABMEC / RS Indera, RS Sanglah/Udayana University and local chapter of PERDAMI	Formal rotating training rosters in place. Number of Bali eye surgeons in training rotating through the tertiary institutions and meeting PERDAMI standards for training	Number of doctors and eye specialists trained at ABMEC to become ophthalmologists No of Partnership agreements/MOU Report from eye department of RS Sanglah and PERDAMI
Staff skills enhanced to develop plans for implementing and using ABMEC's training facilities for training courses / activities for training and practicing eye surgeons and clinical support staff.	Training facilities are utilized more often to provide training opportunities for new and experienced eye surgeons in Bali and eastern Indonesia.	Number and type of training courses undertaken in ABMEC facilities maximized.	Records of staff training Frequency of use of training facilities

ABMEC Risk Matrix

Annex 4

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Risk	Impact	L	C	R	Risk Treatment	Responsibility
Design and Management Risks						
1. Expectations of the ABMEC cannot be reached in 22 months; goal and objectives not met.	The program cannot keep pace with expectations of change; unable to achieve expected status as eye training centre.	4	3	E	• Careful planning during Phase I to get an accurate picture of capacity gaps; work closely with the Director of ABMEC/RS Indera to undertake TNA and development of a realistic training plan which is reviewed annually; flexibility in programming.	• HSS; Contractor Rep; AusAID; ABMEC/RS Indera
2. Provision of updated equipment.	Absorptive capacity of staff at ABMEC/RS Indera stretched; full potential of ABMEC/RS Indera to provide treatment and care for the poor and sight challenged not reached.	3	3	H	• Close consultation with PCC to ensure equipment is in alignment with technical requirements; close monitoring of use to ensure efficiency and appropriateness; realistic timeframes for installation of equipment with associated training programs on use and maintenance.	• Director ABMEC/RS Indera; PCC
3. Lack on momentum in delivery of ABMEC services due to gap that has occurred between the two phases of support.	Capacity to increases services at ABMEC/RS Indera has stagnated; lack of motivation from staff; delay in commencement of activities.	3	3	H	• Liaison with ABMEC partners to get an understanding of expectations and participation; ongoing updating and briefing of activities of ABMEC/RS Indera staff; review of professional pathways for staff to engender participation and opportunity for skill upgrade.	• HSS; Director ABMEC/RS Indera
Operating environment risks						
1. Unable to program the training courses necessary to increase skill levels for the staff of ABMEC/RS Indera; program timeframes restrict delivery of training.	Training for eye specialists and staff of ABMEC/RS Indera does not increase patient care or treatment numbers; no reduction in treatable blindness in Bali.	3	3	H	• Close participation of RS Indera in all planning to ensure ownership and understanding of training needs; realistic timeframes for implementation of activities.	• HSS; Director ABMEC/RS Indera
2. Improvements in service delivery in the districts not realised; poor capacity of	ABMEC/RS Indera does not improve capacity at the district level and Eye	4	4	E	• Inclusion of district partners in planning of needs assessment; ongoing communication with key partners; clarification of role and participation in an	• HSS; Director ABMEC/RS Indera; PCC;

KEY: **L** = Liklihood **C** = Consequences **R** = Risk
E = Extreme **H** = High **M**= Medium

Risk	Impact	L	C	R	Risk Treatment	Responsibility
staff at the district level to undertake training.	specialists not trained at District hospitals; ABMEC/RS Indera underutilised as training centre.				agreed MoU.	participating organisations
Economic and social risks						
1. ABMES/RS Indera does not achieve BLUD status.	Funding needs not met for ongoing maintenance and operation.	3	4	E	• As priority action, HSS will undertake an assessment of current financial status to get a good understanding of pre-requisite requirements for BLUD; working with Director of AMBEC/RS Indera and Governor's Office to facilitate processes required for BLUD.	• Director ABMEC/RS Indera; HSS Bali Governor
2. Community reluctance or inability to use improved services.	Interventions ineffective in decreasing preventable blindness in Bali; continuing misconceptions on causes and treatment for blindness.	3	3	H	• Review the use of the mobile clinics for community outreach, awareness raising avenue and referral functions; encourage health agencies and staff to develop their role to engage with the communities.	• HSS, Director of ABMEC/ RS Indera, participating district hospitals and puskesmas
Counterpart Risks						
1. PCC does not operate efficiently as decision making body for ABMEC Support Phase II.	Delays in procurement and decisions on activities as detailed in the six monthly operating plans and annual plans.	3	4	E	• Early establishment of a communication strategy and operational framework; flexibility in meeting schedule and consideration in the approval process to mitigate delays; timely supply of documentation for PCC to ensure members are well informed, nomination of Chair and to ensure effective decision making.	• HSS; AusAID & PCC members

KEY: **L** = Liklihood **C** = Consequences **R** = Risk
E = Extreme **H** = High **M**= Medium

Recruitment Procedures

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Annex 6

Annex 6 – Recruitment Processes.

The following steps will be followed for the recruitment of all short term personnel.

	Job & Person Specification Finalised
1.1	Job & Person Specifications for the short term personnel will be prepared by Coffey International Development's (Coffey ID) Project HR Consultant in consultation with Health Services Specialist (HSS) and RS Indera.
Step 2	**Determine the Selection Panel**
2.1	In consultation with HSS and RS Indera, Project HR Consultant will convene a selection panel made up of Coffey Project HR Consultant, HSS and Representative of RS Indera and AusAID representative as an observer
Step 3	**Determine Remuneration Range**
3.1	In consultation with the HSS and RS Indera, the Project HR Consultant will determine a remuneration range based on Coffey ID Indonesia Remuneration Guide (IRG)
Step 4	**Candidate Attraction**
4.1	The Project HR Consultant will work with ABMEC team and RS Indera to target potential candidates using a combination of traditional methods and more innovative and targeted methods where needed. An advertisement, with design and text appropriate to the role, is to be prepared by the Project HR Consultant of Coffey ID in consultation with HSS and RS Indera. Methods for attracting applicants may include: **Candidate Management System:** Search on Coffey's Candidate Management System of 12,000 registered individuals who have worked in Indonesia and the region and tap into their respective networks for potential candidates **Coffey ID contacts:** Distributing the advertisement to key contacts in Indonesia including all Coffey ID projects in Indonesia for potential referrals of candidates they may have previously worked with or know of. **Other Networks:** The Project HR Consultant will draw upon the expertise and resources of other university/academic institutions with a focus in Tertiary Eye Care and Nursing Services **Press advertisements:** To be placed by Coffey ID in a range of publications at national and local news paper. Some publications may include; · Bali Post · Kompas · Denpasar Post · Nusa Dua Post **Internet advertisements:** To be placed by Coffey ID on targeted websites and other relevant sites to attract candidates from Bali and also reaching out to candidates from other locations. This would be done with the advice of Coffey's specialist advertising provider, however, some indicative websites are as follows: · Coffey Careers page, www.careers.coffey.com · DevjobsIndo · Relief Web · Australian Development Gateway · Development Ex

Step 5	The Application
5.1	All applicants will be directed to the Coffey ID web site where they will be provided with a following information: • Job and Person Specification • Information on Terms and Conditions of employment • A competency based application form (based on the selection criteria in the Job and Person Specification)
5.2	The Project HR Consultant and the Project Recruitment Officer will manage the incoming applications and confirm with each candidate that their applications have been received. In addition, they will be available to respond to any candidate enquiries and direct any issues beyond the scope of their knowledge to the Client for advice
Step 6	**Candidate Assessment and Establishment of the Long List**
6.1	At the due date for applications, the Project HR Consultant and Project Recruitment Officer will assess the applications and develop a long-list of candidates.
Step 7	**The Short List**
7.1	The Project HR Consultant will short-list and assess all applications and will provide the HSS and RS Indera with a spreadsheet which details the list of candidates, their initial technical scores and a brief comment regarding their background. This will give the HSS and RS Indera an informal opportunity to provide comment, feedback or concerns regarding any of the applications if desired. The Project HR Consultant will supply the assessment summary and short list by COB within five days of close of the application.
7.2	The HSS and RS Indera will review the initial short listing scores and will comment/moderate the short listing as necessary/if required. This will result in an overall score for each applicant which will reflect Coffey ID's, ABMEC and RS Indra assessment
Step 8	**Reference Checks**
8.1	The Project HR Consultant will conduct two detailed reference checks on each short-listed candidate, prior to interviews commencing where possible.
Step 9	**The Interview**
9.1	The Project HR Consultant will facilitate the organisation and coordination of the interviews
9.2	The Project HR Consultant will work with ABMEC Procurement/Administrative Officer to co-ordinate pre-interview requirements. This will include a meeting with the panel a day before the first interview to go through the interview process and to encourage the panel to have a shared vision of the type of person they want for the position.
9.3	The interview will be led by the Chair of the Panel, as follows: • Introduction (5 minutes) • Targeted Selection Interview questions (50 minutes) • Answering of candidate questions (10 minutes) • Debrief by panel members (30 minutes)

Step 10	Selection and Nomination
10.1	Following the interview, the Project HR Consultant will compile the evaluation results.
10.2	The assessment panel will undertake an analysis of the technical quality of the candidates based on the assessment tools; Application, Interview and Reference Checks (qualitative assessment). The rankings will be carefully reviewed and moderated as necessary by the panel and recorded accordingly. It is important that sufficient time be allowed for this discussion, usually at least 30 minutes to one hour is required. This will leave a clear understanding of the quality on offer against the required benchmarks.
10.3	The selection panel will then agree on a preferred candidate for the position.
Step 11	**Recruitment Report Prepared**
11.1	The Project HR Consultant will prepare a Recruitment Report. The report will detail the recruitment and selection process and the assessment details of all of the short-listed candidates with the input of all selection panel members which will be forwarded to the Client
Step 12	**Client Approval and Key Partner Endorsement**
12.1	The Client will approve the preferred applicant and attain key partner endorsement
Step 13	**Formal Offer and Acceptance**
13.1	Following endorsement from the Client, Coffey ID Jakarta HR team will send formal offer to the approved candidate.
13.2	Planning for mobilization commences with candidate acceptance
13.3	Following the acceptance of formal offer by the approved candidate, Coffey ID Jakarta HR team will prepare the contract for the short term personnel
Step 14	**Debrief Unsuccessful Candidates**
14.1	The Project HR Consultant will provide the short-listed candidates who were not chosen for the role with feedback on why they were not successful.
14.2	Coffey ID Jakarta HR team will advise all other applicants that they have been unsuccessful for this position.
14.3	Coffey ID Jakarta HR team will confidentially file all of the recruitment related documentation and will provide a copy to the Board.