

Indonesia

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

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## Six Monthly Operational Plan January - June 2012

January 2011

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## ABBREVIATIONS

ABMEC	Australia Bali Memorial Eye Centre
AusAID	Australian Aid for International Development
BLU	Badan Layanan Umum
HSS	Health Systems Specialist
Jamkesmas	Jaminan Kesehatan Masyarakat
Kemkes	Kementerian Kesehatan
M&E	Monitoring and Evaluation
MoU	Memorandum of Understanding
OP	Operational Plan
PCC	Program Coordinating Committee
PERDAMI	Perhimpunan Dokter Spesialis Mata Indonesia
PHO	Provincial Health Office
Puskesmas	Pusat Kesehatan Masyarakat
RFQ	Request for Quotation
RS	Rumah Sakit
RSCM	Cipto Mangunkusumo Hospital
STA	Short Term Adviser
ToR	Terms of Reference

## Executive Summary

This Six Monthly Operational Plan (OP) is prepared for AusAID and the Program Coordinating Committee (PCC) and provides the detail of the development and ongoing delivery of the next six month activities. The OP has been developed in close collaboration with the Executive of ABMEC/Rumah Sakit (RS) Indera and the Health Systems Specialist (HSS) for the period of January to June 2012 for the Australia Bali Memorial Eye Centre (ABMEC) Phase II Support Program.

Planned priority areas for each of the components have been identified and in summary are:

### Component 1 - Provision of Facilitative Support to AusAID and the PCC

- Development of a twinning agreement with RS Cicendo
- Ongoing facilitation of PCC meetings
- Planning for the 2012/2013 period

### Component 2 - Recruitment and Management of Personnel

- two short term advisers (STA) inputs to support the development of nursing and the tertiary eye service

### Component 3 – Procurement of equipment and minor capital works

- operating microscope, phacoemulsifier, slit lamps with monitor, slit lamps standard, chart projector, tonometer, ophthalmoscope, Loupe, snellen charts
- No minor capital works planned for this period

### Component 4 -Provision of Training

Four areas of training have been identified, for:

- nurse of glaucoma service to support subspecialist glaucoma ophthalmologist
- doctors and nurses of satellite Puskesmas and aims to improve the health of Bali people
- ophthalmologists to improve service delivery and education strengthening and facilitate the networking in preventable blindness and eye problems
- all ABMEC/RS Indera to provide comprehensive understanding and skills on how to deliver service excellence at the hospital.

Monitoring and evaluation of activities will continue and progress against the program goal will be documented and submitted to the PCC.

### Emerging Issues

The current licence for ABMEC/RS Indera as a class “A” hospital will be for review in May 2013. The current level of services provided by ABMEC indicates that there will be a revision in the class level with a probable revision and re-allocation to “B” class. The HSS will continue to support the Executive of ABMEC/RS Indera through these processes of review and reclassification to ensure the optimal

service levels continue to be delivered, and most specifically to become a Badan Layanan Umum (BLU) category hospital.

There is a distinct need to increase services to the rural poor and the HSS will support ABMEC/RS Indera to work collaboratively with Dinas Kesehatan Province Bali to conduct training for Puskesmas doctors and nurses in order to increase their capacities to diagnose and treat eye diseases. It is also anticipated that there will be an increase in the use of the mobile clinic to provide services to the rural areas.

### **Planning for 2012/2013**

A workshop will be undertaken with ABMEC/RS Indera management and staff, Dinkes, Udayana University Eye Department, RS Sanglah Hospital and PERDAMI Bali and will lay the foundation for the planning for the final 12 months of ABMEC and the development of the second Annual Plan and long term planning for the Executive of ABMEC/RS Indera in anticipation of handover of activities and asset management.

## 1. Planning progress by priority areas

Through progressive meetings, the Health Systems Specialist (HSS) and management team of ABMEC/ Rumah Sakit (RS) Indera has collaboratively developed the six monthly Operational Plan based on the RS Indera and ABMEC Annual plans and on the priority needs of assessment. This report details the anticipated activities for the next six months.

### 1.1 Component 1 – Provision of Facilitative Support to AusAID and the PCC

In early December 2011, the Executive of ABMEC/RS Indera and HSS visited RS Mata Cicendo in Bandung as part of the preparation and design of the twinning program that will involve the two institutions. RS Cicendo is a Class A hospital that specialises in eye treatment and care and since April 2010 has been recognised as the National Eye Centre for Indonesia and is an appropriate hospital for twinning with ABMEC/RS Indera. To further the twinning relationship, the Executive of RS Mata Cicendo plans to visit ABMEC/RS Indera in January 2012 to discuss twinning options and to conduct a needs assessment for the proposed twinning arrangement. ABMEC/RS Indera will provide facilitative support to the Executive of RS Mata Cicendo during his visit in Denpasar. Once the result of evaluation and needs assessment is received, the twinning implementation program will be arranged including the activity budget for the overall twinning program. The twinning program will be arranged by a Memorandum of Understanding (MoU) between ABMEC/RS Indera and RS Mata Cicendo. It is anticipated that the MoU will be presented to the PCC in February for final approval.

As agreed at the November 2011 Program Coordinating Committee (PCC) meeting, future PCC meeting will be conducted in quarterly succession – in February and May 2012 of this planning period. In each of the PCC meeting, the update of activities in three months will be reported to the PCC members by the Executive of ABMEC/RS Indera with the support of the HSS.

From May to June 2012, ABMEC will prepare the second Annual Plan for the period of July 2012 to June 2013, and will include a revised Risk Management Plan and an updated Monitoring and Evaluation (M&E) Plan, and the second Six Monthly Operational Plans. Consultative approach will be undertaken by the ABMEC team in preparing and developing all documentation. Lessons learnt during implementation and feedback from the PCC from the previous period will be used to develop the second Annual Plan.

### 1.2 Component 2 - Recruitment and Management of Personnel

For this six month period, ABMEC/RS Indera has identified the need for two short term advisers (STA) inputs to support the development of nursing and the tertiary eye service. The STA for nursing development is needed to improve professional nursing based on eye service standard; to educate and provide technical support for eye nursing; and to develop the audit system for eye nursing. It is expected that the STA of nursing development will be able to analyse and report the existed human resources capacity in nursing education; to identify and recommend a program to be developed for eye nursing education; to prepare scope of nursing services, system and standard of eye nursing; and to develop a system for eye nursing training and education. The STA of nursing development will provide technical support in leading process, educating the nurses of ABMEC/RS Indera in order to improve the services and education for eye nursing services. It is also expected that STA will be able to develop a methodology for eye nursing development. At the end of the STA input, it is expected that all nurses will be able to perform satisfied services in eye nursing based on the eye nursing standard.

The STA for tertiary eye service is needed to improve the capacity of ABMEC/RS Indera ophthalmologists in providing their services that meet Perhimpunan Dokter Spesialis Mata Indonesia (PERDAMI) standard of services, and also to assist the hospital in giving clinical training for students of co assistant, ophthalmologist, and sub specialty ophthalmologist. It is expected that STA will be able to analyse and report the capacity of staff in providing clinical service and the supporting factor for tertiary service; to identify and give recommendation to the hospital about divisions that need to be improved; to prepare draft of scope of service, service system and service development plan either for short-term or long-term period; and also to improve the training and education system for students of co assistant, ophthalmologist, and sub specialist ophthalmologist. At the end of STA input, it is expected that all ophthalmologists and sub specialty ophthalmologist will improve the tertiary eye service that in line with PERDAMI standard and the training and education system will be improved.

The above are part time inputs over a 12 month period. The final ToR will be developed by the HSS in collaboration with the Executive of ABMEC/RS Indera.

In relation to the recruitment and management of the personnel to improve the nursing and the tertiary eye service, the recruitment process will be taken through processes of recruiting, contracting and managing the STA for positions of the Nursing Consultant and the Medical Consultant for Tertiary Eye Care. The recruitment of these positions will be undertaken through open and transparent process targeting local people. Coffey International Development Jakarta Human Resource team will work in partnership with ABMEC and RS Indera for this recruitment.

The Executive of ABMEC/RS Indera and the HSS will collaboratively develop the Term of References (ToR) for the above STA positions and for approval by the PCC. The positions will be advertised in the local newspapers in Bali (Bali Post, Denpasar Post and Nusa Bali, etc.). All applicants will be required to apply online through the internet for the position, the Executive of ABMEC/RS Indera will participate in the interview panel and the shortlisted applications will be processed through phone screening and reference check. The final candidate selection will be approved by AusAID.

### **1.3 Component 3 – Procurement of Equipment and Minor Capital Works**

In coordination with ABMEC/RS Indera, the ABMEC team will facilitate the procurement of equipment and minor capital works for the ABMEC Phase II Support Program. As planned by ABMEC/RS Indera on their six-monthly Work Plan, eye specialty equipment to purchase for period January – June 2012 are: operating microscope (1 unit), phacoemulsifier (1 unit), slit lamps with monitor (2 units), slit lamps standard (1 unit), chart projector (3 units), tonometer (30 units), ophthalmoscope (30 units), Loupe (45 units), and snellen chart (30 units). No capital works have been identified for this six month period.

The operating microscope and phacoemulsifier are recommended to procure in order to increase the hospital services for cataract operation (one of the four priority service areas for ABMEC) and also to support the training and teaching activities for new eye specialist/resident<sup>1</sup>. The slit lamps are also recommended to procure to improve the services for retina treatment. This equipment will be procured

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<sup>1</sup> The new eye specialist/resident refers to general practitioners who are studying to be a specialist.

through a selected tender process as detailed in the ABMEC Procurement Manual. The tender preparation and process will be started from December 2011 until January 2012. The Request for Quotation (RFQ) document will be prepared in collaboration with the Indera's hospital representatives with anticipated tendering to take place in early February, after approval from the PCC. Note, as equipment remains under the care and maintenance of ABMEC until handover at the end of the program, all equipment procured will be added to the ABMEC asset register and maintenance will be supported by ABMEC.

Other equipment to support the training for doctors and nurses, which is planned to conduct in March 2012 for the 30 Pusat Kesehatan Masyarakat (Puskesmas), will be procured through a direct purchase process with prices comparison from minimum of two but preferably three sources if available<sup>2</sup>. The equipment includes chart projectors, tonometers, ophthalmoscopes, loupes, and snellen charts. It is expected that the equipment will be installed and will be continued with training for equipment operation and maintenance between March to April 2012.

During the work plan implementation, monitoring arrangement and maintenance of the equipments will be prepared in coordination with the maintenance division and to be supported by medical equipment technician of the ABMEC/RS Indera.

A review of procurement activities will be conducted in May to June 2012 to prepare the second Annual Plan.

#### **1.4 Component 4 – Provision of Training**

As endorsed by the PCC on 25 November 2011, the ABMEC team will 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 in their six-monthly work plan and ABMEC Annual Plan.

Four training/workshops are planned for this reporting period: (1) for nurse of glaucoma service to support subspecialist glaucoma ophthalmologist; (2) for doctors and nurses of satellite Puskesmas and aims to improve the health of Bali people, health service of eye treatment, skills of doctors and nurses in preventable blindness and vision problem, and to help promote ABMEC/RS Indera as the referral centre for eye treatment; (3) for ophthalmologists to improve service delivery and education strengthening and facilitate the networking in preventable blindness and eye problems; and (4) provide comprehensive understanding and skills on how to provide service excellence at the hospital.

ABMEC/RS Indera currently needs a trained nurse for glaucoma eye subspecialty in order to support glaucoma service as well as support the specialist to improve the service delivery of hospital. One nurse from ABMEC/RS Indera, who has provided sufficient assistance to the glaucoma specialist, will be sent to join a glaucoma training that has been planned to conduct in Jakarta at the Cipto Mangunkusumo Hospital (RSCM) for three months, anticipated to start in January 2012. The selection

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<sup>2</sup> Due to the specialty nature of the equipment, three quotes may not always be possible to achieve.



of the candidate for the course is managed by ABMEC/RS Indera based on their experiences, skill and knowledge in glaucoma service, and will have an ongoing role in this service area. At the end of the training it is expected that the nurse will have an enhanced understanding of glaucoma and know how to manage the glaucoma disease, provide patient support and post-operative assistance and able to assist glaucoma specialist optimally. The glaucoma training for nurse will be conducted for three months in Jakarta from January 2012.

The training for doctors and nurses from 45 Satellite Puskesmas in Bali aims to improve the health services for people of Bali especially in providing eye disease services. The trainers of this training will be the ophthalmologists from ABMEC/RS Indera, with support from the HSS. The training also aims to improve the knowledge of doctors and nurses on eye diseases as an effort to prevent blindness and vision error. The participants are also expected to promote the eye disease services provided by ABMEC/RS Indera to wider people in Bali Province. The training contains basic diagnosis for eye and refraction error; introduction to new eye equipment and how to use it; and cataract screening and follow up post cataract operation. The participants are 90 people consist of doctors and nurses from 45 Puskesmas in Bali. The doctors and nurses are identified by the Provincial Health Office (PHO/Dinkes) based on the village with high blindness prevalence. The Puskesmas are located in Districts of Jembrana, Tabanan, Badung, Gianyar, Klungkung, Bangli, Karangasem, and Buleleng. The training will be divided into nine classes; each class will have approximately 10 participants for three days training. The training is planned to conduct in January, February and March 2012.

A three day workshop of Hospital Service and Education Strengthening is to support the ABMEC/RS Indera in providing services in accordance with the mission of the hospital to implement their function in education, training and research. The workshop aims to improve the service and education networking in the frame of preventable blindness and vision error. This workshop will be participated by 15 ophthalmologists from Udayana University (Eye Department) and ophthalmologists or other members from PERDAMI Bali. The workshop will be conducted by Head of PERDAMI (Indonesia) (based in Jakarta) as the resource person in collaboration with RS Indera. The workshop is planned to conduct in February 2012. It is expected that the output of workshop is that the participants will improve their services in preventing and treatment toward blindness and vision error in Bali, and to strengthening the education and training facilitated by ABMEC/RS Indera.

The Excellence Service Training aims to improve comprehensive skills and understanding on the excellence premier services of ABMEC/RS Indera which will be participated by doctors, nurses, all ABMEC/RS Indera administrative staff, as they are the front liners who give services to clients/customers. The anticipated participants are 25 staff members. The resource persons for this training will be conducted and managed by a human resources development consultant to be identified in Bali and will be take place in February 2012. The expected output of this training is that all ABMEC/RS Indera participants in the training will perform excellent service to customers and build good relationship between all staff that will improve to the hospital services.

The ToR of the trainings and workshop will be developed by the ABMEC/RS Indera in collaboration with the HSS.

## **1.5 Monitoring and Quality Control**

In order to provide facilitative support to AusAID and the PCC, an informal M&E meeting with AusAID, the Executive of ABMEC/RS Indera and ABMEC was conducted on 21 December 2011. The Executive of ABMEC/RS Indera and the HSS have prepared and developed a draft M&E matrix. In regard with this, AusAID with the AusAID M&E Specialist will work together to support the Executive of ABMEC/RS Indera and the HSS, in providing consultative guidance of how to prepare, to manage and to analyse all baseline data collected so that the program goal will be monitored and program impact can be evaluated. This M&E matrix will provide details on expected methodology for monitoring ABMEC, details of responsibilities for monitoring and details on end of program outcomes. The revised M&E will be submitted to the PCC in February.

## **2. Emerging Issues**

### **2.1 Licence for ABMEC/RS Indera**

The licensing of ABMEC/RS Indera as “A” class special hospital will be valid until 9 May 2013. The Indera hospital will be evaluated six months before the validation date by the Ministry of Health (Kemkes) team in order to determine the class of the hospital. According to the current situation, the ABMEC/RS Indera has five eye specialists/ophthalmologists. One of them is still studying at the RS Cicendo in Bandung for retinal sub-specialty and another one will study on eye sub-specialty of glaucoma at the RSCM in Jakarta.

At the moment, ABMEC/RS Indera does not have a medical anaesthesiologist and provides only eight hospital beds. For “A” class of eye special hospital, ABMEC/RS Indera must have nine specialists (ophthalmologists) plus three sub specialists with more than 100 beds, and room for emergency eye service.

When ABMEC/RS Indera is evaluated by Kemkes on February 2012, it is anticipated that it will not retain “A” class status of eye special hospital. The status may be reclassified as a “B” class status of eye special hospital due to the lack of specialist (ophthalmologist) and sub specialist. The minimum standard is that the hospital should have four ophthalmologist plus three sub specialist. The hospital beds must also have around 50 to 100 hospital beds, one anaesthesiologist, and one morgue to maintain class “B” status.

Even though the class status of ABMEC/RS Indera may be decreased from “B” class, the hospital still can operate normally. The difference is only on the status level of doctors and structural staff that will be decreased from level IIIA to IIIB. It is not anticipated that this will impact on the hospital's services and its achievement of BLU status. The HSS will continue to support and advise the management of ABMEC/RS Indera through this transition period.

### **2.2 Promotion in the rural/urban areas**

To promote the ABMEC/RS Indera services in eye health, ABMEC/RS Indera will work collaboratively with Dinas Kesehatan Province Bali to conduct training for Puskesmas doctors and nurses in order to increase their capacities to diagnose and treat eye diseases, especially for cataract and glaucoma. The doctor and nurse will also participate in public awareness raising of preventable blindness. Further, it is expected that trained doctors and nurses will be able to identify the poor with eye

problems and treat them at the Puskesmas via the mobile clinic from ABMEC/RS Indera, or refer them to the district hospital with eye services. It is planned that the mobile clinic services will increase to the rural areas.

To support monitoring and evaluation plan as well as progress report, Dinas Kesehatan Province Bali will also collect data, such as:

- Mapping puskesmas with high number of blindness people.
- Provide ABMEC with baseline data of poor people which can be identify from people who register to receive JAMKESMAS.
- Number of patients who visit puskesmas and district hospital for eye treatment in monthly basis.

### 3. Planning for 2012/2013

In mid-2012, ABMEC team plans to review the program holistically to prepare recommendations for sustainability of the ABMEC/RS Indera particularly in increasing their tertiary eye services. The review will be undertaken through workshop that will be participated by ABMEC/RS Indera management and staff, Dinkes, Udayana University Eye Department, RS Sanglah Hospital and PERDAMI Bali. This workshop will lay the foundation for the planning for the final 12 months of ABMEC, the development of the second Annual Plan and long term planning for the Executive of ABMEC/RS Indera in anticipation of handover of activities and asset management.