

Re-establishing and Sustaining Reproductive Health Care in Aceh after the Tsunami

Chevron and Jhpiego Working in Partnership to Improve Health in Indonesia

Health in Indonesia and the Millennium Development Goals

Indonesia has experienced significant improvements in its health system over the last thirty years, but, according to the World Bank, “is unlikely to achieve several of its health-related MDGs.” Significant challenges include:

- The maternal death rate, which remains one of the highest in East Asia
- Child malnutrition rates that have changed little since 2000, even increasing in some areas despite dramatic declines in infant and child mortality
- Low female literacy
- Limited access to clean water and sanitation among the poor
- Geographic health disparities
- Poor access to skilled health care, especially in remote rural areas.¹

EXECUTIVE SUMMARY

A partnership between **Chevron** and **Jhpiego**, an international health NGO, helped rebuild and increase the sustainability of public and private reproductive health services in Aceh Indonesia following the 2004 Tsunami. The partnership supported Desa Siaga (“alert village”), a community mobilization program for health care, education, and advocacy.

In 2006, a ministerial decree launched Desa Siaga as a national program. In 2008, the government of Aceh Besar allocated funds to develop 48 additional alert villages and by August 2008, the program had reached 153 villages in Aceh province. The partnership also improved measurement and evaluation capabilities of participating NGOs, and increased knowledge about health issues and corporate responsibility among Chevron employees.

Chevron support for partnership activities in Aceh ended in 2007, and Chevron and Jhpiego are now in discussions to apply the “alert village” model in communities near Chevron operations in Riau Province, focusing on infectious disease prevention, including HIV/AIDS.

THE PARTNERS



Chevron has been active in Indonesia for 85 years, pioneering and playing a leadership role in geothermal and oil development in the country. Today, Chevron produces nearly 50 percent of Indonesia’s crude oil. The company has more than 7,000 employees and 30,000 business

partner employees. Chevron is highly committed to community engagement programs that create economic growth through capacity building and community investment. Its three main focus areas are basic human needs, education and training, and small and medium enterprise development.



Jhpiego, an affiliate of the Johns Hopkins University in Baltimore, Maryland, has worked in Indonesia for 32 years on health issues,

translating research into practice. Jhpiego began with a focus on family planning and expanded to address maternal and newborn health, cervical cancer prevention and prevention/treatment of emerging infectious diseases. It works with the Ministry of Health, Provincial and District Health Offices, NGOs, universities, and professional associations to build local capacity for healthcare delivery through training and support for health care providers, including doctors, nurses, midwives and health educators.

VIEWS ON PARTNERSHIP

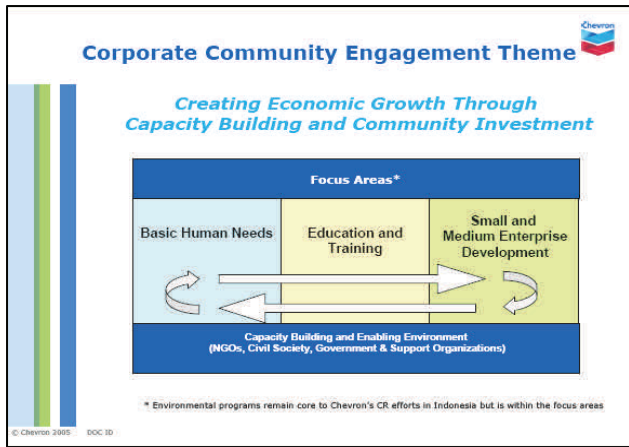


Figure 1.

Chevron and Jhpiego are both strongly committed to partnerships that support capacity building to strengthen communities and lead to sustainable results. Both also believe that partnerships can help leverage talent, expertise, and resources and make projects and programs more successful and sustainable. Both feel that working with the right partner is essential not only to the success of the project, but to its potential to achieve a longer-term impact on the organizations taking part.

Chevron sees partnerships as important for public health because the scale of most epidemics is beyond the management capacity of a single actor. The company sees

partnerships bringing credibility to the importance of health issues and provides the greatest opportunity for “shared responsibility” between national leaders, the private sector and academia, NGOs, civil society and communities.

Jhpiego believes that partnerships contribute to effective, low cost, hands-on solutions that strengthen the delivery of health care services for women and families and lead to successful program implementation.

CRITERIA FOR SELECTING PARTNERS

Chevron applies the same due diligence to partnerships for community engagement as it does to its business investments because it sees its partnerships as long-term. Chevron looks for partners that have a successful track record of delivering results; have similar values and common objectives; complement its contributions and capabilities for the greatest and most sustainable impact; have solid governance/transparency and accountability practices in their programs; view Chevron as a strategic partner, not just a source for supplementing budgets or making donations; have experience working in the same or similar geographic areas; and are positively viewed by governments, communities and other key stakeholders.

To inform its stakeholders and the wider public of the partnership and the project activities, the company invites media tours and encourages its partners to undertake their

The “Alert Village” and Skilled Birth Attendance Save Lives!

Mrs. Rokayah is a 35-year old mother from the village of Matang in Pidie Jaya District of Aceh Province. She was pregnant with her second child and had regularly attended antenatal care provided by Ibu Anidar, the village midwife. Finally, one night the labor pains came around midnight and she knew that she was ready to give birth. The family knew to call the village midwife to assist the delivery. During the labor, there were no danger signs and the baby came out normally. Afterwards, however, complications set in as the placenta was not expelled and remained inside her uterus. After an hour of struggling to get the placenta to come out, the midwife decided the mother should be referred to the hospital. However, Mrs. Rokayah's family did not agree with this decision and a compromise was reached with the family to send Mrs. Rokayah to the senior midwife instead, who lived in Desa Teungkleuk about 10 km away. The family called Pak Ibrahim, the Community Health Volunteer (*Kader*) to provide transportation with his motorcycle. With the placenta still retained inside her, and the umbilical cord clamped and held by the midwife, the patient sat between the driver and the midwife as they set off to consult Ibu Nuraini, the senior midwife. After a 30-minute drive in the night, they arrived safely at Ibu Nuraini 's home and she was able to remove the placenta and the mother and six-pound baby boy were both saved.

Both the senior midwife and the village midwife had fortunately received the Basic Delivery Care training module offered at the local training hospital supported by Jhpiego and Chevron in 2006 and were able to take the right actions to save the mother and baby. The availability of transportation to move the mother to the senior midwife's home was also critical in saving Mrs. Rokayah. Transportation to handle such emergencies is part of the “Alert Village” community mobilization program supported by Chevron and Jhpiego.

own media and public outreach. It is also very important to Chevron that government can be brought into the partnership. It believes that inter- and intra-sectoral collaboration, project visibility, and involvement of government can significantly increase the impact of a project.

Jhpiego has a history of partnerships to improve health in developing countries. It seeks partners that have philosophies similar to its own, including a willingness to understand each other's goals for partnering, and an interest in activities that mesh with Jhpiego's expertise and strategic plans. Several years ago it began to explore the potential of private sector partnerships to complement its work with governments to improve health. It joined such associations as the US/ASEAN Business Council and the American Chamber of Commerce/Indonesia to get to know US and Asian companies, expand Jhpiego's network of corporate contacts, and share information and ideas about health in Indonesia.

INITIATING THE PARTNERSHIP

A week after the Tsunami struck in late December 2004, Jhpiego's President and CEO Dr. Leslie Mancuso arrived in Indonesia to work with her staff in identifying how Jhpiego could help. Both Jhpiego and Chevron participated in a vast network of companies, NGOs, international donor agencies, and Indonesian government agencies trying to find ways to

contribute to the recovery process in the short and long term. The Government of Indonesia requested Jhpiego to assess longer term needs, given its expertise in helping devastated areas transition from emergency relief to longer-term development. Jhpiego focused on finding partners to restore maternal and child health care and other reproductive health services and in this context, on midwives in particular. Prior to the tsunami, midwives provided 80-90% of maternal and child health services and midwives were now asking Jhpiego for help in restoring midwifery practices.

Chevron and Jhpiego were able to explore the possibility of a partnership relatively quickly because they already knew about each other, had personal contacts, and shared the same values about how to help communities. Jhpiego's President and CEO had years of experience working with companies and knew of Chevron's reputation for investing in community development and "giving back" to the community. Chevron saw Jhpiego as a good partner because of its reputation with communities in the area, its extensive monitoring and evaluation experience, and strong governance and accountability policies and mechanisms.

The partnership had three objectives:

- Re-establish the reproductive health (RH) services for women and families
- Rehabilitate and strengthen hospitals, community health centers and midwife clinics
- Ensure continued and long-term availability of trained providers leading to high-quality sustainable RH services

IMPLEMENTING THE PARTNERSHIP

Partners developed both short-term and long-term activities. Short-term activities included rebuilding and/or renovating and providing supplies to hospitals, community health centers, and midwives to enable them to resume reproductive health services. They also included free maternal and neonatal care and other RH services to internally displaced persons (IDP) in camps.

Long-term activities included developing a reproductive health in-service training center, strengthening the quality of teaching and training at midwifery academies, and updating teaching tools and equipment to enable midwives to implement national standards for maternal and neonatal health, family planning, and infection prevention. They also included Desa Siaga ("alert village"), a program to mobilize communities to ensure safe delivery for mothers. This included increasing communities' ability to anticipate and plan for complications and emergencies.²

Chevron provided funding to Jhpiego as a catalyst for increasing government funding for health services. Additionally, the company was involved throughout the partnership, visiting sites and following the progress of activities. It was especially interested in the approach Jhpiego was using to implement the "alert village" community mobilization program and empower communities to advocate for help from the government in



Figure 2.

addressing their health priorities.

Jhpiego complemented funding from Chevron with other partnerships comprising a wide range of other organizations (see Figure 2). These included Care and Save the Children, which provided funds and staff to help implement activities so that they and Jhpiego could reach as many communities as possible without duplicating efforts.

Jhpiego provided counseling services to 141 midwives who lost their practices and/or family members, and helped 770 midwives who lost their houses and another 324 who had lost their clinics. It recruited and deployed 127 midwives to fill gaps in reproductive health services in hospitals, community health centers, and IDP camps. Services were provided to more than 1500 children under age 5 and nearly 4000 women of reproductive age.

To implement the alert village program, Jhpiego trained community facilitators in strategic planning and advocacy. It set up technical working groups including community leaders and health officials at the sub-district and district levels, and created alert citizen networks (*Warga Siaga*) that enabled villages to engage local governments in program activities. As a result of the relationships that were formed, communities were able to agree on health priorities and advocate effectively for funds to address them. They also developed their own community saving schemes to cover transportation and other costs associated with a safe delivery. An important feature of these funds is that they are available to any community member at any time, and the record keeping ensures transparency and accountability.

RESULTS

The Desa Siaga program has increased government support for community health priorities. The district government of Aceh Besar increased its budget for maternal and child health tenfold between 2005 to 2007 - from Indonesian Rupiah (IDR) 20 million (US\$ 2,222) to IDR 244,730,000 (US\$ 20,739). Births attended by a skilled attendant increased from 65 to nearly 100 (99.8) percent between 2004-2008 (See Figure 3). In 2008, the Aceh Besar government allocated funds to develop 48 additional alert villages and by August 2008, the

program had reached 153 villages in 12 districts of Aceh.

Since the ministerial decree launching Desa Siaga on National Health Day in 2006, the alert village program has continued to expand with Government support, and the Indonesian Ministry of Health now claims the program as its own. Desa Siaga has empowered communities to identify their health priorities and build relationships with local and district government health officials to achieve them. It also serves as a mechanism for them to identify and act on other development priorities.³

The partnership also improved measurement and evaluation capabilities of participating NGOs, and increased knowledge about health issues and corporate responsibility among Chevron employees.

FUTURE PLANS AND EXPECTATIONS

Chevron and Jhpiego are now in discussions to extend the alert village model to communities in another province in Indonesia, Riau, where Chevron has operations. Jhpiego will continue its role as facilitator of the process, providing technical assistance to bring local government and community leaders together to develop strategies and activities to increase support for safe delivery, as well as other programs focusing on infection prevention and control, that include HIV/AIDS prevention.

KEY SUCCESS FACTORS

Both Chevron and Jhpiego consider their mutual commitment to capacity building as a way to ensure sustainable results as key to their success. Both also share the same views about what it takes to build successful partnerships, i.e.,

About this Case Study

This is one in a series of case studies based on presentations by partners at sessions of the Health and Business Roundtable Indonesia (HBRI). HBRI is an activity of *Company-Community Partnerships for Health in Indonesia (CCPHI)*, a project led by the Public Health Institute, implemented in partnership with The Fund for Peace, and funded by the Ford Foundation.

This case study is based on presentations made by Sakari Morrison, Business Advisor, Chevron and Dr. Djoko Soetikno, Senior Technical Advisor for Jhpiego/Indonesia at the 3rd session of the Health and Business Roundtable Indonesia (HBRI). Dr. Alene H. Gelbard, CCPHI project director, prepared the study in consultation with Chevron and Jhpiego.

Footnotes

- World Bank, 2008. *Investing in Indonesia's Health: Challenges and Opportunities for Future Public Spending*. Jakarta, Indonesia.
- Plans include pregnancy notification, transportation, blood donors, and community funds set up to help women and families in emergencies. More information about the origins of the *Desa Siaga* is available at http://www.m-mc.org/spotlight/indonesia_siaga/. Also see www.jhpiego.org for more information on this and other Jhpiego activities in Aceh:
 - Johns Hopkins affiliate Jhpiego strengthens maternal and newborn health care service in Indonesia's Aceh Tengah District. Jhpiego News Release 11 January 2007
 - Country Profile Indonesia: Progress made in rebuilding Indonesia's health care system two years after the tsunami, 20 December 2006.
 - Reducing financial barriers to skilled attendance in Indonesia: Community Funds, by Sushanty. Presentation at the 35th Global Health Council Conference, May 2008, Washington, DC
- See "Forum Gampong Siaga as an Advocacy Tool in Reproductive Health at the Subdistrict Level: a Lesson Learnt from Nanggroe Aceh Darussalam" by Jamhur Romli SE and Sushanty STP, MKM, www.ichrh08-indonesia. Note: the Desa Siaga program is also referred to as "Gampong Siaga."

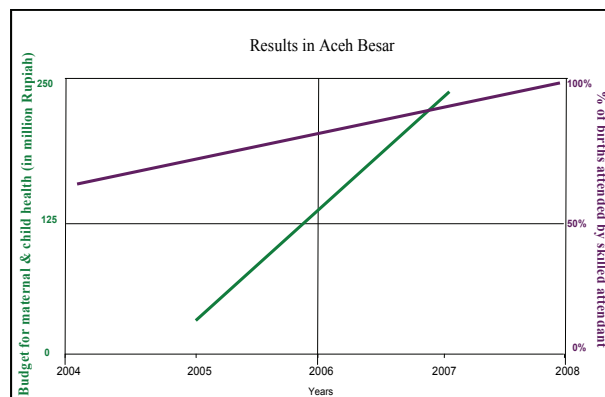


Figure 3.

relationships based on mutual respect and the complementary goals of each partner.

CONCLUSIONS AND LESSONS LEARNED

- Partnerships involving all sectors and all levels of government are required for success.
- Rapid short-term responses must be accompanied by strategies to ensure long-term success.
- Advocacy by communities to ensure government participation in the alert village program and active involvement by local governments is critical to the success, sustainability, and replicability of the project nation-wide.
- Personalities matter as do instincts in forging partnerships, but they must be backed up by objective tools that document technical capability, financial accountability, and governance mechanisms.

For further information on CCPHI and the Health & Business Roundtable Indonesia please contact **Kemal Soeriawidjaja**, CCPHI Executive Director, at kemal.soeriawidjaja@ccphi.org or **Dian Rosdiana**, CCPHI Communication Officer, at dian.rosdiana@ccphi.org, or **Dr. Alene H. Gelbard**, ACCESS-HW Director, at alene@ACCESShealthworldwide.org or visit www.ACCESShealthworldwide.org