

Ensuring Sustainable Reproductive Health Services through Community Participation

The Partnership of Pertamina and the Indonesian Planned Parenthood Association (IPPA)

Maternal and Child Health in Indonesia

Millennium Development Goal (MDG) 5 calls for reducing the maternal mortality rate (MMR) in Indonesia to 102 maternal deaths per 100,000 live births by 2015. MDG 4 calls for a reduction in child mortality to 32 deaths per 1000 live births by 2015. Both indicators in Indonesia have improved. The maternal mortality rate has decreased since 1991 from 390 to 228 in 2007 and the child mortality rate declined by more than half between 1990 and 2007, although it slowed near the end of this period. As of 2007, the child mortality rate was 44 deaths per 1000 live births.¹

The MMR goal will be especially challenging. While services affecting maternal health have improved, for example the percentage of deliveries attended by a health professional increased from 66 in 2002-03 to 73 in 2007 and the percentage of deliveries taking place in a health facility increased from 40 to 46 during this period.² The MMR as of 2007 was still more than twice the level to be achieved by 2015.

EXECUTIVE SUMMARY



Students from Gadon, Central Java look happy after attending a group discussion that promotes good nutrition and hand washing with soap in their schools through SEHATI. IPPA 2010

SEHATIⁱ (Healthy Loving Children and Mother) is a partnership program between Pertamina, the state-owned oil and gas company, and the Indonesian Planned Parenthood Association (IPPA) to increase access to reproductive health services through a community participation approach targeted to individuals and families. This program is one of several efforts by the two organizations to decrease maternal, infant, and child under-five mortality rates. The SEHATI program covers 26 villages in seven provinces. Selected provinces are those where Pertamina and IPPA both operate. The program started in 2009. As of 2010, SEHATI has reached over 60,000 villagers with its activities. The key success factors

are the community development strategy supported by the partners and active and ongoing engagement by all community members to ensure healthy pregnancy outcomes for mothers and their children. SEHATI village committees are now more capable of managing community funds to help pregnant women. Of all community funds given by Pertamina, 16 of the 26 villages, or about 60% of the targeted villages, are able to maintain the funds by themselves without further assistance from Pertamina and IPPA. The committees are also able to revitalize village health posts and organize emergency task forces to help more mothers and children in their villages.

PARTNERS



Pertamina (www.pertamina.com) established on December 10, 1957 is a government-owned oil and gas company. It operates all over Indonesia with seven

marketing units and five units for production, exploration, and processing of geothermal and gas in Sumatra, Java, and Eastern Indonesia. Pertamina manages business units in the upstream energy sector including exploration, production, transportation, processing, and power generation from various resources such as oil, gas, and geothermal energy. Pertamina downstream activities include processing, marketing, and trading nationally and internationally. One of Pertamina's corporate social responsibility (CSR) programs is to improve the quality of and access to health services. This program was created in 2004 to represent the company's

commitment to support the Millennium Development Goals (MDGs) of reducing maternal and child mortality rates. As of 2009, this program, which includes the SEHATI program, reached more than 75,000 beneficiaries in 29 areas across Indonesia.³



PKBI

Indonesian Planned Parenthood Association (IPPA)ⁱⁱ (www.pkbi.or.id) was established on December 23, 1957 to reduce high mortality among mothers and newborn children. The purpose of the association was to create “responsible and prosperous families.” IPPA focuses on reproductive and sexual health, particularly of adolescents, access to services, HIV-AIDS, and advocacy for safe abortion. These activities are implemented through various forms of education and training, community development, advocacy, studies, surveys, research, publications, and seminars. IPPA implements programs on contraceptive distribution, food and nutrition, family planning (FP), and income generation. IPPA, with 28 chapters and 258 branches throughout Indonesia, is a member of the International Planned Parenthood Federation (IPPF). It currently has 126 full-time and 362 part-time staff members including 41 professionals and 14 administrative workers at its headquarters in Jakarta.

INITIATING THE PARTNERSHIP

The partnership was initiated in 2008 after Mr. Ahmad Rizali, Pertamina CSR Advisor, contacted Mr. Nanang Munajat, Executive Director of the IPPA West Java Chapter. At their first meeting, they discussed their mutual concerns about poor maternal and child health (MCH) in Indonesia, especially in light of government targets related to the Millennium Development Goals (MDGs). Agreeing that a “charity” approach is not a sustainable way to improve health in Indonesia, they decided to use a community development approach to ensure that their efforts to improve maternal and child health would have a more sustainable impact.

Pertamina then invited IPPA to give a presentation to share its vision of how to develop a program with this goal in mind. After this presentation, both partners agreed to develop SEHATI using a community empowerment approach. It took one year for them to discuss and adjust the proposal before they began a partnership to implement SEHATI for three years.

In this partnership, Pertamina provides funds and technical inputs to conduct monitoring, supervision, and evaluation on overall program achievements. Pertamina’s central offices coordinate with branch offices at project sites to appoint a main contact in each of the seven provinces where the partnership operates to coordinate their work. IPPA establishes a system to manage partnership activities and implements the activities included in the partnership agreement. It coordinates with local partners including local governments, primary health care center staff, and staff of subdistrict offices, villages, and village health posts, and reports to Pertamina on overall project achievements.



IMPLEMENTING THE PARTNERSHIP

The SEHATI program started in 2009 with training for trainers on basic knowledge of maternal and child health (MCH) and on how to conduct baseline surveys. Trainers were from IPPA headquarters and representatives of Pertamina. Trainees were the management teams for each of the seven provinces: North Sumatra, Kepulauan Riau, West Java, Central Java, East Nusa Tenggara, South Sulawesi, and Papua. Each team included directors and program managers of IPPA chapters. Teams conducted baseline surveys to identify knowledge and services required to improve MCH in villages and to identify local leaders to support the program. Results of these surveys were then presented at provincial workshops to gain commitment and political support from local government leaders in 13 subdistricts. Approximately 20 – 30 participants attended each provincial workshop. Participants included the IPPA teams and district stakeholders, e.g., religious leaders, teachers, and community leaders identified during the surveys. After each workshop, subdistrict teams were created from among the participants to carry out activities to improve people’s awareness about MCH. Each team included a provincial coordinator, community volunteers, and IPPA project staff/facilitators. Teams implemented two activities:

1. Basic training for project personnel from subdistricts and villages on maternal and child health using “Appreciative Community Participatory (ACP) Training,”ⁱⁱⁱ an approach that focuses on existing untapped resources from individual community members as well as from the community as a whole to meet needs.
2. Two-day reproductive health training for 30 community volunteers and 20 teachers for each sub-district covering topics including personal hygiene, reproductive health organs and functions, reproductive health risks such as unwanted pregnancy, danger signs of high-risk pregnancy and delivery, and how to refer a patient experiencing pregnancy problems and sexually transmitted infections (STI) and HIV & AIDS. Community volunteers then communicated information from this training to community members as they implemented their duties in the villages. Their duties include:

- Distribution of Information, Education, and Communication (IEC) materials. To date 1,000 calendars, 200 T-shirts, four banners, 100 community volunteers' handbooks, 1,000 books on MCH, and 3,000 leaflets with messages on SEHATI and danger signs of pregnancy and delivery and how to respond have been distributed.
- Home visits to high-risk pregnant women or malnourished children four times a month
- Information dissemination through community groups on reproductive health issues such as nutrition, personal hygiene, and women's health at least once every two weeks and during special events for larger audiences
- Management of Community Social Funds for Delivery ("Dasolin") and Individual Family Savings Fund for Delivery ("Tabulin") - see below for a description of these funds
- Dissemination of information together with the trained teachers on reproductive health and personal hygiene at primary and secondary schools
- Distribution of Information, Education, and Communication (IEC) materials. To date 1,000 calendars, 200 T-shirts, four banners, 100 community volunteers' handbooks, 1,000 books on MCH, and 3,000 leaflets with messages on SEHATI and danger signs of pregnancy and delivery and how to respond have been distributed.

Pertamina and IPPA also support training for personnel of local health institutions including primary health care centers, village health posts, and village midwives. Training covers topics including MCH/nutrition, how to improve the referral of patients from primary health care centers or village health posts to the nearest hospital, monitoring and analysis of child growth, and how to give basic health exams.

To empower families and communities to use health services, IPPA and its field teams manage and distribute "Tabulin" and "Dasolin" funds to help pregnant women and establish emergency teams to support mothers with complications during delivery. Village committees coordinate with community volunteers and village midwives to distribute and monitor "Tabulin" and "Dasolin". The size and sustainability of these funds varies from village to village depending on community socio-economic status.



Village volunteers are working together in a group discussion to develop a social mapping and plan of action to improve MCH. IPPA 2010



Village volunteers conduct home visits to ensure that infants and children under age five visit village health posts regularly to be measured and weighed. IPPA 2010.

Monitoring and evaluation systems for the program have been prepared in stages by Pertamina and IPPA. By the end of year one, the partners conducted Knowledge, Attitude, and Practice (KAP) baseline surveys for each area. Topics included birth preparedness, essential newborn care, early and exclusive breastfeeding, nutrition, immunization, prevention of postpartum hemorrhage, management of diarrhea, family planning, HIV & AIDS prevention, and hand washing/hygiene behaviors. In addition, Pertamina and IPPA collect data on the active participation of community stakeholders (including community members, village volunteers, and local and government authorities), small business opportunities, and most importantly, the sustainability of interventions. A final survey is planned for year three of the program.

CHALLENGES

Changing from a charity-oriented project to a community-based sustainable project is the main challenge for this partnership. Pertamina realized that a charity approach will not succeed in improving MCH. Pertamina has learned that programs should be developed by the community and build off of community strengths and ideas rather than donors' interests. Therefore, the idea of sustainability should be introduced before the program begins. Both Pertamina and IPPA recognize that local leaders including government authorities should be involved at an early stage to build their understanding and knowledge about MCH so that they can continue the program after Pertamina funding ends. Pertamina and IPPA learned that not all community volunteers had the skills and time to do their jobs. They now address the high turnover of community volunteers through multiple training and recruitment so that they can keep the program running seamlessly. Pertamina has also learned to coordinate activities with field offices that lack CSR staff so they can address several objectives at the same time. MCH strategies should not be addressed by health and medical personnel alone but be integrated with economic and education strategies.

RESULTS

As of 2010, SEHATI has reached 150 community volunteers, 156 informal and religious leaders, 936 pregnant mothers, 546 breastfeeding mothers, 4,401 children under five, 4,095 youth and 63,401 villagers. The team has established 26 SEHATI village committees that actively promote services

through primary health care centers and village health posts. This has increased the use of services by pregnant mothers who were previously unwilling to go for check-ups. They are now more willing to use pre-natal services provided by primary health care centers or trained midwives. Children are now routinely weighed at village health posts and receive immunizations and supplementary foods.

Community members are more actively involved in ensuring better maternal and child health. There is an increase in people participating in “Tabulin” and “Dasolin.” SEHATI village committees are now more capable of managing “Tabulin” and “Dasolin.” Sixty percent of villages are able to maintain these funds without help from Pertamina and IPPA. They are also revitalizing village health posts and organizing emergency task forces to help more mothers and children in their villages on their own.

FUTURE PLANS AND EXPECTATIONS

Both partners have agreed to continue their partnership for up to three years to have a more positive impact. In the second year of the program, Pertamina and IPPA will take the partnership to the next level by increasing the availability of services and strengthening support for poor families through life-skills education and income-generating training. In year three, IPPA will conduct an end-line survey, strengthen referral systems to hospital and primary health care centers and implement a strategy for project sustainability. IPPA expects that the project will expand to reach more provinces and villages. It anticipates that SEHATI will include additional programs such as education, in line with Pertamina’s overall CSR program.

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 of the Public Health Institute funded by the Ford Foundation.

This case study is based on presentations made by Ernayetti, Pertamina CSR Officer and Inne Silviane, Executive Director IPPA, at the 10th session of the Health and Business Roundtable Indonesia (HBRI). Dian Rosdiana prepared the study in consultation with Pertamina and IPPA.

Footnotes

- i. SEHATI means one heart
- ii. IPPA is the official translation of Perkumpulan Keluarga Berencana Indonesia.
- iii. Appreciative Community Participatory (ACP) Training was developed in the early 1990s by David Cooperrider at Case Western Reserve University “primarily to help corporations sharpen their competitive advantage. It focuses on a community’s achievements rather than its problems, and seeks to go beyond participation to foster inspiration at the grass-roots level”. ACP was then adopted by The International Institute for Sustainable Development as a new approach to community participation – a shift away from problem-oriented methods toward processes that build on community achievements, existing strengths, and local skills. The approach uses 4 steps: discovery (identifying current potential and problems), dreams (what the community expects), design (activities), and delivery (implementing the design).⁴

SUCCESS FACTORS

Keys to the success of the programs are the following:

- A strategy for community development that encourages members of communities to contribute their own ideas and strengths in the design and implementation of programs
- Involvement of Pertamina from central to local levels in the design of programs and activities
- Regular reports by IPPA on progress and achievements
- Strong involvement of local government and informal leaders
- Dedicated community volunteers to educate and empower communities
- Increasing awareness of the communities of the importance of improving maternal and child health as well as increasing skills and knowledge of service providers in primary health care centers and village health posts
- Strong commitment and participation in SEHATI committees in villages
- Strong commitment among local government officials for facilities to have clean water and electricity

“We do not see whether a family is rich or poor, but we see this from a perspective of a mother who will deliver a baby and it is the responsibility of the community to save her life and the baby. SEHATI has become a solution in resolving complications during pregnancy and childbirth and monthly contribution for only 500 Rupiah will be shared funds for ALL community members who need them in the future...” (Arman -Religious Leader, North Sumatra)

References

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