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Partnership for better health care provision on post-earthquake area in Indonesia: the case of Gunungsitoli Hospital Revitalization on Nias islands

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Background: Gunungsitoli General Hospital was one of the major health facilities on Nias Islands, Northern Sumatera, Indonesia, struck and was heavily damaged by the 28th March 2006 earthquake. Located in the main town of Nias islands, technically this hospital serves more than 700.000 populations on the island and plays the single role of referral hospital. More than 50 % of hospital complex was heavily damaged. Aftermath of the earthquake, such as loss of equipments, and medical workers killed or fled out the islands has turned the health service to worse condition. The Aceh-Nias Rehabilitation and Reconstruction Agency or commonly abbreviated as the BRR NAD-Nias (*Badan Rehabilitasi dan Rekonstruksi Nanggroe Aceh Darussalam-Nias*) has been coordinating the revitalization of the hospital through a partnership approach.
Objective: The concept of partnership was chosen as collaborative efforts of providing resources, funding and program implementation involving local government, the BRR, international agencies and donors which are essential to ensure the sustainability of the program. The objective of this partnership approach is to ensure the sustainability of the Gunungsitoli hospital revitalization. The resource mobilization was focused on strategic areas of not only construction but management and policy issues as well.
Results: After 2 years since the partnership and the master plan of revitalization was initiated, the BRR and the local government have successfully engaged various donors and partners to work together in revitalizing the hospital. Three out of four construction phases of the program have been fulfilled. To support and strengthen the institution, capacity building programs are currently being implemented under partnerships with universities in Indonesia.
Methodology: This paper is based on empirical hands-on experience of providing assistance to the BRR NAD-Nias in coordinating the revitalization effort. The method employed is a qualitative secondary data collection as well as records from notes and field experiences.
Impact: The expected impact to this approach is a better provision of health service through hospital services to be provided to the people of Nias.

Keywords: Partnership Approach, and Revitalization Management.

Introduction

Nias island is part of the North Sumatera Province (Sumatera Utara) in west Indonesia. It is the biggest in a group of 131 islands on the west side of Sumatera and occupies a total land area 5,625 square kilo meters that consists partially of low land (± 800 m above sea level). Hills and mountains run down the centre of the island and comprise the majority of the land area. The population of Nias is estimated at approximately 710,000 people (640,000 people in the main island) belonging to Malay, Batak and Chinese ethnicities. This island is considered one of the poorest and most underdeveloped geographical areas in Indonesia. Nias had by far the lowest income, education and health levels in the province of North Sumatera and suffers from poverty and chronic underdevelopment in all sectors. Key indicators year 2002 before the disasters shows that 32.2 % population of Nias living below poverty line, compare to 16 % in North Sumatera province and 17.4 % in Indonesia.

On 26 December 2004, the Indian Ocean earthquake struck a few kilo meters north of the island, creating tsunami as high as 10 meters. 140 people were killed in Nias and hundreds more rendered homeless. Three months later, on 28 March 2005, the island was again hit by the major earthquake at 9.2 RS. Rapid assessments conducted by the International Organization for Migration (IOM) confirmed nearly 900 people were killed and more than 2,400 injured. Twenty two percent of health facilities were destroyed and 26.5% suffered major damage. These disasters added misery to the life of communities already suffered by poverty and chronic underdevelopment.

Health service provision on Nias Island has always been insufficient and has become worse after the 28 March 2005 earthquake. Before the disaster, the 710,000 population was served by 28 Puskesmas'[1] (Community Health Center) situated in each sub-district spread in the whole island and only one referral hospital, Gunungsitoli General Hospital which located in the main town Gunungsitoli. Characteristically, as a district hospital in a poor Island, the Gunungsitoli General Hospital was struggling to provide better hospital treatment to the Nias people. It had chronic problems with availability of medical doctors and specialists, limited clinical skills of nurse and midwifery services, poor management and maintenance, all made worse by the aftermath of earthquake. The Gunungsitoli General Hospital was one of the major district health facilities in Nias damaged by the earthquake. More than 50 % of hospital buildings were heavily damaged, many of equipment were losses and existing service has turned to worse condition by the aftermath of the earthquake.

During the emergency phase both international and national aid has played a significant role. Amongst relief items directed to Gunungsitoli General Hospital include medicines, medical equipment, and other hospital & medical related assistance to save the lives of victims of the earthquake. However, after all the emergency aid was dispensed, the hospital were left in need of urgent assistance and intervention. With the backdrop of high poverty rate on the island, the Gunungsitoli hospital is more struggling to provide better services to the Nias people. *Badan Rehabilitasi dan Rekonstruksi Nangroe Aceh Darussalam dan Nias (BRR NAD Nias)* or the Indonesia Rehabilitation and Reconstruction Agency for Aceh Nias (next will be shorten as the BRR) as the Indonesia

[1] Puskesmas is an acronym of Pusat Kesehatan Masyarakat

coordinating agency for rehabilitation and reconstruction efforts in Aceh and Nias has made the revitalization of Gunungsitoli General Hospital as one of the main pillars of health sector development, considering its strategic role in the referral system of Nias island.

Working on remote islands with limited means and donor supports

Objectives of the project:

To provide a better referral hospital in the post disaster remote area on Nias Islands

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As has been previously explained, a combination of aftermath of the earthquake and with the backdrop of high poverty rate on the islands, the Gunungsitoli General Hospital i needed a more comprehensive intervention other than reconstructing of the damaged building only.

Main challenges:

- Remote, low accessibility and poor area was not attractive to large donor countries
- Low capacity and capability of local stakeholders is a threat to the sustainability of the reconstruction program
- Time limitation of the BRR's mandate to implement the rehabilitation and reconstruction program for Aceh and Nias which shall be closed by April 2009

Opportunities:

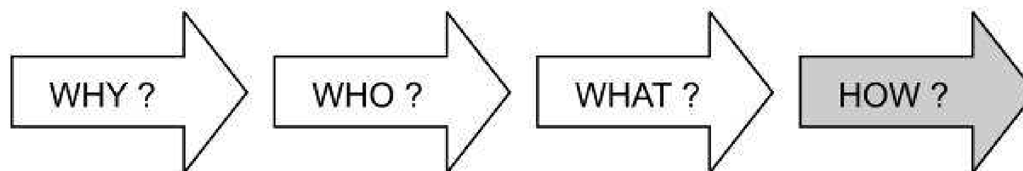
- BRR as the Government of Indonesia (GoI) Coordinator Agency for Rehabilitation and Reconstruction for Aceh and Nias has capacity and flexibility to raise fund
- Active involvement of Nias local stakeholders in the program is the key to effective partnership and to ensure the sustainability
- BRR's capacity building program is available for the relevant stakeholders to support the hospital

PARTNERSHIP; Working together to promote better health care in Gunungsitoli General Hospital

The remote Nias Island was less attractive to the large donors than the devastated Aceh where the largest disaster of Tsunami and earthquake happened. The political conflict in Aceh has been exposed internationally prior to the tsunami and earthquake. The conflict, tsunami and programs have put Nias under the shadow of Aceh reconstruction as well as the world's attentions and supports. Commitments and immediate reconstruction program of donors could be provided easily to Aceh for damaged public services including hospitals amongst many other projects funded by many donors since the first day of the emergency phase. With the focus on Aceh, it has been difficult for Nias to get commitment or funding as proven to the Gunungsitoli General Hospital which experienced more than 50 % damaged. But only one year after the major earthquake it was started to be constructed. A Hospital Working Group was formed 6 (six) months after the earthquake through a partnership approach where stakeholders were identified, involved and worked together to prepare plans and strategies in the hospital revitalization.

The partnership approach involved a strategy in which purposes were defined, stakeholders were identified in accordance with each of their capabilities, and techniques & tactics to be developed to gain the goals (Briggs,2003). These were applied inline with the policy to promote better health care in Gunungsitoli General Hospital.

Figure 1. The Participation Strategy Map : Define purposes, players and scope, then align tactics



(Defined purposes) + (Players and roles) + (Scope) → Tactics and techniques

Source: Briggs, 2003

INITIAL STAGE: Leading the partnership through forming hospital working group

The effort of reconstructing the only referral hospital in these 700.000 populated islands is challenged with a series of constrains. Initiated by the World Health Organization (WHO), MERCY Malaysia and BRR, Hospital Working Group was developed in a workshop on September 2005. The working group was formed to develop a strategic plan as well as a master plan to revitalize the hospital. The workshop was attended by Health Department and RSU Gunungsitoli as the representatives of local stakeholders, BRR, UN Agencies (WHO and UNICEF), and INGOs (MERCY Malaysia and Malteser International). This first workshop marked the first step of the partnership approach to reconstruct the general hospital and in the broader sense laid down the basis of health service strategy for the islands. The partnership started with involvement of attendee from various agencies that continuously join the working group and brought knowledge and willingness to contribute to the better hospital service on the islands. The synergy of working group has produced a strategic and master plan of Gunungsitoli General Hospital Revitalization. The mutual and non contractual agreement to work together was aimed at an ultimate goal of providing a better hospital referral service on this remote island.
Since then, the revitalization of Gunungsitoli General Hospital is being implemented as a comprehensive intervention, as outlined in the Figure 2 below:

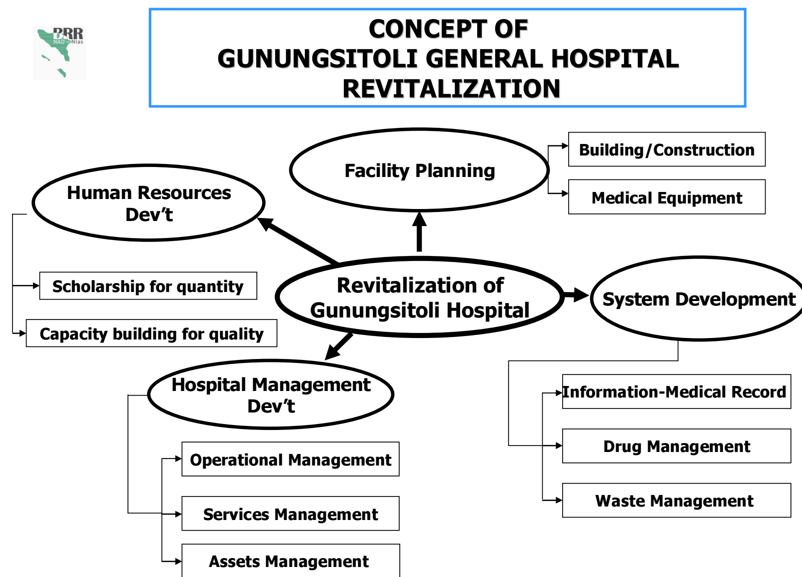


Figure 2: The grand concept of Revitalization of RSU Gunungsitoli

With the above concept, the revitalization of Gunungsitoli General Hospital should cover the four aspects of program as following:

1. Improving the facility planning which include the building construction and providing equipment,
2. Improving the quantity and quality of human resources,
3. Improving the hospital management performance, and
4. Developing the related hospital system to support the hospital services

This large scope of program needs collaborative efforts from various stakeholders and agencies. The initial hospital working group has shared responsibilities amongst agencies involved as follows:

- Master plan of Gunungsitoli Hospital construction, include the cost estimate was provided by Technical Team of MERCY Malaysia
- Fund raising was coordinated by BRR
- Strategic plan of human resources development, hospital management development and related system development was coordinated by BRR and the relevant local government agencies.

Master plan of Gunungsitoli Hospital Construction

The remoteness and high case of poverty of Nias which affected Nias island was carefully considered during the development of the facility planning of Gunungsitoli General Hospital. The design was made to leave out “high technology” application, however still comprehensively planned to meet with the basic needs of being the only referral hospital in Nias. Levels of damage and design failures of old hospital building were studied thoroughly. With the presence of experts from the Technical Team of MERCY Malaysia and with the assistance from Health Department, BRR and WHO the planning was synchronized with Indonesian system. The master plan (figure 3) was a product of an on going study and assessment of hospital planning and design. As the new construction plan will be on the existing site, phases of construction were carefully planned to avoid interruption and to minimize any disruptions to the hospital services. The plan was all the construction of hospital will be carried out while the hospital keeps operating as usual.

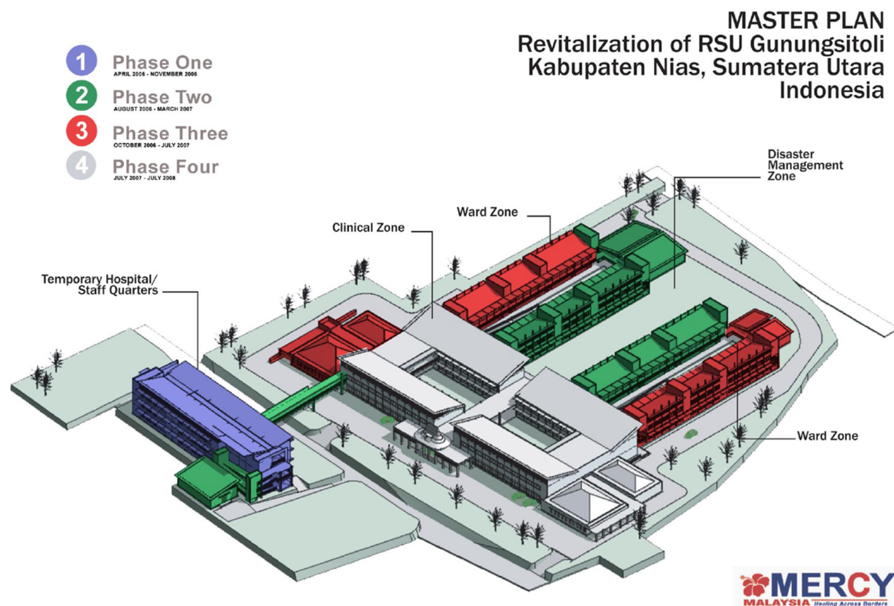


Figure 3: New master plan and phases of construction

Building a Partnership with Donors for a Basket Funding Approach

The basket funding approach has been known and implemented in other areas of health program as well, such as in TB program. The more traditional supporters of TB program such as the bilateral governmental donors have introduced important policy changes aimed at greater local ownership and nationally steered donor coordination. The effect is less financial aid directed at individual projects and programmes and a greater focus on sector or government- budget support, often referred as basket funding or sector wide funding (Steenbergen et al., 2003). This means that so long national or local stakeholders have a firm plan or have had designed the program/project, all aids can be directed to support the program. This is inline with Paris Declaration on Aid Effectiveness resulted from the High Lever Forum held in Paris on February 28- March 2, 2005. It encourages that aids shall be aligned with partner countries' priorities, systems and procedures and helping to strengthen their capacities.

According to the master plan, the Gunungsitoli Hospital construction is divided into four (4) phases. Each phase was designed to be constructed after funding from relevant donors was committed. Therefore this approach of fund raising is named as a basket funding. BRR has played a main role in identifying, negotiating and preparing required document for fund raising. Within 2 (two) years since the master plan was initiated or less than 3 (three) years after this island was hit by the earthquake, all 4 (four) phases of Gunungsitoli General Hospital which cost $ 8.5 million have gained funding from various donors. Phase 1 and Phase 2 were funded by MERCY Malaysia and The China Government respectively. Both phases of construction have been completed and being

used. Phase 3 is funded by The Japan Government and currently being constructed. Phase 3 is scheduled to be completed by April 2008, while Phase 4 which is the final phase of the construction will be simultaneously built along with the completion of Phase 3. The construction of Phase 4 is funded by the Singapore Red Cross.

Partnering Role: The importance of coordinating role toward leadership

Partnership has always been related to leadership. This is reflected in Tennyson's question of what, who and how is the role of 'a leader' in a paradigm that is essentially collaborative and based on a notion of equity between key players (Tennyson,2003). Tennyson (2003) elaborated leadership as a significant element in a collaborative process. The notion of equity amongst key players has in most cases been influenced to the success of partnership. In the implementation of this project the question of leadership goes to who should lead the initiative. While the large portion of project goes to construction aspect, does it mean the initiator of master plan will become the leader of the project or the biggest donor should take a leadership? Or does it BRR as the Government of Indonesia Agency for rehabilitation and reconstruction should take a leadership of the project?

It is understandable that any partner, in particular INGOs and or donors need to be recognized and desire a good reputation impact of their involvement in any project. In Gunungsitoli General Hospital case where 4 donors are involved in construction with different portion of funding, will be unwise if one lead of others. Therefore BRR has put its position in coordinating role to bridge the need of leadership and to avoid un-coordinated efforts that may hamper the project. As the coordinating partner naturally BRR acts as a 'guardian' of the partnership's mission (internally and externally) and being prepared to stand up for its values. In exercising a coordinating role of the BRR has to ensure that the principles of partnership, i.e. equity, transparency and mutual benefit are in place.

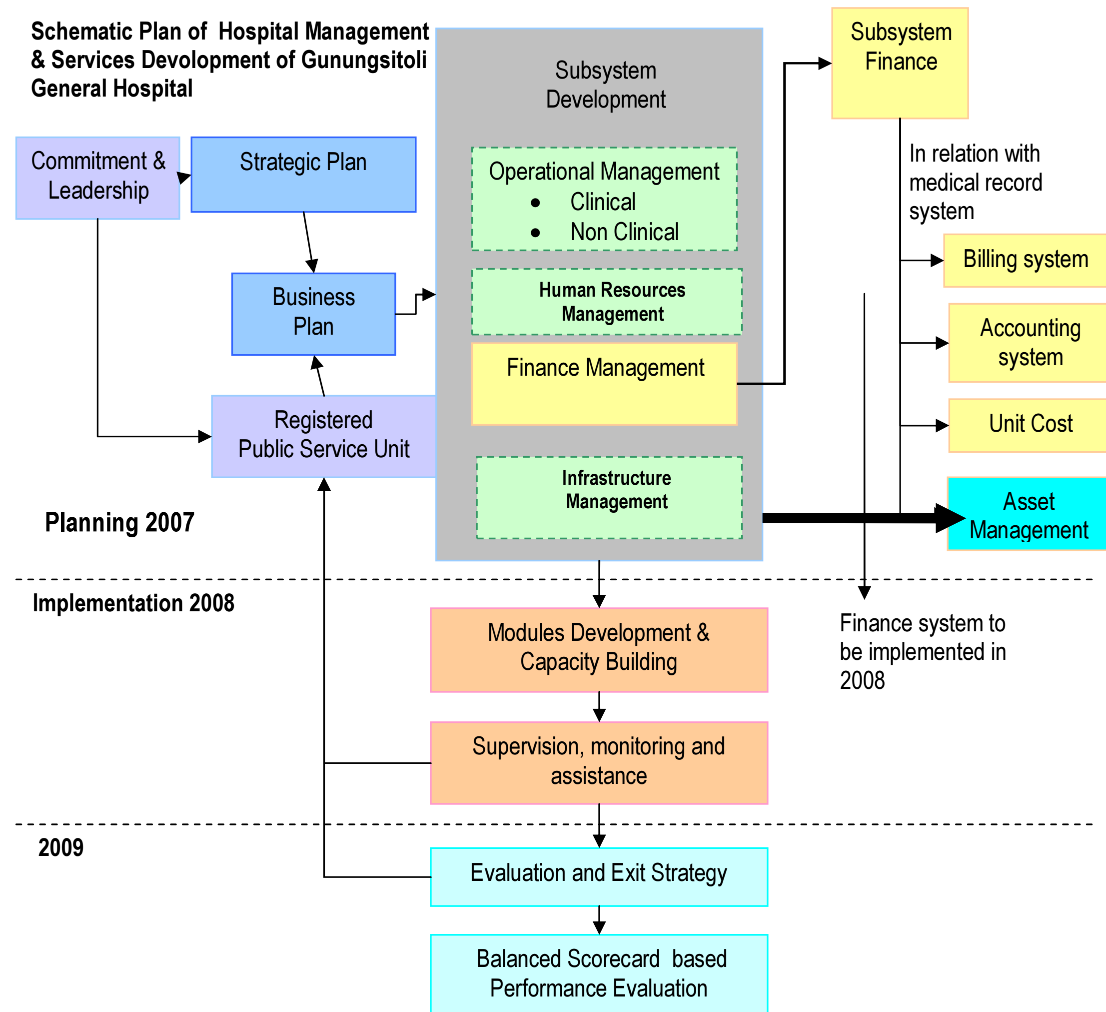
While BRR has put its position in a coordinating role, eventually the leadership of program it self goes to the local stakeholders to achieve the sustainability.

NEXT STEP: Sustaining the Partnership

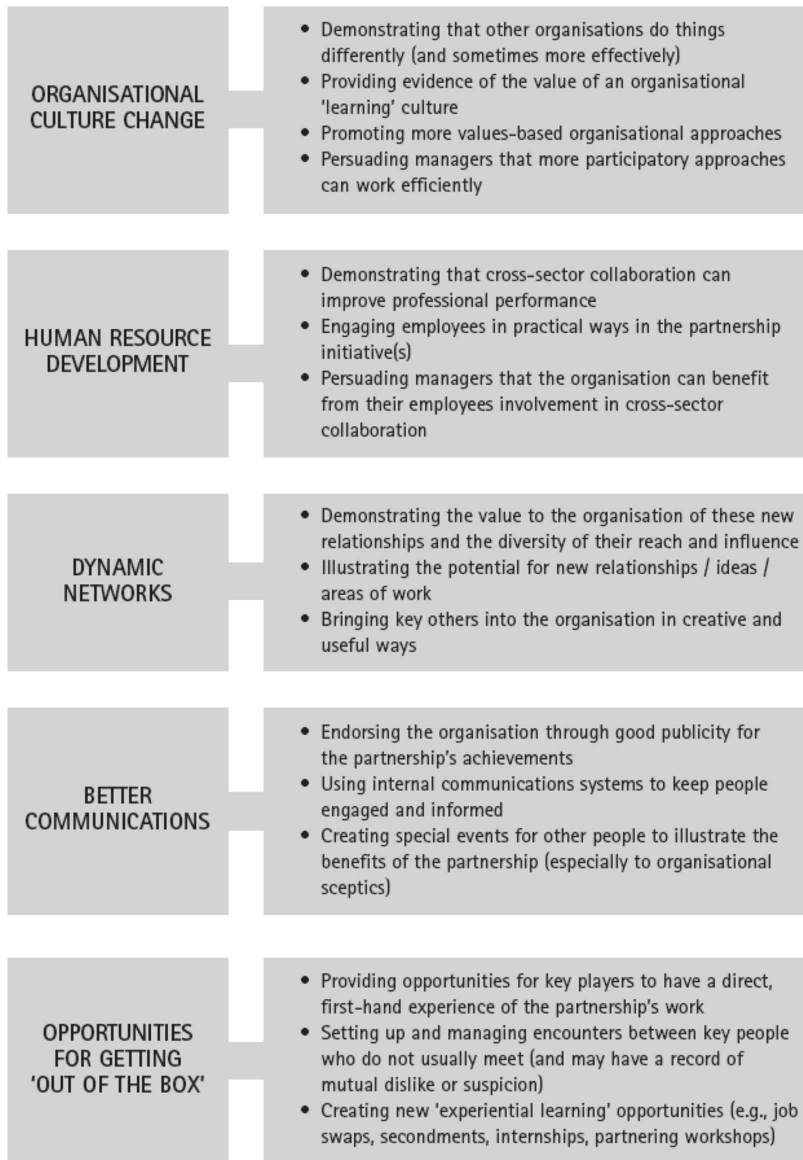
Leading the sustainability through building institutional capacity; in partnership with universities

The sustainability of revitalization of Gunungsitoli General Hospital is an important issue to be achieved and ensured by any player and in particular by the BRR. As underdeveloped area, low capacity and capability of local stakeholders may threat the sustainability of program and thereof need simultaneous capacity building. In general, key issues in quality health service is the low capacity of management of services and limited availability of qualified healthcare workers. Similar to other remote areas in Indonesia the scarcity of available qualified healthcare workers requires serious intervention. On Nias islands the lack of medical doctors and specialist was a long-term problem even before the earthquake. BRR in partnership with one of the biggest universities in Indonesia, Universitas Gadjah Mada (UGM) in Jogjakarta – Central Java sponsored a scholarship program to fulfil a minimum number of health workers for Gunungsitoli General Hospital.

Initiated in 2006, the scholarship program funded by the Government of Indonesia (GoI) budget managed by BRR has provided funding for education of 11 (eleven) doctors to become specialists, 21 (twenty one) high schools graduated to become general practitioners (GPs) scholarship and 2 doctors to take masters program in hospital management.
A partnership between BRR, local stakeholders and UGM has been expanded in 2007 from scholarship program to the continuous capacity building program through several programs for instance a hospital management development, capacity building program through residency training, etc. Whilst the type of agreement of previous hospital working group was non-contractual agreement, this BRR-local stakeholders-UGM collaboration is made as contractual typed-agreement.
To achieve a better performance of on going reconstruction of the hospital, the program of hospital management and hospital services is being developed and improved through several approaches. The diagram below illustrates the implementation approach of hospital management development:



Beside the formal collaboration between BRR, local stakeholders and UGM to build the capacity of local institutions, the partnership program it self also brings an institutional capacity building throughout the implementation period of the project. Partners, directly or indirectly can help institutions to internalise the partnership's lessons and build their capacities. Sometimes it is simply a matter of time, but more often it is a case of combating active or passive resistance. There are several different approaches partners can employ to build greater institutional capacity in the institutions and partners involved in this project. A diagram developed by Tennyson (2003) below shows various ways of building greater institutional capacity during the project implementation is being taken:



Source: Tennyson, 2003

Stakeholders' involvement is a critical part of project's sustainability. Stakeholders are those who effect change in the project and those who are affected by it. They include local government, agencies and other interest group. Strategic alliances with like minded-entities are the essential mechanism to this project. The involvement of local stakeholders since the very beginning is a positive value for the project in which involved donors/partners appreciate very much. In the limitation of resources they have, local stakeholders very keen to involve and support during the whole project cycle. About the same as other partnership activities, local stakeholders' involvement in this project follows the steps which fall under two broad areas:

- Laying the foundation of a partnership in form of Memorandum of Understanding;
- Implementing partnership activities both those written or unwritten in the MoU

Stakeholder participation is seen as the key to effective partnership. The involvement of individual, agencies, and organizations remains the foundation of successful collaborative partnership effort (El Ansari, 2003)

However, one of the biggest challenges to partnership sustainability is the issue of long-term resource provision. While the hardware procurement such as construction of buildings and procurement of equipments could be fulfilled by external funding, the long life operation and maintenance of the hospital really depend on the local resource. Therefore since initial stage and wherever possible, local and renewable resource arrangement should be put in place (Tennyson, 2003). Since Nias Islands are considered to be remote and poor areas, dependency to origin local resources should be less taken. Yet, dependency to external funding is not encouraged and for sure can not be taken for a long term period because it is not sustainable. As a project, this partnership will eventually end once the project completed. Afterward the local stakeholders should ensure that hospital services be continuously provided to the people of Nias. To bridge such situation to a proper exit strategy, partners, both individually and collectively, need to have a 'moving on' strategy in mind – possibly from the very beginning articulated in the initial partnering agreement.

The Lesson to be learned: building trust and systematic plan for the successful of partnership

Building a partnership might be easy to talk about but invariably somewhat harder to undertake. It is also based on the simple adage that "two heads are better than one"- one on its own is simply not enough. Partnership invites commitment, eliminates pessimism, and encourages feeling of ownership, responsibility and pride of the local stakeholders. However it requires trust, courage, and patience and determination overtime of the involved partners. There is mounting evidence from many partnership initiatives under development in different parts of the world that partnership program can be highly effective and sustainable when it is designed, developed and managed in a systematic way.

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Author’s Biography

She was graduated as a Medical Doctor from Faculty of Medicine - Gadjah Mada University, Jogjakarta, Indonesia. Working for the United Nation Development Program, she was assigned as Senior Health Adviser to support the *Badan Rehabilitasi dan Rekonstruksi NAD Nias* (Government Executing Body for Rehabilitation and Reconstruction for Aceh and Nias, post Tsunami and earthquake). She was responsible for developing a strategic plan of health sector development in the Nias islands as a government initiative response after the disaster. Her works includes designing a structure plan of the strategy implementation, design and providing advises to the project implementation, fund raising, and provides supports in monitoring and evaluation of health provision programs during rehabilitation and reconstruction phase.