

COMMUNICATION on ENGAGEMENT (COE)



DoctorSHARE
Foundation

PERIOD: 2018-2020



PART 1

DOCTORSHARE FOUNDATION, AN INTRODUCTION

Yayasan Dokter Peduli (doctorSHARE) is a non-profit humanitarian organization focuses on health service and humanitarian aid for the frontier, outermost, and disadvantaged areas (*terdepan, terluar, terpencil* or known as the 3T). The organization was formally established on 19 November 2009.

In 2019, dr. Lie Dharmawan's Floating Hospital program reached 10 district areas and delivered medical, pregnancy, and dental examinations and conducted minor and major surgeries. Nusa Waluya II Floating Hospital provided care for communities affected by the earthquake, tsunami and liquefaction in Central Sulawesi, while at the same time supported knowledge improvement of local health workers. Aside to that, doctorSHARE also reached communities in the isolated areas in Sumatera and Kalimantan through Flying Doctors Program. Furthermore, doctorSHARE also manages Therapeutic Feeding Centre in Kei Besar Island, Tuberculosis Clinic in Sentani, doctorSHARE Jakarta Clinic, and medical services in Jakarta-Depok-Tangerang-Bekasi areas.

Vision

Empowering people to come out of the suffering holistically by their own power

Mission

Improving Indonesia's health outcomes, particularly in the eastern parts, through holistic healthcare services and innovative sustainable programs with the spirit of volunteerism

Principles

1. Volunteer-Based Non-Profit Service
2. Humanitarian and Medical Ethics;
Provides health services for the neediest regardless of their background.
3. Sharing;
Optimizes contribution of different individuals through collaboration and cooperation in solving social issues.
4. Independent;
Serves independently and free from any interests of other groups.
5. Impartial;
Neutral, non-partisan, and prioritize on the provision of access to health accordingly with the international humanitarian law.
6. Bear Witness and Speak Out;
Presents in violence, riots, natural disasters, and conflicts. Raise and Voice issues of health crisis and weakness of humanitarian aid systems, and against the humanitarian aid diversion for political interests.

IMPLEMENTATION OF THE TEN PRINCIPLES

UNGC Principles on Human Rights stated that business should support and respect the protection of internationally proclaimed human rights, align with SDG's Goals: Goal 2 No Hunger, Goal 3 Good Health, Goal 6 Clean Water and Sanitation, Goal 17 Partnership for The Goals.

doctorSHARE positions itself as the government's partner in providing access to health services. We support the government's efforts in creating equal and appropriate access to health services for the community in needs. Throughout 10 years of doctorSHARE's existence, we have conducted around 3,291 major surgeries and 5,538 minor surgeries, provided outpatient treatment for 58,859 patients as well as USG and antenatal check-up for 2,227 pregnant women, and conducted health campaigns and educations for 11,856 community members.

doctorSHARE is supported by volunteers with medical and non-medical backgrounds. They work together to share their talents and expertise regardless of tribe, religion, race, ethnic, and group backgrounds, to achieve doctorSHARE's vision and mission accordingly with humanitarian and medical ethic principles. Those who join doctorSHARE are called to answer the challenges related to health issues, and to devote themselves to support communities, who are trapped in crisis, to regain their health.

Based on Basic Health Research 2018, village communities stated that they are difficult (42.4%) and very difficult (43%) to access hospitals or other health facilities from their respective home. Factors influence the level of difficulties are types of transportation, travelling time, and transportation costs. In Papua, West Sulawesi, East Nusa Tenggara, South Sumatra, and Jambi over 70% of their people has problems in accessing hospitals.

Achievement:

FIGURES (all includes Palu)

19 City/District



19,226 Outpatient Treatments & Consultations



262 Major Surgeries



697 Minor Surgeries



619 USG & Antenatal Consultations



943 Dental Treatment



570 Trauma Healing Participants



SHORT TERM (OUTREACH) PROGRAM

To support communities who live in the frontier, outermost, and disadvantaged areas to access health services, doctorSHARE carries on the vision to bring closer health facilities through the following programs:

dr. Lie Dharmawan Floating Hospital

Floating hospital was first initiated due to the high number of health cases identified within the communities living in the small islands in Indonesia. Communities in the peripheral areas find it difficult to access health services in decent facilities. Floating hospital is considered an ideal model of health facility, because it reaches the most remote island-areas. Floating hospital is able to carry space, medical equipment, medicine, and other supporting tools needed for health services.

Facilities available in the floating hospitals include operating theatre, minor-surgery room, patient examination room, laboratory, recovery room, and antenatal examination room. These facilities enable the floating hospitals to provide general treatments, antenatal examinations, dental examination, and minor and major surgeries.

dr. Lie Dharmawan Floating Hospital has successfully delivered health programs to 10 districts, which are:

Anambas Islands District, Riau Islands (March 2019)

Lembata District, East Nusa Tenggara Timur (April 2019)

Mimika District, Papua (May 2019)

Asmat District, Papua (May 2019)

Kei Besar Island, North Maluku District, Maluku (June 2019)

Serui, Yapen Islands District, Papua (July 2019)

Buru District, Maluku (August 2019)

Obi Island, South Halmahera District, North Maluku (September 2019)

Jayapura City, Papua (September 2019)

Batu Atas and Siempu Islands, Buton District, South-east Sulawesi (October 2019)

Throughout 2019, dr. Lie Dharmawan Floating Hospital served more than 3,713 general treatment and consultation patients, 437 minor surgery patients, 160 major surgery patients, and more than 134 antenatal consultation and 266 dental examination patients. In total, there were more than 4,729 patients served by the hospital. Around 202 medical and non-medical volunteers directly contributed in delivering these health services, in collaboration with different local institutions including Puskesmas, Health Offices, and local police, as well as private sectors such as Star Energy Ltd. in Anambas.

Other than health examination, community capacity/knowledge building activities were also conducted. Some of these activities are dental health education for students, and pregnancy health for midwives and cadres in Obi Island, as well as blood type examination for all health officials in Anambas.

Five Major Diseases:

11% Upper Respiratory Tract Infection (URI)

10% Myalgia

10% Dyspepsia

9% Hypertension

2% Osteoarthritis

More than 4,729 patients

In 10 districts

Through 202 volunteers

Dental Diseases:

31% Gangrene Radix

16% Gangrene Pulp

Minor Surgery Cases:

28% Lipoma

6% Cyst

Major Surgery Cases:

24% Hernia

9% Tumour/STT

Flying Doctors

Not only blessed with many islands, Indonesia also has mountainous areas, but with no less challenges to access health facilities. Started with cooperation with small aircrafts that have long served the mountains of Papua, Flying Doctors utilizes planes or helicopter to deliver medical personnel and medical equipment to areas in need for health supports.

Flying Doctors Program provides medical examinations, minor surgeries, health education, and trainings for local health cadres. In 2019, Flying Doctors served 2 areas, which are Mentawai Islands District, West Sumatra (May 2019) and Melawi District, West Kalimantan. There were 967 patients of medical examinations, and 108 patients of minor surgery. In total there were 1,075 patients treated by Flying Doctors that involved 17 medical and non-medical volunteers.

Five Major Diseases:

- 14% URI
- 14% Hypertension
- 7% Dyspepsia
- 5% Arthritis
- 3% Osteoarthritis

1.075 patients

In Mentawai (West Sumatra) and
Melawi (West Kalimantan)

By 17 volunteers

Minor Surgery Cases:

- 33% Lipoma
- 19% Atheroma

Urban Medical Services

doctorSHARE regularly provides free medical examinations for poor families in different places, including the cities and remote areas. The medical service includes general treatment, minor surgery, and major surgery. Some of the in-land medical service also provides pregnancy examinations and dental examinations.

Within 2019, doctorSHARE conducted 5 in-land medical services, in 5 districts/cities, which are North Maluku (Kei Besar Island), North Jakarta (Cilincing), West Jakarta (Taman Anggrek), Tangerang (Tanjung Anom), and Jayapura. Through these activities, there were 111 minor surgeries conducted and 1,465 patients went through general health consultation. Dental examinations were done in North Maluku, West Jakarta, and Jayapura for 120 patients. Ninety-three medical and non-medical volunteers contributed to the implementation of Urban Medical Service 2019.

Dental Diseases:

- 79% Gangrene Radix
- 23% Gangrene Pulp

Minor Surgery:

- 31% Lipoma
- 19% Atheroma

Five Major Diseases:

- 20% URI
- 14% Hypertension
- 9% Myalgia
- 3% Osteoarthritis
- 2% Hypercholesterolemia

5 Districts/Cities

1.696 patients

93 volunteers

B. LONG TERM PROGRAM

Other than proactive health services, doctorSHARE also provides long term health services in several areas.

Nusa Waluya II Floating Hospital

Nusa Waluya II Floating Hospital is a collaboration program between doctorSHARE with PT, Multi Agung Sarana Ananda (MASA). This floating hospital provides primary and specialised medical services similar with Type C landed-hospital. The barged hospital is able to reach island areas, to bring closer access to health services and specialised services to the communities.

The existence of Nusa Waluya II Floating Hospital is expected to strengthen the existing primary health services such as Puskesmas and Maternity Hospital, built by the government. Other than medical intervention, community and local medical personnel empowerment activities were also conducted in Nusa Waluya II Floating Hospital.

In the end of 2018, the floating hospital is docked in Pantoloan Harbour, Palu City, Central Sulawesi, to support the community in post-earthquake and tsunami disasters. The damage of a number of health facilities is the main reason for Nusa Waluya II to be in Palu. Some of health officials who were freed from their duties due to hospital damages were also transferred to Nusa Waluya II Floating Hospital.

Therapeutic Feeding Centre

Therapeutic Feeding Centre (TFC) in Kei Besar Island, Southeast Maluku, aims to care for children with malnutrition and undernutrition cases with comorbidities. The objective of this program is to solve malnutrition issues, provide accessible qualified health services, and to support communities to improve their nutrition status.

The activities designed in the program are expected to contribute to the improvement of children's nutrition status, healing of comorbidities, and improvement of life patterns of parents to clean and healthy lifestyle. Through this program, the community will be educated and facilitated to maintain normal growth and development of children until their adulthood.

Capacity of the TFC includes treatment rooms for 5 to 7 children that can also accommodate their mothers or caretakers. The duration of nutritional care program is designed for 28 to 90 days, until the improvement of the nutritional status of children. Antenatal examination is also provided to monitor fetal health.

As the number of cases of children with malnutrition decreases in Kei Besar Island, doctorSHARE expanded its work by providing primary health care through the clinic. Throughout 2019, Kei Clinic served more than 4,330 patients for general health examinations and consultations. Moreover, the medical teams operated Mobile Clinic to villages in Kei Besar, and served 890 patients.

The clinic's main focus to maintain children nutrition through the improvement of community's knowledge continues. Education activities on Supplementary Feeding, Nutrition Garden, and Introduction to Clean and Healthy Living Behaviour were conducted for the communities. Through 7 elementary schools, TFC team carried out Clean and Healthy Living Behaviour promotion and provided supplementary food for 918 students, and organized Junior Doctor training for 77 students.



4,330 Patients in the TFC Clinic
890 Patients of Mobile Clinic

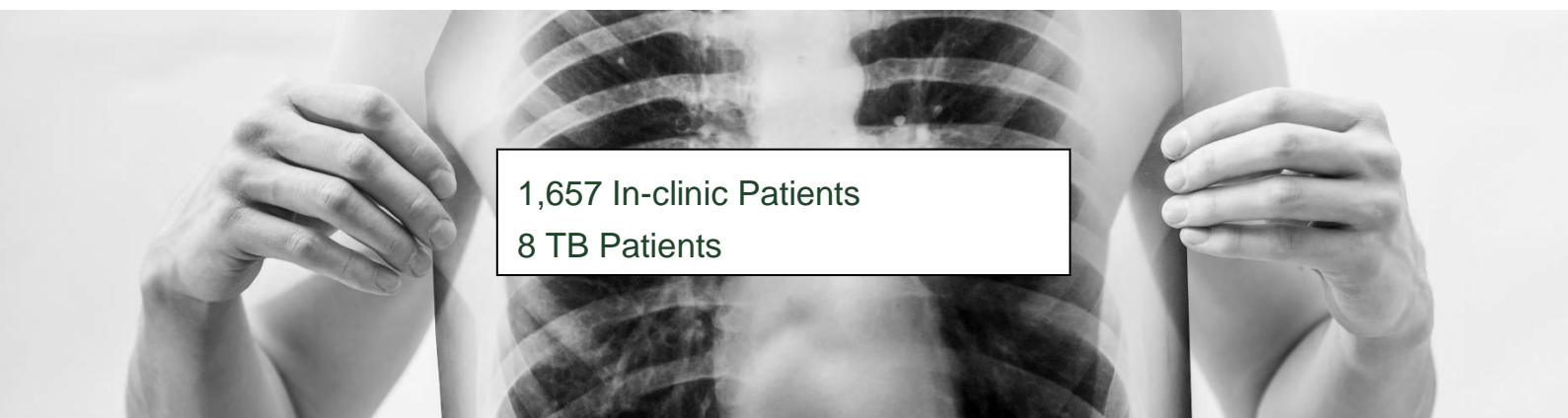
Tuberculosis Program

Tuberculosis Program was initiated in 2019 in Papua, as a long-term program aims to reduce Tuberculosis prevalence in the region. The designed methods are suspect identification, detection, reference, and search of treatment for Tuberculosis cases. Other than that, the program also seeks to raise awareness, detect early, and provide complete care for Tuberculosis suspects. Furthermore, the program also empowers community members and encourage them to become Drug Supervisors. Tuberculosis program tries to establish networks between local stakeholders and health providers.

Pilot Clinic in Sentani District was constructed to provide access to health service, information and detection centre, and care centre for Tuberculosis cases, as well as providing primary medical services for the surrounding communities. Furthermore, in 2020, doctorSHARE will work together with UNICEF to optimize the role of Sentani Clinic in solving Polio issues in Memberamo Raya and Puncak Jaya Districts, and Malaria issues in Waropen, Yapen, and Asmat Districts.

The planned contribution of the clinic for polio issues are: improving capacity of Puskesmas to ensure immunization distribution to the community, improving awareness of stakeholders, and enhancing the capacity for primary service system. Meanwhile, for Malaria, the focuses are: improvement of capacity of health officials to manage malaria and microscopic, implementation of socialization, and strengthening the stakeholders.

In 2019, the total number of patients in Sentani Lake Unit (both proactive and in-clinic) is 1,657. Furthermore, since April to September 2019, there were 8 Tuberculosis patients detected, and 2 patients consumed Tuberculosis drugs.



C. COVID 19 RESPONSE PROGRAM AND DISASTER RESPONSE PROGRAM

Geographically, Indonesia is located on the meeting point of three tectonic plates that resulted in vulnerability to natural disasters such as earthquake, volcanic eruptions, and tsunamis. Other than natural disasters, Indonesia also often suffers from man-made disasters such as forest fires, floods, and landslides.

The government has established disaster management system to deal with this sudden condition. One of the methods is engaging private sectors in disaster management. doctorSHARE is listed as one of government's partners in disaster preparedness in health cluster. When disaster occurs and medical supports are required, doctorSHARE will be immediately deployed to the affected areas.

Earthquake and tsunami in Central Sulawesi, Tsunami in Banten and Lampung, Flood in Sentani-Papua and Konawe-Southeast Sulawesi, are the disasters that doctorSHARE responded to in 2019. We strive to be present when the government, through National Disaster Management Body (BNPB), stated their needs for health support in the disaster-affected areas.

Central Sulawesi Disaster Response

Responding to natural disasters in Palu, Central Sulawesi on 28-29 September 2018, doctorSHARE dispatched Nusa Waluya II Floating Hospital, to contribute in providing health services for the disaster victims. Tsunami and liquefaction disaster resulted massive destructions in the area, including the destruction of health facilities.

doctorSHARE carried out programs that aimed to deliver medical intervention, prevent and reduce the spread of infectious diseases, as well as to solve and minimize psychosocial issues. With similar facilities with Type C landed hospitals, Nusa Waluya II Floating Hospital docked in Pantoloan Harbor, Palu, providing general examination, minor and major surgeries, antenatal care, post-disaster trauma support, and health campaign.

Through November 2018 to February 2019, 9,938 patients were treated, and the major achievements are: 16 babies were born on board (10 through c-section and 6 through normal deliveries), 41 major surgeries and 102 minor surgeries conducted, and 557 dental patients were examined and treated. Mobile clinic that supports doctorSHARE's proactive effort benefited more than 200 patients. Community empowerment activities were carried out in forms of trainings for 89 midwives. Moreover, 570 people participated in

trauma healing sessions.

Pandenglang-Banten and Pesawaran Lampung Disaster Response

In the first week of January 2019, doctorSHARE deployed 12 medical personnel and 4 non-medical volunteers to respond to disaster in Pandenglang, Banten. This response reached 236 affected community members, who benefited from general health services. Based on the examinations, the top cases are Myalgia, Dyspepsia, URI, Dermatitis, Hypertension, and Cephalgia.

The tsunami in Sunda Strait also affected southern area of Lampung. doctorSHARE volunteer-team, consisted of 8 medical personnel and 5 non-medical personnel, provided health service in Legundi Island, Pesawaran, Lampung, in the second week of January 2019.

During this medical service event, 187 disaster-affected community accessed general examination service, and 8 patients were treated with minor surgery. To reach the elderly group, who cannot access the location, the team conducted house-visits. Five major diseases identified are: URI, Hypertension, Myalgia, Dyspepsia, and Osteoarthritis. Other than health service, the team also conducted trauma healing activity for children in the location.

Sentani-Papua Disaster Response

High intensity of rain and the destruction of Cycloops Mountains area led to flash floods in Sentani, Papua, on 16 March 2019. Most of the people living around the river decided to evacuate. One day after the flood, doctorSHARE deployed some volunteers to 2 evacuation points. During this medical service, the volunteers delivered health services to 423 patients, in forms of general examination, wound care, and minor surgery.

North Konawe-Southeast Sulawesi Disaster Response

In June 2019, doctorSHARE provided medical services for flood-affected communities in North Konawe, Southeast Sulawesi. Working with BNPB and Health Office in North Konawe, the medical services were provided in 2 evacuation posts. The team treated 70 patients, with URI, Hypertension, and Dyspepsia as the most common cases.

COVID19 RESPONSE

Based on data from the web site www.Covid19.go.id as of April 1, 2020, in Indonesia there have been 1,677 positive cases of COVID-19 and the number of cases continues to grow every day. This figure does not include the number of Patients Under Supervision (PDP), both suspect and not suspect status, which is currently being treated as well. Positive cases and PDP have spread to many regions throughout Indonesia.

As we conducting volunteer based medical services, doctorSHARE has active a large and active medical volunteer throughout Indonesia. We asked our volunteers to submit questioners in our google form to acquire actual information from doctors and medical personnel about their PPE needs.

Supported by INSEAD alumni we create map to show information regarding the list, details, and PPE needs to be seen by the public. In handling the COVID-19 pandemic, doctorSHARE coordinates and collaborates with Indonesia Global Compact Network (IGCN) and BNPB, the Ministry of Health through the Health Crisis Center. We have huge supports from INSEAD Alumni, Tanoto Foundation, Rajawali Foundation, other corporate and civil society organizations.

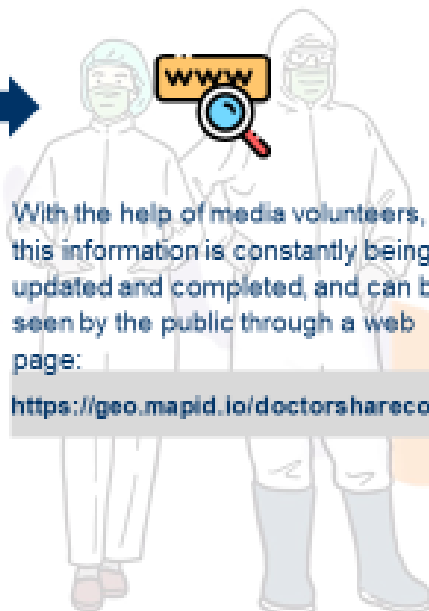
COVID 19 RESPONSE: MAPPING THE NEEDS



Conducting volunteer-based medical services for the past 10 years, doctorSHARE has a large and active volunteer network, consisting of nearly 1,200 health workers with around 400 medical personnel actively conducting medical services, throughout Indonesia.



The Google Form, which lists questions, is circulated among relevant health workers so we receive actual and real information from doctors and medical personnel about what PPE is most needed.



With the help of media volunteers, this information is constantly being updated and completed, and can be seen by the public through a web page:

<https://geo.mapid.io/doctorsharecovid>



PPE NEEDS



1,270,485++
Surgical Mask



248,206++
N95



10,163,880++
Medical gloves



4,137++
Face shields



185,490++
COVERALL



124,103++
Surgery gown



741,960++
Gloves



3,388++
HAND SANITIZERS



3,092++
BOOTS



7,446,150++
RAPID TEST COVID-19

Sources: doctorSHARE Questionnaire; Indonesia Global Compact Network (IGCN)

6

During the outbreak of Covid19 we have distributed PPE to 158 hospitals and clinics in 27 cities, 60 regencies and 25 provinces. Our program is continued to ensure all the support needed by medical workers to treat patients of Covid19 are covered.

D. HEALTH PROMOTION PROGRAM

To increase community's awareness on the importance of health, doctorSHARE carried out Junior Doctor and Health Discussion Programs. Junior Doctor is a program to introduce medical world and first aid in emergency situation to children aged 10-14 years. The children are trained to be skilful in the discussed subjects.

Health Discussion program is also conducted for civil society and private sectors, to discuss health issues in their surroundings, including preventive and management actions of the trending diseases. Capable health practitioners are invited to attend the discussions on the selected topics.

In 2019, Junior Doctors were held in three cities: Jakarta, Semarang, and Surabaya. In Jakarta, the centre of doctorSHARE's activities, Junior Doctor events were conducted 3 times, and in Semarang and Surabaya one time each. Each of the activity was attended by 5 to 10 children, and the subjects include introduction to earthquake and tsunami, first aid, triage, wound care, and CPR.

Activities and the Principles

UNGC Principles	SDGs Goals	Descriptions of Activities	Outcome
Human Rights			
<p>Principle 1 : Businesses should support and respect the protection of internationally proclaimed human rights;</p> <p>Principle 2 : Make sure that they are not complicit in human rights abuses.</p>	Goal 2	We have done medical examination for women during our medical services with dr Lie Dharmawan and Nusa Waluya 3 (floating hospitals). We have done women and toddlers malnutrition program in Panti Kei.	Have done USG and ante natal medical examination for 2,227 pregnant women in remote area. Other than health examination, community capacity/knowledge building activities were also conducted. Some of these activities are dental health education for students, and pregnancy health for midwives and cadres in Obi Island, as well as blood type examination for all health officials in Anambas.
	Goal 2	Panti Kei program helps and treats 5 - 7 children suffered of malnutrition for 28-90 days until their nutritional statuses are improved.	Throughout 2019, Kei Clinic served more than 4,330 patients for general health examinations and consultations. Moreover, the medical teams operated Mobile Clinic to villages in Kei Besar, and served 890 patients.
	Goal 3	The planned contribution of the clinic for polio issues are: improving capacity of Puskesmas to ensure immunization distribution to the community, improving awareness of stakeholders, and enhancing the capacity for primary service system. Meanwhile, for Malaria, the focuses are: improvement of capacity of health officials to manage malaria and microscopic, implementation of socialization, and strengthening the stakeholders.	In 2019, the total number of patients in Sentani Lake Unit (both proactive and in-clinic) is 1,657. Furthermore, since April to September 2019, there were 8 Tuberculosis patients detected, and 2 patients consumed Tuberculosis drugs.



Labour			
Principle 3 : Businesses should uphold the freedom of association and the effective recognition of the right to collective bargaining;	Goal 1	We provide equal remuneration policy for our staffs regardless their gender, race, religion, sexual preference and ethnicities.	We maintain the policy to not discriminate our staffs and volunteers based on their gender, race, religion, sexual preference and ethnicities
	Goal 5		
	Goal 10	To develop competencies of our staffs, we regularly provide trainings to increase their capacities.	We have trainings for our staffs regarding disaster response.
Principle 4 : the elimination of all forms of forced and compulsory labour;	Goal 1 Goal 8	Staffs are entitled to various kinds of annual leave following the government policy.	Staffs are allowed to use their rights to take leave.
Principle 5 : the effective abolition of child labour; and			
Principle 6 : the elimination of discrimination in respect of employment and occupation	Goal 5 Goal 8 Goal 10	We treat our staffs with “Zero Tolerance” discrimination policy from recruitment through all the benefits awarded to them.	In our policy, we do not tolerate any form of discrimination at workplace.
Environment			
Principle 7 : Businesses should support a precautionary approach to environmental challenges;	Goal 12	We educate our staffs and volunteers in waste recycle and saving water management.	During our medical services trips our staffs and volunteers aware about types of waste and learn to sort and dispose it properly.
Principle 8 : undertake initiatives to promote greater environmental responsibility; and			
Principle 9 : encourage the development and diffusion of environmentally friendly technologies.	Goal 12	We educate our staffs to habit of recycle all waste, include household waste and saving water. We are on the process of having solar panels for our hospital ships.	We encourage all our staffs in the office to use recycle paper in their daily reporting.
Anti-Corruption			
Principle 10 : Businesses should work against corruption in all its forms, including extortion and bribery.	Goal 16	We strongly support, assist and supervise the implementation of transparent and good governance.	We maintain effectiveness, accountability, transparency, and good governance through regular audit conducted by Certified Independent Auditor,

