

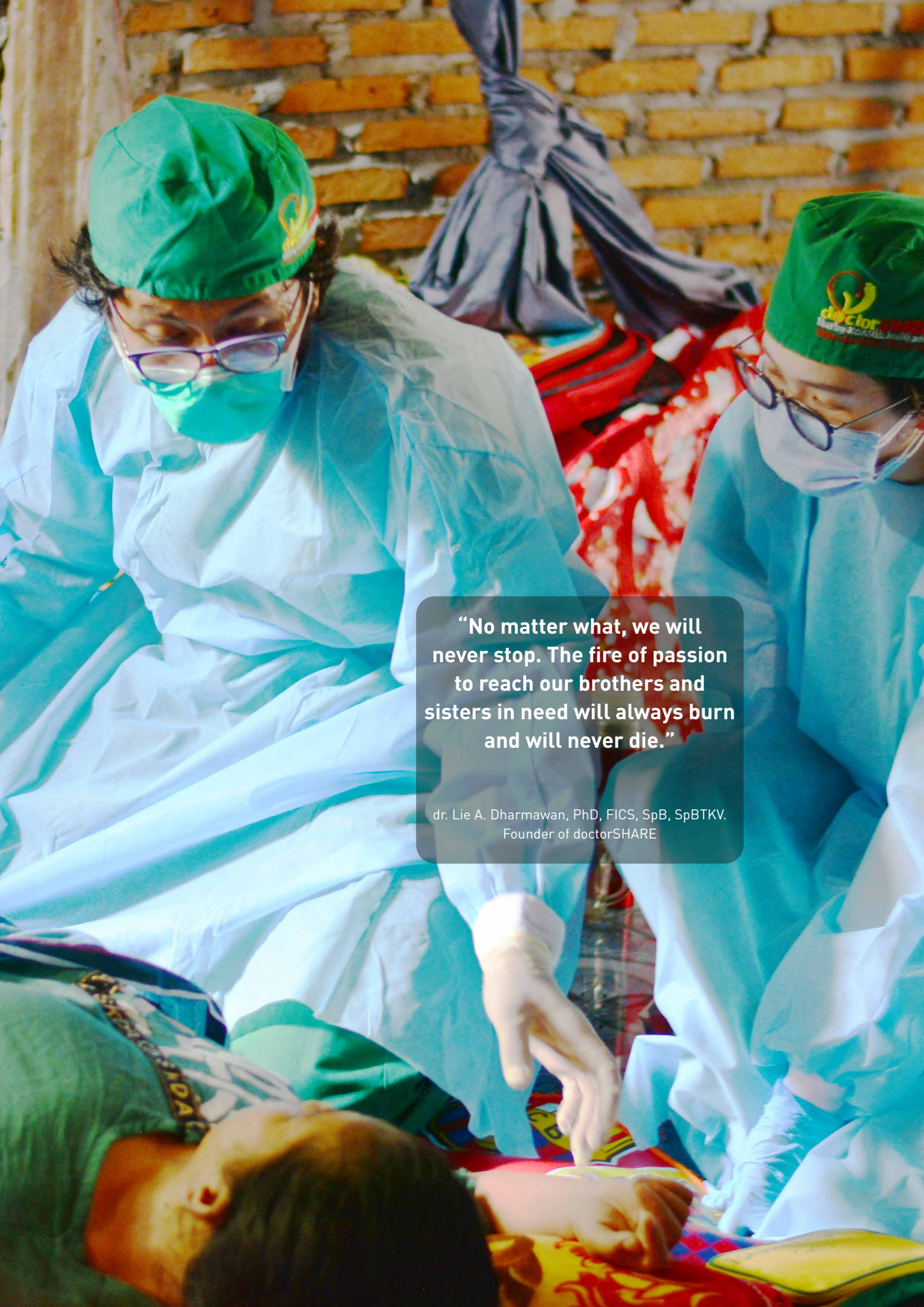
# Serving in a Pandemic



[www.doctorshare.org](http://www.doctorshare.org)

**Annual  
Report  
2020**





**“No matter what, we will never stop. The fire of passion to reach our brothers and sisters in need will always burn and will never die.”**

dr. Lie A. Dharmawan, PhD, FICS, SpB, SpBTKV.  
Founder of doctorSHARE

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# 01/ WHO WE ARE

Yayasan Dokter Peduli (doctorSHARE) is a registered non-profit organization focusing on medical healthcare services and humanitarian aid. Formally established on November 19th, 2009, doctorSHARE provides assistance to communities through free healthcare services from consultation and outpatient treatments to minor and major surgeries for those living in peripheral areas of Indonesia (known as 3T areas - frontier outermost disadvantaged 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
3. Sharing
4. Independent
5. Impartial
6. Bearing Witness and Speaking Out

**We aim to save lives and alleviate suffering of those trapped in crisis through the provision of healthcare, so they will be able to rebuild their future.**







# 02/ A MESSAGE FROM OUR CHIEF EXECUTIVE

## Dear Friends!

For doctorSHARE, the year 2020 was so unique as well as challenging with the occurrence of the COVID-19 pandemic. We may still remember when the first case of COVID-19 was detected on March 2, 2020, which then increased quickly and rapidly. The government then stipulates regulations regarding PSBB (Large-Scale Social Restrictions), but health services to the community must still be provided with adjustments or modifications to services. For doctorSHARE, the adjustments or modifications to services based on the applicable health protocols then automatically give a new color, both in the planning and implementation of all programs.

Nusa Waluya II Floating Hospital had sailed to the Riau Islands, although finally medical services were only carried out in January 2021 in Lingga District and its surroundings. dr. Lie Dharmawan Floating Hospital provides medical services in Lingga District, Islands Riau and Pesawaran District, Lampung. Meanwhile, the Nutrition, Tuberculosis Control, Health Promotion, Urban Medical Services, Jakarta Clinic, and Disaster Response Programs will continue as usual while complying with applicable health protocols. Strict restrictions on various activities in a number of areas have caused the Flying Doctor program to postpone its agenda for 2020.

Throughout 2020, as a whole around 14,875 communities were served, involving 266 volunteers in a number of interventions/programs. Around 8,134 outpatients and consultations, 4,456 health promotions related to Covid-19, 327 cadre trainings, 27 major surgeries, 40 minor surgeries, 60 USG and antenatal consultations, and 41 dental treatments. doctorSHARE also distributed a total of 1,450 koli of PPE (Personal Protective Equipment) to more than 750 Faskes (Health Facilities) in 34 provinces and 10 ventilators to 10 hospitals in 5 provinces.



We (doctorSHARE) realize that all of the above achievements are the result of cooperation, collaboration/partnership, and support from many parties. We partner with government and private institutions; working with a number of institutions and individuals; moving with volunteers; and received support from donors, whether corporate, individuals, to international funding institutions. I assure you that all forms of cooperation and support are solely for the sake of realizing doctorSHARE's vision and mission.

Finally, on behalf of the management and all doctorSHARE staff, I would like to thank you to all parties for all their contributions in 2020. Congratulations and proficiat to all of us for the achievements in 2020. Hopefully in the future, we will continue to synergize to reach our brothers and sisters who have not been reached. Thank you!

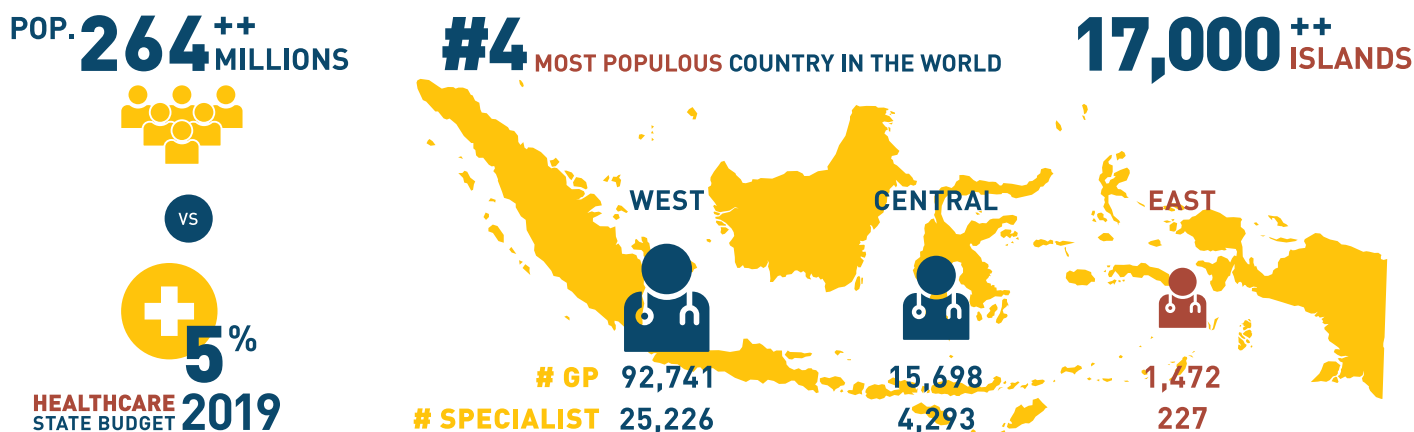
**Dipl-Ing Kiman Karel**

Act. Chief Executive



# 03/ WHY IT MATTERS

## INDONESIA

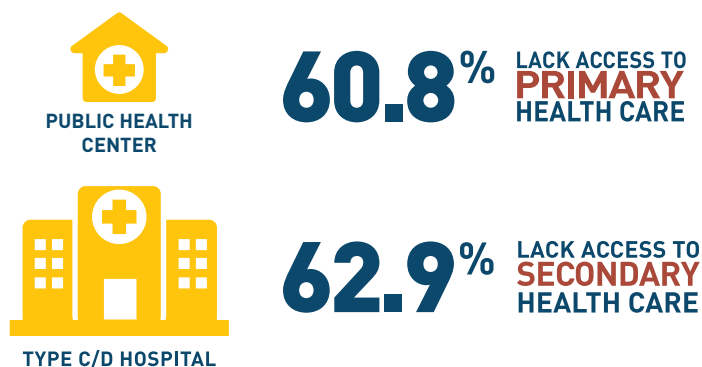


**Indonesia's vast archipelagic nature results in a geographically-dispersed population, making it difficult to achieve equal coverage of primary and secondary healthcare facilities. Consequently, Indonesians with low SES living in rural and remote areas have difficulties in accessing the healthcare they deserve. Meanwhile, health is the major asset in creating high quality and productive life.**

Indonesia has its own unique challenges, being the 4th most populous country in the world & largest archipelago nation, when it comes to accessible healthcare. Many of Indonesia's 17,000 islands are in the peripheral, extremely remote & without access to healthcare. Financial hardship & infrastructure access are still some of the main problems our brothers and sisters face to get proper health services.

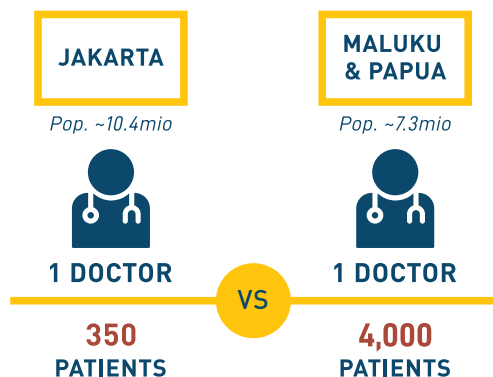
Approximately 40% of Indonesia's 264 million citizens are living with less than ~IDR45,000 per day. Vital infrastructures, such as roads, are poorly available especially in the eastern part of Indonesia. With such conditions, equal distribution of healthcare service becomes a challenge in an archipelago like Indonesia. Furthermore, healthcare currently takes up "only" 5% of Indonesia's 2019 state budget and a small fraction of this is made available to regional governments. This data alone indicates the difficult effort to provide equal healthcare services to all.

60.8% of the population lack access to primary healthcare facilities (Puskesmas, Pustu, Midwife) and 62.9% of the population lack access to hospitals. Even though the infrastructure is in place, a significant number of primary healthcare facilities have no doctors; mostly in Papua (45.2%), Maluku (44.9%), West Papua (40%), Southeast Sulawesi (29.5%), and NTT (20.5%).





Medical personnel are also not evenly distributed; most of them are in the western part of Indonesia, and the smallest proportion is in the eastern part of Indonesia.



## Geographical and Economic Conditions Result in Healthcare Inaccessibility in Remote Areas of Indonesia

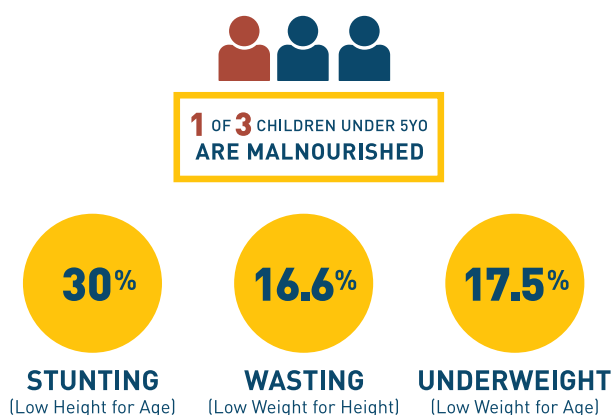
Source: Statistics Indonesia, 2017-2018; Ministry of Health (Nutrition Status Assessment), 2016; Basic Health Research, 2018

### High Malnutrition Prevalence in Indonesia

Stunting/ impaired growth is the devastating irreversible result of poor nutrition in-utero and early childhood. Children with stunting issue will never attain their full possible height and limited brain development which impacted their cognitive potential.

Based on the Report from Ministry of Health of Republic of Indonesia in 2018, Maluku faced acute malnutrition problem. The prevalence of stunting was 30%, wasting 16.6%, and underweight 17.5%. This malnutrition status is categorized as very high according to the global threshold.

Source: Ministry of Health, 2018 for Maluku Province



### Tuberculosis in Indonesia is the 3rd Highest Worldwide

Based on the data from WHO in 2019, the estimated number of Tuberculosis (TB) cases in Indonesia was 845,000. This is higher from the previous figure of 843,000. It places Indonesia as one of the countries contributing to 60% of all TB cases in the world.

With the rising number of cases, Indonesia becomes the country with the third highest TB cases in the world, after India and China. The number of successful diagnosis and treatment of TB patients have steadily increased preventing millions of deaths annually; however, there is still a significant gap between case detection and treatment.

Source: WHO, 2019

**#3 845,000 TB CASES**  
HIGHEST OF CASES IN THE WORLD

## 04/ WHAT WE DO



doctorSHARE provides holistic, independent, and impartial medical support for the communities in need who lack economic capacity and face geographical challenges in accessing healthcare facilities.

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, ethnicity, and group backgrounds to achieve doctorSHARE's vision and mission in accordance with the humanitarian and medical ethic principles. Those who join doctorSHARE are called to answer the challenges related to health issues and to devote themselves in supporting communities who are trapped in crisis to regain their health.







As a government's partner in health sector, doctorSHARE launches innovative and sustainable programs designed to contribute in solving healthcare issues in Indonesia. Furthermore, doctorSHARE's programs are expected to become the pilot programs for government, private sectors, and other organizations.

# 05/ 2020 MEDICAL JOURNEY



## COVID-19 Services

34 Provinces, throughout Indonesia



## RSA dr. Lie Dharmawan

Benan Island & Senayang Island,  
Lingga District, Riau Islands  
Pahawang Island & Pagar Jaya Village, Pesawaran  
District, Lampung



## Urban Medical Services

Rutan Cilodong, Depok, West Java Crematorium  
Nirwana, Bekasi, West Java Tandayo, Kei, Maluku  
Village Beltubur & Karey, Aru Islands, Kei, Maluku



## RSA Nusa Waluya II

Pekanbaru, Riau



## Nutrition Program

Rahareng Atas Village, Kei Besar Island,  
Southeast Maluku District, Maluku



## Tuberculosis Control Program

Sentani, Jayapura District  
Puncak Jaya District  
Mamberamo Raya District  
Asmat District  
Yapen District  
Waropen District  
Urban Medical



## Disaster Response

Kembangan, West Jakarta Jatiasih,  
Bekasi  
Lembata, East Nusa Tenggara



## 06/ 2020 ACHIEVEMENT

**4.456** Health Promotions (Covid-19)

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**1.450** Personal Protective (Covid-19)

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**750+** Health Facilities (Covid-19)

---

**10** Ventilators (Covid-19)

---

**8.134** Outpatients and Consultation

---

**327** Cadre Training Participants

---

**27** Major Surgeries

---

**40** Minor Surgeries

---

**1** Birth Delivery

---

**60** USG & Prenatal Consultation

---

**41** Dental Care

---

**30** Junior Doctors

---

**34** Provinces

---

**266** Volunteers

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# 11 Years in Numbers

3.318+ Major Surgeries

5.578+ Minor Surgeries

66.993+ Outpatients and Consultation

2.287+ USG & Antenatal Consultation

2.505+ Dental Care

23.231+ Health Outreach

1.666+ Volunteers Involved

**Sustainable Development Goals (SDGs)** are global call to action adopted by the all United Nations Members States in order to end poverty, increase welfare, and protect the planet.

In achieving better and sustainable future, we face global issues related to nutrition, health, and sanitation. To end all forms of malnutrition, to ensure healthy lives, and to support welfare for all are paramount in creating community welfare.

doctorSHARE contributes to:



**SDG 2**  
End hunger, achieve food security and improved nutrition, and promote sustainable agriculture



**SDG 3**  
Ensure healthy lives and promote well-being for all ages



**SDG 6**  
Ensure availability and sustainable management of water and sanitation for all



# 07/ SERVING IN A PANDEMIC Let's Live Side by Side!

Kebon Baru - Kerinci, West Sumatera, 1948.

My little sister died at such a young age. At that time I was too young to have remembered the tragic event clearly. Later when I was a little older, I learned that my sister had died of a diarrheal epidemic. She breathed her last in my Mother's lap, her body was limp and pale. My mother always recounted the incident with tears in her eyes. It is said that this incident made me strive to become a doctor and will replace tears of sadness with smiles on the faces of every sick person and their family.

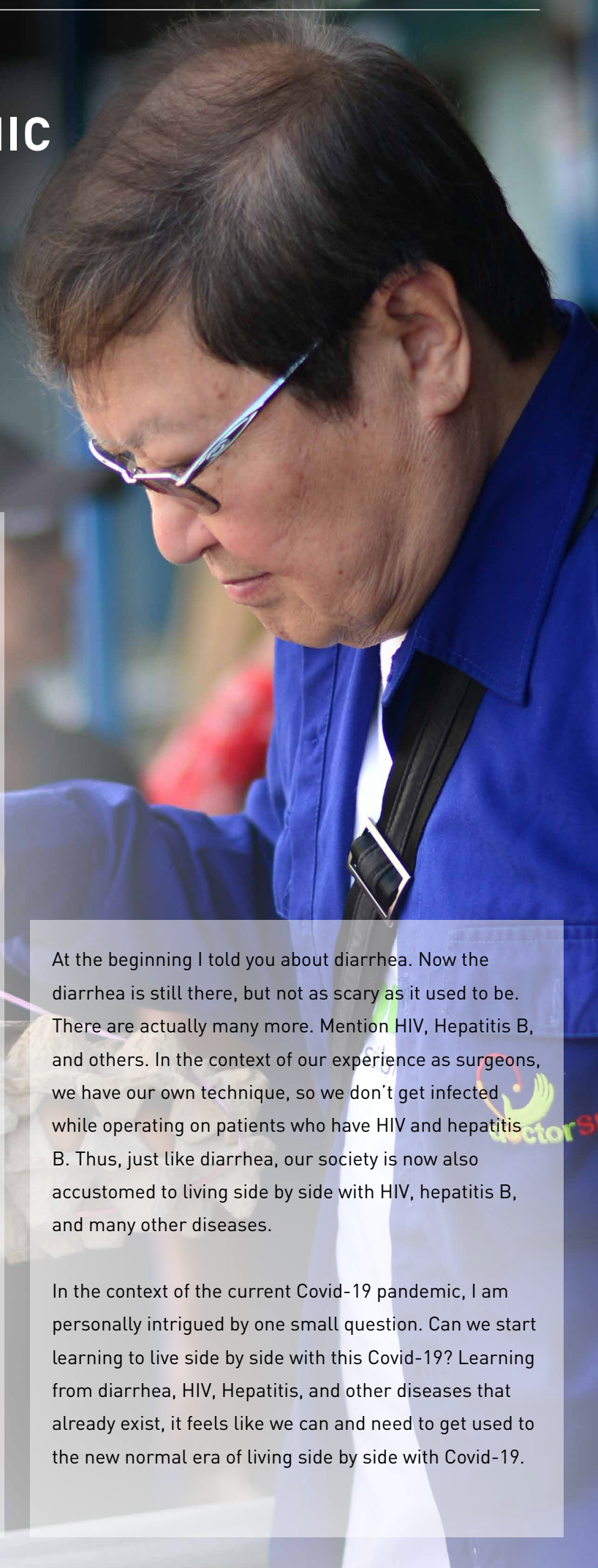
Now diarrhea is not as scary as it used to be. There's a lot of medicine. And most importantly, people already know how to avoid diarrhea. Health services that emphasize promotive-preventive in addition to curative-rehabilitative aspects have succeeded in suppressing cases or outbreaks of diarrhea as in the past. In short, we managed to live side by side with diarrhea.

Right now our beloved country is in a Covid-19 emergency. We are all panicked, sad, and frustrated. Apart from taking many lives, the effects are also everywhere, especially the economy.

Then what should we do? Honestly I don't know! Experts in their fields will be more fitting to provide guidance and input to the government. And also, it's not my intention to solve or seem to want to simplify everything.

At the beginning I told you about diarrhea. Now the diarrhea is still there, but not as scary as it used to be. There are actually many more. Mention HIV, Hepatitis B, and others. In the context of our experience as surgeons, we have our own technique, so we don't get infected while operating on patients who have HIV and hepatitis B. Thus, just like diarrhea, our society is now also accustomed to living side by side with HIV, hepatitis B, and many other diseases.

In the context of the current Covid-19 pandemic, I am personally intrigued by one small question. Can we start learning to live side by side with this Covid-19? Learning from diarrhea, HIV, Hepatitis, and other diseases that already exist, it feels like we can and need to get used to the new normal era of living side by side with Covid-19.





We do not know exactly whether this Corona will disappear in the near future or will it always remain like viruses and other diseases. While supporting and praying for all efforts and good initiatives from anyone to overcome this pandemic, there is nothing wrong with us having the spirit of coexistence, making peace with this Corona.

I call it peace because in the spirit of “coexistence”, we sincerely accept the fact that Corona still exists, but we know that there are techniques or ways to avoid or at least not be vulnerable to exposure even though we are still working or doing activities as before. Therefore, we are slowly getting back to life but once again there is a strong awareness of the new procedures that need to be followed (vaccination, 5M health protocols or now 6M), we need to adapt, we internalize it, so it becomes a habit.

While giving the highest appreciation to all parties, both internal and external, doctorSHARE, for all programs and collaborations that have been and will be implemented, this is my little sharing about the spirit of “coexistence” with Corona. Of course it’s not a solution, but it can at least be seen as a simple approach we can take in the present context. Thank you!!

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“ We give not because we are in abundance, we give because we have empathy for our brothers and sisters who face difficulties. That is why we are doing this hand in hand, without discrimination of our background or profession. We are doing this because Indonesia is one, we do this for God, our nation, and our country.”

dr. Lie A. Dharmawan, Phd, FICS, SpB, SpBTKV  
Founder of doctorSHARE

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# CARE FOR COVID-19 PANDEMIC

The Covid-19 case began to shake Indonesia in early March 2020. President Jokowi then declared the Covid-19 Emergency Response status on March 17, 2020. The government also established a Public Health Emergency Status through Presidential Decree No. 11 of 2020 and Government Regulation No. 21 of 2020 concerning Large-Scale Social Restrictions (PSBB) in the context of accelerating the prevention and handling of Covid-19. Health services suddenly became a central issue where health workers were at the forefront of the fight against Corona.

Responding to the current situation, doctorSHARE quickly noticed that there was an urgent gap between the need and the availability of PPE (Personal Protective Equipment) for health workers, especially for provinces outside Java. In addition, there is an urgency for health promotion and education about COVID-19 to the public.

Thanks to the trust of a number of donors and quick support from the public, in just a few weeks from March to September 2020, doctorSHARE managed to distribute general PPE (Personal Protective Equipment) to 529 health facilities in 34 provinces – throughout Indonesia. Furthermore, in collaboration with the UBS Optimus Foundation, doctorSHARE distributed PPE to 100 health facilities between June - November 2020, as well as 10 ventilators for 10 hospitals referring to Covid-19 in 5 provinces.

Special attention to pregnant women and midwives is given through a collaboration program with UNFPA as of October 2020. Until mid-December 2020, doctorSHARE has distributed 90 PPE packages for midwives and 65 special packages for pregnant women in East Java.



Meanwhile, health outreach and promotion regarding the prevention of Covid-19 are intensively carried out in several areas with UBS. In the medical service of the dr. Lie Dharmawan Floating Hospital in Pesawaran District, Lampung, (9 – 14 September 2020), the doctorSHARE volunteer team carried out health promotions as well as medical services to 446 residents/patients.

In Sampang and Pamekasan Districts, East Java, health outreach and promotion regarding the prevention of Covid-19 took place on September 8-15, 2020. The activity was carried out using the ball pick-up method, door to door to residents' homes in 4 villages and 5 schools, until it managed to reach 919 people. The activity was in the form of counseling on how to wash hands, how to use and wash masks, then ended with the distribution of cloth masks and the posting of educational posters.



Furthermore, in Central Java, the activity took place on 19 – 22 October 2020 in 23 villages from 2 sub-districts of Banjarnegara District. The activities included health promotion, distribution of toiletries packages (fans, masks, vitamins, hand sanitizers), and posting of educational posters. A total of 2,227 people were reached by a total of 113 volunteers involved.

Immunization program services in Puncak Jaya and Mamberamo Raya districts as well as the malaria eradication program in Asmat, Yapen, and Waropen districts of Papua were also integrated with COVID-19 promotive-preventive efforts and managed to reach around 600 people. The intervention took the form of training for cadres in the community (community educator), mobile outreach about 3M (to residents, schools, and churches), education through communication materials (education and communication-IEC) and distribution of hand washing facilities with soap (CTPS).

## STATISTICS

**4192** Health Promotions  
**1450** Personal Protective Equipment  
**750+** Health Facilities  
**10** Ventilators  
**20** Trainings for Capacity Building  
**133** Volunteers

**34** Provinces  
**5+** Schools

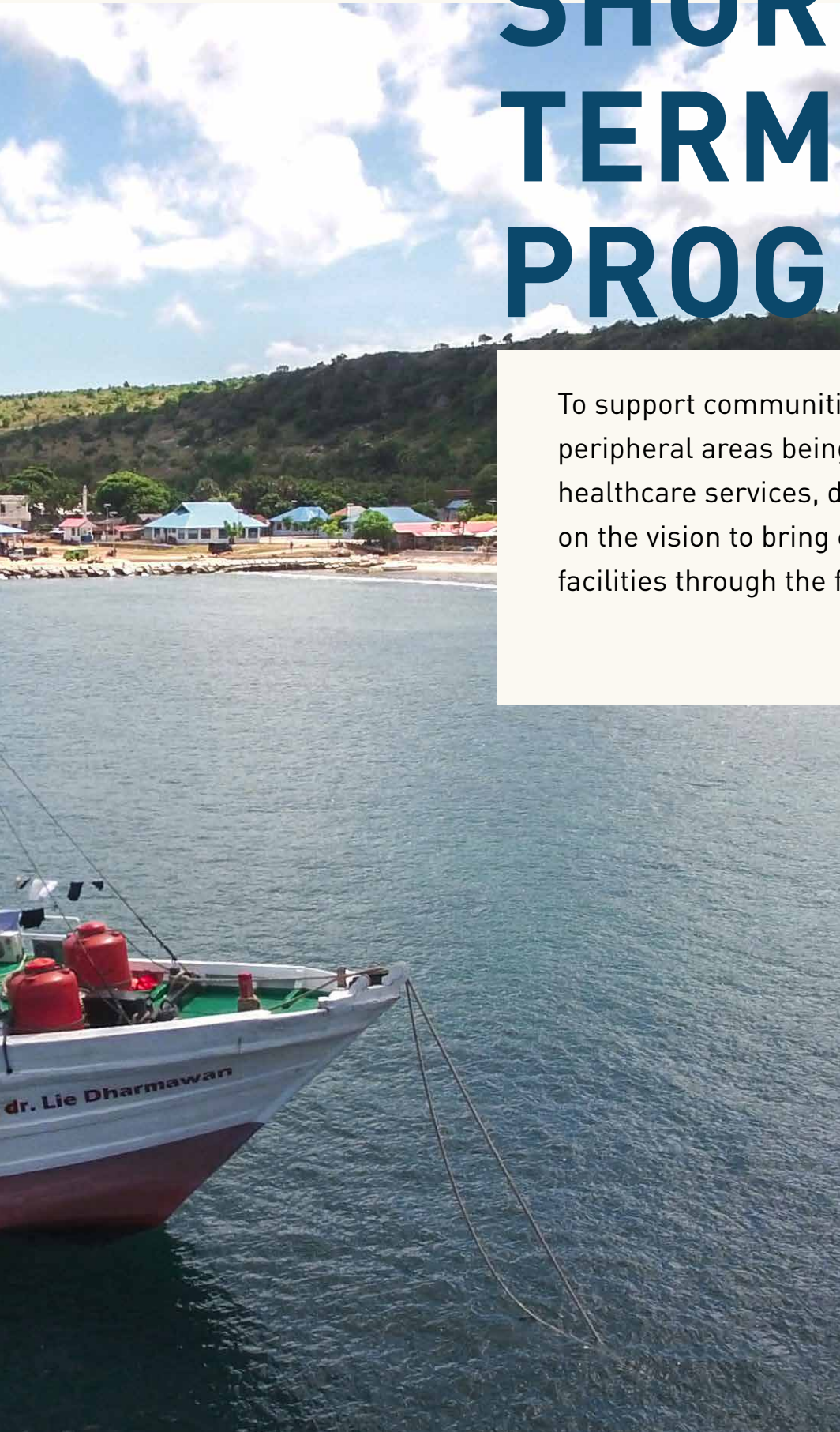




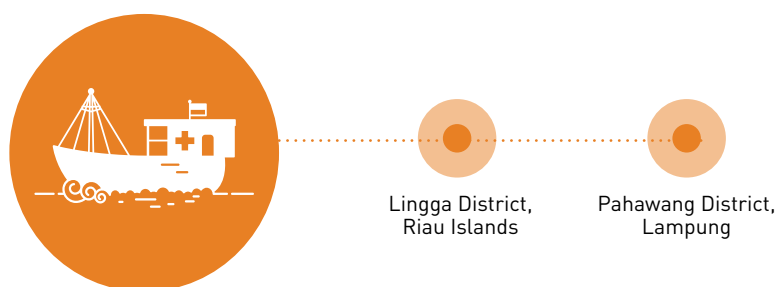


# 08/ SHORT- TERM PROGRAM

To support communities living in the peripheral areas being able to access healthcare services, doctorSHARE carries on the vision to bring closer healthcare facilities through the following programs:



# dr. Lie Dharmawan Floating Hospital



## About dr. Lie Dharmawan Floating Hospital

<b>Launched</b>	March 2013
<b>Primary Target</b>	Remote islands of East Indonesia
<b>Barge Dimension</b>	6.5 x 23.5m; draft 4.4m
<b>Services</b>	Primary and Advanced Medical Procedures (Minor and Major Surgeries)
<b>Facilities</b>	ECG, USG, Laboratory, Operating Theatre, Resuscitation Room, Patient Examination Room
<b>No. of Personnel</b>	18-22 Medical and Non-Medical Personnel (2 Permanent Staff + 16-18 Volunteers)

Floating hospital program was first initiated due to the high number of health cases identified among the communities living in the small islands in Indonesia. Communities in the peripheral areas have difficulties in accessing healthcare services with decent facilities. Floating hospitals are considered an ideal model of healthcare facility as they are able to reach the most remote island areas. Floating hospital can efficiently carry the space, medical equipment, medicine, and supporting tools needed for healthcare services.

Being the first private and smallest floating hospital in the world, dr. Lie Dharmawan Floating Hospital is equipped with medical facilities similar to Type D landed hospital. With this floating hospital, doctorSHARE team is able to provide free medical services in forms of general medical check-up, antenatal examination, dental examination, minor and major surgeries, as well education and training on basic health for communities living in the peripheral areas. An average of eight to ten medical services are conducted annually. Each of the medical service has a duration of 7-10 days.





During the Covid-19 pandemic in 2020, dr. Lie Dharmawan Floating Hospital adjusted medical service agenda according to the restrictions on activities and applicable health protocols. Medical service activities are also integrated with the promotive-preventive aspects of Covid-19.

In 2020 dr. Lie Dharmawan Floating Hospital provided health services for 2 districts in Sumatra, namely Senayang Island and Benan Island (Lingga District - Riau Islands), and Pahawang Island (Pesawaran District - Lampung).

Throughout 2020, dr. Lie Dharmawan Floating Hospital as a whole serves more than 1,031 patients with 40 medical and non-medical volunteers involved. The forms of intervention carried out were 863 general treatments and consultations, 446 health promotions related to Covid-19, 27 major surgeries, 40 minor surgeries, 60 obstetrical examinations, and 41 dental treatments. All medical service activities are carried out in the spirit of coordination and cooperation with all stakeholders in each region, including but not limited to District and village governments, health services, local health centers, elements of the TNI-Polri, religious leaders, traditional leaders, community organizations, and the community themselves.

During the Covid-19 pandemic in 2020, dr. Lie Dharmawan Floating Hospital adjusted medical service agenda according to the restrictions on activities and applicable health protocols. Medical service activities are also integrated with the promotive-preventive aspects of Covid-19.



## STATISTICS

**160** Major Surgeries  
**437** Minor Surgeries  
**3,713** Outpatient Treatments and Consultations  
**134** USG and Antenatal Consultations  
**266** Dental Treatments  
**10** Cities/Districts  
**202** Volunteers

**2** Districts  
**40** Volunteers

### 5 MAJOR DISEASES

Dyspepsia  
 ISPA  
 Hypertension  
 OA  
 Myalgia



# Flying Doctor



## About Flying Doctor

Launched	March 2015
Primary Target	Indonesia’s areas unreachable by land or by sea
Transportation Services	Small airline/Helicopter General Treatment, Minor Surgery, Consultation and Health Education, and Community Empowerment
No. of Personnel	7-10 Medical and Non-medical Personnel (2 Permanent Staff + 5-8 Volunteers)

Not only blessed with abundance of islands, mountains also encompass the majority landscape of Indonesia which are no less challenging when it comes to accessing healthcare facilities. Flying Doctor is a program developed to fulfill the need of healthcare for communities living in areas that can only be accessed by air or by foot. On top of the local government’s support, doctorSHARE also partners with pilots of small airplanes/helicopters serving the Papua mountainous regions. Through this program, doctorSHARE is committed to reach the remote communities in the isolated forest and mountain areas.

The need of healthcare services for communities living in the mountains of Papua initiated this program. Flying Doctor becomes doctorSHARE’s program in accessing areas that are not reachable by the Floating Hospitals.



The healthcare services provided through Flying Doctor are outpatient treatment, health consultation, minor surgery, as well as community and local healthcare workers empowerment. Research and location mapping are our references to ensure this program is effective and efficient in answering the need for healthcare services.

An average of four to five medical services are conducted annually. Each medical service has a duration of 10-14 days.

Flying Doctor's medical services are highly influenced by the weather condition and security issues in the designated location. Due to these circumstances, there is high chance of postponing or even canceling the already-planned medical services.

Due to the Covid-19 pandemic, there is no medical service through the "Flying Doctor" program throughout 2020. This program is scheduled to be active again in 2021, where Telo - Nias Island is the first candidate area.





# Urban Medical Service



Kei Besar Island,  
Southeast Maluku,  
Maluku

Aru Islands,  
Maluku

Depok,  
West Java

Bekasi,  
West Java



## About Urban Medical Service

Launched	2019
Primary Target	DKI Jakarta and surrounding areas
Services	General Treatment, Minor Surgery, Dental Treatment, Health Consultation and Education, and Community Empowerment
No. of Personnel	10-15 Medical & Non-Medical Personnel (3 Permanent Staff + 7-12 Volunteers)

Urban Medical Service is one of doctorSHARE’s program for pre-welfare communities in various locations both in big cities as well as in remote areas. Urban Medical Service is the pioneer of doctorSHARE’s medical service prior to being legally established in 2009. The main target of the medical services are community members who cannot access healthcare services due to economic factors. The service includes general treatment, minor surgery, and health education.

Some of the in-land medical services also provides antenatal care and dental examinations.





Throughout 2020, doctorSHARE performed 4 urban or land medical services, in 4 districts/cities. The four are Kei Besar - Maluku, Aru Islands - Maluku, Depok - West Java, and Bekasi, West Java. In collaboration with government institutions/agencies, elements of the Indonesian National Police (Polri) and local stakeholders, the whole series of activities benefited 764 patients and involved a total of 59 medical and non-medical volunteers.

Besides urban and remote communities, what is different from the 2020 urban medical service is the service to the inmates of the Class I Detention Center (Rutan) Cilodong, Depok, West Java. In addition to general medical centers, the doctorSHARE team also provides psychosocial services to 76 female and adolescent patients.

## STATISTICS

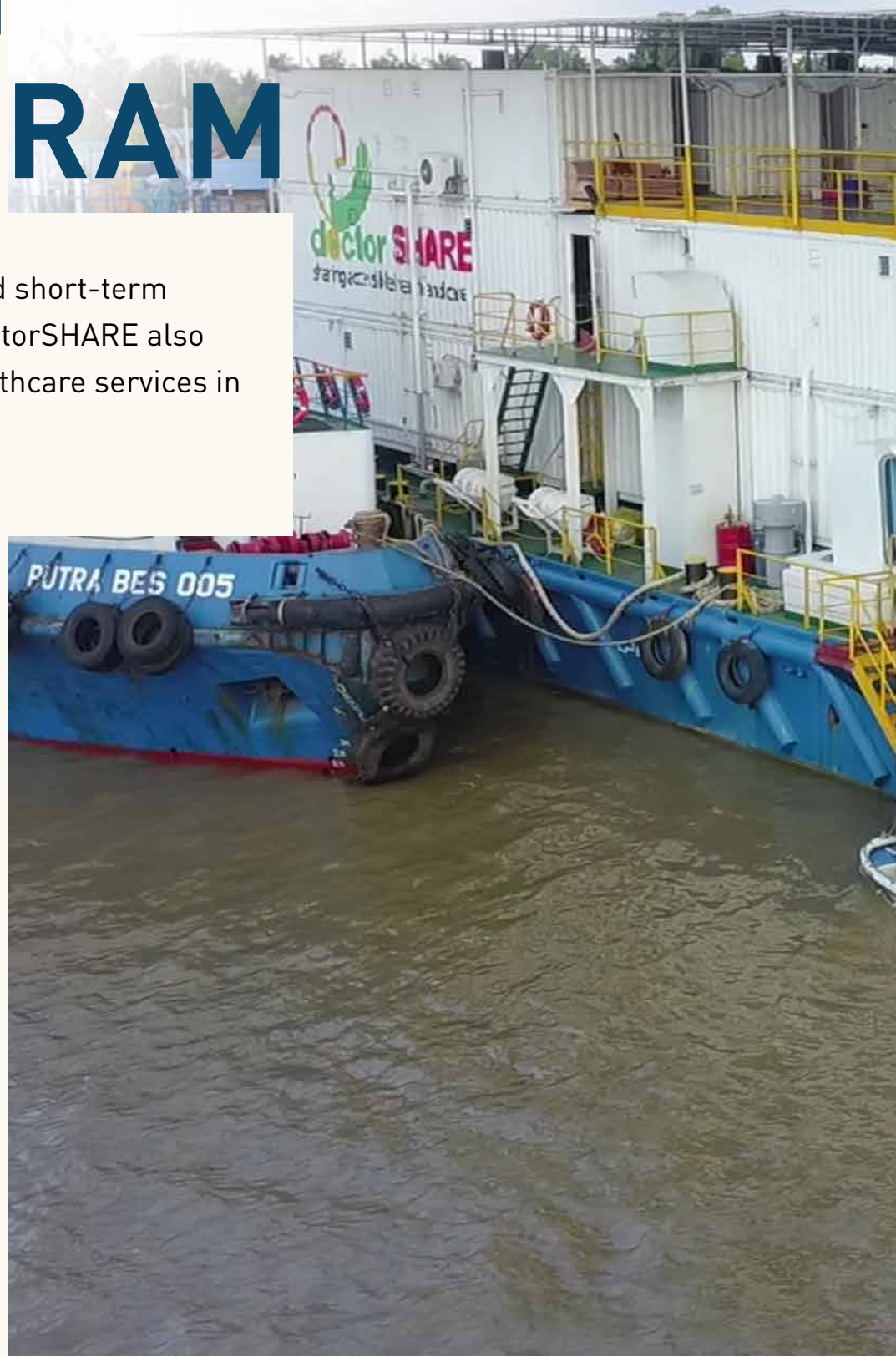
**764** Outpatients and Consultation  
**76** Psychosocial  
**4** Cities/Districts  
**59** Volunteers

### 5 MAJOR DISEASES

Hypertension  
 ISPA  
 Myalgia  
 Dispepsia  
 Arthritis

# 09/ LONG- TERM PROGRAM

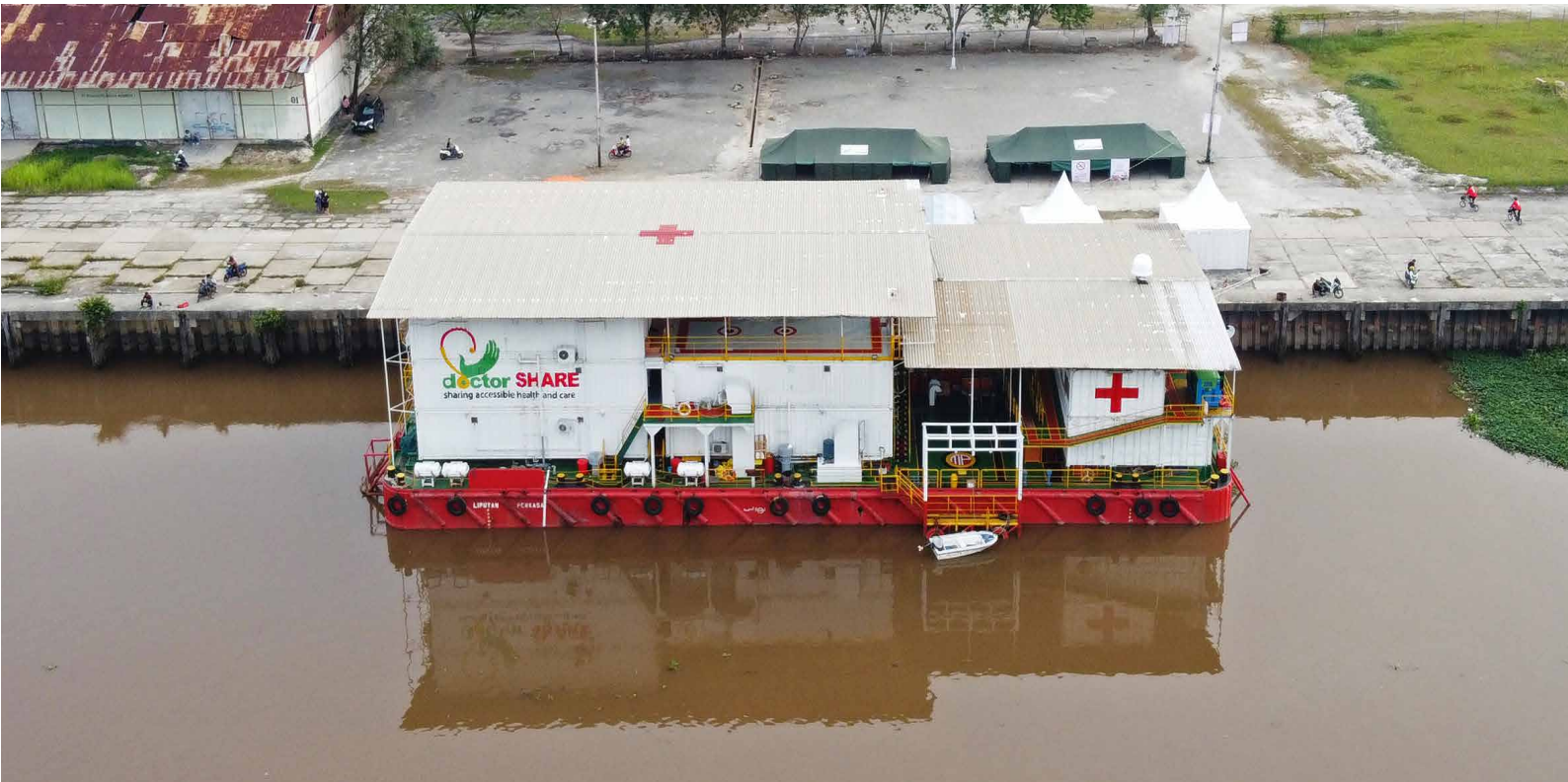
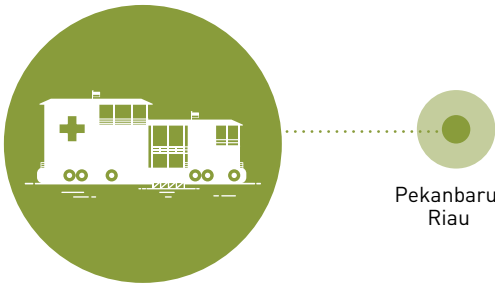
Other than proactive and short-term healthcare services, doctorSHARE also provides long-term healthcare services in several areas.







# Nusa Waluya II Floating Hospital



## About Nusa Waluya II Floating Hospital

<b>Launched</b>	November 2018	<b>No. of Personnel</b>	33-35 Medical and Non-Medical Personnel
<b>Primary Target</b>	Island clusters		{3 Permanent Staff +
<b>Barge Dimension</b>	23 x 45m; draft 2m		30-32 Temporary Staff and
<b>Services</b>	Primary and Advanced Medical Procedures (Minor and Major Surgeries)		Volunteer)
<b>Facilities</b>	Emergency Room, Pharmacy, ECG, USG, Laboratory, Radiology, 2 Operating Theatres, ICU, Resuscitation Room, Consultation Room, Dental Clinic, Eye Clinic, Patient Examination Room, 50 Inpatient beds		



## A SPECIAL HOSPITAL DESIGNED FOR ISLAND-BASED REGIONS

Nusa Waluya II is manned by 33 qualified medical staff and a maritime crew of 11 onboard. She is intentionally designed as a barge to berth closer to island-based regions so communities living in nearby island clusters can easily access the facilities.

With a more long-term medical services (duration of 3-12 months per location) compared to the dr. Lie Dharmawan Floating Hospital, the majority of the healthcare workers stationed in this Floating Hospital Barge are long-term contract employees/volunteers with a working period in accord to the duration of the medical service in the designated location.

Nusa Waluya II is not equipped with ship engine and therefore needs to be pulled by a tugboat. Provisioned with solar-fuelled diesel engine and water as well as waste treatment systems for daily hospital operational activities, this floating hospital barge is self-sustaining and can operate independently.

In the midst of the Covid-19 pandemic, which trend continues to rise in 2020, Nusa Waluya II Floating Hospital is specially equipped with a PCR laboratory, so it can provide services related to Covid-19 in addition to standard services like a Type C hospital. In mid-September 2020, Nusa Waluya II Floating Hospital entered the waters of the city of Pekanbaru, Riau.

Unfortunately, medical services cannot be carried out because of the issue of licensing services during the pandemic. The fleet and the volunteer team have finally shifted to reach the Riau Islands Province and provide services to the people of Lingga District from January, 2021.



# Nutrition Program



Rahareng Atas Village,  
Kei Besar Island,  
Southeast Maluku District,  
Maluku



## About Nutrition Program

**Launched**  
**Primary Target**  
**Services**

March 2009  
Kei, Southeast Maluku  
General Examination,  
Health Consultation and  
Education, and Community  
Empowerment

**No. of Personnel**

11 Medical and  
Non-Medical Personnel  
(8 Permanent Staff +  
3 Volunteers)

Nutrition Program in Kei Besar Island, Southeast Maluku, aims to care for children with malnutrition and undernutrition cases with comorbidities. The objectives of this program are to solve malnutrition issues, provide accessible qualified healthcare services, and to support communities in improving 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 parents' way of life towards clean and healthy lifestyle. Through this program, the community will be educated and facilitated to be able to maintain the normal growth and development of the children up to their adult lives.



Throughout 2020, the Kei Nutrition Program innovated through various activities and multi-stakeholder collaboration programs to achieve the goals of overcoming malnutrition, providing quality health services, and improving the nutritional status of the community.

Thus, in addition to regular clinic health services, which throughout 2020 served 4,184 patients, there is also a mobile clinic- serving 685 patients, health promotion through complementary feeding (MPASI) training to 143 mothers with toddlers.

The Antenatal Program was implemented in collaboration with NZAid (New Zealand Aid Program). Some of the activities carried out were introducing pregnant exercise and food processing courses to 32 pregnant women in 5 health centers. Mobile USG Service) for 32 pregnant women in 5 health centers. As well as train the trainer (training companion for pregnancy exercise & food processing) to 10 health workers and 4 cadres in 5 health centers.



## STATISTICS

4184	Outpatients and Consultation
685	Mobile Clinic
143	MPASI Training
32	Pregnancy Gymnastics & Food Processing Course
32	Mobile USG
14	Train the Trainer Pregnancy Exercise & Food Processing
1	District
5	Public Health Centers
3	Volunteers

## 5 MAJOR DISEASES

Acute Infection of the Upper Respiratory Tract  
 Bone Disease  
 Arthritis or Rheumatism  
 Hypertension  
 Gastritis / Indigestion  
 Skin Diseases (Whether due to Infection, Fungus or Allergies)

# Tuberculosis Management Program



## About Tuberculosis Management Program

**Launched**  
**Primary Target**  
**Services**

Maret 2019  
Sentani, Papua  
General Treatment,  
Tuberculosis Identification &  
Treatment, Health  
Consultation and Education,  
and Community  
Empowerment  
3-5 Medical and  
Non-Medical Personnel  
(3 Permanent Staff +  
2 Volunteers)

**No. of Personnel**

Tuberculosis (TB) Management Program was initiated in 2019 in Sentani, Papua as a long-term program aimed to reduce Tuberculosis prevalence in the region. The step-by-step approaches include identifying suspect, detecting and referring suspect, searching for the appropriate treatment method for the patient, and at the same time building awareness for early detection and providing complete end-to-end care for the suspects.

Furthermore, the program also empowers community members and encourages them to take the role as Drug Supervisors. Building good relationship between local stakeholders (government, health cadres and other humanitarian organizations) and healthcare facilities is vital for the success of the program.





In its second year of service – in 2020, the Tuberculosis Companion Program will continue to be carried out, either by regular direct visits to 25 villages around Lake Sentani or by increasing curative services at the clinic. As a result, throughout 2020, a total of 1,006 patients were served, 612 patients each through mobile clinic and 394 patients receiving curative services at the doctorSHARE Sentani clinic. There were 6 new suspected TB Patients, while 2 patients undergoing drug therapy (OAT).

The year 2020 was also marked by a breakthrough in collaboration with UNICEF in 5 districts, namely Puncak Jaya and Mamberamo Raya for the Polio Immunization program; Asmat, Yapen, and Waropen for the Malaria eradication program. In 2020, a total of 52 health workers from 6 health centers in 2 districts received training to increase capacity for polio immunization implementation. 44 health workers and analysts from 3 districts received training to increase capacity to diagnose malaria.

With a commitment to alleviating tuberculosis, eliminating malaria, and increasing polio immunization, doctorSHARE has become a partner of the Papuan provincial government in developing better public health in order to realize a Healthy Papua.

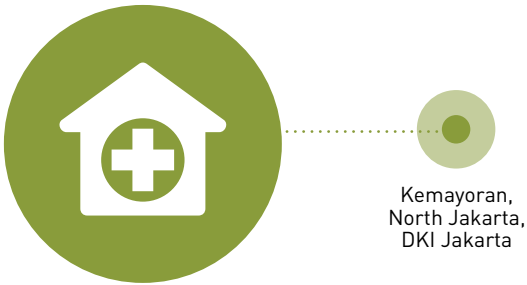
## STATISTICS

394	Outpatients and Consultation
612	Mobile Clinic
6	TBC New Suspects
2	OAT Therapy
52	Polio Immunization Cadre Training
44	Malaria Cadre Training
6	Public Health Centres
5	Districts
2	Volunteers

## 5 MAJOR DISEASES

ISPA  
Lipidemia  
Hyperuricemi  
Myalgia  
Hypertension

# Jakarta Clinic



Kemayoran,  
North Jakarta,  
DKI Jakarta



## About doctorSHARE Jakarta Clinic

Launched	2015
Primary Target	DKI Jakarta and surrounding areas
Services	General Treatment, Minor Surgery, Dental Treatment, Health Consultation and Education, and Community Empowerment
No. of Personnel	3 Medical Personnel (1 Permanent Staff + 2 Volunteers)

doctorSHARE Jakarta Clinic formally started operating in 2015 as a part of doctorSHARE's program for community health service. This clinic is located in doctorSHARE's main office, offering primary healthcare service and minor surgery.

Several companies in Jakarta trust doctorSHARE Clinic to provide healthcare services for their employees. Through Corporate Social Responsibility (CSR) program, the clinic also collaborated with several corporations in the form of providing medical services for pre-welfare communities in and out of Jakarta.





A total of 565 patients have been served by the Jakarta doctorSHARE Clinic throughout 2020. All income from the doctorSHARE Clinic is allocated for medical service activities in remote areas of Indonesia. By using doctorSHARE Clinic services, patients have donated to provide medical services for communities in peripheral areas

## STATISTICS

<b>565</b>	Outpatients & Consultation
<b>1</b>	City/District
<b>3</b>	Permanent Employees + Volunteer



# 10/ DISASTER RESPONSE PROGRAM

## About Disaster Response Program

### Launched Primary Target Services

2009  
Disaster Affected Areas  
General Treatment,  
Minor Surgery,  
Health Consultation and  
Education

### No. of Personnel

3 – 22 Medical and  
Non-Medical Personnel  
(depending on the size of  
disaster)  
(3 Permanent Staff +  
19 Volunteers)







West Jakarta,  
DKI Jakarta

Bekasi,  
West Java

Lembata,  
NTT



The increasingly worrying world climate change has caused extreme weather to occur in many countries, including Indonesia. High rainfall at the beginning of the turn of 2020 made a number of areas in the Greater Jakarta area flooded up to 2 meters, causing residents to evacuate at various evacuation points

Responding to the situation that occurred, doctorSHARE carried out two flood medical services. Saturday 4/1/2020 at the Kemiri Market Disaster Post, Kembangan, West Jakarta. 6 medical and non-medical volunteers provided outpatient and consultation services to 42 patients. The next day 6/1/2020, the doctorSHARE team was present at the Flood Disaster Post in Margahayu and Jatiasih- Bekasi. A total of 62 patients received general medicine and consultation services.

In addition to global climate factors, according to LIPI (Indonesian Institute of Sciences), Jakarta is indeed a low-lying area. There is land subsidence because groundwater is taken in excess so that there is pressure from above and continues to fall. Jakarta has experienced a land subsidence of approximately 7.5 cm per year since 1975.

Meanwhile, at the end of 2020, all eyes are on Lembata East Nusa Tenggara (NTT), following the eruption of Mount Ili Lewotolok, Sunday (29/11/2020) morning. The doctorSHARE team plunged into the disaster field a few days later, providing general medical services to around 500 patients and trauma healing to around 76 residents.

According to BNPB (the National Disaster Management Agency), Indonesia is prone to volcanic eruptions and earthquakes because it is located in the circum-Pacific belt zone or also known as the ring of fire. Called the ring of fire because this region has 75 percent of the volcanoes in the world. The number of active volcanoes around the ring of fire is caused by the movement of tectonic plates in the area, directly to the affected area.

## STATISTICS

<b>604</b>	Outpatients & Consultation
<b>76</b>	Trauma Healing
<b>3</b>	City/Districts
<b>28</b>	Volunteers

## 5 MAJOR DISEASES

ISPA  
Dermatitis  
Lipidemia  
Hypertension  
Myalgia



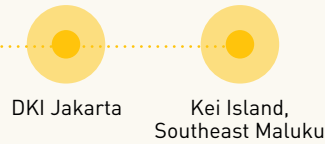
# 11/ HEALTH PROMOTION PROGRAM

In order to increase public awareness of the importance of health, doctorSHARE established a Junior Doctor and Health Discussion program. Junior Doctor is a program to introduce the medical world and basic medical assistance during emergency conditions for children aged 10-14 years. Children are introduced and trained by experienced doctors to be skilled in every given material.

The Health Discussion Program is also organized for civil society and the private sector to discuss health issues in the surrounding environment, including the prevention and treatment of diseases that are currently being discussed. The discussion was attended by capable health practitioners to discuss the selected health topics.



# Junior Doctor



The Junior Doctor Program became the opening activity in early 2020 in 2 cities/districts. In Jakarta, this activity even took place on January 3 – 6, 2020, at a time when large floods with a height of up to 2m surrounded parts of the Greater Jakarta area. The material provided is an introduction to the earthquake and tsunami disaster, how to make a stretcher, first aid, patient grouping (triage), wound care, and Cardiopulmonary Resuscitation (CPR).

Meanwhile, in February 2020, the doctorSHARE Kei Primary Clinic team conducted a series of refresher programs for the Junior Doctor and Clean and Healthy Lifestyle for around 25 children of SD Negeri 1 Elat (chosen from grades 4-5). The goal is that from an early age children have clean and healthy habits and realize the importance of keeping their school and home environment clean to prevent disease.

First, the grouping of patients (triage), wound care, and Cardiopulmonary Resuscitation (CPR). As a form of health promotion program on Kei Island, Maluku, doctorSHARE also provides Junior Doctor training to 77 school-aged children.



## STATISTICS

30 Junior Doctors  
2 City/Districts

# 12/ THEIR VOICES:



## Suku Laut: The Ancestor's Promise That Almost Extinct

By: Laksmi Haryanto - doctorSHARE Volunteer /  
Former Kompas Journalist

We only preserve rare animals and plants, when there is a tribe that is almost extinct, the Sea Tribe, should we just let it go?"

The voice of dr. Lie A. Dharmawan Ph.D, FICS, Sp.BTKV slowly but confidently slipped among the guests who were crowding him that evening. Above the Nusa Waluya II Floating Hospital which was anchored in Jakarta Bay on March 3, 2020, the vibration of the message drifted slowly and then stabbed into my heart.

At that time I stood in the crowd of guests who were celebrating 10 years of dedication to DoctorSHARE, a non-profit foundation founded by dr. Lie to provide medical services to those in need, but lack access in remote areas of the country.

"Whether or not everything goes extinct, it depends on the survival of the fittest." Unconsciously I whispered in my heart - even though then I felt embarrassed by the carelessness of my own mind.

And, so did. 'Karma' works super fast. It never crossed my mind that a week later. I would be rewarded in kind - going down with a group of

DoctorSHARE volunteers to the Riau Islands. And my job? Of course, reporting on the Sea Tribe!

God really has an unexpected sense of humor. Over the next two weeks, it turned out that my heart was shattered, battered by what I believed to be an easy-sounding theory - survival of the fittest. Whereas for the Sea Tribe, this is a matter of life or death.

Examples are present immediately. One morning, a very soft knock was heard at the door of Lensi Fluzianti's house in Daik, the capital of Lingga District in the Riau Islands. When the chairman of the Kajang Foundation - the foundation that accompanies and defends the rights of the Sea Tribe - peeked out, she saw three ragged and tattered Sea Tribe men standing in front of his house, confused and hesitant.

"We have been fishing for three days and three nights, Bunda, without getting anything," said one of them. "If we don't have to, we don't knock on your house."





Hearing the story told by Lensi or who is usually called Bunda Densi, I gaped. The Sea Tribe people no longer get fish from the sea?

Who are the Sea Tribe people?

The Sea Tribe people are people from the Malay family who inhabit the coast of the islands and live in canoes or kajang boats. Their origins are not widely recorded in history, but they have long lived nomadic lives in groups in canoes in the Johor Strait, Riau Islands, on the coasts of Sumatra, Bangka, and Belitung.

In the 17th century, during the Riau Lingga-Johor-Pahang Sultanate, which was led by Sultan Mahmud, the Sea Tribe people were the supporting force for the Sultan, both militarily and economically. They are the spearhead of security in the coastal region, guardians of the ocean area from pirates, and are included in the Sultan's war army.

A record source from England says that in the early 19th century there were about 42,000 Sea Tribe people living in Bintan and Riau, and 24 thousand living around Lingga. They are highly respected because they are believed to have strong mystical powers, and are excellent sailors who are incomparable.

For their services in guarding the coast and the sea, the Riau Lingga Sultanate – Johor – Pahang gave authority over the territory to the Sea Tribe people, which was contained in an ancient manuscript and a map of the area. Currently the manuscript still exists and is held by Tengku Fahmi from the Riau Lingga Sultanate Indigenous Institute on Penyengat Island, Tanjung Pinang. While the map of the area is called the 'Map of the Subjugated Region of Sultan Abdurrahman Muazzamsyah 1885'.

These customary rights were used by the Sea Tribe People to prevail in the ocean area for decades until the collapse of the Sultanate caused by the Dutch politics of fighting. In 1913 there was an exodus of the Sultan's family to Singapore and the sultanate was closed. After that, the Sea Tribe people slowly dispersed like a chick losing its mother. The number is decreasing, until there are only 3,931 people or 806 households in Lingga District in 2018.

Although since 2008 the Government has started trying to 'house' the Sea Tribe people or relocate them from a life in moving canoes to a settled society and try to 'humanize' and 'civilize' them – my two-week trip in Lingga reveals many stories about the Anxious Sea Tribe people. Why is it now difficult for the Sea Tribe people to find fish in the sea? Why are they marginalized in their own homes? The story is a separate essay.

\*\*\*

Source: Kajang Foundation and various other sources





## A Story about the Dream for Indonesia

By: Khairunnissaa' Qonitatun H./ Faculty of Medicine Student  
UGM-TELADAN Tanoto Foundation Scholarship Grantee

My name is Khairunnissaa 'Qonitatun Hafidzah or commonly called Nisa. For me, the best people are those who are useful to others. And in times like now, there are many things we can do for Indonesia. You don't have to be "someone" to help others. We can do it regardless of who we are. It doesn't have to be a big thing. We can do it slowly from small things. And if we cannot reach our distant relatives, then let us help from our closest relatives. Quoting advice from dr. Lie Augustinus Dharmawan as the founder of doctorSHARE, "Don't ask what the state can provide us, but ask what we can do for Indonesia". Whatever it is, as long as you can help others, then do it.

Sharing a little, my story begins with a sense of loss. Even though we know that every living thing will surely die, the departure of a loved one is still one of the greatest trials in life. My grandparents died due to health problems and no one in my extended family has become a doctor. In addition, there are still many people who are not too familiar with health services. From there arises fear and the question, "What if other people feel what I am going through when it should have been prevented?" or "What if something happens to them and they don't know what to do?"

If we know how great the pain is, don't let others feel the same. This thought then led me to become a medical student at the Faculty of Medicine, Public Health, and Nursing (FK-KMK) Universitas Gadjah Mada (UGM).

When I was in high school, there was a friend who introduced me to dr. Lie Dharmawan and his Floating Hospital. However, at that time I had not imagined being in a position like this. And I didn't do any further searching about dr. Lie and the Floating Hospital although I know both are widely discussed by the general public. After becoming a student, I got to know the TELADAN program from the Tanoto Foundation and had the opportunity to live it. Here I began to learn and interpret "contribution to Indonesia". Why do we have everything if we don't have anything to contribute to Indonesia? I am reminded of the thought that led me to become a medical student.

I also tried to "get acquainted" further with doctorSHARE and also dr. Lie through their website and Instagram account. From there I felt moved by what doctorSHARE and also dr. Lie.





How then do they always try to help our brothers and sisters in various parts of Indonesia without expecting anything in return. Never stay silent when disaster strikes. Willing to sail to give a helping hand to the Indonesian people in need. Until flying and climbing into the mountains to provide assistance and health services. It is as if there is never a feeling of tiredness in helping others. And this made me think, "This is what I want to do for Indonesia". I want to join in bridging those who cannot afford proper health services. And doctorSHARE has my dream program on a much bigger scale. If given the opportunity, I hope to participate in the Floating Hospital and Flying Doctor programs.

While I was still young, there were several things that I had planned to fulfill my dream for Indonesia. I'm currently trying to join the Student Medical Assistance Team at FK-KMK from UGM. I do this so I can always strengthen my social spirit and hone my skills. I am also planning to become a student assistant to improve my clinical skills. And don't forget, I will always strive to finish my studies as quickly as possible until I get a Practice License, so I can serve the community. Another thing that is no less important is that I have planned to join doctorSHARE to learn more and help our brothers who are far away before I struggle on my own. Fighting as part of the dream I want to hold on to.

That's a piece of my story. The story of a young generation who has a dream for his Indonesia. Now it's your turn to decide what you will bring as a change to your Indonesia.

\*\*\*



## Opa Keep Practicing !

By: dr Stefanus R. Purba / doctorSHARE Kei Besar Clinic Staff

For Emerikus Heatubun (69), farming and going to sea as usual may just be a memory. The man who lives with his children and grandchildren in a simple house in the village of Watsin, Kei Besar everyday can only lie at home and can move places with the help of his family due to an accident he experienced about two years ago when he fell in the garden. The severe pain he felt at that time plus the shortness of breath that he had suffered since 5 years ago forced him to spend time just resting at home without any activity which caused muscle tissue to shrink, so he just needed help to stand up.

We got to know him during a home visit for the physical rehabilitation program with dr. Elfrida, SpKFR in February 2020. The first impression we got was of a grandfather and father who felt helpless and lost his will to live. "My life is just waiting to be called by the Creator," he said in the local language for what he had experienced. We decided to carry out family coaching for his condition by teaching him some movements and activities to strengthen weak muscles and improve his breathing.

With the assistance and support of his family in the rehabilitation process, his standard of living can be improved.

What happened to Mr. Emerikus is common among the elderly. Decreased physical strength plus accompanying diseases, as well as family awareness regarding the condition of the elderly often hinder the process of empowering the elderly.







Being old is undeniable, but the quality of life must be maintained even until the end of life. In line with doctorSHARE's vision and mission, we continue to strive to reach all levels of society, especially those who suffer and experience limitations to maximize their potential as experienced by Mr. Emerikus through family-based services with home visits. A big challenge but also our motivation to always give the best for the community we serve.

We closed the day's session by agreeing on a rehabilitation plan with his family and giving him motivation and encouragement to continue to be empowered. Towards the end of the visit, Mr Emerikus was seen shedding tears. "Opa be strong, Opa be passionate about practicing every day, so you can play with you grandchildren. Katong will come again later", we ordered before saying goodbye to Mr Emerikus and his family.

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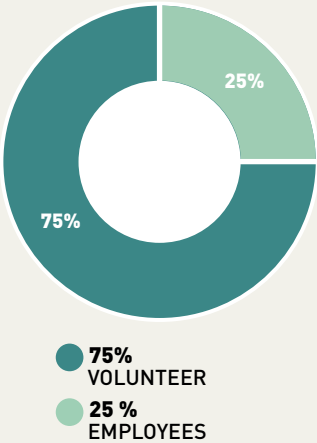
# 13/ doctorSHARE TEAM

## Staff & Volunteers

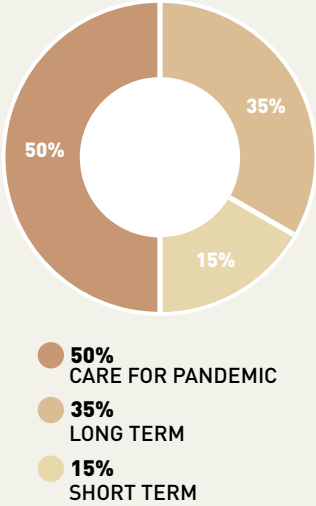
Staff and volunteers are the “organs” that drive and revive doctorSHARE as an organization, where family values are the main guideline. Colleagues provide passion, attention and experience in the health sector in their role in carrying out their duties.

Along with the growth of organizational services, the number of doctorSHARE staff in 2020 increased by 62% compared to 2019, from 55 to 88 people. The biggest increase is in the Head Office, Malaria & Polio Immunization Program, and the Nusa Waluya II Floating Hospital to complete positions and job functions that have not been realized in the previous year and become a crucial need in 2020.

STAFF & VOLUNTEERS



# VOLUNTEERS VS. PROGRAM







doctorSHARE thanks all the volunteers who have joined the program and service. Without the support and dedication of 170 medical and non-medical volunteers, all activities and missions of the organization in providing access to health will not be carried out. In accordance with the values instilled by the founders of doctorSHARE, the volunteers believe and support that all Indonesians have the right to access proper health care for their welfare and survival.

Equipped with various skills and backgrounds, volunteers give time and contribute as medical, media or administrative officers during medical services; or in a fundraising effort which is an essential activity in a non-profit organization. doctorSHARE opens opportunities for every individual who wants to join as a volunteer, both medical and non-medical, by registering through the website :

<https://www.doctorshare.org/relawan>.

## Board of Directors

**Dr. Lie Augustinus Dharmawan, PhD, FICS, Sp.B, Sp.BTKV**

Board of Director - Founder & Medical Director

**Dipl-Ing Kiman Karel**

Board of Director - Managing Director

**Iwan Dharmawan**

Board of Director - Secretary

**Mimy Carol Ratulangi**

Board of Director - Financial Control

**Henry Maknawi**

Board of Director - Strategic Development & Governance

**Darmawi Darventama**

Board of Director

**Pascalina Alwidin**

Board of Director

**Derice Sumantri**

Medical Advisor

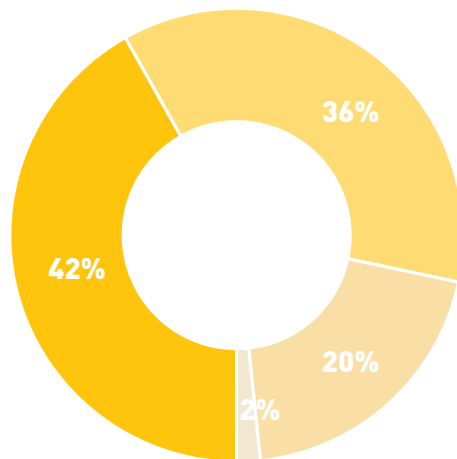
**Julia Windasari Tan**

Relationship & Development Advisor

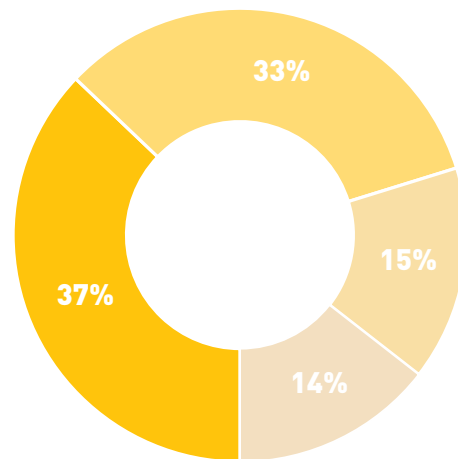
14/

## 2020 FINANCIALS

### REVENUES 2020 IDR42.418.415.306



- **42%**  
CASH DONATION
- **36%**  
TEMPORARY BINDING CASH DONATIONS
- **20%**  
GOODS/SERVICE DONATIONS
- **2%**  
MERCHANDISE, CLINIC AND OTHERS



- **37%**  
GRANTS
- **33%**  
CORPORATES
- **15%**  
INDIVIDUALS
- **14%**  
CROWDFUNDING

The year 2020 is a year of significant change for doctorSHARE. In order to adapt to the situation and conditions affected by the COVID-19 pandemic, changes occurred not only on the program side where 47% of the expenditure was prioritized for the provision of Personal Protective Equipment (PPE) to support medical personnel and also the distribution of ventilators for a handful of health facilities in the island of Java, but also in terms of funding where while in previous years the majority was based on individual donations, doctorSHARE managed to gain the trust of various international donor agencies such as UBS Optimus Foundation, UNICEF, UNFPA, and NZAid, to become the recipient of a grant with a total of Rp. 15,477,083,139,- throughout 2020.

The dedication and generosity of donors is the key to doctorSHARE's funding power that enables the organization to continue working.

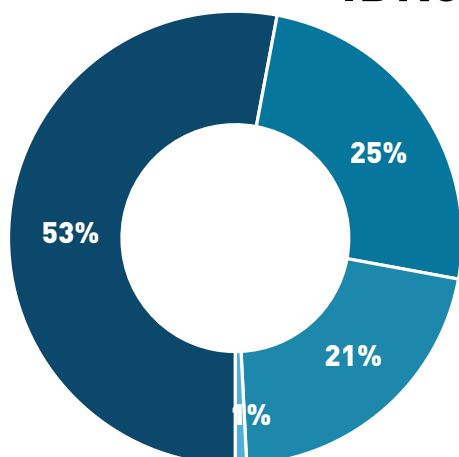
DoctorSHARE's good performance showed an increase in revenue with a total of Rp. 42,418,415,306, - where the majority of the absorption of funds was for the prevention of the COVID-19 pandemic. With a fairly large economic impact during the pandemic, there has been a decline in individual donations which have been the backbone of doctorSHARE's funding. Corporate donors and crowdfunding experienced a significant increase compared to 2019, due to the high public interest in participating in overcoming the COVID-19 pandemic. In-kind donations increased by 8% compared to the previous year, but more than 90% of goods/service donations in 2020 were in the form of PPE for medical personnel and health facilities.

Of the total expenditure of Rp. 37,374,876,232, -, amounting to Rp. 17,608,387,121,- (47%) was used for COVID-19 intervention, and Rp. 11,905,271,036 (32%) was

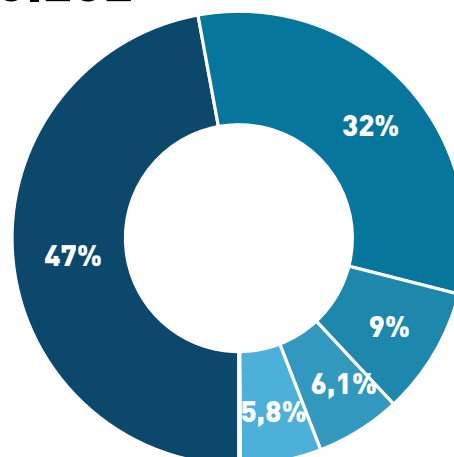


## EXPENSES 2020

### IDR37.374.876.232



- **53%**  
PROGRAM
- **25%**  
FLEET OPERATIONS
- **21%**  
MANAGEMENT & ADMINISTRATION
- **1%**  
FUND RAISING



- **47%**  
COVID-19 INTERVENTION
- **32%**  
RSA NUSA WALUYA II
- **9%**  
PAPUA - TB, POLIO & MALARIA PROGRAM
- **6,1%**  
RSA DR. LIE DHARMAWAN
- **5,8%**  
KEI - NUTRITION PROGRAM
- **0,1%**  
FLYING DOCTOR

to finance the Nusa Waluya II Floating Hospital program. Salary expenses for employees both at the head office and in each program are recorded in the Management & Administrative section (21%), so the percentage figures appear to be higher than other non-profit organizations. The cost of PCR tests for all employees and volunteers before and after medical services, which is part of the field medical protocol to protect patients and medical personnel, is also included in the Management & Administrative cost.

As a non-profit organization, doctorSHARE strongly adheres to the principle of fiduciary duty and believes that the integrity of financial data is very important. We always ensure that every rupiah received from donors will be channeled for the purpose of providing access to health services for beneficiaries.

Transparent financial reports and audited by an independent public accountant is our form of accountability. At the time this annual report was prepared, doctorSHARE was in the process of preparing for an audit, so the figures listed in the financial section are unaudited figures and are subject to change.

\* To get the results of the 2020 financial report audit, please contact doctorSHARE head office at +62-21-6586-6391 or send an e-mail to [info@doctorshare.org](mailto:info@doctorshare.org).

15/

## AND THE JOURNEY CONTINUES...



# GOALS & TARGETS 2020 – 2025

### 1. LOWER STUNTING RATE IN CHILDREN

Target: from 30% to 24.8%

(~10-12 million children under 5)

With Nutrition Program, doctorSHARE hopes to contribute in lowering the number of stunting prevalence especially in the peripheral and remote areas of Indonesia.

Through the operational of free clinic in Kei Besar island, Southeast Maluku, the Nutrition Program integrates all aspects of healthcare covering promotive, preventive, curative and rehabilitative interventions. doctorSHARE aims to replicate the Nutrition Program approach to two other locations in Indonesia.

### 2. INCREASE TUBERCULOSIS (TB) TREATMENT SUCCESS RATE

Target: until 78% - 85%

One of the highlights in doctorSHARE's 2019 credentials is the launching of TB Management Program which has been integrated with Sentani Lake free clinic. This program is anticipated to become a pilot project for similar approach in other regions of Indonesia to ensure the number of BTA positive cases can be quickly identified and handled accordingly via the nearest TB-supporting healthcare facility.





### 3. LOWER MATERNAL MORTALITY RATE

Target: from 177/100,000 menjadi 70/100,000 (by 2030) doctorSHARE has committed to improve the quality of pregnancy and birth by increasing awareness for postnatal care. Through Floating Hospitals, Flying Doctor and Land Medical Services (Urban and Clinics), we aspire to increase the quality of mother and child healthcare service on the ground and upgrade the capacity of local healthcare workers to serve better.

### 4. ESTABLISH A BLUEPRINT SOLUTION FOR REMOTE-ISLAND HEALTHCARE

Improve access to primary health physicians, nurses, and midwives, as well as access to specialized care for those living in remote-areas through an integrated and holistic program between Floating Hospitals and land-based Community Healthcare.

### 5. PROVIDE PRIMARY & SECONDARY HEALTHCARE SUPPORT TO 150,000 PATIENTS ACROSS THE CORE REGIONS OF FOCUS

Floating Hospitals, Flying Doctor and Land Medical Services (Urban and Clinics) programs are expected to bring closer access of primary and secondary healthcare services to people living in the peripherals of Indonesia. doctorSHARE aims to add 2 more floating hospitals to serve island clusters by 2025.

### 6. STRENGTHEN DISASTER RESPONSE PROGRAM

doctorSHARE is registered as one of the health cluster members in disaster preparedness by the National Disaster Management Body (BNPB) and is fully committed to provide medical support for affected victims whenever needed. As a health organization that focuses on curative health interventions, doctorSHARE hopes to document best practices of medical service implementation in the context of disasters in Indonesia.

# 16/ GET INVOLVED

Help millions receive equal healthcare that they deserve. Find out how you can contribute below. A little support can help bring healthcare closer to someone in remote location of Indonesia. We accept both monetary and in-kind giving.



## DONATE

### Monetary Donation

Donation can be made directly via payment gateway (virtual account/ credit card/ e-wallet) by clicking our webpage <https://www.doctorshare.org/donasi>.

OR

Donation can be transferred to our bank accounts as follows:

#### IDR Account

BCA Daan Mogot Jakarta Branch

Account No. : 198.550.7777

Account Name : YAYASAN DOKTER PEDULI

#### USD/EUR Account

Bank OCBC NISP

Address: Bank OCBC NISP TOWER

Jl. Prof. Dr. Satrio Kav. 25 Jakarta 12950 Indonesia

Account No : 545.800.050.761

Account Name : YAYASAN DOKTER PEDULI

Swift Code : NISPIDJA

Donation transfer confirmation can be e-mailed to [donation@doctorshare.org](mailto:donation@doctorshare.org).

### In-Kind Donation

To learn about the types of items/services that can be donated for our programs, you can access our webpage <https://www.doctorshare.org/in-kind>.

OR

You can contact **+62-21-6586-6391** or e-mail [donation@doctorshare.org](mailto:donation@doctorshare.org) to learn about the items/services needed for our programs or inform us the items/services you wish to donate.



## VOLUNTEER

Become a volunteer and use your skills and passion to make a personal difference. Medical and Non-Medical volunteers are all welcome. To register, you can access our webpage:

<https://www.doctorshare.org/relawan>.



## FUNDRAISE

Use your voice and network to amplify doctorSHARE's message and mission. You can fundraise via crowdfunding platform or organize fundraising events that are appropriate for your network. For further information please contact **+62-21-6586-6391** or e-mail [donation@doctorshare.org](mailto:donation@doctorshare.org) to discuss with doctorSHARE's team regarding fundraising events.















# doctorSHARE OFFICES

## DKI JAKARTA

### Head Office & Jakarta Clinic

Mega Glodok Kemayoran, Kantor Toko (Kanto)  
Blok B No 10-11  
Angkasa Street Kav.B-6, Kemayoran  
Central Jakarta 10610, Indonesia

## MALUKU

### Kei Clinic

Ohoi Rahareng Atas  
Kei Besar Sub-district, Southeast Maluku District,  
Maluku 97631, Indonesia

## PAPUA

### Sentani TB Clinic

Markas Unit Danau Sentani, Sereh Village,  
Sentani Sub-district, Jayapura District,  
Papua 99352, Indonesia

### Abepura Branch Office

Jl. Raya Tanah Hitam (Opposite BNI Bank)  
Abepura Sub-district, Jayapura City,  
Papua 99325, Indonesia

## STAY CONNECTED



+6221-6586-6391 | [info@doctorshare.org](mailto:info@doctorshare.org)  
[www.doctorshare.org](http://www.doctorshare.org)