

Constructed with a JICA loan, the medical faculty provides a beautiful environment for learning.



## Improving Primary Healthcare in Rural Indonesia

Since recovering from the fiscal crisis of the late 1990s, Indonesia has reemerged as a middle-income country according to World Bank benchmarks. With growth rates of over 6% forecast for 2013 and 2014, the economy continues to go from strength to strength. Despite this progress, problems remain. In public health, the country—which still suffers 307 deaths per 100,000 live births—may struggle to meet the United Nations Millennium Development Goal on infant mortality. Only 68% of the population has access to sanitation facilities. And there is a shortage of trained medical practitioners—particularly in regions far from the capital, Jakarta.

### PROUDLY INDONESIAN AND ISLAMIC

Improving the quality of primary healthcare, particularly in rural areas, is a national priority. A JICA project to address these issues has been providing hard- and soft-side assistance to a new medical program at one of the country's leading universities.

Located on the southern edge of Jakarta's urban sprawl, the Syarif Hidayatullah State Islamic University (UIN) is one of Indonesia's leading centers of higher education. Originally founded in 1957 as the State Academy of Islamic Sciences, the institution became a full-fledged university in 2002. UIN is proud of the school's Islamic quality. But the dean, prominent Islamic scholar Dr. Komaruddin Hidayat, stresses that this does not impact the quality of the school's scientific training. "Our dream is

to unite the Islamic side with a science-based curriculum. Our aim is the integration, not the separation, of science and religion."

The JICA project consists of a yen loan with two components. The first funded construction of a new Faculty of Medicine and Health Sciences with four departments specializing in medicine, nursing, public health, and pharmacy. The second provides scholarships for advanced-level study at Japanese universities.

The new faculty building, which opened in 2010, is oriented toward Mecca, and the nine pillars that support the central staircase represent the nine sages who brought Islam to Indonesia. Upstairs, classrooms are named for the attributes of God and decorated with Arabic calligraphy. A poster showing Avicenna and other famous Islamic scientists inspires students with the inscription: "You could be the next great Muslim doctor!"

The mission of the new faculty is to provide a medical education for students from the Islamic education system. Many of the students come from traditional madrasas and *pesantren*, Islamic board-



Trainees practice their healthcare techniques as the instructors look on.

ing schools in rural districts that provide education particularly to children from poor backgrounds. The hope is that many of these students will return to their communities after graduation, thus improving the quality of primary healthcare in the regions.

The faculty attracts students from all over the country, from Aceh in Sumatra to West Papua on the island of New Guinea, many of them on scholarships. “We play an important role in terms of mobilizing rural elements of the country,” says Dr. Makruf Jamhari, the university’s vice rector for institutional development and international cooperation. “This helps to integrate students into the nation, as Muslims and as Indonesians.”

### LEARNING FROM JAPAN

Dr. Jamhari says study abroad has been a vital part of the university’s programs since its inception. “Traditionally, the dream for people educated in the Islamic system was to continue your education in the Middle East. But we have deliberately sent our people to non-Muslim countries, to expose them to different styles of learning and different experiences. Japanese universities excel at research. Japan has also succeeded in modernizing society without losing sight of its traditional values. This is an inspiration for us: a lesson that we can develop without losing our Muslim identity.”

The JICA-funded scholarship program has had a huge impact, Dr. Jamhari says. “The experience of studying in Japan has imparted a good academic culture to our students and faculty. Many of our faculty have been able to spend time in Japanese universities, most of them for PhDs. A staff enhancement program has also taught our administrative staff how a good university should be run. Post-doc fellowships allow scholars to continue their collaborations with Japanese professors and colleagues after they return to Indonesia. The quality of our programs has definitely improved as a result.”

Dr. M. K. Tadjudin, the dean of the new faculty, has been involved in the project since the idea was first conceived more than a decade ago. “As an Islamic university, we are administered under the Ministry for Religious Affairs,” he explains. This ministry was created during the Japanese occupation of Indonesia, he notes, making for a connection in the minds of many Indonesian Muslims between their faith and that period in their country’s history. “Many Muslims have a positive memory of the Japanese presence because of this. We wanted to take that connection and build on it. The JICA project marks the friendship between Japan and Indonesia in that respect.”

### A FOCUS ON COMMUNITY-BASED CARE

Dr. Tadjudin says one of the first priorities of his medical programs is to bring students who have been through the *pesantren* system up to speed.

“The general level of scientific and medical education is perhaps not as strong as in some of the secular schools,” he admits. But after a special matriculation course, the students achieve impressive results. The first batch of graduates, who moved on to their one-year internships in 2010, achieved an impressive 90% pass rate in national qualifying exams. “The top graduate in our first batch was a former *pesantren* student. She was a hafiz—someone who has memorized the entire Koran in Arabic.”

Vital to the department’s mission are two primary care clinics in the small communities of Buaran and Renijaya, a short drive from the campus. Built with funds left over from the same yen loan, these Research and Teaching Clinical Units provide free primary healthcare to local communities and also provide training and research opportunities for the faculty’s rural medicine mission.

One of the doctors overseeing the clinics is Dr. Risahmawati, who recently returned from four years at Saga University in Kyushu, where she com-



Dr. Risahmawati and Dr. Marita Fadhilah earned PhDs in Japan before joining the UIN faculty.

pleted a PhD in community medicine. “This is a low- to middle-income community,” she says. “We are the first clinic in the area to provide primary healthcare. And, importantly, it’s free. The situation in Indonesia is quite different from Japan. One of the things that impressed me in Japan was that even people living high up in the mountains or in remote villages are covered by national health insurance. In Indonesia we still face problems with infectious diseases like tuberculosis that are now very rare in Japan.”

Dr. Tadjudin agrees that Japan’s example is something to aim toward. “We are starting to develop a social insurance system in Indonesia, but it’s early days. Here our focus is on primary healthcare. Many of the biggest problems we face in rural areas—infectious diseases, maternal and infant mortality, and so on—are not insurmountable. Improved sanitation and education can bring rapid and major improvements in these areas.” With JICA’s support, UIN’s pioneering effort to improve the quality of healthcare at the grassroots level carries the promise of a brighter future for Indonesia’s rural communities.