Under the SP4PHC project, ThinkWell supports the Indonesia government to undertake health financing reforms to enhance the strategic purchasing of maternal, newborn and child health (MNCH) services. Jaminan Kesehatan Nasional (JKN) the national health insurance scheme that started in 2014, provides MNCH services as part of its benefits package for all members. Although coverage of key services (e.g., delivery in facilities) has risen over the last few decades in Indonesia, maternal mortality is stagnantly high and not meeting the Sustainable Development Goal (SDG) target level. Below are general statistics regarding MNCH trends in Indonesia.

The private sector, especially private midwives, play a large role in providing MNCH services in Indonesia. They are routinely utilized by women of all wealth quintiles. However, many private midwives deliver low quality services, require out-of-pocket (OOP) payments, are not well-integrated into the larger health system, and typically do not contract with JKN.

**Percentage of Deliveries by Provider Type and Wealth Quintile**

*Source: Indonesia DHS, 1987-2017*

- **Lowest**: 45
- **Second**: 35
- **Middle**: 25
- **Fourth**: 15
- **Highest**: 5

**Proportion of Deliveries by Provider Type**

*Source: Indonesia DHS, 1987-2017*

- Village midwife: 4%
- Village health post: 1%
- Home: 20%
- Public Hospital: 15%
- Private Hospital: 17%
- PHC Center: 10%
- Clinic (public/private): 5%
- Private GP/midwife: 26%

---

**Trends in Antenatal Care (ANC), Skilled Birth Attendant (SBA), Facility Deliveries, Cesarean Sections (C-sections), and Maternal Mortality Rate (MMR) (1987 – 2017)**

*Source: Indonesia DHS, 1987-2017*
Although national trends presented in page 1 show improvements in MNH indicators, disparities exist when disaggregating the data by province. In all the measured MNCH indicators, there is low utilization of MNCH services in the eastern, less developed part of Indonesia.
There are a diversity of fund flows for the ultimate delivery of MNCH services in Indonesia. This includes allocations from national and subnational budgets for items such as salaries and infrastructure, vertical program budgets for promotive and preventive activities and specific maternal activities, JKN capitation and claim payments for maternal services in the benefits package, and OOP payments from individuals.
## MNCH Purchasing Landscape

There are several purchasers of MNCH services, as seen in the table below. The Village Funds and BOK are national budgetary allocations through the districts that ultimately reach PHC facilities for more promotive and preventative MNCH services. The Jampersal scheme is a fee-for-service (FFS) payment mechanism by the Ministry of Health for only a specific set of maternity services. Yet, there is an overuse of this mechanism due to many facilities finding it is easier to claim and manage than the JKN system. JKN is the primary purchaser of MNCH services in Indonesia, largely via FFS reimbursement for covered services. However, in some regions, there is considerable overlap and incoherence between the JKN and Jampersal purchasing mechanisms.

<table>
<thead>
<tr>
<th>Purchaser Attributes</th>
<th>Village Funds</th>
<th>Health Operational Assistance (BOK)</th>
<th>National Health Insurance (JKN)</th>
<th>Social Scheme for Maternity (Jampersal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sources of revenue (e.g., taxes, premiums)</td>
<td>National and local budget</td>
<td>National Budget</td>
<td>National budget (PBI), and contribution (non-PBI)</td>
<td>National budget</td>
</tr>
<tr>
<td>Population covered (e.g., poor, formal sector)</td>
<td>All community</td>
<td>All community</td>
<td>JKN member</td>
<td>Community who is not covered by any insurance scheme</td>
</tr>
<tr>
<td>Benefits/services covered (e.g., PHC, hospitalization, inpatient, outpatient, etc.)</td>
<td>Empower village communities in the success of the MNCH program: incentive assistance, training, and transport for health cadres; procurement and operation of community-based health efforts</td>
<td>Promotive and preventive MNCH services at PHC level: data collection, additional food provisions, and maternal classes</td>
<td>ANC, deliveries, c-sections, and postnatal care (PNC)</td>
<td>2014: Transportation costs, delivery waiting homes 2017: Include high-risk pregnancy, delivery for those without health insurance</td>
</tr>
<tr>
<td>Types of facilities included (e.g., referral hospitals, health centers, health posts, etc.)</td>
<td>Community-based health facilities (Poskesdes, Polindes, Posyandu, Posbindu)</td>
<td>Public PHC (Puskesmas)</td>
<td>Public and private PHC, as well as public and private hospital which are JKN providers (Memorandum of Understanding (MOU) with Social Security Administrator for Health (BPJSK))</td>
<td>Public and private PHC, as well as public and private hospital which are have MOU with DHO</td>
</tr>
<tr>
<td>Provider payment methods (FP and MNCH specific)</td>
<td>Reimbursement of activities (line-item budget) of approved Village’s Planning &amp; Budgeting documents</td>
<td>Reimbursement of activities (line-item budget) of approved Puskesmas’ Planning &amp; Budgeting documents</td>
<td>FFS reimbursement of covered MNCH services</td>
<td>FFS reimbursement of covered MNCH services</td>
</tr>
</tbody>
</table>
Since the advent of JKN in 2014, there has been a rapid rise of FP, ANC, and deliveries (though this service tapers off in the last few years) at the PHC-level and a steep rise of deliveries and PNC a couple years after JKN started at the hospital-level. Along with the increase in use, has come a rapid increase in costs, especially at the hospital-level, which has raised concerns about sustainability of the national health insurance scheme in Indonesia. MNCH costs are driven by caesarian sections.


Source: DJSN and BPJS-K in 2020

**Trend in the Cost of Delivery at the PHC Level Under JKN, (2016-2018)**

Source: BPJS-K 2019

**Trend in the Cost of Delivery at Hospitals Under JKN (2014-2018)**

Source: BPJS-K 2019

[Graphs and charts showing trends in consultations and costs over time.]
Even though there are various ways the government is paying for MNCH services (especially via JKN), women are still primarily (51%) paying OOP to get these services. Many MNCH providers that are preferred by women, such as private midwives, are not contracted with JKN and thus women pay OOP to obtain their services. There is less OOP in areas with fewer private providers, where public facilities are often the only option.

Source of Payment for Deliveries at Health Facilities
Source: Riskesdas, 2018

The use of the BPJS for delivery varies by province. Provinces with relatively high BPJS coverage (more than 90% of the total population), such as Aceh, West Sulawesi and Gorontalo, have higher BPJS utilization rates than other provinces.

From West to East of Indonesia

Recommended Citation: ThinkWell Strategic Purchasing for Primary Health Care. 2021. "Indonesia Maternal, Newborn, and Child Health Factsheet – May 2021." Washington, DC: ThinkWell
Visit our website: https://thinkwell.global/projects/sp4phc/