

Bridging the Gap:

How private midwives have filled family planning gaps in Indonesia since the introduction of national health insurance

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Introduction



- In 2014, Indonesia launched a national health insurance scheme (NHI) to achieve universal health coverage (UHC).
 - As one of the largest single-payer schemes in the world, it covered almost 85% of Indonesian citizen by 2021.^{1,2}



- Yet, out-of-pocket (OOP) payment to access health care services remains significant.³
 - High OOP for family planning (FP) services is due to several factors.^{4,5}
 - Most low- and middle-income individuals prefer to access FP services from private midwives.
 - Private midwives are less likely to be contracted under NHI.

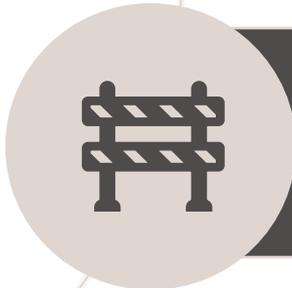


- Little is known so far as to how the introduction of NHI is changing FP practice in Indonesia.

Study aims



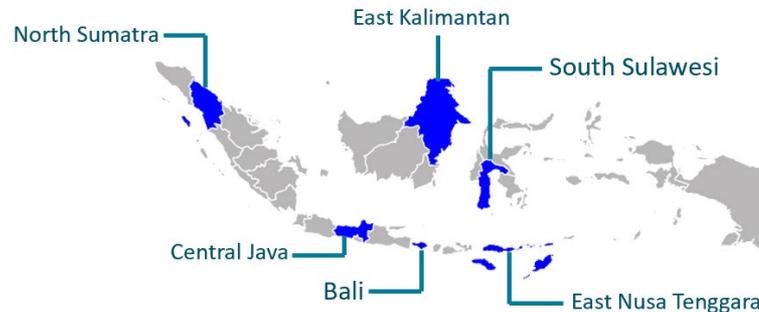
To examine private midwives' role in bridging the contraceptive service gap, including during the COVID-19 pandemic



To assess barriers faced by private midwives within NHI

Method

- Qualitative study: Focus group discussions (FGDs) with semi-structured guides



- Data collection took place in December 2021 in six provinces.
 - Provinces were selected based on the following criteria:
 - Geographic region (west, central, and east)
 - Proportion of long-acting reversible contraceptive users to active contraceptive users
 - Proportion of postpartum family planning users to total delivery incidents
 - Two FGDs were conducted in each province among purposively sampled private midwives from the provincial capital (n=2) and nearby districts (n=2), thus total sample number was 24.
- Thematic codes were developed and refined iteratively to reflect emergent themes.

Results

RESPONDENT CHARACTERISTICS

Characteristic	Value (%) or median (range)
Sex	
Female	24 (100)
Male	0 (0)
Age (years old)	45 (31-58)
Years of working experience	14 (4-32)
Contracting status with NHI	
Yes	11 (55)
No	9 (45)
Some values do not add up to 100% due to missing data.	

- Respondents reported that most of their patients were poor.
- Respondents offered a variety of contraceptive methods in their practice:
 - Oral contraceptive pills
 - Injectables
 - Implants
 - Intrauterine devices (IUDs)

Results

THEMES DURING FGDs



Perception that patients are willing to pay OOP to access **conveniently located** private midwives rather than public facilities which **may have lines, limited working hours, or lack of certain FP brands**

“There are participants who have [NHI] card... I asked them why they don’t use it even if they have the card. They said they are too lazy to queue. Some of them also works at nearby market, so they can only come in the afternoon when the public health center is already closed at 2 PM.”

Kupang City, East Nusa Tenggara



Delivery of FP services continued during COVID-19 at a **higher cost**, mainly to midwives, due to the frequent **use of personal protective equipment (PPE)**

“We continue to provide service during pandemic. We are really worried even though we were wearing PPE... We incur additional costs since we need to regularly change gown, glove, and mask. We disinfect the examination room too... However, we do not increase the cost we charged to patient. Since it is pandemic, it has many impacts already on patient’s economy.”

Maros Regency, North Sumatra

Results

THEMES DURING FGDs

***Study Aim 1:** To examine private midwives' role in bridging the contraceptive service gap, including during the COVID-19 pandemic*

- Consistent with previous studies in Indonesia,^{6,7} midwives continue to be **main family planning providers, even after the introduction of NHI**, due to its flexibility in filling the contraceptive service gap.
- Globally, there is a reduction in FP services due to social restriction related to the COVID-19 pandemic, including in Indonesia.⁸⁻¹⁰
 - NHI needs to consider higher cost for delivering FP services during the pandemic when calculating the FP reimbursement rate

Results

THEMES DURING FGDs



Bureaucratic barriers (including the **inability to contract directly with NHI**) and **suboptimal reimbursement rates** were barriers to contracting with NHI



Administrative requirements and the existence of **FP operational assistance funds** (government funding separate from NHI) were barriers for claiming reimbursement from NHI

“The problem is that NHI cannot network directly with us. Instead, we need to network with public or private health care center, thus there will be additional cut in the amount of money that we will received... For IUD, we only get reimbursement around 100,000 IDR [~6.5 USD], which is not enough. We still need to sterilize the equipment. Maybe only cover for service cost.”

Karangasem Regency, Bali

“They need to go to their primary healthcare facility as written in their card. Otherwise, they will be told to return to their respective healthcare facilities... While I used to claim reimbursement from NHI, I no longer do that because it took so long. Now, I claim reimbursement more often to FP operational assistance funds.”

Makassar City, South Sulawesi

Results

THEMES DURING FGDs

Study Aim 2: To assess barriers faced by private midwives within NHI

- Barriers both in contracting and claiming reimbursement with NHI signify the need to better integrate private providers within the NHI scheme.

Conclusion



Private midwives serve a vital role in providing FP services among poor women in Indonesia

- NHI must improve how it contracts with these providers to reduce women unnecessarily paying OOP



Study provides insights into how developing countries can extend UHC through the private sector

- In Indonesia, simplifying NHI's contracting & claims processes and increasing FP reimbursement rates could entice the private sector to join the scheme

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For more information, please visit our website at <https://thinkwell.global/projects/sp4phc/>. For questions, please write to us at sp4phc@thinkwell.global.

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Thank you

