

## Recommendations for Policy Changes

- Revising the Regulation of the Minister of Health No.71/2013 Article 2 Paragraph (2) by explicitly state that private midwives are FKTP. In strengthening the basic-level healthcare, private midwives occupy a strategic position to reach female JKN participants who are not catered to by Community Health Centers.
- Revising the Regulation of the Minister of Health No.71/2013 Article 8 Paragraph (3) by adding the active role of BPJS Health in facilitating the cooperation between private midwives and FKTP networks. Thus far, private midwives aim to cooperate with BPJS Health by working with private clinics with the hope that the same rule that applies to doctor and dental practices will also apply to them. However, private midwives face the problem of limited resources (of information, energy, and time) to fulfill the requirements to cooperate with BPJS. The agreement to cooperate between private midwives and their steering doctors or Community Health Centers should be coordinated by BPJS. The said coordination means conducting intensive communication with private midwives through the Indonesian Midwives Association in each of its branch.
- Publishing and distributing handbooks of networked facilities which are produced by BPJS Health. BPJS Health can produce a dissemination kit for private midwives and healthcare facilities who wish to cooperate with BPJS Health to provide service for JKN participants because so far, BPJS Health has only produced a cooperation handbook for BPJS and pharmacies. This media will help BPJS Health in actively coordinating the FTKP network.
- Issuing a Ministry of Health letter of notice for the distribution and usage of the handbook on networked health facilities. This handbook should be distributed to local governments/health agencies as well as private midwives through the help of the Indonesian Midwives Association. The Ministry of Health and the Indonesian Midwives Association can work together to create a more coordinated network between private midwives and FKTP.

## End notes

<sup>1</sup> Wahyuningsih, M. (15 February 2013). MDGs Tinggal 2 Tahun Lagi, Indonesia Masih Punya 5 Rapor Merah. Accessed in 29 January 2015 from <http://health.detik.com/read/2013/02/15/154649/2171341/763/mdgs-tinggal-2-tahun-lagi-indonesia-masih-punya-5-rapor-merah>

<sup>2</sup> Statistics Indonesia (BPS) and Macro International. 2007. Survei Demografi dan Kesehatan Indonesia 2007, Calverton, Maryland, USA: BPS dan Macro International.

<sup>3</sup> Statistics Indonesia (BPS), the National Population and Family Planning Agency (BKKBN), the Indonesian Ministry of Health, and ICF International. 2013. Survei Demografi dan Kesehatan Indonesia 2012. Jakarta, Indonesia: BPS, BKKBN, Kemenkes and ICF International.

<sup>4</sup> Taken from the Executive Presentation of Health Data and Information of Bali Province, Data and Information Center, the Indonesian Ministry of Health, [www.depkes.go.id](http://www.depkes.go.id)

<sup>5</sup> World Health Organization. (2014, December). What is universal health coverage? Accessed in November 29, 2014, from [http://www.who.int/features/qa/universal\\_health\\_coverage/en/](http://www.who.int/features/qa/universal_health_coverage/en/)

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## Midwifery Service in the National Health Insurance Era Empowers Private Practice Midwives

*The working regulation for private practice midwives in the National Health Insurance system has led to a failure in adhering to the universal coverage principles for healthcare services targeted at female participants of the National Health Insurance (JKN). JKN participants who live relatively far from the community health center cannot take benefit from the facilities of BPJS compared to others with closer residences.*

In nearing the end of the 2015 Millennium Development Goals (MDGs), Indonesia still holds a poor record in fulfilling the targets of the fifth point of MDGs,<sup>1</sup> which is reducing Maternal Mortality Rate (MMR). The Indonesian Health Demography Survey (SDKI) 2007<sup>2</sup> shows that the MMR in Indonesia is recorded at 228 deaths per 100,000 live births, while in 2012<sup>3</sup> it increased to 359 deaths per 100,000 birth rates. This number is still far from the MDGs target, which is 102 deaths per 100,000 live births.

In the effort to fulfill that target, since 1 January 2014 the government has implemented the insurance of maternal healthcare services for mothers who are expecting, giving birth, and are in their puerperium through the National Health Insurance (JKN) which should have been prepared since the ratification of Law No. 24/2011 on the National Social Security Agency (BPJS). In the context of reducing maternal mortality rate, midwives become health workers who are at the forefront of national healthcare. Midwives are not only expected to be capable in the face of challenges in the implementation of JKN, but also given the responsibility to reduce maternal mortality rate and reach a universal access towards reproductive healthcare.

The research on JKN, particularly regarding Midwifery Services in Jakarta and Bandung, carried out by Women Research Institute (WRI) reveals a number of findings on the challenges faced by midwives and female JKN participants in accessing midwifery services.

## Research Findings

The limited number of midwives in the Community Health Centers as basic-level healthcare facility (FKTP) and midwives in Hospitals as advanced-level healthcare facility (FKTL) is disproportionate with the increased rate of registered JKN participants. Meanwhile, private practice

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midwives who are first choices for female JKN participants cannot provide their service as they are not appointed as the regulated FKTP. This condition shows that the JKN healthcare system discriminates private practice midwives, consequently compromising the midwifery service.

- The availability of midwives

In 2013, West Java was the province with the lowest ratio of midwives (28.5 midwives per 100,000 residents) followed by DKI Jakarta as the province with the second lowest ratio of midwives (28.7 midwives per 100,000 residents).<sup>4</sup> This is far below the Indonesia Healthy program's target which aims for 100 midwives per 100,000 residents. This problem has even long existed before JKN was first implemented. In one Community Health Center in East Jakarta, the visits by pregnant women to maternal and child healthcare polyclinics experienced an increase of 50% while at the same time, there is no adjustment in terms of the number and distribution of midwives.

Midwives have so many tasks to handle that they find difficulties in dividing their job between providing care in Community Health Centers or in Integrated Health Posts. As a result, female JKN participants have to wait for a long time before they are provided with the care they need.

*"I cannot stand the queue, my kid keeps asking for snacks all day long. It is true that the ANC examination in the Community Health Center is free, but then who pays for my kid's snack? It is even worse because I also have a baby and my baby is finicky and can't stand queuing with me, it's also problematic for me because nobody can look after my baby." (A patient of a private midwife, East Jakarta)*

- Midwifery Care for Female JKN Participants Not Yet a Priority

The low ratio of midwives in the Community Health Centers (Puskesmas) compared to the number of female healthcare recipients has an impact on the decrease of maternal and child healthcare (KIA) quality. Furthermore, the distance between the Community Health Centers and the residences also plays an important role in motivating healthcare recipients to access the service. The nearest healthcare clinics are still the choice of most people even when the private midwifery care is not covered by the JKN program. Even though the Community Health Centers are the basic-level referral for health service, they become the second option.

*"I only go to the Community Health Center when the private midwives cannot provide care. It's not actually my first option because the distance is far. It can take half to one hour to travel there." (A Community Health Center's patient, City of Bandung)*



The implementation of JKN since 1 January 2014 is expected to help the poor, especially poor women, to have a more accessible access to healthcare. However, the facts show that female JKN participants' access to midwifery service is still limited. There are still cases where the poor have to borrow money in order to access private midwifery service.

*"I just gave birth with the help of a private midwife. I had to borrow money to pay my midwife. The midwife knows me very well. She massaged me when my stomach hurt or when I had contractions. We chose a private midwife who serves just anyone who comes to her. She is not picky about her patients. We can also knock on her door in the middle of the night when we are about to give birth or when our babies get sick. Since my first birth, I have always chosen to give birth with the help of a private midwife." (A patient of a private midwife, City of Bandung)*

- Private Midwives Not Yet Considered as JKN Basic-Level Health Facility

JKN implemented based on the Universal Health Coverage approach which guarantees everyone the access to healthcare, be it preventive, a promotion effort, curative and rehabilitative healthcare without having to face financial difficulties when accessing it. Nevertheless, in reality, female JKN participants still face difficulties in accessing Community Health Centers due to the great distance between their houses and the Centers. On the other hand, private midwives, who are more accessible since they are aplenty and are more evenly distributed, are in-accessible for these women because private mid-wives are not part of the JKN system.

In the Regulation of the Minister of Health No.71/2003, private midwives are not listed as healthcare providers who work in cooperation with BPJS as part of the FKTP service. Private midwives are only considered as a substitute for health professionals when there is no doctor in a particular region.

The Regulation of the Minister of Health No.71/2013 Article 3 Paragraph (1) and (2) states that midwifery service is only focused on the healthcare of maternal and child health which means it is not

considered as a comprehensive healthcare which includes a promotion effort, preventive, curative, and rehabilitative measures. The midwives' competence and authority is limited to providing maternal and child healthcare and reproductive healthcare. Based on this, the Indonesian Midwives Association issued Letter of Notice No.117/SE/PPIBI/II/2014 which advises private midwives to make an agreement to be part of the FKTP network of pratama/independent clinics or nearest Community Health Centers. Nonetheless, private midwives face a problem of the limited information on the procedures of cooperation and location of the health clinics. With their specific competence, private midwives are not supposed to be burdened with difficult requirements.

## Conclusion

Providing JKN is a way to realize the Universal Health Coverage by 2019 which aims not only for universal membership access but also universal access to services. WRI's research findings reveal a different treatment that private midwives receive from the JKN health service. This difference can be seen from the fact that private midwives are not considered as one of the approved FKTP by JKN. Only Community Health Centers, doctor practices, dental practices, pratama clinics, and D-class hospitals are considered as part of the FKTP. WRI's research also shows that there are cases when private midwives refused to provide their care because they did not understand the procedure to cooperate with BPJS Health. On the other hand, females JKN participants prefer to go to private midwives because the service provided by the Community Health Centers are not optimal, commonly due to the limited number of midwives and the considerable distance between the centers and the residences.

By accomodating the recommendation to include private midwives as part of the FKTP in JKN, we expect that BPJS Health will be able to achieve the target of 70% utilization of FKTP. We also expect that the inclusion of private midwives as part of the JKN services will contribute to the betterment of maternal health and the effort to reduce maternal mortality rate in Indonesia.