

Preface

Maternal health issues remain in the spotlight globally, regionally, and in Indonesia itself. The challenge in Indonesia is how to achieve the Millennium Development Goals target number 5 on the reduction of maternal mortality.

Accessing quality maternal health care services is still a challenge for some women in many regions in Indonesia. One of the barriers is financial. The Government of Indonesia has responded to this issue by launching a national health insurance scheme for maternal health, known as Jampersal, in 2011. The scheme provides free maternal services for all women in Indonesia regardless of their economic status. The scheme discourages unsafe home births and also promotes postpartum contraception. Jampersal will be replaced by the Universal Health Coverage scheme (UHC) in 2014, which will provide more extensive coverage, including family planning.

Since the inception of the Jampersal scheme, UNFPA in Indonesia has taken a lead role in identifying gaps in the service and in raising local awareness of the services. In collaboration with Centre for Health Policy Management at Gadjah Mada University (UGM) in Jogjakarta, UNFPA conducted a series of studies on the Jampersal programme in the first year and in the last year of its implementation. The findings from these studies will be useful for policy recommendations, particularly as lessons learned for the UHC programme in the future.

With great appreciation, UNFPA Indonesia and UGM would like to extend our gratitude to all those involved in this study: University of Sumatera Utara, University of Hasanuddin, University of Nusa Cendana, University of Cenderawasih, officers of the District Health Offices in the 10 districts supported by UNFPA, and all of those health providers who work tirelessly in delivering quality maternal health care to the women in need.

Our hope that this study will feed into the improvement of the maternal health programme in Indonesia and will help improve the health status of all women in the country.

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Jampersal Review 2013:

Collaborative Study for Ten Indonesian Districts

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Executive Summary

Improving maternal and child health is an important agenda for Indonesia. Despite the 40 percent decline in maternal deaths in the last two decades, a recent survey showed a startling high maternal mortality rate (MMR) and stagnancy in the neonatal mortality rate (NMR) (DHS, 2012). As a result, Indonesia is predicted to be unable to achieve MDG goals 4 and 5 in 2015.

The Jampersal program, providing health insurance for maternal and child health (MCH) services, was launched in 2011 as one of the government's effort to reduce the MMR and NMR, by providing financial protection for MCH services for all regardless of their economic status. Previous studies showed a number of implementation issues of the program, including the high out-of-pocket payment borne by the patients and the small reimbursement for health providers, as well as low utilization of the program in areas with limited health facilities and resources.

The ongoing program would require continuous reviews to assess the possible challenges in improving the health of women and children. In relation to the upcoming National Health Insurance scheme for Indonesia in early 2014, other areas that need to be explored is the district readiness in terms of health system supply side and in managing the national insurance system. The review aims to assess the aspects of improvement in order to ensure the success of any health financial protection scheme in Indonesia.

Scope and Methods

The research scope is to provide a review of the impact of the Jampersal program towards maternal and child health service coverage, and also to assess the challenges and opportunities in the implementation of the program. The Jampersal as a financial protection scheme towards universal health coverage for women and children is reviewed using the WHO framework of three dimensions of universal health coverage: the breadth, depth, and height of the program. This review also assesses the readiness of the districts for the upcoming National Health Insurance scheme (JKN) in early 2014, looking from the supply-side perspective of the health system.

This review takes place in ten districts located in five provinces in Indonesia. The districts are Nias and Nias Selatan districts in North Sumatera Province, Mamuju Utara and Mamasa districts in West Sulawesi, Jayapura and Merauke districts in Papua province, Manokwari district in West Papua province, and Alor, Manggarai and Timor Tengah Selatan districts in NTT province.

The research is a collaborative project between the Center for Health Policy and Management of the Faculty of Medicine, Universitas Gadjah Mada with four faculties located within the study location. The partner institutions are faculties of public health from Universitas Sumatera Utara, Universitas Hasanuddin, Universitas Cenderawasih and Universitas Nusa Cendana.

Overview of Methods

This study is a cross-sectional study with a mixture of quantitative and qualitative methods. Quantitative methods are used to see the difference between the coverage of health services before and after Jampersal program implementation, as well as the effectiveness of the program in achieving the goals of the program itself. Qualitative methods are used to obtain perceptions of service providers, program managers and patients towards Jampersal program and the challenges in the implementation process. Quantitative and qualitative

methods are also used to look at the districts' readiness to face SJKN 2014. Quantitative data obtained from the district and provincial health reports and the Jampersal claims data. Quantitative data are used to obtain the coverage of maternal and child health services before and after the program Jampersal. In connection with the upcoming JKN implementation in 2014, quantitative data provide an overview of the adequacy of personnel and health facilities in the district, while qualitative data capture the readiness from the management systems perspective to implement the new health insurance scheme.

Overview of Findings

The utilization of Jampersal program for all MCH services is still below the expected target population, with similar findings across all the ten study districts. Continuous services including antenatal care and postnatal care experience the lowest coverage level, indicating quality problem in the overall services due to discontinuity in service utilization. Higher utilization levels were observed for the normal delivery by skilled birth attendant. However, the coverage level was still below the number of expected target population of the Jampersal program. Postpartum family planning service has the lowest utilization, nearing 0% in many of the study sites. This indicates that the program is not putting the family planning service on the front run, which is not in line with the formally stated program goals.

The analysis on the impact of the Jampersal program towards the overall improvement in MCH services shows no significant increase in all MCH services in the ten study locations. This could indicate that the financial protection scheme is not the panacea for low health care utilization in Indonesia. Several common themes appeared across all study sites that affect the utilization for Jampersal services:

- (i) **The exclusion of transportation cost from the Jampersal benefit package:** This was an overarching issue identified as the important consideration that affects patients' utilization to the health care facilities in general. Financial accessibility is still a major hindrance for health care utilization, thus not covering for the transportation cost is perceived as a major drawback of the program. Given the local condition of the study sites, a large number of communities may have significant geographical barrier and would require significant amount of transportation cost.
- (ii) **Lack of community socialization:** Although the program has been implemented for the last three years across Indonesian region, many of the target population still unsure about the benefit package included and the administration processes that need to take place.
- (iii) **The existence of out-of-pocket payment:** Women covered by the Jampersal program are still prone to expensive out-of-pocket payment, particularly among the poor population. Rather than paying for the possibly inaccessible health facilities, some women still prefer to use traditional birth attendant.

The program success is also influenced by the participation of the health providers, both public and private providers. Even though all public health facilities are automatically providers of the Jampersal program, their performance and competing preference in treating the patients are aspects that would influence the overall program success. The main findings of challenges in the program implementation, from the providers' perspective, are:

- (i) **The lengthy reimbursement process and the late disbursement of the funding:** Bureaucratic reimbursement process that requires multiple validation and reporting to various institutions has made the Jampersal reimbursement a labor-intensive and not appealing for the providers

- (ii) **The limited amount of service fee provided by the program:** Health providers in general, perceive that the amount of reimbursable service fee is much too small; making the mandatory participation for public health providers a burdening additional work and optional participation for private health providers a less attractive offer.

The district's readiness to start implementing the universal health coverage (JKN) was viewed from two perspectives:

- (1) quantitative analysis of the current health resources; and
- (2) current knowledge and management capacity for the upcoming new health insurance scheme.

Most of the districts have low doctors to population ratio, and a lower ratio of midwife and nurses to population compared with the national level. Health facilities are also lacking, showed by the fact that most of the study districts have low hospital bed to population ratio. A number of modern technology health equipment was assessed in this study to capture the district capacity in delivery high cost treatment that should be covered under the UHC scheme. However, even life-saving equipment such as the hemodialysis unit is still not available in all study districts. From the management aspect, several district health managers are still not familiar with the UHC system or the reimbursement processes. This would pose a potential future mismanagement of the program.

Conclusion & Recommendations

The Jampersal program is potentially a good program that would cover every woman throughout pregnancy and delivery and postnatal periods. However, due to accessibility problem in Indonesia, health financial protection only is not enough to increase demand-driven health care utilization. Transportation costs, as was observed multiple of times during this study, serve as the sole strong reason for under-utilization of the MCH services.

The experience from Jampersal program implementation should be used to improve any future health insurance program, including the universal health coverage (UHC) that has taken place since early January 2014 in Indonesia. Five recommendations that can be provided based on the review are:

- (1) The inclusion of transportation costs as part of the benefit package, where underutilization in geographically and economically challenged areas was found to be correlated with limited transportation fees coverage.
- (2) The importance of increased effort to socialize the program to both the health care providers and program beneficiaries.
- (3) Improvement in the insurance claims system to ensure health care providers' performance
- (4) A system for monitoring quality health care services, including sound referral system to ensure equitable access to basic and comprehensive care
- (5) Human resource provision and health facility improvement in underserved areas. The absence of such investment could resulted in higher health inequity, as health funding would be pooled in more developed areas with well-equipped facilities and high health care cost. Areas with limited human resource for health and health infrastructure would have even less underutilization could result in greater health inequity.

The program is intended to reduce maternal and neonatal deaths through increase in health care utilization. However, data collected in this study show that there is no significant increase in health care service coverage even after the introduction of the Jampersal program. Some challenges include that the low socialization for the community, the disincentives due to the amount of reimbursable service fee, and the out-of-pocket payment that reduce demand-side utilization.

Based on the challenges identified and that the goals of the program have not been entirely achieved, further improvement should be made on any future health insurance program.

Introduction

The improvement of the maternal and child health is an important agenda for development countries, including in Indonesia. Regardless of the decrease of 40% in maternal deaths in the last two decades, the latest Indonesia Demographic Health Survey (DHS) showed a surprising increase in MMR from 228 per 100,000 live births in 2007 to 359 per 100,000 live births in 2012. One of the most efficacious evidence-based interventions that could alleviate maternal death burden, the family planning program, has experienced much lower uptake in the last decade. The analysis of the DHS from 1987-2012 shows that the increase in modern CPR has slowed to a mere 0.5-0.7% since 2003. unmet need for family planning one of target indicator for MDG5B even increase 2.5% in the last 10 years (8.9%, IDHS 2002-2003 and 11.4%, IDHS 2012). Indonesia is also struggling in achieving MDG number 4, having stagnated in neonatal mortality rate at 32 per 1,000 live births. Indonesia is predicted to be unable to achieve both MDG 4 and 5 targets by 2015.

The Indonesian government has launched numerous efforts to reduce MMR and IMR, including by increasing coverage in antenatal care, delivery facility, and family planning, as well as services for complicated deliveries and neonatal emergency care. Other health policies include the revitalization of village midwives, development of the village birth facilities, maternal waiting homes, and also training and infrastructure development for BEMOC and CEMOC services. However, the latest health survey (Riskesdas, 2013) shows that financial barrier is still a crucial hindrance in service delivery (NIHRD, 2012). In an effort to tackle the issue, the Indonesian Ministry of Health launched a universal social health insurance scheme specifically directed towards maternal and neonatal health, called *Jampersal*.

The Jampersal program provides financial coverage of MCH health services for all, regardless of the economic status. Previous review on the program shows several implementation issues, including the existing high out of pocket payment, the absence of coverage for crucial transportation costs for emergency cases, and the low utilization in areas with limited health facilities and resources.

A previous study conducted in 2011 by PKMK of the University of Gadjah Mada and supported by UNFPA highlighted some aspects of improvement but noted concerns including:

- (1) Jampersal program has introduced significant over-burden on public health providers;
- (2) the insufficient service fee perceived by both the public and private health providers, causing disincentives for the services provided under the Jampersal scheme;
- (3) the high out of pocket payment;
- (4) the failure of the program in improving accessibility of health facility, resulting in disproportionate use by population residing with better access to health facility; and
- (5) the Jampersal program is not designed to support the existing family planning program by not promoting the ideal number of children.

This 2013 study is intended as a follow up to the previous studies by looking further into the program implementation at its third year of implementation, by specifically assessing the impact of the program on:

- (1) MCH service utilization;

- (2) disparities in health care utilization; and
- (3) the perception on quality of the services provided under the Jampersal program, both from the providers and users perspective.

This study's aim is also related to the upcoming launch of the National Health Insurance scheme (Jaminan Kesehatan Nasional) or the JKN, which will begin in early 2014, by assessing the district readiness to implement the new health insurance scheme. Jampersal will be incorporated into the UHC which also provides financial coverage for other health services.

This study is a collaborative research project between universities at the study locations and Universitas Gadjah Mada, with the support of UNFPA in Indonesia. The collaboration is expected to develop institutional capacity in evaluating health insurance programs and will be used as a basis for future national collaborative projects.

Study Aims and Objectives

This study aims to assess the impact of the Jampersal program towards maternal and child health service coverage and also to assess the challenges and opportunities in the implementation of the program.

Specific objectives are:

1. To assess the coverage of the Jampersal program in ten districts in Indonesia;
2. To assess the effectiveness of the program in improving MNH service utilization;
3. To analyze the use of Jampersal program among the community;
4. To assess current challenges and the perceptions on the program implementation; from the perspectives of the program managers, health service providers and users;
5. To review the existing health insurance at the district level;
6. To assess the district readiness in implementing the upcoming universal health coverage scheme
7. To improve academic capacity in evaluating future health insurance programs;

Methods

Study Setting

The study is conducted in ten Indonesian districts, as follow;

- | | |
|---------------|-------------|
| 1. Nias | 6. Jayapura |
| 2. South Nias | 7. Merauke |

预览已结束，完整报告链接和二维码如下：

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