October 2016

RE-ENVISIONING MATERNAL AND NEWBORN HEALTH IN INDONESIA

How the Private Sector and Civil Society Can Ignite Change

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HP+ HEALTH POLICY PLUS

Suggested citation: Rajkotia, Y., J. Gergen, I. Djurovic, S. Koseki, M. Coe, et al. 2016. *Re-envisioning Maternal and Newborn Health in Indonesia: How the Private Sector and Civil Society Can Ignite Change*. Washington, DC: Palladium, Health Policy Plus.

ISBN: 978-1-59560-146-9

Health Policy Plus (HP+) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, the White Ribbon Alliance for Safe Motherhood (WRA), and ThinkWell.

Re-envisioning Maternal and Newborn Health in Indonesia

How the Private Sector and Civil Society Can Ignite Change

OCTOBER 2016

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ACKNOWLEDGMENTS

The Health Policy Plus team would like to express its deep appreciation to all of the key informants who voluntarily participated in interviews. Their insights into the current landscape were invaluable, as were their future projections of catalysts for engagement of the private sector, civil society, media, and research institutions.

Our most sincere appreciation is due to the Women's Research Institute; Arin Dutta and Taylor Williamson of Health Policy Plus; and local consultants Yustina Sari, Noor Alam, and Palupi Widjajanti for assisting in the design of the study and collection of data. A big thanks to those who reviewed the report and provided analytical inputs: Stephen Rahaim, Oliver Mathieson, Marcus Pitt, Caroline Philly, and Elizabeth McDavid. Finally, we would like to thank Zohra Balsara, Pak Edhie Rahmat, and Thomas J. Cody at the USAID Indonesia Mission for their support and guidance in the design of this scoping review and in the preparation of this report.

EXECUTIVE SUMMARY

Context

Indonesia is a country undergoing growth in a multitude of sectors. The country's middle-income population is on the rise, its democracy continues to become more open, and its economy continues to grow, making Indonesia the largest economy in Southeast Asia with a gross domestic product (GDP) over US$861.9 billion (World Bank, 2016a). Despite these positive developments in the country's economic landscape, it has yet to take a similar lead on many health issues. One area of health that performs poorly on major indicators is maternal and newborn health. The maternal mortality ratio has been estimated at 359 deaths per 100,000 live births by the Demographic and Health Survey, much higher than both the Millennium Development Goal 4 target ratio of 110 and the ratio in regionally or economically comparable countries (Statistics Indonesia, 2013). The decline in child deaths (Millennium Development Goal 5 target) remains stalled—primarily due to the lack of reduction in neonatal mortality, which has remained around 19 deaths per 1,000 live births over the last two decades.

The government of Indonesia has not traditionally put high levels of funding into healthcare. However, the inauguration of Jaminan Kesehatan Nasional (JKN), a national health insurance scheme scheduled to reach national coverage by 2019, has signaled a change in priorities. As of April 2016, 164 million Indonesians were covered under JKN (Jong and Parlina, 2016). In 2015, Badan Penyelenggara Jaminan Sosial (Social Security Management Agency for the Health Sector, or BPJS) received US$3.7 billion in premiums (Jong and Parlina, 2016). This included US$2.1 billion (57% of the total) from participants and another US$1.6 billion (43%) from the state budget for covering the poor and vulnerable, civil servants, and members of the military (Ernst and Young, 2015). Current public sector health infrastructure cannot keep up with the growing number of people gaining financial access to care. Partnership with the bustling private sector would allow the government of Indonesia to meet its universal health coverage goal, and the Indonesian market is primed for such an opportunity.

The growth of Indonesia's economy has led to growing interest from investors, which, importantly, also includes investment interest in health markets. The establishment of JKN has signaled to the market that the government is committed to financing healthcare and increasing access for its citizens. At the same time, the middle class is growing, estimated to reach 135 million people by 2030, and utilization of private facilities and pharmaceuticals is expected to increase as more people acquire additional resources (Oberman et al., 2012).

Indonesia's civic space is equally experiencing an expansion. Since 1998, the growth of civil society entities has been explosive, from the national to the local level, with an estimated 65,000 registered civil society organizations (CSOs) as of 2014. Donor programming for democratization and governance reforms has been substantial (Scanlon, 2012). Regional autonomy and decentralization have created new opportunities for CSOs and organized citizens to engage directly with government in public affairs. Legal protections of assembly and speech have been established and the government is committed to continue opening this space. A composite index of civic space scores puts Indonesia on par with Malaysia and well ahead of Thailand, and shows improvement over the last five years (The Economist, 2016).

The need for improved maternal and newborn health, paired with the now drastically increased market for healthcare in Indonesia, offers a prime opportunity for others to get involved in ensuring that health services are high-quality, equitable, efficient, and effective. Under JKN, reimbursements related to reproductive and newborn health services will total at least US$720

million per year in additional revenue for healthcare providers.[1] The private sector, civil society, and the media must all play important roles if maternal and newborn mortality is to be lowered; with the health market growing under JKN, now is the time to get involved.

While greater investment in the maternal and newborn health arena could be a winning situation for businesses, civil society, and (especially) mothers, it is important to keep in mind the many challenges of operating in Indonesia. Indonesia is home to more than 257.5 million people, a population that continues to grow (World Bank, 2016a). While GDP is on the rise, more than 28 million people live below the poverty line (World Bank, 2016b). Indonesia's 34 provinces have widely diverse cultures, religions, and natural resources. From the bustling metropolis of Jakarta to the ocean-dependent islands of the Malukus and the indigenous peoples of Papua—each province has its own context and unique considerations when it comes to economic and social development, and thus its own distinct set of opportunities.

Private Sector

For this landscape analysis, the study team interviewed representatives from 128 private sector entities, including banks, private equity firms, private hospitals, midwives, startup incubators, and transportation and consumer goods firms. The assessment focused on key health system drivers (as identified by USAID) that affect access to, and the quality of, maternal and newborn health services; it then identified opportunities for private intervention.

Through this analysis, the study team identified five themes, or opportunities for investment:

Five private sector opportunity themes

- Scale successful private facilities to improve access
- Develop tech solutions to improve communication for service delivery
- Develop transportation solutions
- Improve quality of midwifery care through private sector training institutions
- Tailor financial products for maternal and newborn health

Each theme includes a number of specified opportunities. However, in order to further each opportunity and increase its likelihood of achieving scale, the necessary capital must be injected into the sector. As such, the private sector chapter begins with an in-depth financial landscape, mapping the sources of capital and investment.

The growing space in the health sector offers opportunities for investment from many sectors. Greater financial access to health services will increase the number of patients seeking care from health facilities and offers the prospect of expanding infrastructure. In addition to guaranteed health services under JKN, a multitude of support services will be needed for public and private providers. This will offer opportunities for innovation from startup companies, technology companies, and others looking to enter the market. The entry points are manifold depending on the level of innovation that a company can bring to the table and what issues within the system that they want to improve. However, the health market in Indonesia is considered highly regulated by the government and technical complex, making it a risky—or higher-cost—space for entry. Funding from donors, development finance institutions, or governments can help to lower risk and catalyze investment. Through the five themes identified by the team, a number of

[1] Study team calculations

these entry points are laid out to provide concrete examples that could be exciting from a profit standpoint, while also offering real solutions to Indonesia's too-high maternal and newborn mortality ratios.

Scale successful private facilities to improve access

Indonesia's 70 million women of reproductive age are increasingly looking to private providers for reproductive health services (United Nations Department of Economic and Social Affairs, 2015). Only 36 percent of deliveries took place in a private facility in 2007, but this number had risen to 46 percent by 2012, well surpassing the 18 percent who deliver at a public facility. Private hospitals and midwife facilities are both included in this figure. As the number of women accessing health services increases—particularly due to financial coverage through JKN—there is increased demand for high-quality facilities that are geographically accessible. This opportunity presents itself in two ways:

- **Invest in high-quality midwife clinics.** 75 percent of Indonesian women receive antenatal care at midwifery clinics and 62 percent give birth with a midwife (Statistics Indonesia, 2013). A number of midwives that the study team spoke to throughout the interview process were interested in opening new clinics, expanding existing clinics, or simply investing in improved infrastructure and increased quality for their existing clinics. Investing in these midwives' success holds the potential for both profit and improved health outcomes. However, many loan products on the market are currently seen as unfavorable. Loans for midwives offering more favorable terms—and additional management technical assistance wrapped into loan products—could represent a strong and marketable service.
- **Expand the scope and reach of established health service companies.** Siloam is the largest private hospital chain in Indonesia and is currently working to roll out an "Express" model. This model is intended to function as a primary satellite facility that people can access to receive basic care or seek a referral to a Siloam hospital. "Express" clinics—which have cost structures that differ from Siloam parent hospitals—can function profitably at BPJS reimbursement rates given high use, while also increasing brand recognition. There is plenty of opportunity for other hospitals to establish similar satellite models, or for a new company interested in franchising clinics or moving access outside of urban centers to partner with hospitals for referral purposes.

Technology solutions to improve communication for service delivery

The tech sector is growing in Indonesia and internet and mobile phone access is expanding rapidly. Although only 40 percent of the population is currently online and just 15 percent of mobile users use smart phones, projections show that 133.5 million people will be online by 2019. Much of the incubated startup culture in Indonesia is centered on technology and its application to Indonesian needs. Increasingly, tech deals are included in Indonesian investors' portfolios (Freischlad, 2015). Technology can be focused and used in important ways to help decrease maternal and newborn mortality rates:

- **Increase access to information and improve knowledge sharing.** As discussed in the training section below, online classes could play an important future role in Indonesian health. Leveraging phone and internet platforms to improve knowledge and foster communication between providers and referral systems will also be extremely important. On the other side of the service, the provision of key health information to patients about risky behaviors, disease symptoms, or their rights under JKN is a needed amenity.

- **Expand the reach of providers.** Applications that allow patients to communicate with doctors, even when they cannot travel to a clinic, could be an additional solution to some transportation issues. Klikdokter is an online health portal that has been testing this space; other models like Alodokter and TanyaDokter are entering as well, although none have a large market share yet.
- **Improve the collection and distribution of available data.** There is a general unknown factor to much of the data around the issues that have led to such high maternal and newborn mortality ratios. Much of the analysis needed to understand and tackle the issues cannot be completed without the right data. Currently, the government of Indonesia, implementing partners, and private sector actors individually generate data about the characteristics of the 70 million women of reproductive age in Indonesia, but that information is not being effectively aggregated into a rich database. New technology introduced to the health sector in the future can help collect data in a more systematic way and offer a better sense of the gaps that must be filled. Any one of the big data firms like Mediatrac, EMC, or Purple Analytics (to name a few) could build a business serving as the focal point for big data in healthcare.

Transportation solutions

Adequate transportation does not exist as a public service in many areas, creating a serious barrier to healthcare access. Road conditions often prevent women from attending check-ups at their local clinic; at other times, ambulances are not procured by local facilities for emergency situations. Furthermore, there is no national emergency dispatch service in Indonesia. The limited access available to people seeking healthcare—especially, in this case, women and newborns who may not be able to ride comfortably or safely on the back of a motorbike—represents a gap that innovative measures could help fill. With the growing culture of ride-share applications in Indonesia, there is an opening to

- **Use existing networks to provide scheduled and emergency transportation.** Midwives have noted the growing demand for transportation services by women who prefer to pre-schedule transport for upcoming deliveries rather than procuring a ride in the moment of need, but there is also a need for emergency transportation. Leveraging the spread of mobile infrastructure, a business operating an innovative technology platform to connect local resources—whether individuals with vehicles or currently idle private transportation company vehicles—could increase access to health services, and could save the lives of women in emergency obstetric situations.

Improve quality of midwifery care through private sector training institutions

One major starting point for lowering maternal and newborn mortality rates is improving the quality of care. At present, demand for midwifery training is high and schools are saturated with students. Additionally, midwives must be relicensed every five years, a process that involves continuing education. Major opportunities in this area include the following:

- **Expand education institutions outside of the urban market into peri-urban areas.** Most midwives are educated through private institutions, most of which are located in urban areas. Additionally, midwife training schools are all rated A–D under a national system; only graduates from schools rated A or B are hired by the civil service to work in public facilities. This has led to a saturation of A and B schools in urban areas. The private institutions take in as many students as they can for the sake of profits. As noted by some training institutions and midwives, this has compromised quality—students often graduate without ever performing a delivery because not enough deliveries occurred to accommodate each student. The shift of private institutions out of

urban areas will move students to a wider area, increase access to smaller classes, and offer greater opportunities for hands-on study.

- **Grow access points for continued medical education.** Midwives require 25 credits of continuing medical education to renew their license every five years. These credits can be achieved through a number of avenues, including writing journal articles or attending seminars. The study team's interviews found that a number of midwives are very interested in attending continuing education seminars on topics like infection prevention, but that these courses are sporadically delivered and not readily accessible, making it costly to attend. These problems offer two solution areas:
    - Private training institutions can leverage their network of trainers across the country to offer consistently high-demand courses through a low-cost, high-volume model.
    - Financiers investing in the expansion of private hospitals and clinics into peri-urban and rural areas could also invest in developing e-learning courses to ensure that staff can maintain their skills and knowledge. The courses could be made available for a fee to providers outside of their network to generate revenue. In many areas, the growth of internet access is providing this opportunity for the first time.

Tailor financial products for maternal and newborn health

Indonesia's banking system does not reach much of its population. Only 21.9 percent of the poorest two quintiles (poorest 40%) of the country's population holds savings in a financial institution. As a result, there is not only plentiful room for personal banking account growth, but there are not many products currently on the market that target and entice women into banking. The study team identified two directions for banks to increase their market share while helping to lower maternal and newborn mortality:

- **Offer specialized loans for healthcare providers.** As mentioned earlier, many midwives are interested in expanding or improving their facilities. The study team's interviews found that midwives often do not like to take out loans due to unfavorable terms, including high interest rates or large up-front collateral guarantees. Microfinance institutions could provide capital for successful private midwives hoping to scale their businesses. Specialized loans for midwives, with a consistent stream of patients, could be quite profitable, as midwives have historically been preferred providers for reproductive health services. Additional benefits to the loan product (like managerial technical assistance) could entice more businesses to take out loans.
- **Introduce banking products tailored to improving access to healthcare for women.** Although BPJS reimburses medical costs, women often endure significant transportation costs or lost income associated with maternity leave. Maternity savings accounts can bring women into banking and help them save for costs associated with pregnancy that are not reimbursed by BPJS. Loyalty incentives such as free ultrasounds, check-ups, or diagnostic testing for banking clients could entice more women to open accounts, while also improving the quality of antenatal clinic visits. Bank Tabungan Pensiunan Nasional already partners with health service companies to offer check-ups to some of its clients. This type of product can bring many unbanked women into the banking sector and allows the private sector to fill a gap that women experience in accessing care.
- **Offer supplemental insurance for maternal health.** Private health insurance companies in Indonesia expect their businesses to grow along with the expansion of

JKN, which is increasing the population's awareness of the conceptual value of health insurance. Companies can offer private insurance packages that bundle services associated with maternal and newborn health costs in a more holistic manner than JKN, filling the gaps and pulling more clients into the private insurance market.

As this section shows, there are business opportunities to address maternal and newborn health—clinically, by increasing access and improving the quality of service; as well as ancillary, non-clinical opportunities to address other barriers to accessing care, such as transportation, technology, and financial products. There are successful businesses already growing in these opportunities. The Indonesian private sector can source funds from a full spectrum of financial institutions to facilitate a jump into the market and quick scale-up.

Civil Society, the Media, and Research Institutions

Despite the need for reduced maternal and newborn mortality, few CSOs, media outlets, or research institutions in Indonesia work specifically on this issue. Interviews with a robust and diverse set of actors reveal the reasons behind their lack of engagement and propose a number of opportunities to entice future engagement. The study team's assessment identified four key elements that require strengthening to ignite a social movement. These elements were derived from analysis and continued discussions with CSOs, media, research institutes, government officials, healthcare providers, and private companies. The assessment then analyzed the strengths of other related social movements around issues that have gained traction and where large social changes have occurred. The team extrapolated these findings to propose opportunities and activities to generate a movement around maternal and newborn mortality.

Four components of a maternal and newborn health movement

- Internalization
- Alignment
- Enabling environment
- Financial resources

Component 1: Internalization

Internalization of a social issue is fundamental to enacting social change. Internalization is a state at which individuals recognize an issue and can become galvanized for action. The degree of internalization is critical to social movements because constituency support and active participatory engagement aids the ability of civil society to enact reform and advocate for civic changes.

Due to a number of factors, maternal and newborn mortality has failed to be internalized as an issue or transform into a social movement in Indonesia. While statistics for maternal and newborn mortality are unacceptably high, maternal mortality is still rare relative to other causes of overall mortality. On average, a person is five times more likely to witness or know of a woman who died in a road traffic accident than a maternal death. The relative rarity of a maternal death diminishes the proximity of the issue for the general public. Mainstream media coverage of maternal and newborn mortality is typically infrequent, embedded within health sections, and not yet framed as a human rights issue. Additionally, accountability mechanisms that shed light on maternal and newborn death are largely absent, reinforcing its concealment from the public eye. Compounded with the remarkable lack of data about the number of maternal and newborn deaths, maternal and newborn mortality is not yet widely recognized as a

problem. This assessment identified a number of opportunities to aid the internalization of maternal and newborn mortality in Indonesia.

- **Demand information sharing by government and research institutions about maternal and newborn mortality.** On a national level, information requests and aggregation of country-level mortality data and causes of maternal mortality should be requested by and shared with CSOs, media, and social activists. This information could be used to better understand and inform solutions to curbing mortality. Academic and research institutions studying maternal and newborn mortality should make their data public and available. Without greater information about how many deaths are happening and the causes of these deaths, the lack of visibility and low internalization that the majority of informants referred to will persist.
- **Leverage faith-based organizations as a catalytic force to widely disseminate information and build awareness of the maternal and newborn health issue**. Faith-based organizations are well-respected, politically trusted, and far-reaching. Organizations like Nahdlatul Ulama and Muhammadiyah have over 130 million members between them, and count separate progressive women's groups within their network. These networks could help disseminate information about maternal and newborn mortality throughout the country, down to the village level.
- **Support the creation of watchdog organizations to shed light on maternal and newborn death.** A specific entry point for a watchdog, identified by informants, is to assess implementation of JKN and the issues of equity, equality, and access for maternal and newborn patients in both the private and public healthcare systems. A watchdog focused on maternal and newborn mortality could shed light on the issue and generate constituent outrage around unjust and avoidable mortalities. The watchdog would function primarily by making information about equity, access, and patient outcomes public so maternal and newborn health issues are better-defined and visible.
- **Increase the visibility, proximity, and emotional components of maternal and newborn mortality by using investigative and photo journalism**. Digital media outlets expressed interest in including more stories from photojournalists or citizen journalists that they thought would generate traffic on social media or through their digital media websites. Given the cultural resonance of photos and visual content, the use of photos to create public outrage and internalization around maternal and newborn mortality is a large opportunity.

Component 2: Alignment

Social movements are predicated on the alignment of actors around a common issue or set of objectives. Enactment of major social change has largely been a result of the aligned actions of relevant actors from different sectors. Many times, CSOs mediate the alignment using sophisticated policy advocacy tools to rally actors around a common objective or issue. Large-scale movements have also often enlisted a charismatic champion to stimulate action.

While some actors recognize maternal and newborn mortality as a problem, they have failed to rally around a common objective or champion**.** The common objective of reducing maternal and newborn death has not been well-articulated and has failed to reach a critical mass. Despite pockets of outrage about maternal mortality, the use of CSO mechanisms or media discourse to translate that into broader population outrage has not been leveraged. There are a number of opportunities to align actors around maternal and newborn mortality.

- **Identify and elevate a charismatic, powerful, and visible national champion(s).** Given that there are a number of identifiable local champions, a national champion could serve as a convener and reinforce the common issue or objectives around maternal mortality. This champion would help set a common agenda, both at the national and subnational levels, and elicit a feeling of unity around the issue. Previous women's movements—for example, ending violence against women, most visibly championed by former First Lady Siti Hartinah Suharto—have leveraged political figures that are respected by the public.
- **Find a movement that has traction and embed maternal and newborn mortality into the existing movement**. Existing movements, such as ending violence against women and child marriage, have gradually grown over time, building up momentum through various channels—including persistent nongovernmental organizations (NGOs), engaged government officials, media coverage, and international interest. Embedding the maternal and newborn health movement into the existing ending-violence-against-women movement could be a viable option to rapidly increase visibility and support, rather than try to generate momentum for a movement that is not yet established.
- **Refocus and build on the existing coalitions and programs for maternal and newborn health at the national and local levels.** A number of potential conveners already exist on a national level to spearhead the maternal and newborn mortality movement, including the Movement of Maternal and Child Health (Gerkan Kesehatan Ibu dan Anak) and Company-Community Partnerships for Health in Indonesia. However, these organizations have not yet defined a common objective for reducing mortality, nor have they aligned their members around a common issue.

Component 3: Enabling environment

Citizens, CSOs, and the media interface with the government in both constructive and disruptive ways, and have actively interfaced successfully on a range of major social issues. Across Indonesia, CSOs have long joined with the media to play a vital role in social, political, and economic development. Their activities range from social service delivery and poverty reduction initiatives to watchdog functions, including election observation, upholding human rights, and checking abuses in public decision-making authority and resource allocation**.** Decentralization has increased the responsiveness of local government to CSOs and opened space for citizen engagement. A key component of Indonesia's enabling environment is the willingness of national and local governments to work with CSO as partners. CSOs working on co-governance initiatives described how local government officials are beginning to open their doors to input from citizens and NGOs, despite suspicions and caution on both sides.

However, Indonesia's legal environment for assembly, speech, and mass organization is constrained. A 2013 amendment to the mass organization laws, also known as the NGO law, infringes upon the rights to freedom of association, expression, and religion; and provides the government wide latitude to obstruct the work of CSOs. The law has not yet been implemented due to protest from national and international CSOs. Similarly, Indonesia hosts a vibrant and diverse media environment, although press freedom is hampered by a number of legal and regulatory restrictions. Stringent but unevenly enforced licensing rules mean that thousands of television and radio stations operate illegally. The media market is still dominated by a few large media houses, with only a limited number of active small to medium-sized media houses. Nearly all of the 12 most prominent media companies have ties to political parties in some respect. These 12 companies also own the country's 10 major national television stations and five of the

six major newspapers. Opportunities to expand the enabling environment for maternal and newborn mortality include the following:

- **Leverage existing participatory governance capacity and apply it to maternal and newborn mortality.** CSOs throughout Indonesia reported using sophisticated participatory governance mechanisms—such as awareness raising, advocacy, budgeting, performance monitoring, and regulation—for nearly all social services, including education, agriculture, the environment, and gender empowerment. Stimulated by financial capital and the movement of constituencies and champions, CSOs could leverage their technical expertise and capacity to conduct policy advocacy and utilize co-governance mechanisms for maternal and newborn mortality issues.
- **Build a regulatory framework that enables CSOs to monitor the quality and equity of public and private health services.** Currently, private and public sector service providers require greater regulation, particularly for quality of care. The government is already moving in this direction with the recently established public (*puskesmas*) accreditation assessment process; however, this process only marginally assesses the quality of services provided. The establishment of quality-of-care standards for maternal and newborn care and a regulatory framework for public and private facilities to work within allows CSOs to assess and enforce the standards.
- **Promote citizen-driven social journalism (Twitter, photojournalism, and YouTube) through a prize-based approach.** Given the limitations and monetized nature of the large media outlets in Jakarta and throughout Indonesia, promoting social journalism from citizens or small investigative media outlets may aid in facilitating this issue's traction. There is an opportunity to set up a prize-based social journalism contest for maternal and newborn mortality, so that more people throughout Indonesia feel enabled to tell their stories.

Component 4: Financial resources

CSO funding sources are varied, but are dominated by grants given by international NGOs or donor agencies. The interviewed CSOs receive funding from donors and international NGOs, local and national government budget allocations, revenue from side businesses or medical service delivery, philanthropic contributions, or private companies vis-à-vis corporate social responsibility funds. While many CSOs are passionate and issue-driven, funding realities force them to be responsive to the agendas of funders. International donors and NGOs have long recognized the maternal mortality problem in Indonesia, but few have made funding available to CSOs as a means of reducing maternal and newborn mortality. Consequently, while a large number of CSOs work in the health sector, most CSOs have not focused on the maternal mortality issue and are not aware of the sources of funding for this issue. Funding availability for research on maternal and newborn mortality has been minimal.

Press coverage is determined by large media companies who have created lucrative business models driven by consumer traffic and advertising revenue. The media industry is owned by moguls who bear certain private agendas and have certain political interests. The absence of a particular policy that acknowledges the commercial aspects of the media industry and governs its activities is one of the enabling factors of its rapid expansion. Opportunities for financing a maternal and newborn mortality movement include the following:

- **Support and help grow the existing crowdsourcing and fund-sharing platforms for CSOs and media**. Crowdsourced funding is an innovative approach to CSO funding being used by CSOs globally. In Indonesia, crowdsourcing platforms are

still underdeveloped but represent an opportunity for expansion and sustainable funding.

- **Develop a funding mechanism for maternal and newborn health-focused investigative journalism and photojournalism.** Incentivizing and lowering the cost barriers to exploratory and analytical journalism will help to reframe and socialize the issue of maternal and newborn death. Providing supplementary funding sources in support of a national investigative story with an outlet like TEMPO, or offering smaller support grants for provincial-level investigative outlets, could help gain powerful exposure.
- **With the economic success and growth of the middle class, CSOs should solicit more philanthropic donations**. Indonesia is among the top 10 countries where people are highly enthusiastic about giving to charity, according to the Charities Aid Foundation World Giving Index Report (Charities Aid Foundation, 2015). The report says 66 percent (117 million) of Indonesians allocate money from their budgets for charity purposes. Given the success of the Dompet Dhuafa platform—collecting US$20.2 million in zakat donations annually—and the decrease in donor funding for CSOs, philanthropic contribution channels should be further explored.

The Intersection of Civil Society and the Private Sector

By aligning the core interests and strengths of the private sector and CSOs, significant progress can be made in maternal and newborn mortality reduction. Throughout the course of conducting interviews with private sector and CSO representatives in Indonesia, the assessment team identified a wide array of opportunities for intervention. These do not fit squarely within either the paradigm of business opportunities for the private sector or within the paradigm of CSO opportunities, but require the combined engagement of both the private sector and CSOs to be effective. The assessment identified four thematic areas of intervention for private and civil society actors to synergistically operate in to reduce maternal and newborn mortality.

1. Stimulate demand creation for maternal and newborn health services.

Private healthcare companies can partner with CSOs to convene community forums and disseminate information about JKN benefits packages and locally available services. By leveraging the convening power of CSOs in communities, private healthcare companies can support the costs and logistics of hosting forums, in which communities receive comprehensive information regarding the package of benefits and services they are entitled to under JKN. This sort of community education initiative serves the interests of private healthcare companies to increase demand, while also providing communities with critical information regarding their entitlements.

Private healthcare providers can partner with CSOs to create programs to increase facility-based deliveries. Facility-based deliveries reduce the risk of maternal mortality. As private healthcare providers seek to increase patient volume and take advantage of the goal of universal health coverage through JKN, they can leverage the ability of CSOs to influence health-seeking behavior in communities. This can be achieved by partnering with and financing CSOs to develop effective and consistent programs geared toward increasing health utilization for pregnant women and newborns.

Beyond the formal healthcare sector, there are also key opportunities for private companies with a large workforce

Companies with large labor forces, or those that purchase goods and services from small-scale providers, have a built-in audience for messaging that can be used to increase awareness of and demand for maternal and newborn health services. For instance, SriTex, the largest textile company in the region, has created a platform for women empowerment in Central Java in an effort to retain its female employees. Once a week, 500–1,000 women gather to receive information about health, family planning, and women's rights; maternal health could be easily integrated at these gatherings.

Large consumer goods companies can partner with CSOs or midwives' associations to leverage their extended reach for knowledge exchange. Many large consumer goods companies employ thousands of sales representatives to distribute their products throughout Indonesia. Since the retail space is still dominated by small vendors, the collective reach of these sales representative networks is enormous. Additionally, many large consumer goods firms sell products related to maternal health (e.g., Johnson and Johnson, Nestle, Kalbe Pharmaceuticals), and their network of sales representatives could partner with CSOs to disseminate a standardized package of information to buyers and their surrounding communities.

2. Improve the quality of service delivery.

In places where the government is unable to meet demand for healthcare services and there is no compelling business case for private healthcare providers to invest, private companies can partner with CSOs to build and operate clinics and hospitals. For example, in Papua, Freeport Indonesia was spending vast sums of money providing medical evacuation services to its employees because the locally available health services were of poor quality and sparsely distributed. In response to this market gap, Freeport partnered with Caritas and International SOS (international NGOs) to operate and staff hospitals and clinics that Freeport built and financed.

CSOs can improve the quality of service provision by creating a transparent and widely available platform to collect, aggregate, analyze, and publish citizen feedback on service quality and patient satisfaction. Creating a publicly available quality rating platform that presents data about the performance and quality of health services—including maternal and newborn health programs being implemented by the private healthcare sector—can serve the interests of both CSOs and private providers. Patients can gain insight about a clinic's operations, claims information, and quality rating to help decide which clinics to access. Private health providers, in turn, can use this information to improve their services, access a platform through which their services and programs can be promoted, and use feedback as a marketing tool to highlight their successes.

3. Create and enable a favorable policy environment.

CSOs can partner with the private sector to conduct targeted advocacy at the local and national levels to promote policies that increase access to services. CSOs are strong advocates for policy changes in health, and a number of policy changes would serve to benefit both maternal and newborn health patients and private sector players. Based on the findings of this assessment, these policy changes include

- Increasing the JKN benefit package reimbursement rates for maternal care for the private sector, to allow for continued training and quality improvement

- Referral reimbursement or incentives for midwifes and/or traditional birth attendants to refer risky cases

4. Align CSO interests with CSR opportunities.

Creating a national crowdsourced corporate social responsibility (CSR) platform for maternal and newborn mortality reduction is a transformative opportunity to match public health needs with CSR funds. Several companies interviewed expressed interest in this idea, citing the benefit of working with other companies to fund CSO-led projects to achieve higher impact than they could achieve on their own. Such a platform could serve as a dynamic space in which private companies, CSOs, and the public sector can identify, design, finance, and implement effective maternal mortality reduction strategies in a manner that is discrete, measurable, and time-limited. This is an opportunity to move away from the current model of CSR funding, whereby decisions to fund community projects are made on an annual/biannual basis and involve a solicitation process that can be time-consuming. In many instances, these community projects are ad-hoc ideas with limited impact, as funding is for a limited period.

Conclusion

These themes and components propose compelling opportunities for the private sector, civil society, the media, or research institutions to engage in reducing maternal and newborn mortality. Each of the opportunities addressed above will be discussed in much greater detail in the report.

ABBREVIATIONS

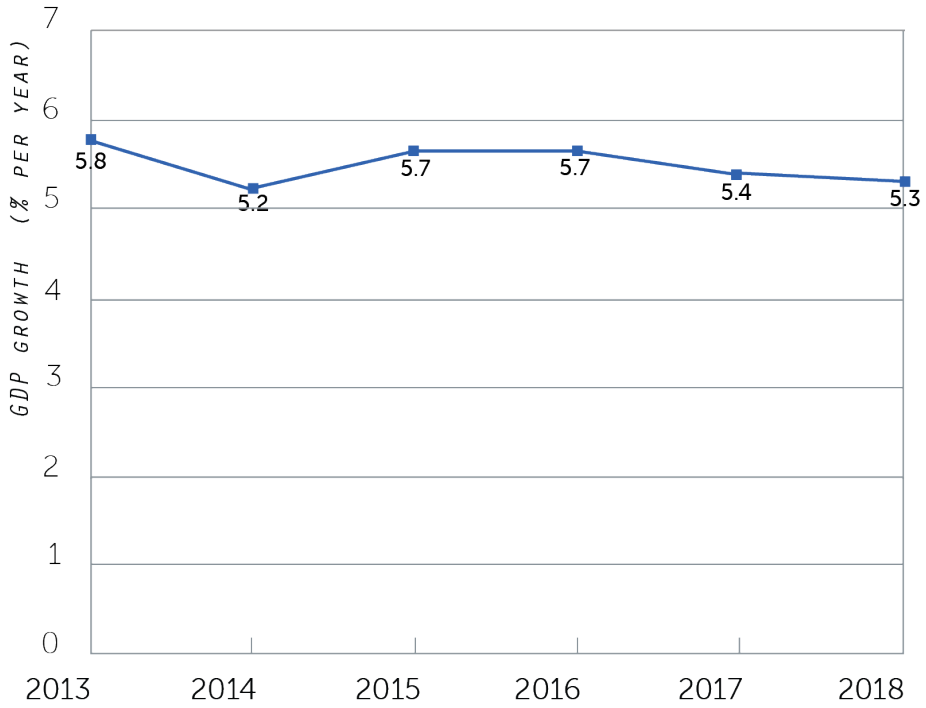
ASEAN	Association of Southeast Asian Nations
BKKBN	Badan Kependudukan dan Keluarga Berencana Nasional (National Population and Family Planning)
BPJS	Badan Penyelenggara Jaminan Sosial (Social Security Management Agency for the Health Sector)
BRI	Bank Rakyat Indonesia
BTPN	Bank Tabungan Pensiunan Nasional
CCPHI	Company-Community Partnerships for Health in Indonesia
CME	continuing medical education
CSO	civil society organization
CSR	corporate social responsibility
DFAT	Department of Foreign Affairs and Trade (Australia)
DFI	development finance institution
EMAS	Expanding Maternal and Neonatal Survival
GDP	gross domestic product
GKIA	Gerakan Kesehatan Ibu dan Anak (Maternal and Child Health Movement)
HAPSARI	The Association of Indonesian Women's Unions
IDHS	*Indonesia Demographic and Health Survey*
IDR	Indonesian rupiah
JKN	Jaminan Kesehatan Nasional (National Health Insurance Program)
KUR	Kredit Usaha Rakyat
MDG	Millennium Development Goal
MFI	microfinance institution
MMR	maternal mortality ratio
MNH	maternal and newborn health
NGO	nongovernmental organization
NU	Nahdlatul Ulama
PE	private equity
PKK	Pemberdayaan Kesejahteraan Keluarga (Village Women's Association)
SMS	short message service
UHC	universal health coverage
USAID	United States Agency for International Development
US$	United States dollar
VC	venture capital

INTRODUCTION

Indonesia is an archipelago of more than 17,508 islands, of which about 6,000 are inhabited (Central Intelligence Agency, 2016). The islands are home to over 257.5 million people, a population that continues to grow (World Bank, 2016a). Indonesia's 34 provinces have widely diverse cultures and natural resources. From the bustling metropolis of Jakarta to the ocean-dependent islands of the Malukus and the indigenous peoples of Papua—each province has its own context and unique considerations when it comes to economic and social development.

Indonesia has become Southeast Asia's largest economy, with a gross domestic product (GDP) over US$861.9 billion (World Bank, 2016a). GDP has seen an average growth rate of 5.7 percent over the past decade and is projected to remain above 5 percent through 2017 (Asian Development Bank, 2016). Indonesia's growth has been led by a dynamic and vibrant private sector and has affected all segments of the population, as evidenced by the reduced poverty rate—down by more than half, to 11.2 percent, from 1999–2015 (World Bank, 2016b). Still, while GDP is on the rise, more than 28 million people live below the poverty line; an additional 40 percent of the population earn just slightly over the national poverty line, currently set at 330,776 rupiah (US$22.60) per month (World Bank, 2016b).

Figure 1: GDP Growth in Indonesia, 2013–2018

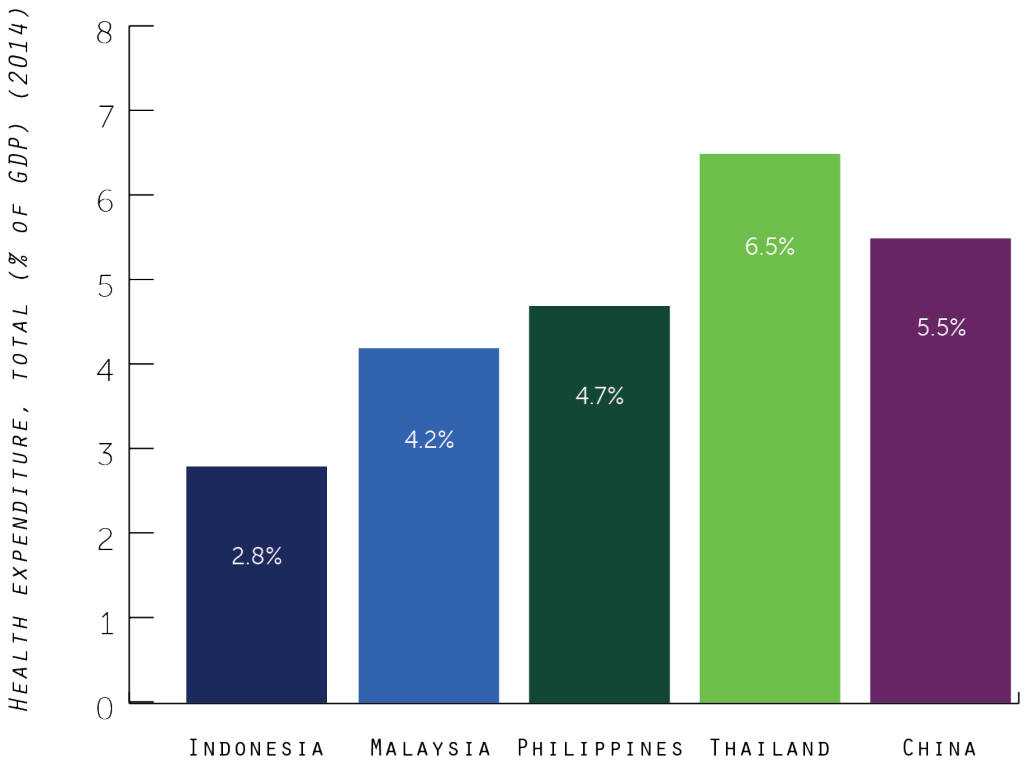


Source: Asian Development Bank, 2016

Despite Indonesia's robust socioeconomic success in the 21st century, progress in health has lagged behind. While education received 3.4 percent of GDP in allocated funds in 2014, public health expenditure amounted to 1.1 percent of Indonesia's GDP (or US$37.5 per capita) (World Bank, 2014; World Bank, n.d.). This figure is well behind other countries in the region, including the Philippines, Malaysia, and Thailand, as well as countries with a similar

GDP. Sixty-two percent of health expenditures are private, and 75.3 percent of those are out-of-pocket payments (World Bank, n.d.).

Figure 2: Health Expenditure as Percentage of GDP, Select Countries



Source: World Bank, 2016c

The government of Indonesia has committed to improving the health of its citizens through the recently implemented National Health Insurance scheme (JKN). In January 2014, Indonesia embarked on a universal health coverage (UHC) path, aiming to cover all citizens by January 2019. As of April 2016, 164 million Indonesians were covered under JKN and the government has increased its budget allocation to health (Jong and Parlina, 2016).[2] In 2015, Badan Penyelenggara Jaminan Sosial (Social Security Management Agency for the Health Sector, or BPJS) received US$3.7 billion in premiums (Jong and Parlina, 2016). This included US$2.1 billion (57%) from participants and another US$1.6 billion (43%) from the state budget for covering the poor and vulnerable, civil servants, and members of the military (Ernst and Young, 2015). The advent of JKN will allow all citizens to access healthcare and has stimulated keen interest from investors seeking market opportunities.

However, the roll-out of JKN faces an uphill battle of trying to enroll harder-to-reach populations, and current coverage has not sufficiently addressed maternal and newborn health issues. Any UHC effort will sooner or later face the challenge of trying to enroll populations in a health insurance program who are poor, not formally employed, in rural areas, and not part of any schemes, cooperatives, or organizations that allow for group enrollment. The country must take the labor-intensive process of enrolling these populations on

[2] According to a meeting with representatives of parliament, the allocation to health has climbed to 4.8% of GDP.

an individual/household basis. Ironically, the people who might most need the services are one of the last segments of the population to be enrolled in a UHC scheme. While JKN aims to reduce one of the barriers to maternal and newborn healthcare access (financial barriers), it has not yet fully reached those who desperately need that financial protection. It has also diverted attention away from addressing the root cause of maternal and newborn mortality in Indonesia.

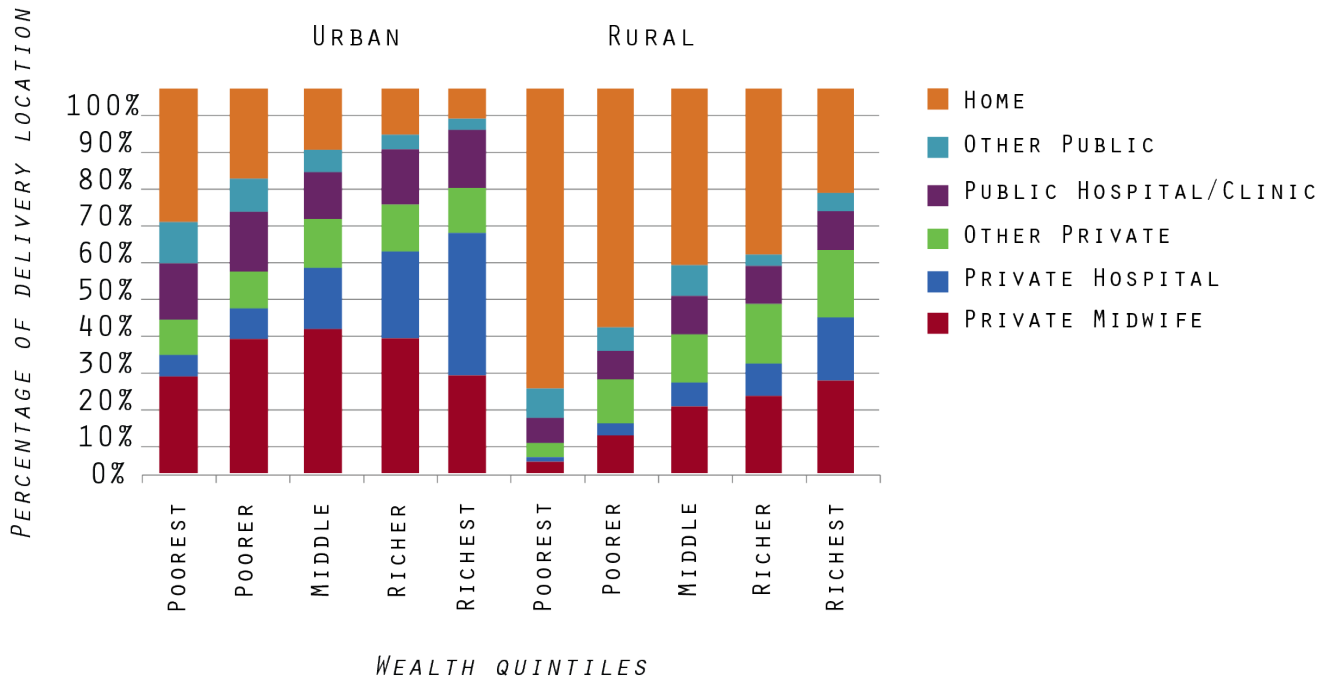
Maternal and Newborn Health in Indonesia

Maternal and newborn health has emerged as an area of healthcare in need of particular focus. According to the 2012 *Indonesia Demographic and Health Survey* (IDHS), maternal mortality increased from 228 to 359 maternal deaths per 100,000 live births between 2005 and 2012, rather than decline toward the national goal of 110 (Statistics Indonesia, 2013). While there continues to be some debate around the true level of maternal mortality—including corrected estimates based on census data which place maternal mortality at 305 deaths per 100,000 live births—it is clear that Indonesia has a high maternal mortality ratio (MMR) and has failed to reach the Millennium Development Goal (MDG) 4 target. The decline in child deaths (MDG 5 target) has remained stalled, primarily due to the lack of reduction in neonatal mortality, which has remained around 19 deaths per 1,000 live births over the last two decades (Statistics Indonesia, 2013). According to the World Health Organization, neonatal mortality accounted for 48 percent of all under-five deaths in 2013 (WHO Department of Maternal..., 2015).

Indonesia must take on the fight for maternal and newborn health, both in urban and rural areas. The geographic disparities in under-five mortality are striking, with rates over 90 per 1,000 live births in three eastern provinces as compared to 32 in Central Java and 22 in Yogyakarta (UNICEF, 2012). While maternal and newborn mortality ratios are higher in the rural and eastern provinces associated with lower access to healthcare, poorer education conditions, and less economic activity, regions like West Java see the bulk of maternal and newborn deaths due to the sheer size of the population in western, urban provinces.

Regardless of geographic location, the bottom 40 percent of the population has a higher tendency to deliver at home, increasing the risk for maternal and newborn death. Secondary analysis of the 2012 IDHS shows that over 25 percent of the bottom two quintiles of the urban population, despite higher population density and easier access to health services, still deliver at home. The breakdown of delivery location becomes even more shocking for the rural population, where a staggering 78 percent of the poorest quintile deliver at home (see Figure 3). When a mother chooses to deliver at a facility, they most frequently opt to deliver at a private facility, especially with a private midwife.

Figure 3: Location of Delivery, by Urban-Rural Breakdown and Quintile



Source: Statistics Indonesia, et al. 2013.

This segmentation data indicates a set of challenges for maternal and newborn health unique to urban and rural populations. Successes in other countries show that the key to decreasing the MMR and newborn mortality requires effective provision of (and ensured access to) essential health services to women and mothers. Maternal and newborn mortality increase when women and mothers lack the financial resources to access care; when high-quality preventive and curative services are hard to reach; when they are stuck in the vicious cycle of poverty that prevents them from accessing care, in fear of cost and lost income; and when they only access care when their condition has become significantly worse. In urban areas, the significant increase in uptake of facility-based delivery as one moves to a higher wealth quintile seems to indicate that physical access to care is not a significant challenge; rather, cost of care may be the primary barrier. In comparison, the fact that more than one-quarter of the wealthiest quintile in rural areas still deliver at home seems to indicate the physical and potential cultural barriers to accessing care.

The Indonesian response to maternal and newborn health will require a multifaceted approach. Different challenges require unique solutions that are responsive to local context. Indonesia must structure its health system to be responsive to the unique needs of its diverse population. USAID has identified the following six technical focus areas as critical to addressing the high maternal and newborn mortality ratios. By varying the level and combination of interventions across these six technical areas, a unique set of solutions may be developed for specific segments of the population, based on province, urban/rural location, or wealth quintile.

1. Improved quality of care in public and private sectors
2. Improved referral system at community and facility levels

3. Increased utilization of maternal and newborn health (MNH) services by the poorest and most vulnerable
4. Improved local governance systems
5. Improved financial protection
6. Improved utilization of evidence for decision making in the public and private sectors

The Private Sector and Civil Society Hold the Key to Igniting Change on Maternal and Newborn Mortality

The public sector would not be able to address all the challenges of maternal and newborn health on its own. Indonesia had only 0.9 hospital beds and 0.2 physicians per 1,000 people in 2012 (Ministry of Health, 2015). In 2013, just over one-third of hospitals were public, while the remainder was either private nonprofit or commercial (838, 666, and 724 hospitals, respectively) (Ministry of Health, 2015). IDHS data shows that private sector providers, especially private midwives, are preferred by all segments of the population. As JKN reduces financial barriers and as the population previously not accessing services starts to utilize healthcare, engagement of the private sector will become ever more critical to ensuring that the healthcare system responds to the needs of the population with high-quality services.

The price-earnings ratio for hospitals was 69 at the end of 2015, much higher than the main index's ratio of 18; strong growth is projected in the sector by Standard Charter, Ernst & Young, and Deutsche Bank.

The growth of national health insurance and the subsequent increase in the utilization of health services will open substantial market opportunities for private actors. The establishment of JKN has signaled to the market the government's commitment to financing healthcare and increasing access for its citizens. At the same time, Indonesia's middle class is growing—estimated to reach 135 million people by 2030—and utilization of private facilities and pharmaceuticals is expected to increase as more people acquire additional resources (Hatt et al., 2015). The price-to-earnings ratio for some hospitals was 69 at the end of 2015: much higher than the Jakarta Stock Exchange's main index ratio of 18, indicating strong investor expectation for higher-than-average profitability in the health sector (Tanuwijaya and Arif, 2015). This positive outlook is also echoed by financial advisors at investment advisory firms such as Standard Charter, Ernst & Young, and Deutsche Bank. Additionally, integration into the ASEAN (Association of Southeast Asian Nations) Economic Community has opened up new avenues for the transfer of funds, goods, and services across international lines, making it easier and more affordable for businesses to import essential medical goods into Indonesia. The financial and policy environment is quickly opening up the healthcare market to financiers, as well as product and service providers.

Private sector financiers are eager to scale high-impact healthcare interventions. The establishment of JKN as the ultimate payer has tipped the scale in making the health sector a more attractive investment opportunity for private financial institutions, from local banks to venture capital firms. These firms will provide the much-needed capital to catalyze private health sector opportunities. Donor financing is a tiny fraction of health investment in Indonesia. The combined contribution from donors to total health expenditure is around 1.1 percent, and USAID's contribution to the Indonesian health system has been reduced to much less than 1 percent (World Bank, n.d.). However, this limited resource can be strategically utilized to co-

finance investments and reduce investor risk, and crowd in more private funds to the health sector.

Within this dynamic healthcare climate, civil society organizations (CSOs) play a critical role in ensuring the responsiveness of local and national government bodies and the private sector. Since 1998, the growth of civil society entities, from the national to the local level, has been explosive. Donor programming for democratization and governance reforms has been substantial (Scanlon, 2012). Regional autonomy and decentralization have created new opportunities for CSOs and organized citizens to engage in public affairs. The last decade has seen strong development of civil society with an estimated 140,000 registered CSOs as of 2015 (USAID, 2014). A composite index of civic space scores puts Indonesia on par with Malaysia and well ahead of Thailand, and shows improvement over the last five years (The Economist, 2016).

CSOs are using sophisticated policy advocacy mechanisms to create social change on a variety of issues. Policy advocacy is a set of targeted activities used to influence decisionmakers to address an issue, represents an important piece of the policy process, and can be extremely influential in setting the agenda of the local or national government. CSOs within this landscape assessment are using a variety of policy advocacy mechanisms to influence the policy process, shift budgets, and monitor service delivery.

Civil society plays an important role, in partnership with the media and research institutions, in creating a social movement for maternal and newborn mortality. Much of Indonesia's population is not aware of the high MMR and NMR. However, the country has an increasingly robust and organized civil society with strong connections in communities, powerful allies in the public sector, and skills in communications through a variety of platforms (including social media). Civil society, the media, and research institutions can increase the population's awareness of their health risks and rights, advocate for policies that positively impact healthcare, generate evidence on the causes of maternal and newborn death, and organize movements to apply pressure to the system for better results.

Purpose of this Landscape Assessment

What will unlock the potential of the private sector and civil society? Four questions were at the core of this assessment: who, what, why, and how?

1. ***Who*** is already working in the space of maternal and newborn health?
2. ***What*** are they currently doing, what is their current level of engagement, and what is the opportunity for future engagement?
3. ***Why*** are they engaged in maternal and newborn health?
4. ***How*** can governments, donors, and the private sector catalyze new players to move into this space of maternal and newborn health?

The Health Policy Plus project team conducted interviews with 321 entities to gather insights: 128 private sector companies (including 99 private non-health organizations); and 193 representatives from providers, CSOs, universities, media outlets, and government agencies. Geographically, the team covered 10 provinces (Central Java, East Java, West Java, Jakarta, North Sumatra, South Sulawesi, Maluku, North Maluku, Papua, and West Papua) representing a cross-section of Indonesia.

This report is broken down into three sections. First, it dives into private sector opportunities. The private finance landscape is provided first to lay the foundation for which private innovations can be funded and scaled. Private market opportunities are broken down into the five themes that speak to addressing the core MNH challenges. Second, the report presents current trends and the key steps to harnessing civil society, including universities and media, to establish the social movement for maternal and newborn health. Third, and potentially most importantly, the intersection of private sector and civil society highlights a unique set of opportunities that can further advance the MNH agenda.

A full list of interviewees is included as Annex A, a list of financial terminology is presented in Annex B, prioritized opportunities by province are presented as snapshots in Annex C, and a list of resources obtained during the desk research is included as Annex D.

Figure 4: Map of Private Sector Interviewees

HP+ Indonesia Private Sector Meetings by Province

North Sumatra (8)

Austindo Nusantara palm oil [**Agribusiness**]
Tigaraksa Satria [**Distributor**]
PT PP LONSUM Indonesia [**Agribusiness**]
Bank Sumut [**Financial**]
Sumut Ventura [**Financial**]
Surfaid [**Social Entrepreneurship**]
Murni Teguh hospital [**Healthcare**]
JW Marriott hotel [**Hospitality**]

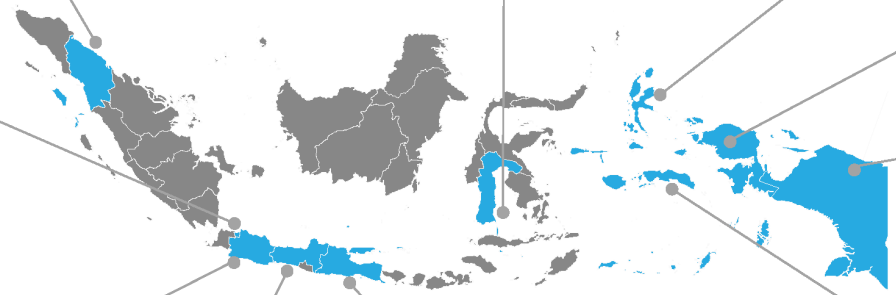
Jakarta (58)

Cargill [**Agribusiness**]
Johnson & Johnson [**Consumer goods**]
Unilever [**Consumer goods**]
BP [**Extractives**]
Actis [**Financial**]
American Chamber of Commerce [**Association**]
Arghajata [**Other**]
Asbanda [**Financial**]
Aus Rural Economic Dev. [**CSO/NGO**]
Bank Ekonomi Raharja [**Financial**]
Bank Syariah Mandiri [**Financial**]
Bank Mandiri [**Financial**]
BRI Bank [**Financial**]
BTPN Bank [**Financial**]
Danoman Bank [**Financial**]
Deloitte [**Other**]
Heyokha Firm [**Financial**]
International Finance Corporation [**Financial**]
Kinara [**Financial**]
Magnolia Kapital [**Financial**]
Mercy Corps [**Financial**]
Northstar [**Financial**]
Permata Bank [**Financial**]
Quadria Capital [**Financial**]
Ruma [**Innov + Tech**]
Saratoga Capital [**Financial**]
SMI [**Financial**]
Sovereign's Capital [**Financial**]
World Bank [**Financial**]

Gotong Royong [**Foundation**]
ACA Private Insurance [**Healthcare**]
Applicative Medical Care [**Healthcare**]
ATOMA Medical [**Innov + Tech**]
BPJS [**Gov't**]
CISDI [**CSO/NGO**]
GE Healthcare [**Healthcare**]
Harmoni Prima Medika [**Innov + Tech**]
Indonesia Midwife Association [**Association**]
Indonesian Red Cross (PMI) [**Healthcare**]
Kalbe / Klikdokter [**Pharmaceutical**]
Kemang [**Healthcare**]
PPM Training Center [**Other**]
Setia Mitra [**Healthcare**]
Siloam Hospitals [**Healthcare**]
SOHO Global Health [**Healthcare**]
Summit Medical [**Innov + Tech**]
GEPI [**Incubation**]
United Limited Indonesia [**Incubation**]
Impact Incubator [**Incubation**]
8 Villages [**Innovation & Technology**]
Practo.com [**Innovation & Technology**]
Tone [**Innovation & Technology**]
UN Pulse Lab [**Innovation & Technology**]
Tetrapak [**Packaging**]
Takeda [**Pharmaceutical**]
Du'Anyam [**Social Entrepreneurship**]
Indosat [**Telecommunications**]
Telkomsel [**Telecommunications**]

West Java (7)

Bidan Delima Clinic Bandung [Healthcare]
Midwife Association [**Association**]
Santoso Hospital [Healthcare]
Tea Plantation Hospital [Healthcare]
Adira Insurance [Health Insurance]
Dewhirst [Textile]
Pan Brothers TBK [**Textile**]



Central Java (8)

Plentong Batik Company [**Textile**]
SriTex [**Textile**]
PT. K33 [**Distributor**]
Akademi Kebidanan [**Healthcare**]
Midwives Clinic Magelang [**Healthcare**]
Tentrum Hotel [**Hospitality**]
Yogya Digital Valley [**Incubation**]
Agustus Automotive [**Manufacturing**]

South Sulawesi (10)

Kadin [**Association**]
Fajar Group [**Consumer goods**]
Kalla Group [**Consumer goods**]
Kalla Foundation [**Financial**]
Mars Chocolate [**Consumer goods**]
Awal Bros [**Healthcare**]
Ibnu Sina Hospital [**Healthcare**]
Midwife Training [**Healthcare**]
Private Midwife Clinic Makassar [**Healthcare**]
Organda [**Transportation**]

East Java (12)

ExxonMobil [**Extractives**]
Gayam Community Savings & Loan [**Financial**]
Bojonegoro Bidan Clinic [**Healthcare**]
Midwives Association [**Association**]
Reblood [**Innov + Health**]
Siloam Hospitals -Surabaya [**Healthcare**]
Start Surabaya [**Incubation**]
Organda [**Transportation**]
Muhammadiyah, East Java [**Healthcare**]
IDFOS [**CSO/NGO**]
Paratazkia [**CSO/NGO**]
Pattiro Surakarta [**CSO/NGO**]

North Maluku (7)

Muhajirin Traditional Baked Goods Factory [**Consumer goods**]
PT Nusa Halmahera Minerals [**Extractives**]
Al Khairat Loans and Savings Cooperative [**Financial**]
BPR Malifut Bank [**Financial**]
BPM Nafsia Midwife Clinic [**Healthcare**]
Christian Hospital Dharma Ibu [**Healthcare**]
Bastiong Speed Boat Association [**Transportation**]

West Papua (3)

Petrogas Basin [**Extractives**]
Midwife (private practice) [**Healthcare**]
Pertamina Sorong Hospital [**Healthcare**]

Papua (4)

Freeport [**Extractives**]
Mimika District Health Office [**Government**]
Midwife (private practice) [**Healthcare**]
Provincial Midwifery Program [**Healthcare**]

Maluku (11)

Nusa Ina palm oil company [**Agribusiness**]
Ollop Spice [**Agribusiness**]
Harta Samudra Fishery [**Consumer goods**]
Sarinda Baking Company [**Consumer goods**]
KADIN, Maluku Chamber of Commerce [**Association**]
BPJS Maluku [**Gov't**]
Islamic Hospital Al Fatah [**Healthcare**]
Midwife Clinic [**Healthcare**]
Private Midwife training center [**Healthcare**]
Dharma Indah Ferry Company [**Transportation**]
Organda Association [**Transportation**]

128 Total Interviews

27% Interviews Conducted in Eastern Indonesia

23% Interviews from the Healthcare Sector

23% Interviews from the Financial Sector

8% Interviews from Extractives Or Agribusiness

7% Interviews from technology and Innovation

Leveraging the Private Sector Finance and Market Opportunities

The private sector can become a central force to reduce maternal and newborn mortality in Indonesia. Demand is increasing for health services and pharmaceuticals. In addition to the national government's UHC initiative, more private money will enter the health sector as more people enter the middle class (estimated to reach 135 million people by 2030) (Frost & Sullivan, 2015; Oberman et al., 2012). By 2020, Indonesia is expected to spend US$50.8 billion annually on healthcare (Frost & Sullivan, 2016). The study team conducted 128 interviews with companies and investors across sectors in 10 provinces to explore the degree to which gaps in maternal and newborn health services could be opportunities for the private sector (see Figure 4, opposite page).

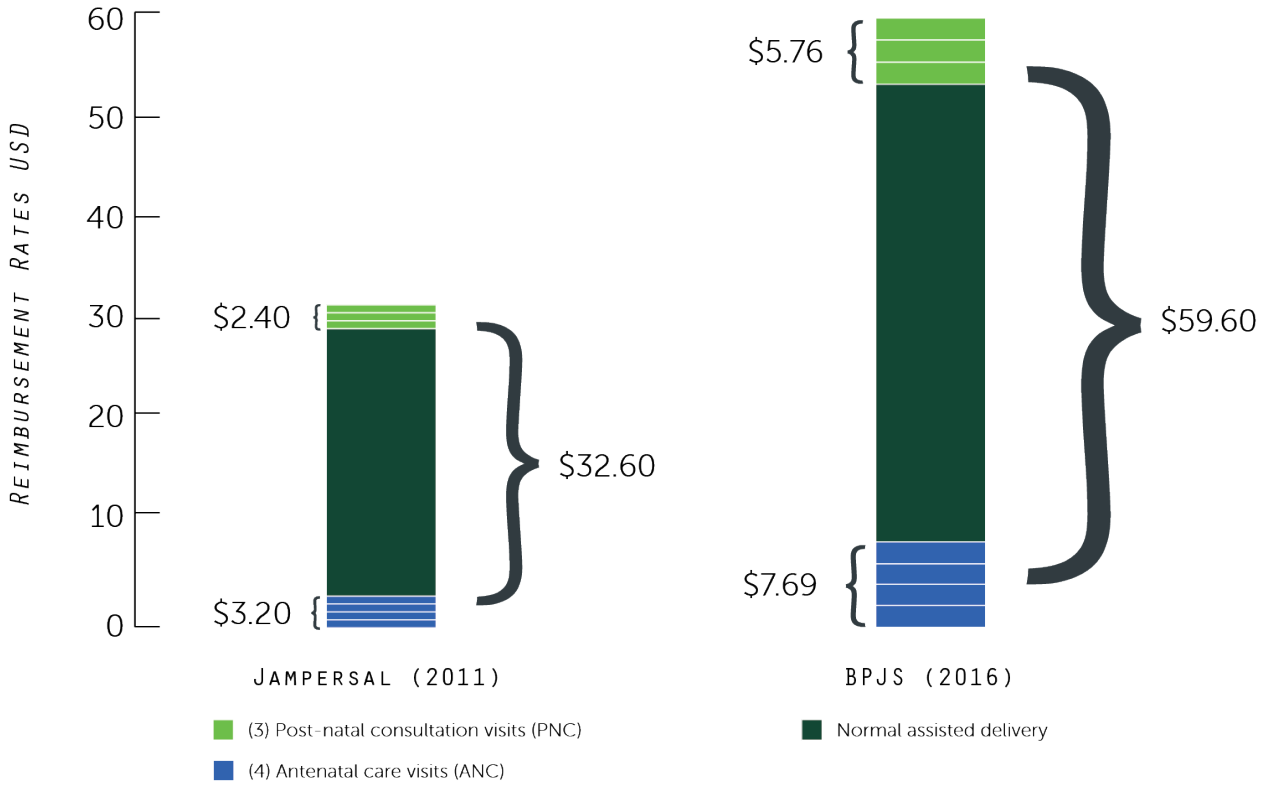
Most companies interviewed were not aware that maternal and newborn mortality is an acute public health problem in Indonesia. This was the case across the board, including for many of the healthcare companies interviewed. This lack of knowledge has contributed to a relative paucity of investment in maternal and newborn mortality interventions. In many cases, when the problem was described and potential markets were outlined, there was significant interest from private sector companies to further explore the space.

Urbanization and wealth are projected to expand rapidly in Indonesia. By 2025, the 68% of Indonesians predicted to live in urban areas and the estimated 80% in the middle class will generate enormous business potential in healthcare (Frost & Sullivan, 2016).

The majority of the companies interviewed were not aware that, if all Indonesians were covered under JKN, reimbursements related to reproductive and newborn health services would total at least US$720 million per year in additional revenue for healthcare providers.[3] There are 7.2 million pregnant women every year in Indonesia. The average maternity package—including four antenatal care visits, three post-natal care visits, and an assisted delivery—is reimbursed by BPJS at US$100 per woman (2015) ("BPJS Ketenagakerjaan", n.d.). In the event of a complication during delivery or caesarean section, the reimbursement by BPJS for the delivery itself jumps from US$46.15 to US$200–400 (per delivery). Although some providers have expressed reluctance to increase the relative proportion of JKN patients (since, as a group, they are high-volume, low-margin clients), other providers see a clear opportunity.

[3] Study team calculations assuming: 257 million people, fertility rate is 2.8 = 7.2 million pregnancies. Each ANC and post-natal care visit is 25k rupiahs, which sums up to 175k rupiahs per woman (4 ANCs and 3 post-natal). On top of that, there's a delivery: Deliveries by C-section 12.3% nationally, the rest are normal deliveries. Cesarean section reimbursement is approx. 5 million IDR, and normal delivery 600k IDR. Conversion 13,000 IDR= 1 USD (2016)

Figure 5: Maternity Services Package Reimbursement Rates, Cost Breakdown (BPJS versus JAMPERSAL)*



* Reimbursement rates were converted from IDR to US$ at (13,000:1). Costs displayed are for four antenatal care visits, four post-natal care visits, and a normal assisted delivery.

Sources: Panduan dan Informasi BPJS Kesehatan Online, 2016; Pusat Promosi Kesehatan, 2011; HP+ interviews with providers

The opportunities extend beyond clinical service provision and reflect a wide array of business sectors. There is an untapped ecosystem of nonclinical opportunities revolving around pregnant women, mothers, and newborns that many of the interviewed companies had not considered. There are opportunities for construction companies, infrastructure financing companies, information technology companies, telecommunication companies, educational companies and institutions, management consulting companies, healthcare management companies, banks, private equity (PE) firms, agribusinesses, startup incubators, independent midwives, specialist physicians, and others.

By looking at key drivers of maternal and newborn mortality and reviewing the type of initiatives already being explored by the private sector, the team found that opportunities could be organized into a set of five themes, or areas of investment (see Table 1). These private sector opportunity themes are explored in depth as part of this comprehensive report, as well as within provincial snapshots.

Table 1: Five Private Sector Opportunity Themes

1.	Scale successful private facilities to improve access
2.	Develop tech solutions to improve communication for service delivery
3.	Develop transportation Solutions
4.	Improve quality of midwifery care through private sector training institutions
5.	Tailor financial products for maternal and newborn health

These private sector opportunities have a limited likelihood of scale-up and widespread adoption without an infusion of capital. The study team found that most promising businesses, ideas, and opportunities are growing slowly through reinvestments of profit or support from high-net-worth individuals and family funds. While many interviewees expressed interest in growing their businesses, they will not be able to significantly expand without additional funds beyond their working capital. Thus, access to capital through increased injection of financial resources into the health sector is fundamental in boosting private sector opportunities to increase access and improve quality of MNH services.

The Indonesian private sector can source funds from a full spectrum of financial institutions. Each private sector opportunity theme could be supported by various financial actors, from private equity (holding a higher expectation for return) to development finance and donor institutions who offer soft money with minimal or no requirements for reimbursement (see Table 2). Apart from direct investments and loans by private financiers, this assessment identified several interventions that could use donor funds to reduce perceived investment risk, thus catalyzing investment from others in the sector. Depending on the particular opportunity, this blended finance approach can have a dual benefit. It can provide capital with varied levels of return expectations to the investee (i.e., reduce the risk of default) while also allowing private sector firms to benefit from the expertise, knowledge, and experience of public health experts and institutions without restricting their implementation of innovative, effective, and profitable solutions with real health impact.

In the sections that follow, this assessment will first lay out the landscape for the private financial sector to illustrate and understand its business priorities and the financial products that may be relevant to healthcare—and specifically to MNH services. With this foundation, the study team analyzes private sector market opportunities in depth, including how private companies can get involved and benefit from the growing sector while improving MNH services; and how financial actors can catalyze and set up an enabling environment for opportunities.

Table 2: Matrix of Financial Actors and Catalyst Opportunities, by Theme

Theme	Opportunity	Venture Capital and Angel Investors	Private Equity	Commercial Banks	MFIs	DFIs
Scaling private facilities	Franchising/consolidating	x	x			x
	Expand big hospitals			x		x
	Establish new midwifery clinics				x	
Tech platforms	Fund tech incubators	x				
	"Technology in health" forum	x				
	Telemedicine	x				
Transport-ation	Non-emergency medical transportation	x			x	
	Emergency transportation insurance/reimbursement	x	x		x	
Private training	Expand high-quality training institutions		x			
	e-Learning platform	x				
Financial products	Conventional loans for private hospitals			x	x	
	Collateral free loans for private clinics				x	
	Smart loans for private clinics				x	
	Supplemental insurance				x	
	Loyalty products for women			x	x	
	Maternity savings accounts				x	

Private Financial Sector Landscape

Context

Indonesia is gaining global and regional attention as an emerging investment opportunity. This attention is driven by a range of factors, including rising wages, a slow (albeit irregular) affinity toward foreign investment, and consistent economic growth over the last two decades. Indonesia has emerged as the second-fastest-growing economy among the G20 countries after China, has experienced increasing year-on-year domestic direct investment of 15.4 percent, and has maintained the contribution of consumer spending to the economy (2.8–3.0%) despite decreases in investment contributions (1.3% today versus 2.7% in 2011) ("Foreign Direct Investment…, 2016; Asmoro, 2015). As an emerging economy, Indonesia still presents many challenges that investors and businesses must navigate, such as protectionist policies, bureaucracy related to business administration, and local governance dynamics. That said, most economic analyses conclude that the overall outlook for the Indonesian economy is positive.

The political direction of Indonesia is slowly but surely headed toward greater openness to foreign direct investment. This is partly driven by ASEAN integration, as well as the Joko Widodo administration's explicit focus on increasing foreign direct investment as a policy priority. Despite a slow start, recent revisions to Indonesia's 'Negative Investment List', a regularly updated policy document that outlines foreign ownership restrictions by industry, show a trend toward allowing for greater foreign ownership. The most recent revision to the Negative Investment List has been particularly favorable for the healthcare sector. Of the 29 business sectors in which foreign ownership allowances were extended to 100 percent, five are in the healthcare industry ("Indonesia's Healthcare Industry…", 2016). This will allow providers access to foreign equity financiers to more easily invest in local industry. While these restrictions still pose significant barriers for many foreign investment houses and reforms have not advanced nearly far enough for businesses, the overall trend is positively perceived by investors.

Indonesia's financial sector is dominated by banks, which represent around 80 percent of total financial sector assets (Djaja et al., 2015). Other financial industry actors—including insurance companies, pension funds, finance companies, securities companies, and pawn shops—hold smaller shares of the market. Indonesia has a large number of banks compared to its neighbors. There are currently 119 commercial banks, including four state banks, 26 regional government banks, and 89 private banks (Djaja et al., 2015). The 30 state-owned banks have 45 percent market share in the banking sector, and foreign banks hold another 45 percent (Djaja et al., 2015). The majority of banks in Indonesia do not provide growth capital, which is usually issued in the form of equity; rather, they provide conventional loan products geared toward larger corporate entities.

Furthermore, in 1992, the government adopted a new banking law that granted formal status to rural banks as distinct from commercial banks. Today there are around 5,000 rural banks located in villages (Djaja et al., 2015). These banks have close relationships with their clients and often offer more flexible lending terms than commercial banks (for example, without collateral or proof of a permanent job), but their average interest rate is very high at 27 percent (Djaja et al., 2015).

A large share of the population does not participate in the financial sector. Only 21.9 percent of the poorest two quintiles of Indonesia's population holds savings in a financial institution (Ismail, 2015). Furthermore, over 40 percent of the total population does not borrow, with only 13.1 percent having borrowed from a financial institution (Ismail, 2015). According to the Asian Development Bank, the main causes of financial exclusion include

> Only 36 percent of Indonesians have a bank account (Demirguc-Kunt et al., 2015).

- Low access to financial services
- Impediments to the delivery and usage of non-credit financial products and services
- A low level of financial literacy
- Weak consumer protection (Ismail, 2015).

The microfinance market in Indonesia is robust and has deep reach within the informal sector. Currently, only 4 percent of all formal commercial lending in Indonesia is micro-lending (KPMG Indonesia, 2015). This market has both formal and informal segments. Both segments cater to the 82 percent of people at the bottom of the economic pyramid living under US$4.50 a day (KPMG Indonesia, 2015). Formal microfinance institutions (MFIs) tend to focus on those living on US$2.00–4.50 a day, while informal MFIs cater mainly to those below this threshold. Formal actors include the microfinance divisions of at least 15 out of 119

commercial banks; 1,667 rural banks; 155 Islamic rural banks; 600,000 MFIs and cooperatives; and 5,500 Islamic MFIs. Bank Rakyat Indonesia (BRI), the oldest bank in Indonesia and one of its largest, is the champion of micro-lending, capturing 63 percent of the market with over 42 million customers (KPMG Indonesia, 2015). More than 40 million players operate in the extensive informal microfinance segment, including nongovernmental organizations (NGOs), community self-help groups, informal cooperatives, and village savings and loan groups. MFIs often target the people at the bottom of the economic pyramid, and can play an important role in overcoming financial barriers to accessing MNH care and expanding care to more remote areas.

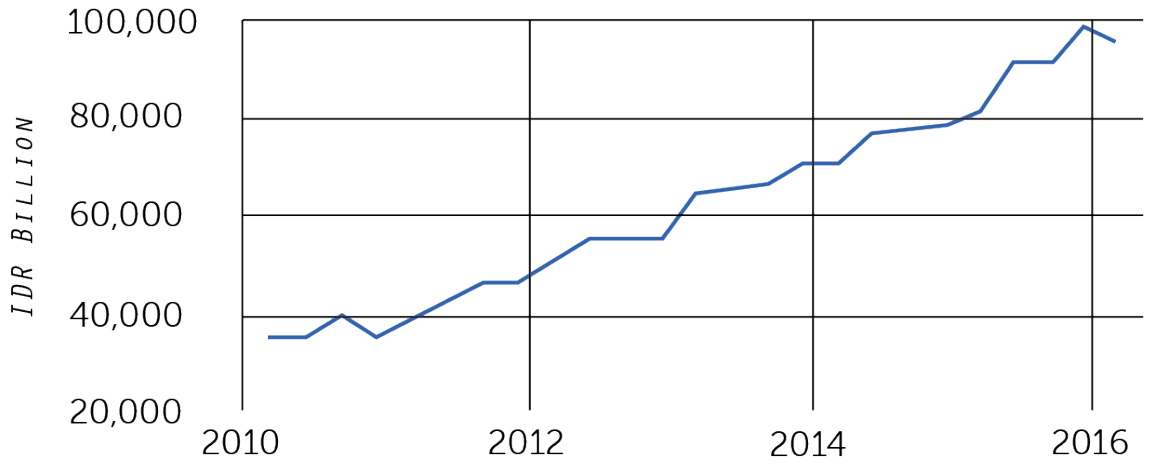
The informal financial market, including loan sharks and black market lending, is on the rise, but experts struggle to estimate its size. Strict banking regulations—including collateral requirements, a permanent job, and proof of income—have alienated millions of low-income Indonesians and informal businesses (Song, 2013). Informal lenders offer high interest rates, sometimes nearly 20 percent higher than the banks; adopt loose requirements and rules; and often ask for daily payments from borrowers (Song, 2013). Formal microfinance institutions recognize the large business opportunity in banking this segment of the population, and have lobbied for introduction of regulations to curb black market lending. Nonetheless, predatory lending is still prevalent in Indonesia and shows growth tendencies.

Syariah banks are gaining traction, partly due to shifting cultural values and deregulation reforms to Syariah banking laws in 2015. Syariah banking is based on the principles of Islamic law, which entails the sharing of profit/loss and the prohibition of interest collection. Thus, the business model of a Syariah bank strongly depends on the profits of its customers. As a result, Syariah banks are arguably more vested in the performance of their customers than conventional lenders. The bulk of financial activity in Indonesia still occurs in the conventional banking system (95%), while Syariah banking accounts for less than 5% of the market share ("Islamic Finance…", 2014; Swastika, 2016). Still, the volume of Syariah financing grew by over 40 percent in 2016, compared to a 12 percent rise in conventional banking.[4] The majority of Syariah banking customers are women, and many Syariah banks have extensive experience providing financial tools to midwives. This presents a promising entry point for catering financial products toward maternal health.

Although volatile, the infusion of growth capital into Indonesia is steadily increasing. Deal volume has also increased steadily, and at least half of the more than 30 investments completed in 2013 and 2014 were early-stage ventures, according to *Asian Venture Capital Journal* ("Indonesia's Private Equity Market…", 2016). This is a testament to the wealth of opportunities in Indonesia's robust entrepreneurial ecosystem and startup space, but such a rapid expansion of venture capital (VC) (and other types of capital) puts pressure on all PE players facing increasing competition.

[4] HP+ team. June 30, 2016. Interview with Bank Mandiri Syariah staff

Figure 6: Foreign Direct Investment (FDI) Trends in Indonesia



Souce: www.tradingeconomics.com | Investment Coordinating Board of the Republic of Indonesia (BKPM)

Many Indonesian businesses are held by family-owned conglomerates who face limited pressure to divest, thus shifting the focus of large-ticket private equity players toward middle market opportunities. Rather than seeking external growth capital, family conglomerates tend to seek out strategic and domain expertise partners to grow and develop their business assets. A large share of the highly developed assets in Indonesia (such as hospitals, real estate, manufacturing, etc.) are owned by large family conglomerates. These conglomerates have sufficient means to raise capital for investment in their own enterprises, and therefore have limited interest in trading equity for external growth capital. This has led many PE players to seek middle market opportunities—such as independently owned, medium-sized enterprises—which they can continue to build and grow.

While there is growing interest in health sector investment by late-stage US$30–100 million ticket investors, there is a gap in the availability of finance for health startups seeking seed and Series A capital. Angel investment and venture capital has grown exponentially in volume in Indonesia, from less than US$10 million prior to 2010 to over US$500 million in 2015 (Freischlad, 2016). These investments have largely focused on the technology sector in the face of a digital economy boom. Many angel and VC investors recognize the strong market outlook for the health sector, but have not transacted any health deals due to their own lack of sectoral expertise, nervousness about the complex regulatory environment around health, and inability to source promising deals.

Angel investment and venture capital has grown from 10 million in 2010 to over 500 million in 2015.

Overall, private investors are less inclined to deploy large amounts of capital to eastern Indonesia due to smaller populations, low socioeconomic status, inadequate human capital, and governance challenges. Most PE players focused on larger-scale consolidation with shorter-term exit horizons have limited appetite to assume the risk of less economically developed provinces when so many strong opportunities exist in densely populated areas. That said, domestic investors sense the greatest opportunity, particularly for the health sector, on Java Island, the most densely populated in Indonesia. On Java, many investors have reported increases in investment by more than 10-fold in recent years. Small ticket venture capital firms and banks are more open to deploying capital in eastern Indonesia—for example, as loans to

midwives or venture capital investments into innovative startups. Below are quotes from two major international PE firms:

- "Why would we invest in the east when there are still abundant opportunities in the west?"
- "The current health sector landscape of eastern Indonesia will likely not produce the internal rate of return needed to satisfy most private investors."

Opportunities to leverage private financial actors to invest in maternal mortality reduction

Private equity firms' focus on consolidation and expansion of health delivery platforms offers opportunity to build strong maternal health service networks. As described earlier, the expansion of JKN coverage is expected to increase patient volume and consumption. This is especially true among the middle and upper income quintiles, as government subsidies are expected to increase the demand for public health facilities by relatively poorer communities, and further spur consumption of private health services by members by relatively wealthier income groups who participate in JKN. This outlook has caught the attention and interest of PE firms in health delivery. For instance, two PE groups, Quadria and Saratoga, are finalizing transactions valued at US$50–100 million for acquiring, consolidating, and expanding hospital chains. These transactions are focused on increasing value and valuation by developing a consolidated brand that will ultimately increase patient volume and deliver profitable services. As part of this, investors are also open to expanding maternal health services, particularly if they are linked to follow-up pediatrics care. Not only will incorporation of maternal care help establish brand eminence within a broader population, but it can leverage patient loyalty for future health needs. Many PE firms mentioned they would welcome external cooperation to co-create a maternal health platform that would meet global standards in excellence.

The dearth of early stage capital (seed and Series A) available for health startups could be improved by facilitating and incentivizing investment from VC and angel investors. Currently, early stage investors predominantly support technology ideas. Many early stage investors would welcome the opportunity to invest in the health sector, but would need support to source deals, as well as sector-specific expertise to conduct due diligence. Additionally, many VC firms felt that a co-investment through soft money (such as a USAID co-investment) could help to mitigate the risk of potential opportunities and further catalyze private investment in the maternal health space.

The capacity to incubate early stage startups is mature for the technology sector, and can form the basis for ideation and incubation of innovative maternal health solutions. There are at least 10 technology and social entrepreneurship incubators in Indonesia, which stimulate innovation and help to develop locally driven solutions; they include Start Surabaya, Yogya Digital Valley, United Limited, and GEPI. These incubators have formed largely as a result of demand by entrepreneurs and their investors. While they are largely focused on technology applications, there is a unique opportunity to build capacity within these incubators to ideate healthcare innovations. Such innovations could include health technology startups like innovative diagnostic devices, or social enterprises providing ancillary services such as transportation or blood banks. There already are a number of health focused startups in Indonesia, such as Summit Medical and ReBlood, that could benefit from greater financial and technical support for making a broad impact. Many incubators expressed strong interest in enabling such health-related innovations to germinate and grow, but would require financial

support to build out their services, in addition to technical assistance to guide ideation toward the health and maternal health spaces.

Development finance institutions recognize the strong opportunity presented by the health sector, but struggle to find opportunities that meet their investment profile. Development finance institutions (DFIs) have the mandate to provide growth capital to the private sector to obtain social returns. Their capital is often more 'patient,' in that it does not look to exit within five years or less with aggressive growth targets. DFIs' average investment size is US$7 million, making them an ideal Series A investor for startups who have grown past the ideation phase and need capital to develop their business models (Jose Romero and Van de Poel, 2014). This is particularly important in Indonesia, which has a dearth of investors outside the technology sector looking to invest at that ticket size. While DFIs in Indonesia, such as the International Finance Corporation and Asian Development Bank, are interested in sourcing health sector investments to bridge this gap, they have not historically engaged with health in the country. As a result, they lack local health sector expertise and are not well-placed to source deals in this area. USAID or other donors with expertise in the local health sector can partner with DFIs to provide support for deal sourcing, as well as market due diligence related to specific transactions. This partnership could catalyze DFIs to fill this critical gap.

Providers of microfinance products are strongly interested in creating health products, but many lack the capacity and capital to do so. Microfinance branches of commercial banks and Syariah banks recognize the potential for consumer and small business financial products for the health sector. Syariah banks in particular are interested in expanding loan programs for midwives due to very strong past performance. Many microfinance institutions would welcome support to create and market health-specific products. They are reluctant to do so because of uncertainty around default or loss during the initial years of product offering, before sufficient volumes could be generated. Underwriting the risk associated with health-specific products would further catalyze MFIs to enter this space. Specifically, MFIs expressed strong interest in support options like stop-loss agreements and credit guarantees.

Supporting investors to source execution capacity could help increase deal execution. Most investors stated that the lack of execution capacity in the form of competent senior management and skilled workforces presented major barriers to closing deals. Compared to other countries in the region, Indonesia is characterized by an undersupply of skilled professionals, including specialist doctors and general practitioners, as well as administrative and information system staff. According to one investor, scaling a network of midwifery clinics would require a strong operator to build, coordinate, and manage systems within the network. The dearth of human capacity has led the investor to rethink the investment, despite the positive financial outlook of bolting this network onto an existing hospital chain.

Given the current private financial landscape in Indonesia, and the key drivers of maternal and newborn mortality, the team organized emerging opportunities for private sector engagement into a set of five themes, or areas of investment. Each theme is explored in detail in the coming sections.

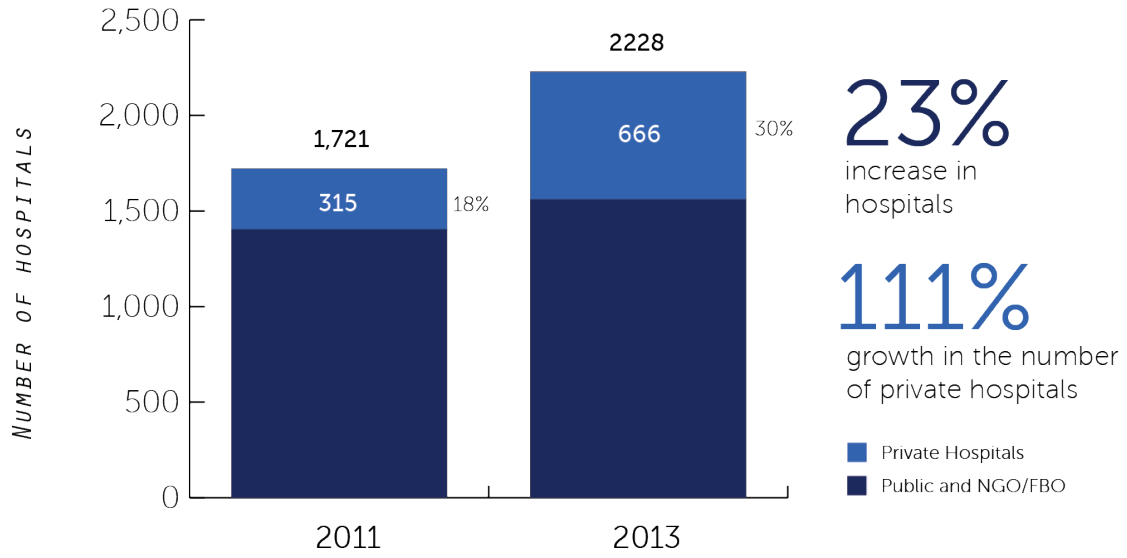
Theme 1: Scale Successful Private Facilities to Improve Access

Context

Indonesians, particularly middle- and upper-income citizens, have demonstrated a growing preference for care from private healthcare providers. Private providers have played a key role in absorbing the increased demand for health services in Indonesia. The

key drivers of preference for private care include overcrowding of public facilities as a result of JKN rollout and increased income levels (leading to demand for higher-quality private care). While only 36 percent of deliveries took place in a private facility in 2007, 46 percent of women delivered in a private institution in 2012 (Statistics Indonesia, 2013). By comparison, 17 percent delivered at public facilities and the remaining 36 percent preferred to stay at home (Statistics Indonesia, 2013). The number of health facilities has grown over the last decade, largely due to growth in the private sector. The number of hospitals overall has grown from 1,721 in 2011 to 2,406 in 2014, with the private for-profit sector more than doubling its hospital count, from 315 to 807 (Ministry of Health, 2015).

Figure 7: Hospital Expansion in Indonesia, by Total Facilities and Private Facilities



Source: Ministry of Health, 2015

Both foreign and domestic investors have increasingly focused on the healthcare sector, with an initial focus on expanding and consolidating private health providers. Driven by policies that have loosened foreign ownership rights and promoted an inflow of foreign capital and expertise, both domestic and foreign investors are increasingly interested in engaging with Indonesia's health sector. Although it has introduced a layer of uncertainty, the rollout of JKN is expected to increase demand for high-quality private healthcare, and thus the return on investment in this space. These recent policy changes have soared the valuation of listed hospitals way above the market average and enticed private investors to engage. Some of the most recent hospital expansion plans in Indonesia are presented in Table 3 (page 19). The study team also identified a number of PE firms, including Quadria Capital and Saratoga Capital, who are currently building and consolidating private hospital chains.

Because of strong and still-untapped opportunities for consolidation of hospitals in tier 1 and tier 2 cities, the majority of large investors are still fully focused on Java and Sumatra islands. The biggest return on investment for the expansion and consolidation of private health facilities is still concentrated in the largest cities, where patient flow is sufficiently high. High patient volume is particularly important in the context of catering to JKN patients. With high volumes, hospitals are able to increase their profit margin from

patients in higher income tiers while also making some profit from JKN for what they deemed a relatively low reimbursement rate for maternal and newborn care.

In remote, sparsely populated areas, the supply of high-quality maternal care is scarce. Large disparities remain in Indonesia across wealth quintiles and geography. Poor and rural women are disproportionately less likely to seek maternal care at health facilities compared to their relatively wealthier, urban counterparts. While 69 percent of the poorest quintile and 52 percent of rural women delivered at home, this was true for only 12 percent of the wealthiest quintile and 19 percent of urban women (Statistics Indonesia, 2013). In Indonesia's eastern provinces (including North Maluku, Maluku, West Papua, and Papua), which feature less economic activity than the western provinces, 59–79 percent of pregnant women deliver at home (Statistics Indonesia, 2013). Due to lower population densities, a shortage of skilled health professionals, and currently low healthcare utilization rates, the majority of large investors are not seeking investment opportunities in the eastern part of the country.

Home delivery is most prevalent among poor, rural women. 69 percent of women in the poorest quintile and 52 percent of rural women deliver at home (Statistics Indonesia, 2013).

Table 3: Recent Hospital Expansion Plans in Indonesia

Company	Ticker	Sector	Profile and Expansion Plan
Siloam Hospital	SILO IJ	Healthcare	Siloam aims to operate 40 hospitals with over 10,000 beds by 2017. It is evaluating the possibility of setting up a network of 10 community clinics in 2014 to provide primary healthcare services.
Mitra Keluarga	Private	Healthcare	Mitra is the privately held hospital arm of the Kalbe Group. It is the second-largest private hospital operator, with 10 hospitals. According to *Forbes*, management plans to add two hospitals per annum in the next few years.
Awal Bros Group	Private	Healthcare	Awal Bros currently operates eight hospitals—four in Greater Jakarta and two in Riau. The other two are located in Batam and Makassar. Management is building a new hospital in Riau (capex of IDR 200bn).
Ciputra Hospital	CTRA IJ	Property	Ciputra Group plans to develop up to 15 hospitals by 2016. It currently operates one hospital in Jakarta.
Mayapada Hospital	SRAJ IJ	Healthcare	SRAJ operates the Mayapada Hospital network. As of December 2013, SRAJ operated two hospitals in Greater Jakarta with a total capacity of 500 beds. SRAJ plans to build at least two more hospitals by 2016.
Omni Hospital	SAME IJ	Healthcare	SAME operates two hospitals in Greater Jakarta under the Omni Hospital brand.
Kalbe Farma	KLBF IJ	Pharmaceuticals	Kalbe Farma entered the healthcare services segment with its Mitrasana Clinic network. It plans to expand its network to 200 clinics by 2015 from 60 currently.
Kimia Farma	KAEF IJ	Pharmaceuticals	Kimia Farma is the largest operator of pharmacies in Indonesia, with over 500 outlets. As of December 2013, it also operated 200 Kimia Farma clinics offering primary healthcare services (general practitioner and pharmacy). Kimia Farma plans to expand its clinic network to 1,000 outlets by 2018.

Company	Ticker	Sector	Profile and Expansion Plan
Elang Mahkota	EMTK IJ	Media	Elang Mahkota is the holding company of the Sariaatmadja family, owner of Surya Citra Media (SCMA IJ). It owns one hospital in Greater Jakarta and is planning to acquire two hospitals in partnership with Pakuwon Jati (PWON IJ), a major property developer in Surabaya and Jakarta.
Pakuwon Jati	PWON IJ	Property	
Ramsay Sime Darby	Private	Healthcare	Ramsay Sime Darby currently operates three hospitals in Indonesia. The joint venture was set up to invest further in Asian healthcare assets; however, no details were disclosed on further plans in Indonesia.
KPJ Healthcare	KPJ MK	Healthcare	Currently operates two hospitals in Greater Jakarta. Management indicated it is keen to acquire more hospitals in Indonesia.
IHH Healthcare	IHH MK	Healthcare	IHH is a leading regional healthcare operator with hospitals in Malaysia and Singapore. Management is evaluating the possibility of re-entering the Indonesian market.

Source: Witirto and Hui, 2014.

Market landscape and opportunities

Hospitals like Muhammadyah, Setia Mitra, and Awal Brothers have developed business models that predominantly serve JKN patients with high-quality, yet profitable services. These facilities tend to maintain a relatively low-cost capital infrastructure, combined with a cross-subsidization model for high-quality specialized care, that increases foot traffic for wealthier patients. The location of for-profit entities like Setia Mitra and Awal Brothers in densely populated urban areas is critical to their profitability. Increased demand for high-quality private care through the roll-out of JKN presents an opportunity for these private hospitals to further reduce their per-client unit costs while maintaining quality. These kinds of business models are ripe for capital injection from commercial banks or VC funds.

Top-end hospitals and large investors are focused on scaling up historically profitable services, and have yet to fully realize the market potential of maternal care services. Most key informants recognized the potential of maternal care to increase patient volume and boost the demand for follow-up services like pediatric care, oncology, cardiology, and others. More established chains, such as Siloam Hospital Group, are further ahead in realizing this potential—Siloam is in the process of establishing Siloam Express to provide primary care to lower-income segments of the market (Manuturi, 2015). Known for high-quality, high-end Siloam Hospitals envision Siloam Express to be smaller and more easily accessible to the target lower-income population, which they hope will maximize use. As JKN enrollments increase, expansion of these service delivery models will be increasingly profitable within a highly populated area that provides the high volume of clients necessary to maintain low per-client unit costs. Furthermore, there is a particular interest among new entrants to the healthcare investment space to incorporate maternal care as a means to gaining brand loyalty.

Many high-quality private providers are hesitant to accept JKN patients because that would mean incurring losses under their current business models. Several private hospitals expressed reluctance to provide maternity services to JKN patients because reimbursements do not cover the full costs incurred by the hospital. These private providers could greatly expand their business by adjusting their business models to leverage cross-

subsidization between different categories of patients, or create affiliation arrangements to capture a larger volume of patients.

Current market dynamics suggest that service expansion through affiliation models is a promising approach to increase patient flow for established hospitals. A surge in demand for high-quality healthcare resulting from the expansion of JKN and an increase in competition among health providers has created an ideal environment to establish affiliation models. Forming partnerships between hospitals and satellite clinics can prove more profitable for both and bring high-quality care closer to communities in need. This is the case in some peri-urban and rural areas of Indonesia, where reputable specialized/general hospitals can reach deeper into communities by partnering with local midwifery practices instead of providing primary care services themselves. Raising the quality of midwifery satellite clinics to a high-enough standard to partner with hospitals would stimulate demand for services in these clinics. At the same time, increased demand for primary care and a strong referral system can secure an influx of patients to the hospital. Murni Teguh hospital in North Sumatra is currently exploring this model, with the goal of acquiring more oncology patients through screenings in satellite primary clinics.

Midwifery practices could particularly benefit from the affiliation arrangement by getting a direct linkage to JKN. In order to receive direct reimbursement from JKN, midwives must have a doctor affiliated with their clinic to approve the claims. However, most midwives are not affiliated with an OBGYN, and are obliged to submit claims via the nearest health center (*puskesmas*). *Puskesmas* typically impose an informal transaction fee to midwives above the official 10 percent fee—sometimes as high as 40 percent—making JKN patients much less attractive than those that pay out-of-pocket. Establishing a formal affiliation between a reputable hospital and private midwifery clinics can substantially facilitate the reimbursement process and increase profit margins for midwives.

Lessons learned from the expansion of secondary and tertiary care can be garnered for consolidating private primary care and midwifery practices. While consolidation of health facilities has proven highly profitable in Indonesia, investors have predominantly focused on secondary and tertiary-level care, leaving a large untapped opportunity for consolidation of private primary care and midwifery practices. This analysis shows that private midwifery clinics are profitable enterprises, largely due to the current state of the market, in which JKN is rapidly expanding and 93 percent of midwives run dual practice models. There is an opportunity to establish a network of successful midwifery clinics that can take advantage of collective expertise, pooled risks and resources, and management support to provide a consistently high level of maternity services. To the study team's knowledge, no such initiative has taken place in Indonesia other than the *Bidan Delima* accreditation program.

Establishing new midwifery clinics can harness the slow but steady increase in demand for healthcare in the east of the country. In Maluku, North Maluku, Papua, and West Papua provinces, private healthcare providers struggle to serve dispersed populations and remain profitable under low patient flow. These areas are sparsely populated with minimal infrastructure, and health facilities require additional funds to draw clean water and access reliable sources of electricity. Equipment and supplies must be transported longer distances to be stocked and staff often require additional funds to travel out into communities. All of these factors make the cost of providing services in rural areas comparatively higher than in densely populated cities. Despite these challenges, a number of midwives across the country have expressed a desire to open new clinics in new locations. Attractive financing mechanisms that can catalyze this expansion are further detailed in Theme 5: Tailor Financial Products for Maternal and Newborn health (page 39).

Technology solutions designed to expand the reach of health facilities are starting to emerge. Several small-scale but innovative telemedicine platforms are currently operational in Indonesia. Companies like Alodoktor, Klikdokter, TanyaDokter, and Atoma Medical currently provide health information, telemedicine, and telepharmacy services. With the distances and complexity of Indonesia's geography, the potential market for effective, simple telemedicine platforms is significant, especially given the blistering pace of Indonesia's internet coverage expansion. The existing platforms generate revenue through a mix of fee-for-service payments and selling advertising space on their websites. Currently, no existing platforms operate at scale, but interviews with their founders and CEOs revealed keen interest in developing maternity-specific products that could be refined and taken to scale. This opportunity will be explored further in "Theme 2: Technology Solutions to Improve Communication for Service Delivery" (page 23).

Opportunity with potential for greatest or most direct impact to the bottom 40 percent

The scale-up of private health facilities can have a profound impact on the health of the poorest 40 percent of mothers and newborns in Indonesia. While most poor women, particularly those in rural areas, still deliver at home rather than in public or private health facilities, they more strongly prefer private care relative to public care; this preference grows for women higher on the economic ladder (Figure 3, page 4). The advent of JKN is expected to further spur demand for private care. The expansion of private health facilities is necessary to meet the growing demand for care, particularly among the bottom 40 percent of the population. There will be an increased supply of accessible, high-quality private care for the urban and peri-urban poor through the expansion of big hospitals. This expansion will occur through 1) providing MNH care to JKN patients and 2) partnering with satellite clinics to expand their reach to peri-urban areas. Such private sector investment has high potential for making an immediate effect on MNH in urban areas where the majority of the absolute number of maternal and newborn deaths occurs.

Market barriers to opportunities

A shortage of skilled health professionals constrains the establishment and expansion of high-quality private facilities. Indonesia still grapples with a human resource challenge, especially for specialists. The ASEAN integration is slowly opening borders to a more free flow of skilled health professionals into Indonesia, but these policies will take time to translate to practice. Until the issue of human resource shortages is effectively addressed, expansion into rural areas will remain difficult as private clinics and hospitals will be unable to attract talent. In the interim, private facilities must develop unique ways of sourcing specialists, such as partnerships with faith-based providers like Muhammadiyah who run clinical networks and education programs to improve the quality of human health resources.

Private midwifery clinics are currently unable to receive JKN reimbursement payments directly, and there appear to be irregularities in the system of passing funds through the local *puskesmas*. Addressing corrupt practices is one avenue for mitigation. Alternatively, private midwives may partner with private clinics or doctors to enable more direct reimbursement. For example, under a contract, a midwifery clinic might pay a fee to the private clinic or doctor for each delivery performed; midwives would have more control over the reimbursements they are entitled to receive.

Many private providers consider JKN reimbursement rates insufficient to sustain their current business models. Many private providers mentioned that the reimbursement rates set by BPJS were too low to provide high-quality services, especially when accounting for

the facility costs incurred to purchase and maintain equipment, and to provide continuous education to staff that would allow provision of high-quality services. Still, some savvy private providers have managed to maintain profitability using existing reimbursement rates by restructuring their business models and cost structures. Supporting interested health providers in structuring their business models to maintain profitability under JKN will be an emerging need. Further analysis will be necessary to determine the appropriateness of current JKN rates to truly motivate the full range of private providers to participate in a meaningful way.

Catalysts

Donors can partner with new entrants—large investors actively looking to consolidate hospitals—to assist them in incorporating maternal health delivery into their deals. Large investors who are new to the healthcare sector are looking for ways to establish their brand and reputation within the sector. In that context, several PE and VC investors from this study were very interested in providing maternal health services, given the potential to substantially increase patient loyalty and customer volume by establishing a link with follow-up services, such as oncology or pediatrics. These investors would benefit from external technical support to incorporate high-standard maternal and neonatal health service platforms into their deals.

Consulting firms or donors can provide technical assistance to health facilities to modify their business models and make profit by providing maternal health services to JKN patients. Many private hospitals have not yet fully realized the potential benefits of accepting JKN patients, particularly for primary services. Their current business models are set up in such a way that accepting JKN patients, particularly for primary care, appears to incur losses. Helping these hospitals adjust their business plans through such approaches as setting up affiliation models, or adopting more flexible cross-subsidizing mechanisms or cost control, can entice them to incorporate maternal and neonatal health services into their operations and extend the reach and quality of their services to vulnerable populations.

The same technical assistance providers can assist private health facilities in creating a business case for increasing JKN reimbursements to MNH health services that require higher costs. A thorough analysis of the gap between certain service costs and reimbursement rates may demonstrate that this gap cannot be overcome with an adjustment to the business model, but rather requires an adjustment in the reimbursement rate. In that case, the technical assistance provider can assist in crafting and presenting a business case for increasing reimbursements for given MNH services with the Planning Department.

Support commercial banks with loan guarantees to enable them to provide loans to hospitals interested in expanding maternal health services. As JKN coverage forges ahead, healthcare providers and financing actors both face a dose of uncertainty regarding the influence of JKN on patient flows and profitability. Besides helping hospitals take advantage of JKN in the context of expanding maternal and neonatal care, it is necessary to demonstrate the business case for expanding these services to the commercial banks whose role is to provide operational capital. In order to further mitigate perceived uncertainty and risk, soft money can be deployed in the form of risk guarantees on commercial loans given out for expansion of health facilities whose business plans incorporate maternal and neonatal services. Several of the interviewed commercial banks, including Syariah banks, were open to tailoring special loan products for expanded maternal health services through a partnership that can reduce the financial risks of entering this space.

Design financial products to enable the expansion of midwifery clinics, particularly in remote areas in the eastern part of the country. Catalyzing the scale up of private care in the eastern portions of Indonesia (including Makulu, North Maluku, Papua, and West Papua provinces) requires a more granular approach. This approach would include designing attractive financial products specifically designed for midwives, which are described in detail in "Theme 5: Tailor Financial Products for Maternal and Newborn Health" (page 39).

Theme 2: Technology Solutions to Improve Communication for Service Delivery

Context

Indonesia has a vibrant technology sector that is expanding rapidly. The potential of technology solutions to serve Indonesia's rapidly growing, tech-savvy population is being realized, but despite an internet user base larger than South Korea's, only 40 percent of Indonesia's population is online ("Indonesia Has 100 Million…", 2016). The government has committed to massive expansion of the physical infrastructure required to connect the rest of the population, and businesses are investing heavily to create the services and content that will fuel the internet boom currently underway. Indonesia's massive growth potential and its unique internet landscape have launched a frenzy of activity in the tech sector, resulting in a bevy of home-grown internet solutions tailored to Indonesia's market. With a large, growing middle class and an estimated 93.4 million internet users, Indonesia has an enormous internet user base; projections show that 133.5 million people will be online by 2019 (Statistica, 2016).

Indonesia is one of the world's top five markets for mobile subscribers. The country's mobile market now has 278 million subscribers and will continue to grow ("Indonesia's Mobile Driven…", 2014). Fifteen percent of mobile users have smartphones, and the mobile ad market delivered around 200 billion impressions last year ("Indonesia's US$10 Billion…", 2014). With a burgeoning middle class and an average age of 28, the relevance and reach of mobile applications in Indonesia will only continue to grow.

> Indonesia is the fourth-largest mobile market in the world, reaching 130 percent mobile penetration in 2015 ("Indonesia's Mobile Driven…", 2014).

Investors are eagerly exploring opportunities in Indonesia's technology sector. Indonesian investors are significantly increasing the number of tech deals in their portfolios. According to *Tech In Asia*, the number of seed deals went from 14 in 2014 to 53 in 2015, and the number of Series A investments went from 3 to 25 (Freischlad, 2015). This increased deal flow has resulted in a plethora of angel and seed investors entering the marketplace and—importantly, in the context of Indonesia—the nation's conglomerate families are increasingly focused on the tech sector. US$753 million was deployed into Indonesia's tech sector in 2015, and investors from Singapore, Malaysia, the United States, Australia, and Europe are all looking eagerly for potential investments (Freischlad, 2015). This increased access to capital, combined with the rapidly growing incubation space in Indonesia, is positioning the economy for a technology transformation that is fundamentally changing the country's business landscape.

Directing technology innovation toward maternal and newborn health can have a transformative effect. This technology revolution is not currently applied to address Indonesia's high maternal and newborn mortality ratios. Web-based platforms, mobile apps, and SMS (short message service) messaging platforms specifically tailored to address the needs of young women in Indonesia, especially related to maternal health, currently do not exist;

however, these could serve a critical role in the fight to reduce maternal and newborn mortality. The vibrant tech sector is taking advantage of global innovations to apply solutions to Indonesia's challenges, and convening spaces for young tech entrepreneurs to pitch ideas and innovative solutions are rapidly increasing in number. These assets can be leveraged to focus creative energy and thinking on specific health problems such as Indonesia's high MMR.

The overlap of technology and MNH can be broken down into four areas of intervention:

1. **Increasing women's access to MNH-related information**
2. **Increasing providers' access to knowledge**
3. **Expanding access to healthcare services through online platforms, telemedicine, and novel diagnostic technologies**
4. **Improving data use for decision making**

Market landscape and opportunities

Increasing Indonesian women's access to MNH-related information

Existing technology platforms can be leveraged to create a comprehensive communications system, designed to address the MNH knowledge gap facing women in Indonesia. Access to accurate and timely information about MNH in Indonesia remains elusive for millions of women and their families. Information regarding where and when to access care is not easily or routinely transmitted by the health system, nor is information on what to expect in a normal pregnancy or how to identify pregnancy warning signs. Many Indonesian women do not know which key public/private services are available for pregnant women, where those resources are provided, when such services should be accessed, or how to best leverage them to receive complete and comprehensive prenatal, maternity, and postnatal care.

Some small technology companies like Klikdokter serve as online health portals that offer telemedicine services via live chats and the ability to post questions to physicians operating within the network. Klikdokter also provides routine health information to patients who navigate to its pages, as well as some simplified health tools like a pregnancy calculator. Klikdokter is currently the oldest and largest portal of this type in Indonesia, but the field is beginning to grow with alternative online health portals like Alodokter and TanyaDokter entering the fray. To date, these platforms attract a relatively small number of users and operate under a variety of business models. Kilkdokter and Alodokter generate revenue by selling advertising space. Klikdokter is owned by Kalbe pharmaceuticals, Indonesia'a largest

Develop a platform that sends automatic messages to pregnant and lactating women regarding the progress of their pregnancies, ensuring that pregnant women with little access to information receive key health messages that allow them to properly care for themselves throughout their pregnancies. This interface could provide both useful health tips and geographically specific information about local resources. Similar models have been used to great effect in other countries and have proven to be quite profitable. The largest such example is Silicon Valley-based Babycenter.com, a company owned by Johnson & Johnson. The potential impact of a well-run maternity-based information platform on demand for maternal and child health services in Indonesia would be significant. Additionally, there is a need to further publicize the availability of JKN funds for all antenatal and maternity-related services. This platform could serve various critical purposes while also providing a lucrative advertising platform for companies looking to reach the 7 million women who become pregnant every year in Indonesia.

pharmaceutical company. TanyaDokter generates revenue via a mix of advertising revenue and cross-subsidization of its online portal through revenue generated from its associated online pharmacy.

None of these companies boasts a very large market share, but they represent an enormous opportunity to reach the 70 million women of reproductive age in Indonesia with health information linked to advertising content. Investors interested in growing a business to capture this market segment should look closely at these companies to determine which is best-positioned to capture the largest market share.

Technology solutions can increase access to accurate knowledge regarding JKN benefits, thereby increasing utilization of health services. Since JKN is a relatively new payment structure, there are still significant gaps in people's knowledge and understanding of their entitlements under the program. As BPJS strives to provide coverage to all Indonesians by 2019, unlocking the potential of the internet, social media, and SMS messaging platforms can significantly increase enrollment and utilization rates for JKN. At the same time, it can increase demand for consumer products related to maternal health. A strong opportunity exists to develop a dynamic interface that is able to rapidly and accurately convey critical information to the populace regarding coverage and benefits. A range of private companies are poised to create an information interface that can also serve as an advertising platform for any health- and lifestyle-related products. Klikdokter, TanyaDokter, Konsula, and Alodokter are platforms that could serve this purpose if scaled up and marketed to a broader demographic.

In the absence of well-defined private sector provider database systems, there is a strong opportunity to build on existing (but nascent) online referral and appointment systems to link prospective clients with midwifery clinics. No online referral and appointment services are available for midwives in Indonesia, and only a few companies focus on health-related referrals at all. Practo and TanyaDokter are two online platforms that offer referral services and some scheduling functionality; currently, though, the only health professionals on these platforms are physicians and dentists. Practo is an online service that serves as a marketplace for health and dental services in Indonesia—connecting patients with providers and allowing customers to make online bookings with participating doctors or dentists. Practo is relatively new to Indonesia and is seeing ways to expand its user base. They have stated their interest in exploring midwives as clients.

Providing expecting mothers with important health information through online retailers is seen as an opportunity to drive traffic and sales while also better informing women about health issues. Indonesia's e-commerce market was estimated at US$8.2 billion in 2013, and is projected to grow by 19 percent annually, resulting in a market volume of US$16.4 billion by 2020 ("Is a Real Indonesia Broadband…", 2014). Young women of reproductive age represent the largest user segment of e-commerce services, so linking key reproductive health information to the e-commerce experience is a value-add that can differentiate emerging e-commerce providers growing their customer base in Indonesia. Leading e-commerce providers include Lazada, Rakuten, Takopedia, Zalora, Kaskus, Amazon, and Agoda; however, to date, there are no targeted products focused on the enormous market for maternity goods. The establishment of loyalty products would represent an interesting opportunity for these e-commerce sites to play a role in the fight against maternal mortality; such products could include transportation vouchers or a free telemedicine session for women of reproductive age. For instance, a consumer who adds a health product to their virtual shopping cart could be presented with an option to also purchase JKN membership at a discounted or subsidized rate. This opportunity would require negotiation between private sector companies

and JKN, but the practice is gaining prominence in some insurance markets. It would also require investment to develop seamless, aligned registration systems at both the retailer and BPJS.

Additionally, partnering with referral services like Practo would significantly increase their reach, provide a valuable service to e-shoppers, and subsequently increase patient volume for clinical service providers on the Practo network.

Increasing provider knowledge

As the private sector continues to expand, competitive pressures have created demand for systems to increase clinical competency. Major hospital chains are struggling to ensure that their providers' knowledge base and skillsets are up to standards. Most specialist health workers reside in Indonesia's large cities, but the country's smaller cities continue to grow. The skills gap required to serve those growing populations will also continue to increase unless a new way of transferring knowledge is instituted. Indonesia's education technology sector is booming and a plethora of e-learning providers focus on expanding access to knowledge for the country's growing population. Yet again, though, the health sector lags behind, despite some attempts at piloting e-learning for midwives through DFAT's (Australia's Department of Foreign Affairs and Trade) Australia-Indonesia Partnership for Health System Strengthening in East Flores, East Nusa Tenggara, and East Kalimantan. Healthcare investors have expressed serious concerns about the skills and knowledge base of Indonesian health workers. They see the education content gap as a significant market opportunity for a technology-based education provider to service a rapidly growing market and supply effective products that are able to account for Indonesia's varied geographic and educational realities.

Demand for easier access to continuous medical education by frontline workers presents an opportunity to develop an e-learning platform to offer this service. Although 67 percent of maternal and child healthcare is provided by midwives, there is currently no comprehensive online learning platform operating at scale through which midwives can receive continuing medical education (CME) credits. The programs that are currently operational are very limited in geographic scope. Such national systems do exist for doctors, but have not been expanded to include midwives. There are 60,000 midwives seeking to renew their midwifery accreditation every year, and all require CME credits to do so. This represents an enormous market gap; potential solutions are explored in-depth in "Theme 4: Improve the Quality of Midwifery Care Through Private Sector Training Institutions" (p.34). E-learning addresses the CME challenge in two ways. First, the demand for a diversified set of trainings may be more affordably satisfied through e-learning platforms when it is difficult to achieve a critical mass through in-person trainings. Second, e-learning platforms allow for ongoing reinforcement of training topics, provide lower-cost options for supportive supervision, and offer a community of practice that supports knowledge exchange. These platforms can especially benefit rural midwives, as they are disproportionately hampered by lack of access to information and educational environments.

Expansion of access

The rapid increase in use of online services in Indonesia is an ideal opportunity to increase utilization of emerging telemedicine platforms. Klikdokter, TanyaDokter, and Alodokter all offer some sort of telemedicine service on their portals. Functionality is currently limited to posting questions online or having a telephone conversation with a provider. Expanding that functionality to serve the millions of Indonesians with internet access who are geographically isolated from healthcare services would allow a company to establish a presence with an important but hard-to-reach demographic—one with real health needs that cannot be

regularly met due to the country's geography. The telemedicine sector has also been growing rapidly and Indonesia, with its widely dispersed population and relatively low provider-to-patient ratios, is an ideal place to take advantage of the benefits of a robust telemedicine system. If JKN reimburses telemedicine consultations, an effective, efficient telemedicine platform could become very attractive and profitable.

Innovative private service providers interested in expansion can leverage the rapidly growing telemedicine sector to expand services at low cost. A relatively unexplored MNH space is the application of telemedicine platforms that utilize specialized equipment to transmit key patient diagnostic data (i.e., ultrasound images, blood pressure, fetal heart rate monitoring, and simplified point-of-care blood test results) from remote areas, or areas with few specialist resources, to areas with better human resources and capacity to follow and diagnose patients using such platforms. The geographic isolation of many Indonesian communities, coupled with the relatively low number of trained specialists, creates an environment in which telemedicine can provide enormous value to pregnant women living in remote areas, while also allowing hospitals and providers to be reimbursed for those services through JKN.

Royal Philips, the Dutch technology manufacturer, recently signed an agreement with the Sijunjung Regency in West Sumatra to scale up its Mobile Obstetric Monitoring System. This is a smartphone-based technology that allows midwives to share pregnant women's vital statistics and ultrasound images to assist in the determination of pregnancy risk with doctors in the country's larger hospitals. After piloting the system in Padang and discovering that it could increase identification of high-risk pregnancies threefold, Philips decided to expand to Sijunjung in 2016; the company plans to extend the availability of this service to additional regions of Indonesia.

General Electric partnered with the Universitas Indonesia to launch a telemedicine program using its pocket sized Vscan Probe ultrasound device to provide telemedicine services to rural *Puskesmas* in Indonesia. Mobile ultrasound technology with the option to transmit online can massively expand the reach of essential diagnostic services for pregnant women in Indonesia and have a significant impact upon maternal mortality.

Improved data use for decision making

There are emerging opportunities to leverage big data platforms to improve the collection, aggregation, analysis, and interpretation of big data sources related to MNH in Indonesia. There are numerous sources of rich data that could be leveraged to inform the Ministry of Health, international partners, and private sector actors about the characteristics of the 70 million women of reproductive age in Indonesia, but that information is not being used effectively. Information about patient demographics, epidemiology, geographically specific coverage rates, and access data for the types of services utilized are currently being collected through different systems. There are few efforts to aggregate this data to construct a comprehensive picture of health service utilization in Indonesia. At present, BPJS collects claims data, but accessing that data is difficult. Private healthcare providers use an eclectic mix of data collections systems that are typically homegrown and not standardized.

A data platform able to aggregate, collate, and visualize Indonesia's abundant healthcare data would be invaluable for policy, marketing, and resource allocation decisions made by both the public and private sectors. Although 70 percent of Indonesian firms have cited big data as a priority, the country is still in the early phases of its big data evolution (Wibisono, 2015). Any one of the big data firms like Mediatrac, EMC, or Purple Analytics (to name a few) could serve as the focal point for big data in healthcare. However, the challenge is to establish partnerships with governmental and nongovernmental players to access the de-identified data necessary to make such a platform robust.

Develop an online review system for healthcare service providers. One powerful result of the overlap between technology and healthcare has been the democratization of information through the establishment of online platforms that provide potential patients with access to patient reviews and a compendium of user information regarding the healthcare system. Given the concerns about the quality of service provision in Indonesia, an online review system similar to Angie's List would significantly help pregnant women with critical information to inform their choices about providers. It would also put much-needed pressure on midwifery clinics and hospitals to provide the highest possible quality of service. As internet use increases, establishing a first-mover advantage in this space would provide an interesting opportunity to expand the user base and the sector base beyond pregnant women.

Opportunity with potential for greatest or most direct impact to the bottom 40 percent

The rapidly expanding use of mobile technology and the internet across all income levels can be leveraged to improve maternal and newborn health across all income strata, including the poorest echelons. Using mobile technology to increase women's access to information on MNH and JKN benefits can have a direct positive impact on patient behavior and care-seeking patterns, as well as the quality of care provided to the poorest 40 percent of women of reproductive age with the highest need for such services. Given that a large proportion of the bottom 40 percent of the population delivers at home, positive health behavior for pregnant women and the surrounding family and community is one major aspect of ensuring that mothers have healthy pregnancies and deliveries. In that respect, mobile technology has strong potential for informing, changing, and retaining behaviors that can bring about improved MNH outcomes.

Market barriers to opportunities

The principal barrier for the technology sector to engage in maternal mortality reduction strategies is a dearth of funding. Since few investors or technology companies have historically engaged in activities related to maternal health, there is a relative paucity of financing available for the application of existing technology—or the development of new technology—to the maternal mortality reduction space.

Much of Indonesia still does not have access to reliable internet connections. Although 40 percent of the population has internet access, that access is skewed heavily to the more populous western part of the country. This will limit the impact of technology-based solutions that rely on the internet in parts of the country that are currently not covered.

The lack of interaction between the traditional public health sector and the burgeoning technology sector has created a barrier, preventing the technology sector from engaging in maternal and newborn health. As the scale of the opportunity

represented by health—and specifically, by the MNH sector—becomes clear to players and investors in the technology space, this barrier will diminish significantly. By establishing fora in which health and technology thought leaders can come together to share ideas and co-create solutions, the maternal and child health sector will begin to benefit immensely from the innovation and solutions-oriented mindset of the private technology sector.

Regulatory issues concerning the adoption of new medical technology are a barrier to the introduction of telemedicine or novel medical equipment. Numerous layers of bureaucratic and technical approvals must be satisfied before a new approach or product can be brought to market. With respect to telemedicine, there are also questions revolving around liability, monitoring the quality of service provision, and allowing remote drug prescriptions.

Catalyzing the transformation of MNH through technology

Provide seed funding to existing incubators to engage in health-specific incubation. By creating a forum through which tech sector innovation can be channeled toward solutions in the healthcare sector, creative and effective approaches to many of the problems detailed above can be developed, incubated, and scaled. Such an incubator could also serve as a source of future deal flow for investors and companies interested (respectively) in investing in or adopting new technology. If a health incubator could be effectively linked to angel investors, VC firms, family funds, and PE firms operating in Indonesia, the development and scale-up of promising ideas could be accelerated significantly.

Establish a "Technology in Health" forum in which technology companies, health sector actors, and investors can jointly identify technology solutions to health problems, invest in the development of novel ideas, and capitalize companies to scale promising products. The current disconnect between the technology and health sectors is one key reason why not many tech innovations in health have advanced. That will change rapidly as market opportunities in health become more apparent. There is an opportunity for soft money or early entry capital to accelerate that process by deliberately bringing the tech sector together with key actors in the health sector to incubate ideas and pitch them to angel investors, VC firms, PE firms, and family funds.

Provide business case development support to companies and investors interested in improving healthcare delivery through investment in technology. Many investors and technology providers are unaware of health sector opportunities. Helping them see the inherent business value in particular opportunities would be a powerful way to catalyze their participation in this space. By partnering with existing hospitals and service providers, investors can realize significant returns through participation in the increased revenue that customer expansion will generate for hospitals and providers. Potential investors for healthcare companies seeking additional capital include VC firms interested in financing innovative healthcare delivery models, PE firms interested in expanding existing models, and family funds interested in making further investments in the space.

Hospitals seeking to expand their reach into peripheral markets should partner with technology companies like General Electric and Philips. They could establish a hub-and-spoke telemedicine model that leverages point-of-care telemedicine imaging and diagnostic technology to provide high-quality services in peripheral health facilities at very low cost. Partnerships with these large technology companies have typically been limited to universities and government entities. However, as private hospitals look beyond big cities and explore franchising, affiliation, or networking opportunities, telemedicine solutions could provide an essential alternative to the traditional expansion model. Such an alternative could

reduce capital costs, optimize the expertise of available human resources, and provide high-quality services at low cost.

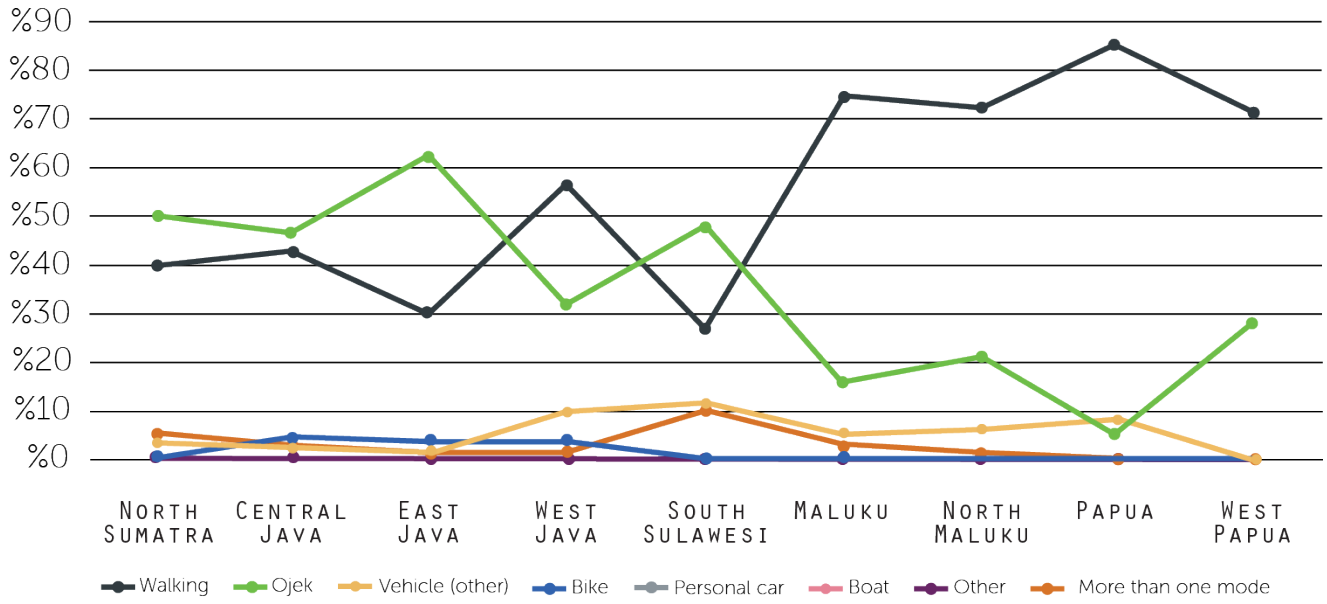
Theme 3: Transportation Solutions

Context

Limited access to timely and reliable transportation is an indirect cause of maternal mortality in Indonesia. Despite efforts to improve Indonesia's health system, women continue to face delays in accessing both emergency and non-emergency transportation to and from health facilities for maternal and newborn care. The availability of medical transportation is impeded by geographic distances, transportation availability and costs, road quality, and uncertainty about the appropriate person to contact for help.

With a burgeoning utilization rate of health services under JKN, there is growing demand for organized and reliable medical transportation. The annual utilization rate for services is experiencing exponential growth, with 164 million people registered under the JKN scheme as of April 2016. In 2013, Riset Kesehatan Dasar (Basic Health Research Division, Ministry of Health) reported that, on average, 50 percent of all patients who access care at primary health facilities, including *puskesmas* and private midwifery clinics, reported using *o-jeks* (motorbike taxis) to get there (Research and Development Agency, Ministry of Health, 2013). The second-most-common form of transportation for patients to access primary facilities is walking, with less than 10 percent using a vehicle, boat, or bicycle. Motorbikes are the preferred form of non-emergency transportation, even in places where there is no congestion and transportation infrastructure is scarce. Nationally, there is one motorbike for every two people (Chambliss and Bandivadekar, 2014). Moreover, midwives and other private providers recognize the opportunity for a more patient-driven approach to pre-arranged and emergency transportation. A majority of private midwifery practices discussed patient preferences for pre-organized transportation to and from their preferred delivery place and, in case of an emergency, prior to labor. Many village readiness programs, a state-run community health initiative, are also instituting this practice as part of the birth planning process.

Figure 8: Primary Patient Transportation Method to Primary Clinics, by Province



Source: Research and Development Agency, Ministry of Health, 2013

Emergency transportation dispatch systems and ambulance availability are lacking throughout Indonesia. Ambulances for maternal emergencies are covered by all classes of JKN, but only for referrals between facilities. As such, transportation from a patient's home or village health post to the facility is non-reimbursable, and not a standard practice. The primary reported use of ambulances by hospitals and clinics interviewed was for transportation of the deceased. 118 Emergency Ambulance Service is the only public ambulance service in Indonesia. It is based in five cities and has a fleet of 43 ambulances, half of which were reported out of commission in 2016 (Vit, 2016; Pitt and Pusponegoro, 2005). This service is not government-funded, and it charges those who can afford to pay.

Transportation networks are expanding rapidly in Indonesia due to increased passenger mobility, and economic drivers of trade and commerce (distribution lines). Growing recognition of the economic benefits to the government and the private sector associated with transportation infrastructure has spurred investment and expanded markets and profitability across Indonesia**.** President Joko Widodo made building transportation infrastructure a key part of his campaign promises and, in conjunction with the Ministry of Transportation, is building thousands of kilometers of roads, railways, and toll roads, with trillions of rupiah budgeted for this development. Further, while growth in the middle class and increased labor participation force many Indonesians to commute to work, these factors also afford them the opportunity to travel throughout the archipelago to visit family or for leisure.

Shared-economy transportation solutions are gaining popularity by offering consumer-driven, accessible, and affordable transportation options. Although there is growth in traditional formal and informal transportation providers—including automobile taxis, *angkot* (minivan bus), and *Bajaj* (three-wheeled bicycle taxis)—shared-economy options are experiencing explosive growth. The low cost and high accessibility of ride-sharing applications like Uber, Grab, and Go-Jek are transforming the transportation sector in the urban and peri-urban centers of Indonesia. With the expanding penetration of smartphones and 3G/4G networks, this consumer-driven movement is projected to expand rapidly.

Telecommunication companies have forecasted market growth to 92 million smartphone users by 2019, constituting 47 percent of all mobile phone users in Indonesia (Diela et al., 2016). Indonesia's largest telecommunication companies, Indostat and Telekomsel, have committed to reaching national 3G coverage before 2020 (Indosat Ooredoo, 2016; Telkom Indonesia, 2016). A recent survey found that 87 percent of Indonesians are willing to use products or services from others in a shared community, compared to 66 percent of the global population (Nielson, 2014).

Figure 9: Transportation Options

Illuminating the growth potential and expansive market of emergency and non-emergency transportation could revolutionize access for all patients, especially mothers and newborns, to health services in a timely manner. The transportation sector does not yet recognize the size of the market opportunity to serve consumers seeking healthcare. Although the passenger transportation sector is evolving rapidly, given the shared-economy and mobile-based on-demand models, these platforms are not tailoring their platform to serve patients and families looking to access the growing healthcare system. Further, the lack of reimbursement coverage by JKN and low general availability of ambulances in the public sector results in underutilization of ambulances by hospitals and facilities. As a result, emergency transportation represents a large potential market.

Major needs related to transportation of MNH patients include expanding reliable transportation to healthcare services and linking patient referral and emergency transportation.

Market landscape and opportunities

Expansion of access to healthcare services for all patients through reliable transportation

In urban and peri-urban areas, the expansive proliferation of mobile transportation applications can be leveraged to create an on-demand medical transportation service. Over 50 percent of patients already use an *o-jek* or *angkot* to access clinics. However, the availability of these services and variable out-of-pocket costs for patients make medical transportation difficult. The mushrooming success of technology-based transportation companies like Go-Jek, Grab, and Uber unlock huge market potential for these players to offer medical transportation services within their mobile applications. For example, most applications of Go-Jek and GrabBike allow the consumer to select a mode of transportation (vehicle or *o-jek*) or another service, like at-home food delivery or transportation to beauty appointments. Similarly, Practo is an online marketplace for health and dental services in Jakarta that connects patients with providers and allows customers to make online bookings to see participating doctors or dentists. Pre-arranged transportation to and from scheduled appointments using the Uber application is an additional loyalty service provided to users of the Practo platform. Expanding a platform similar to Practo could not only increase consumer volume for other ride-sharing transportation providers, but also provide a competitive edge and positive brand loyalty in this increasingly crowded space.

More traditional private transportation providers could utilize their excess idle capacity for medical transportation. Private transportation companies—including traditional taxi services, car rental companies, and informal contractors—are losing market share to technology-based transportation companies and increasingly have idle excess capacity. The study team's interviews revealed that application-based ride-sharing services have decreased the market for traditional private passenger providers by more than one-third in many of Indonesia's urban and peri-urban areas. Given the size and growth of the consumer base accessing health services, companies introducing a specialized medical transportation service could organize this untapped "niche" consumer base. For example, one car rental company operates in 14 cities with a fleet of 12,000 vehicles, many of which are increasingly idle. This company expressed a strong interest in operationalizing the fleet for medical transportation. Elsewhere, the informal transportation sector is composed of cooperatives (or ranks) of *o-jek* and *angkot* (minibuses) drivers, who are often idle and awaiting clients. Non-emergency transportation to and from clinic visits, pre-arranged by clients in-person or by calling a designated phone line, could help these providers expand and increase utilization of their idle capacity. Many of these fleets could also be utilized for emergency medical transportation.

Linking patient referral and emergency transportation

Demand and critical need for emergency medical transportation offers an opportunity for the development of a coordinated emergency dispatch system. The surge of organized transportation companies continuing their expansion to peri-urban areas, coupled with the consolidation and franchising of private health facilities, creates a strong business case for an emergency dispatch system that coordinates transportation and referrals to preferential hospitals. A private emergency dispatch call center with operators who take essential details about the patient's condition and exact location, logging them onto a technology platform, can coordinate both transportation and referral to networked providers and facilities. Large established transportation companies would benefit from this dispatch system due to increased volume and brand recognition. Networked health facilities, including midwifery clinics and hospitals, would increase emergency referrals and high-revenue patient volume. This emergency medical dispatcher system could be broadened from the traditional emergency medical system (including only ambulances) to include a number of transportation outlets—for example, ambulances, rapid response cars, and *o-jeks*. Siloam's hospital network is currently piloting a similar service that allows patients to call an emergency and non-emergency number to seek transportation help and proper referral to the nearest appropriate facility.

Opportunity with potential for greatest or most direct impact to the bottom 40 percent

In the initial phase, private transportation solutions can improve physical access to healthcare for the poorest 40 percent of women, provided that they have the capacity to pay for it or can rely on *Jampersal* coverage. The success of private, on-demand medical transportation—as well as the coordinated emergency dispatch system—is contingent on consumers' capacity to pay, either out-of-pocket or through an insurance scheme. Once such transportation schemes are established and proven effective, a subsidy/insurance scheme could be introduced for the poorest of the poor who lack the capacity to pay and are not covered by *Jampersal*.

Market barriers to opportunities

Perceived financial risks pose a barrier to entry for many operators. Most transportation operators are independent contractors or private companies that receive

payment upon completion of service. If transportation for pregnant women and their families is subsidized or covered by an external agent, reimbursement for these contractors could be delayed and the process could be more laborious.

Liability for damage or maternal death poses a risk. Providing transportation to a maternal patient in emergency situations could result in death or damage to the property during transport. This type of event could be damaging to a private contractor driver and to a company's brand.

Market catalysts

Demonstrate market potential and profitability of medical transportation for private transportation providers. This opportunity remains largely unrecognized, so market entry analysis or incubation space for transportation companies to pilot medical transportation services will be required. Information about the potential market, expected returns, barriers, and planned market entry are examples of analysis and brokering that private sector transportation companies will require.

Increased patient numbers and utilization rates will drive market potential and growth. The growth in patient utilization of the formal health system resulting from JKN increases demand for accessible and reliable transportation options. Moreover, the recent adaption of Jampersal, a special allocation from the Ministry of Health to districts for medical transportation of mothers and caretakers to/from maternity waiting homes, will unlock capital and growth in the market—potentially enough to entice private sector exploration, capital, and financial support to build out these opportunities (see box, page 34).

Box: Financial Mechanisms for Transportation Opportunities

Microfinance loans and insurance can offer borrowers maternity transportation entitlements and insurance as a competitive bolted-on benefit. Given the competitiveness of the MFI market in Indonesia, loans tailored to women of reproductive age that include supplemental insurance benefits like maternity and medical transportation represent a consumer loyalty product. They also mitigate borrower default risk by lowering the risk of adverse health outcomes for loans tailored to these women. These products would require MFIs to contract with large transportation companies like GoJek or Bluebird to provide both emergency and non-emergency transportation to maternity patients.

Jampersal has been converted to a program that supports transportation costs for patients to reach health facilities in emergency and non-emergency situations. The program's reimbursement, coverage, and selection of transportation providers is negotiated at the district/city level. Money for medical transportation is provided by Jampersal, which could be a purchaser for any of the opportunities presented above.

Private hospital chains or networked clinics like Bidan Delima and Siloam are interested in funding medical dispatch services that include referral to their networks to increase patient flow and revenues. This expansion may be supported by venture capitalists or private equity depending on the market size and risk.

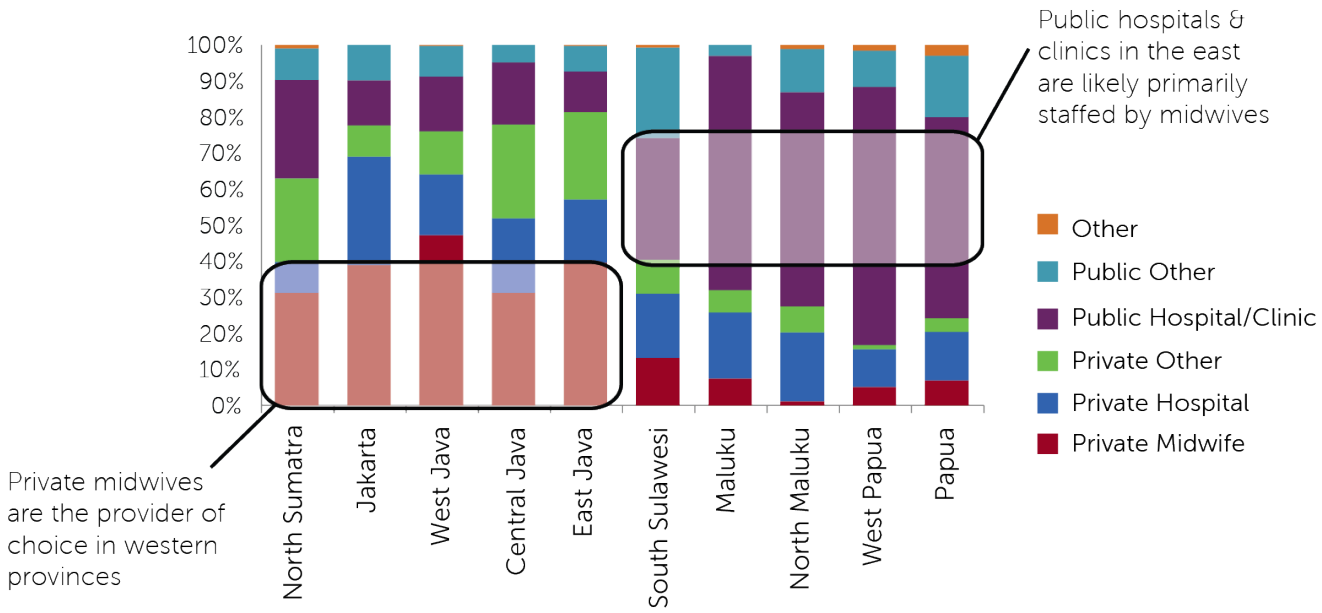
Offer benefits directly to consumers. At present, consumers pay out-of-pocket for ad hoc informal medical transportation that has variable rates and availability. Given the opportunities for pre-arranged or emergency medical transportation services could be paid for by the consumer given the existing demand for a safe and reliable form of transportation to reach health facilities. Because the transportation opportunities would be embedded either in a mobile application or as part of a service from a transportation company, the fare would likely be standardized and the cost structure could be tiered by patient type or distance to ensure patient affordability.

Theme 4: Improve the Quality of Midwifery Care Through Private Sector Training Institutions

Context

Midwives are the front-line workers for maternal and newborn health in Indonesia. There are 250,000 registered midwives and approximately 40,000 privately registered midwifery clinics in the country according to the Indonesia Midwives Association representative interviewed for this study. Seventy-five percent of Indonesian women receive antenatal care at midwifery clinics, and 62 percent give birth in a midwifery clinic (Statistics Indonesia, 2013). Figure 10 below shows the breakdown of facility-based deliveries. Private midwives are the most common location for delivery in the western five provinces. While public hospitals and clinics serve the overwhelming majority of births in the more rural eastern provinces (given available infrastructure), women in this area also likely deliver at basic primary healthcare clinics staffed by midwives. As such, any program or initiative seeking to reduce Indonesia's maternal and newborn mortality ratios must also improve the quality of service provided by midwives to their patients. This includes improving pre-service training, upgrading accreditation standards, and ensuring that midwives have options for continuing medical education.

Figure 10: Breakdown of Facility-based Deliveries, by Province



Source: Statistics Indonesia and National Population and Family Planning Board, 2013

Most midwives are trained at private institutions. Eighty-four percent of Indonesia's 700 midwifery schools are private, and most are concentrated in urban areas (Rokx et al., 2010). As such, the quality and comprehensiveness of training at private institutions will subsequently determine the skill of the majority of Indonesia's midwives; by extension, it will determine the quality of care received by most Indonesian women.

To improve midwives' skill base, the government of Indonesia has adopted stricter educational standards for pre-service midwifery training. To ensure that qualified midwives enter the workforce, the government adopted new regulations in 2012 that require all midwives to complete a three-year diploma in midwifery and participate in 50 deliveries before sitting for the competency exam. However, due to the high number of students and the concentration of institutions in urban areas, meeting this requirement became almost impossible in many situations; there are simply not enough births that occur in the catchment area to accommodate the number of students in the program. As a result, this practical training requirement has been reduced to 20 deliveries in many provinces. Ill-equipped, newly graduated midwives often struggle to pass the government competency exam, casting doubt on whether all of these training institutions are necessary or well-positioned to train the next generation of service providers.

The government has instituted a strict rating system for higher education to monitor the quality of pre-service education. In 2010, the government introduced a rating system (A through D) for all higher education institutions, including medical schools and midwifery training institutions. The Ministry of Higher Education rates schools based on four criteria: human resources, management, quality of students, and research and publications. Evaluation criteria for midwifery schools include teacher-student ratio, equipment/models available for practical training, and teacher certification. The publicly available rating has quickly brought a change in mentality among training institutions, which realize that prospective students are acutely sensitive to ratings. While this rating system is seen by many as

a positive step to improving the quality of education, it is unclear whether a school's rating correlates to the quality of care provided by its graduates.

Basic accreditation standards exist, although they do not fully cover the skills required for private midwives to operate a high-quality, well-run clinic. Licenses are issued by the Central Board of the Indonesia Midwives Association. Registration letters to be employed as a midwife are also issued by the Midwives Association; midwives pay dues of IDR 20,000 per month. Additionally, a midwife must intern for at least two years to be able to work independently at a *Puskesumas* or open a private clinic on their own. While all of these measures improve the quality of care by ensuring on-the-job training, the accreditation does not cover aspects like good financial and human resource management. While midwives may become good service providers, they are not given the tools and resources to grow their business to respond to the demands of their communities.

***Bidan Delima* is a private sector solution to the lack of midwifery quality assurance and business management.** District health offices have the mandate to maintain the quality of services provided in both the public and the private health sectors, although quality assurance activities such as supportive supervision were not noted by private midwives. The private sector has come up with its own standards for high-quality midwives, called *Bidan Delima*. Under this program, overseen by the Midwives Association and initially developed through support of USAID, midwives are given the special title of *Bidan Delima* when they pass a series of written competency exams, trainings, and an assessment visit by the association. The competency requirements are broader than those set up by the public sector, and assessment criteria include items such as optimal placement of information reference sheets and equipment, completeness of record-keeping, and practical skills like quality of antenatal clinic visits and deliveries. *Bidan Delima* membership costs IDR 250,000 and must be renewed every five years. While the certification process is in-depth, with thorough inspection and guidance provided by the association representative conducting the assessment, there is no continuous quality assurance system within the current *Bidan Delima* structure.

CME requirements for re-accreditation do not leverage the opportunity to truly assess whether a midwife is maintaining and expanding his/her skills. Licenses must be renewed every five years, and a midwife must have 25 credits of CME to gain renewal. Curricula/topic areas have been defined by the Ministry of Health and reviewed for updating by the Midwives Association. Most often, midwives gain these credits by attending training sessions organized by the local midwives association in partnership with a training provider. The selection of training tends to be limited, and the study team's interviewees noted that the quality of these CME trainings tends to vary significantly.

Market landscape and opportunities

Expansion

The new rigorous accreditation standards for pre-service education have caused numerous poor-performing midwifery schools to close, providing an opportunity for high-performing training institutions to acquire failing schools and expand their reach. The government has established an employment standard requiring that new applicants for civil service graduate from schools ranked A or B. This has resulted in a rapid decline in student enrollment for C- and D-ranked schools, several of which have been forced to close or merge with other institutions. There are simply not enough A- and B-ranked schools to meet current training demands in Indonesia. This represents a unique opportunity for high-performing schools to expand, capture an existing market through acquisition of failing schools, and establish themselves as branded providers of high-quality midwifery education.

The saturation of urban markets presents an opportunity for peri-urban and rural expansion. Most midwifery training institutions in Indonesia are clustered in urban areas, which have the highest concentrations of midwife practices and the most rapidly declining total fertility rates. Indonesia's demographics are shifting the market for midwifery clinics and making it difficult to provide the kind of training required to meet accreditation standards in saturated urban markets. Training institutions that are able to establish a presence in peri-urban and populated rural areas will be well-positioned to ensure adherence to training standards, and can offer an adequate volume of deliveries for each trainee—thereby increasing their appeal to prospective students.

Data and advisory services to improve midwifery training is highly sought-after. The new rating system for higher education institutions has brought a new dynamic to the academic industry. For their survival and growth, training institutions are keenly interested in understanding the levers they can employ to improve their instruction and ratings. While the overarching rating is publicly available, the public has no access to the raw data that informs this rating. Furthermore, there has not yet been any data gathering and analysis on whether these ratings relate to the actual quality of service provided by graduates. A private company with a combination of data analytics and management consulting expertise could fill the market demand among the public sector and training institutions. This model mirrors Gallup, which combines a prominent survey and data analytics business with a prosperous management consulting arm that utilizes available market information through its vast troves of data to advise clients on how to improve their companies. By gathering, storing, and analyzing publicly available and uniquely generated data, a data analytics and consulting firm could help client midwifery training institutions grasp how to improve their ratings and quality of education. Indonesia's private sector has all the working pieces to make this opportunity a reality: strong market research firms who combine their data analytics with consulting services; companies that already sell healthcare market data, such as IMS Health and A.C. Nielson; and technology companies that use data sharing as their primary business offering, such as *Practo*. The combination of data gathering, data sharing, and consulting can have numerous revenue-generating opportunities given the diverse groups interested in that information.

Accreditation

The *Bidan Delima* association is well-positioned to use its status as a midwife accreditation body to significantly improve the quality of services in Indonesia. The quality of service provision in Indonesian midwifery clinics is far below expected norms, and contributes significantly to elevated maternal mortality rates. Given its rigorous accreditation standards beyond the basic level, *Bidan Delima* can be marketed as the gold standard of midwifery. This status can lead to improved client attraction and, concurrently, to increased demand by midwives to elevate their skills to acquire *Bidan Delima* status. Membership in *Bidan Delima* is still quite low, with around 8,500 midwives in 196 districts receiving accreditation, representing a small fraction of the country's midwives. An investment in marketing the importance of quality could have powerful returns for *Bidan Delima* in the form of increased membership and revenue, while also increasing the number of high-quality facilities providing services to pregnant women.

Continuous medical education

There is significant demand for high-quality, consistently available CME for midwives, nurses, and doctors related to maternal and newborn health. Most midwives acquire the 25 CME credits required for their accreditation by attending ad-hoc training sessions organized by the local midwives' association in partnership with a CME training provider. The study team's interviews revealed that currently available CME trainings

often lack diversity in topic, are sporadic, and vary in quality. There is a need for a robust system to ensure that existing hospital and clinic staff knowledge is current and relevant. This opens a space for existing training institutions to expand or enter into the CME space so that routine and diverse trainings can be offered to midwives and nurses.

The absence of a market leader for the provision of high-quality CME is a significant growth opportunity for existing training institutions or a new entrant into the midwifery training market. An educational content company could take advantage of this opportunity to establish a low-cost, high-volume model of high-quality CME content that is administered online and available to all midwives. Approximately 60,000 midwives seek to renew their license every year. Assuming that each seminar is worth three credits, pricing the course at US$40 (half price to a conventional private training institution) would still make this a US$19 million annual market. The content of the curriculum has already been defined by the Ministry of Health, so upfront investment in structuring the course is minimal. This is a prime opportunity for private training institutions to scale their businesses into the midwifery CME sector, while contributing to the improvement of MNH services across the country. There is higher demand for more CME trainings in rural, eastern provinces, so the training institutions that choose to expand into these geographic areas (second opportunity highlighted in this *Market Landscape and Opportunity* section) could use this CME training as complementary revenue generation activity.

Training institutions can develop a new business-to-business service for health facilities to promote consistent skills upgrade. Most clinical training institutions focus on individual consumers and do not directly cater to larger players like hospitals and private companies. Given the growing market for consolidated health facilities in Indonesia, there is also a growing preference for brand recognition across the networked facilities, and for ensuring consistent, high-quality service delivery across all of them. Training institutes can offer a business-to-business service to these networked healthcare facilities to build a new client base; healthcare facilities will benefit from highly qualified midwifery staff trained in a standardized manner.

Professional associations can build a robust, networked community of practice to act as low-cost, continuous technical assistance and support to midwives. Despite stated demand from midwives, such a community of practice does not yet exist in Indonesia. Virtual networks and communities of practice could serve as essential fora through which best practices, new guidelines, and service delivery tools could be disseminated and incorporated into the daily practice of healthcare providers. Furthermore, as investors look to acquire smaller healthcare facilities to expand their reach, an effective and well-trafficked community of practice can act as on-demand clinical and managerial support needed at low cost. A virtual community of practice network can also serve as an effective advertising platform for companies selling goods and products related to healthcare.

The online community of practice is a precursor to online CME training and supportive supervision tools. The tech sector has boomed in Indonesia, and an increasing number of tech innovations can bridge the distance between different groups of people and deliver information without in-person engagement. In the context of the healthcare sector, Summit Medical has developed software that trains nursing staff. Given its nascent stage and cost structure, the software is currently limited to application at large hospitals in urban areas. However, similar e-learning platforms can be developed for midwives, to facilitate the continual enhancement of their skills without the need to travel long distances to access education. See Theme 2 for more insights on opportunities in healthcare for technology innovation.

Opportunity with potential for greatest or most direct impact to the bottom 40 percent

Midwives are the key to reducing maternal and newborn mortality in Indonesia, particularly among the rural poor. Private solutions for improving access to high-quality pre-service training, continual medical education, and operational accreditation can enable midwives to expand their practices to areas with the greatest need for high-quality midwifery care. An increased supply of high-quality midwifery clinics, coupled with full JKN coverage for MNH care for the poor, can lead to a dramatic reduction in maternal and newborn mortality among the bottom 40 percent of the population, particularly in peri-urban and rural areas.

Market barriers to opportunities

Weak management capacity for *Bidan Delima* is a critical barrier to expanding and improving this national association's practices. While the certification process for becoming a *Bidan Delima* is in-depth, there is no continuous quality assurance system within the current structure. The association was made autonomous from its financial backer, USAID, in 2010, and has had trouble managing its operations since (Maharani et al., 2011). *Bidan Delima* must build its capacity if it is to take on a more substantial role in the accreditation and oversight of Indonesia's midwives.

Internet penetration in some parts of the country is still low, so online learning will not reach everyone yet. E-learning courses could offer a huge breakthrough in access to and affordability of CME. However, Indonesia still has just 40 percent of its population online; alternative e-learning approaches, such as content-loaded USBs or DVDs, might need to be developed in the interim despite the additional cost of production and distribution. The government has committed to massively expanding the physical infrastructure required to connect the rest of the population, so this issue will diminish over time.

Catalysts

Provide capital to high-quality (A- and B-rated) professional training institutions to expand through acquisition and consolidation. In the midst of large hospital acquisition and consolidation deals in Indonesia, there is a strong need for highly qualified health professionals. On the other hand, some privately owned training institutions are prime for acquisition due to their low ratings and need for an infusion of cash to revitalize their programs. There is an opportunity for mid-tier VC firms or family funds to invest in expansion and consolidation of highly ranked midwifery educational institutions to accompany the growing number of deals in hospital consolidation. By acquiring a large number of these institutions, consolidating them, improving their management, and creating a strong brand, investors could turn private midwifery training institutions into a profitable business.

Provide capital for the development of a robust e-learning platform. VC firms have increasingly invested in technology, so this e-learning opportunity could be an attractive opportunity for them. Current VC firms' interests may not be directly aligned to addressing continuous education and quality improvement of midwifery services. This is a prime example of where blended finance with donors could be beneficial when added to technical assistance. VC firms will bring funds and a network of technology firms and advisors that can provide the tools, while donors can bring soft money and technical experts in MNH to contextualize innovation.

Theme 5: Tailor Financial Products for Maternal and Newborn Health

Context

The commercial banking sector in Indonesia is mature and acts as the largest provider of capital to large businesses. As is commonly the case in middle- and upper-income countries, commercial banks in Indonesia provide non-speculative capital with collateral requirement to large businesses. A smaller share of their loans remains available to small and medium enterprises and to some individuals, but underwriting requirements are strict and capital is not easy to obtain for these groups. Given that the commercial banking sector in Indonesia is generally risk-averse, it provides capital to investments with a relatively secure return. These banks usually do not provide preferential conditions to specific groups of people or businesses and, like most banking sectors globally, do not offer technical business support to their customers.

The large number of MFIs in Indonesia has led to fierce competition for customers, which is often accomplished by bundling additional value-added products to existing product lines. A robust microfinance market has developed in Indonesia, responding to the lack of access to capital for the poor. As the pioneer of Indonesian microfinance, BRI bank has captured more than half of the microfinance market by offering competitive products characterized by easy access, an easy application process, low interest rates, and low collateral requirements. Still, an increasing number of MFIs are entering the market and actively looking for strategies to attract more-lucrative untapped borrowers. As they seek their competitive edge, many MFIs interviewed were interested in experimenting with maternal health products as a means to capture a larger customer base.

Women represent less than 15 percent of the recipients of loans and microloans.

Despite the high loan repayment rates among midwives, most financial institutions have not created products accessible to maternal health providers to start or expand their practices. Female entrepreneurs in Indonesia, including midwives, most frequently use personal or family savings as initial capital because information about loans does not reach them. When it does, they are often deterred from this route by high interest rates, collateral requirements, and complex application processes (Japhta, et al., 2016). The International Finance Corporation estimated that only 11.5% of all loans were issued to women in 2004, while in 2015, men were six and a half times more likely to access Kredit Usaha Rakyat (KUR) loans than women (Akademika for IFC-PENSA, 2006; Farida et al., 2015).[5] Locally conducted surveys show that female entrepreneurs borrow only when certain that they can repay, and depend on men for making financial decisions, particularly regarding collateral (Japhta et al., 2016). This indicates that financial products for midwives must be carefully designed to overcome the social and cultural barriers to borrowing.

[5] The KUR program was established in 2007 as the government's effort to encourage national banks to lend to feasible, but not bankable, micro, small, and medium enterprises. The idea is to provide credit without collateral, in the form of working capital and investment capital for individual producers or owners of productive Micro, small, and medium enterprises and cooperatives with a credit upper limit up to Rp500 million. The scheme is 100% financed by national commercial banks, i.e., BRI, Bank Negara Indonesia, Bank Mandiri, Bank Tabungan Negara, Bank Syariah Mandiri, Bank Bukopin, and Bank Negara Indonesia Syariah, and regional development banks. Government guarantees for 70% of the loans, and also provides an interest subsidy for since July 2015, reducing interest rates for end borrowers from 22% to 12% annually (Japhta et al., 2016).

Syariah banks are growing rapidly and have expressed a strong interest in investing in maternal health. Women are increasingly attracted to the Syariah risk and profit-sharing principle. According to Syariah branches of Mandiri and Bank Tabungan Pensiunan Nasional (BTPN) banks, the largest share of financial products offered by Syariah banks are provided to women. There is still diversity across the markets targeted by Syariah banks. For example, Permata bank focuses on the formally banked population, while Mandiri and BTPN Syariah branches are open to engage with maternal health to build a larger customer base among the rising middle class.

As JKN embarks on the complex task of enrolling the non-poor informal sector, this population continues to face financial barriers to accessing health services. Economic growth in Indonesia has inevitably led to an increase of the non-poor informal sector, or the so-called 'missing middle.' The government has rarely established contact to get this population enrolled in JKN (compared to the formal sector, through their mandated reporting and taxation; and the poor, who may be under some type of social security scheme). Experience from countries that have implemented social health insurance, such as the Philippines and Ghana, demonstrates the difficulty in enrolling the 'missing middle,' raising uncertainties about the feasibility and sustainability of JKN plans to reach full coverage by 2019. Already, one estimate predicts that only seven out of 33 provinces will achieve full coverage by the 2019 deadline, leaving a temporary gap in financial protection to access to health services for a segment of the population until full rollout has been truly achieved (Ernst and Young, 2015). This gap represents an opportunity for private insurance companies to expand their insurance product market as an interim bridge for increasing financial access to health services, which can be leveraged by JKN to enroll the 'missing middle' in the future.

Given the bustling financial landscape and the advent of JKN, there are two categories of financial products that can lead to a reduction in maternal and neonatal health:

1. Loan products for expanding the supply of private healthcare
2. Products for reducing the temporary financial barriers to accessing care

Market landscape and opportunities

Loans for the expansion of private healthcare

Conventional loans from commercial banks are the primary source of external capital for established hospitals looking to expand their maternal and neonatal services. Most PE and VC firms have not focused on providing capital for expanding single hospitals, leaving commercial banks as the only potential source of external capital for such ventures. Commercial banks have standardized lending requirements for big businesses. In the face of uncertainty in the JKN reimbursement rollout, hospitals struggle to demonstrate a business model that can achieve sustainable growth. Therefore, in addition to capital, hospitals need business development support to adequately incorporate maternal and neonatal services into their business models to take full advantage of JKN.

Conventional loans are out of reach for most smaller private practices, such as midwifery clinics, due to tight collateral requirements and preference for large loan amounts by banks. Of the more than 300,000 registered midwives in Indonesia, approximately 35,000 currently operate a private practice.[6] This scoping analysis shows that the majority rely on savings and family support for starting and enhancing their practices. They do not have enough collateral to qualify for large conventional loans, and usually need a fairly small

[6] HP+ Team. March, 2016. Interview with the President of the Indonesian Midwife Association

amount of money to start a clinic or improve the quality or reach of existing clinics. At the same time, around 93 percent of midwives in Indonesia engage in dual practices by both working at public health facilities and running private clinics (Hatt et al., 2015). Given the steady patient flow secured by a dual practice arrangement, several microfinance lenders have attested that midwifery practices tend to be profitable (10–20% annual return) and not default on their loans.

Making loan products cheaper by removing collateral requirements or reducing interest is a way to incentivize midwives to seek out loans for opening or expanding private practices. Financial institutions are generally wary of targeting a particular group of clients with an unproven capacity to repay loans. However, there are a few mechanisms by which midwives can access loan products cheaper than conventional offerings. Small MFIs likeYayasan Buah Delima Foundation in Central Java offer midwife members accessible, low-interest loans to purchase equipment and renovate clinics, and subsidize re-licensing trainings and seminars. Furthermore, midwives have access to collateral-free expansion credit of up to IDR 500 million from six commercial banks and 13 regional development banks through KUR, the national microfinance program. [7] The government is underwriting 70 percent of the risk through the KUR program through public insurance companies. The goal is to propel micro, small, and medium enterprises and cooperatives, which are profitable but do not qualify for conventional loans. Nonetheless, these loans have still not gained popularity among midwives, given that many are wary of formal banking and prefer a more personalized relationship with financial support.

Smart microloans, which feature both technical assistance and operational capital, can lead private midwifery clinics to success. Even though they may be more expensive (or equally expensive) than conventional loans, this analysis suggests that midwives are particularly attracted to loan products that feature managerial support: the so-called smart loans. Multiple MFIs in Indonesia have designed financial products aimed at overriding the lack of management capacity as the main bottleneck for expansion of small businesses. One such MFI is Ventura, which operates in 27 provinces. Using investments from banks and big companies' corporate social responsibility (CSR) funds, Ventura makes equity investments in micro, small, and medium enterprises. Ventura has a vested interest in the profitability of its borrowers: besides capital, it provides complementary technical assistance and monitors progress. The North Sumatra Ventura branch has supported a garage midwifery clinic to grow into a large maternal and child hospital over the span of six years. Ventura recognizes the potential of JKN in securing a revenue stream to healthcare providers. It is interested in targeting its investments at private clinics and supporting other business practices with the potential to reduce maternal mortality, such as community schemes for transportation of pregnant women. However, microfinance mechanisms like Ventura are usually capital-constrained and would be able to expand their activities beyond the existing portfolio only with an injection of capital.

Products that reduce financial barriers to accessing care for the uninsured poor and the 'missing middle'

The road to universal health coverage is long and bumpy, which leaves space for banks, MFIs, and private insurers to create new markets by filling in temporary gaps. JKN coverage includes all services related to MNH, while the re-introduction of

[7] The six commercial banks distributing KUR at present are Bank BRI, Bank Mandiri, Bank BNI, Bank BTN, Bank Syariah Mandiri, and Bank Bukopin. The 13 regional development banks that distribute KUR include Bank Nagari, Bank DKI, Bank Jatim, Bank Jateng, BPD DIY, Bank Jabar Banten, Bank NTB, Bank Kalbar, Bank Kalteng, Bank Kalsel, Bank Sulut, Bank Maluku, and Bank Papua.

Jampersal in 2016 aims to cover all transportation costs associated with facility deliveries in select provinces. Still, covering the 'missing middle' and expanding JKN and *Jampersal* across all provinces will take time. Private insurers can cover for these gaps until the national health insurance fully expands. The current challenge of enrolling the 'missing middle' partially lies in this population's lack of understanding of the health insurance product. Even given an understanding, they would not necessarily see value in paying a premium for the no-frills service offered under the JKN package. As awareness of health insurance grows with JKN expansion, private insurers could fill the market need by offering a slightly better set of benefits for a still relatively affordable price—an option made possible by the fact that these targeted products will not have to cover for the poor through subsidized pricing. As the 'missing middle' establishes touchpoints with the health insurance market, BPJS could use it as a mechanism to integrate them into JKN. As their clients shift onto JKN, private insurance companies could expand their supplemental insurance business as below.

Offering supplemental insurance with other insurance products such as JKN can provide a full financial network of support for pregnant women and simultaneously expand the client base for private insurance companies. Spurring a secondary insurance market is common for countries that are rolling out national health insurance schemes, such as Ghana and the Philippines. Interviews with private midwives have shown that pregnant women often like additional services to make their delivery comfortable, such as hot meals, clothes, and bedding. Private insurance companies can either provide this benefit package as an exclusive maternity top-up insurance product, or include it in a larger comprehensive top-up package that could be attractive for women of reproductive age.

Commercial banks can dramatically expand their client base through the provision of products specifically targeted at women of reproductive age, who remain largely unbanked. Only 19 percent of women in Indonesia have formal bank accounts, so loyalty products for maternal health can incentivize them to join the formal banking platform and give them access to high-quality maternal services. BTPN bank offers loyalty products to pensioners in the form of free medical checkups and screenings, to help retain them as customers. Several commercial banks expressed interest in designing a similar product for women of reproductive age to incentivize them to open bank accounts, earn their trust, and retain them as customers in the long run. For example, loyalty products could include complementary ultrasound screenings, mobile diagnostics, or telemedicine consultations with highly qualified doctors throughout women's pregnancies. These benefits could be attractive for the nearly-poor who have some money to save and would see immense benefit in receiving maternity services they could not usually afford for free by opening a bank account. The banking sector is crowded—large state-owned/affiliated institutions dominate the market with their basic banking products—but such a new offering could substantially increase a bank's client base within this unbanked segment of the population, giving banks a foothold for additional financial products in the future with women of reproductive age. Loyalty products could be particularly attractive for Syariah banks, whose market share is still low (5%) but aggressively growing, and which is dominated by an increasing number of women of reproductive age ("Islamic Finance in Indonesia…", 2014).[8]

Maternity savings accounts can play a key role in reducing pregnant women's financial barriers to accessing care during JKN scale-up. MFIs across Indonesia have implemented various financial schemes for women that can be leveraged for maternal health.

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[8] HP+ Team. March, 2016 Interview with BTPN Daya staff; HP+ Team. June, 2016. Interview with Bank Mandiri Syariah.

For example, North Sumatra's provincial bank has a large network of women's savings and lending groups, covering 24,000 women. The provincial bank in Papua is currently learning from the North Sumatra bank, and will soon launch a similar women's savings and lending program. This model could be enhanced with maternal health products like mandatory or voluntary maternity savings funds, and could be expanded to other locations. Such a mechanism could be highly beneficial for women in the lower-middle income bracket, as it can act as a bridge to pay for maternity services and transportation for women who are yet to be covered under *Jampersal* and JKN. It could also continue to benefit those who may not be able to afford a top-up insurance to JKN, but have the means to save a small amount of funds to pay for services during pregnancy and delivery (such as food and bedding). This study's findings suggest that maternity savings are likely to gain traction because women have been shown to save for future needs, unlike men who save mainly to obtain credit (Bank Indonesia, 2014).

Opportunity with potential for greatest or most direct impact to the bottom 40 percent

These financial products are meant to primarily benefit the bottom 40 percent of the population not covered by JKN or *Jampersal*, as well as the non-poor in the informal sector. Supplemental insurance can take on many different forms, including transportation coverage for the poor who do not yet enjoy *Jampersal* benefits. Maternity savings accounts can play a similar role, as well as cover for the cost of MNH services for the nearly-poor in the informal sector who are not covered yet by JKN. Loyalty products are not intended to replace the role of JKN or Jampersal, but instead provide women with additional MNH services, and incentivize them to gain access to finance by opening formal bank accounts. These financial products have the potential for reaching and addressing the MNH issues of the bottom 40 percent that are currently hard to reach through the public, JKN system.

Market barriers to opportunities

Currently, the biggest barrier for financial institutions to engage is a perception that a target group is too risky. Both large commercial banks and smaller financial institutions perceive credit risk as the number one risk for lending (i.e., lack of borrowers' ability to repay), particularly if the targeted group has an unproven profitability or track record of repayment (PwC Indonesia, 2015). Another reason for reluctance is the perceived risk of fraud. For example, lending to a midwife who does not intend to open a clinic—but instead, wishes to take on a riskier venture— could result in default. Except from Syariah banks, there is not yet enough generated evidence to counter these concerns.

Small financial institutions with rural reach, such as rural banks and microfinance cooperatives, often lack capital to engage beyond their current activities. Many see the potential to expand their businesses by launching maternal health products, but lack the necessary capital. A lack of capital is also reflected in their reliance on word of mouth as a main marketing strategy, which could act as another barrier for launching new maternal health-oriented financial products to a wider population.

Midwifery clinics are unable to receive direct reimbursement from JKN unless they are affiliated with an OBGYN or a local primary health center (*puskesmas*). This regulation could pose a challenge for opening clinics catered to JKN patients in remote areas, where doctors and *puskesmas* are not located nearby.

Catalysts

Assist private hospitals in adjusting their business model to make profits under JKN by expanding maternal health services using commercial loans. Obtaining capital from commercial banks is generally cheaper than PE investments for expanding or improving the operations of a small chain or single hospital. However, banks have strict requirements for lending to businesses, including healthcare providers; after giving out a loan, instrument banks are not directly invested in hospitals' growth. While the rollout of JKN helps in building a strong growth plan and qualifying for an expansion loan, many hospitals have not yet realized how to take full advantage of JKN for providing primary and (particularly) maternal healthcare. There is an opportunity to provide technical assistance to hospitals to develop and execute profitable expansion plans that include maternal health services, which can be achieved using commercial loans.

Demonstrate the new healthcare market dynamics to commercial banks and assist them to design more strategic financial products tailored for maternal health. When applying for conventional loan products with commercial banks, most large businesses encounter the same application process. If commercial banks were to understand the full range of newly created opportunities in the healthcare sector resulting from JKN and ASEAN integration, they could launch loan products with correspondingly lower requirements for healthcare providers. Additionally, commercial banks could benefit from technical assistance for the design of maternal health-related loyalty products for women. Loyalty products should be designed to attract a large number of currently unbanked female customers and have a direct impact on maternal health.

Support the development of a business case to demonstrate the profitability of providing loans to private midwifery clinics for interested financial institutions. A range of market analysis companies, institutes, and foundations are well-poised to conduct market analysis of the financial viability of midwives as targeted borrower groups. Evidence from smaller microcredit providers has already shown that midwives are a safe, profitable investment due to the steady stream of patients they establish through the prevalent public-private dual practices. The market analysis would formally demonstrate their financial viability and identify risks and challenges to be addressed in the design of loan products.

Inject soft money in the form of risk guarantees to enable innovative financial institutions with limited capital to launch maternal health products. An array of financial institutions have implemented mechanisms that could be effectively leveraged for maternal health. In order to catalyze these mechanisms to target maternal health, investment of soft money can take three main forms:

1) **Underwrite the risk for loan products.** Small microfinance institutions across Indonesia are often either wary of lending to groups with unknown capacity to repay, or simply lack the capital to do so. Malifut Bank, a rural bank in North Maluku, has found a way to overcome capital constraints and lend to agricultural producers in the area without collateral. They received funds from a foreign donor, which were channeled through a local NGO and intended to serve as a collateral buy-down to enable the bank to lend and agricultural workers to borrow. The study team encountered substantial interest among MFIs to design a similar scheme to expand private maternity clinics or finance midwifery trainings.
2) **Implement stop-loss guarantees for supplemental insurance.** The roll-out of JKN is opening space for effective synergies between public and private insurance products. Private insurance providers in Indonesia benefit from the expansion of JKN,

primarily because it raises the public's awareness of the value of insurance, but also because it opens doors for a range of supplemental products. Supplemental insurance for maternal health could fill in the temporary gaps in the expansion of the *Jampersal* transportation coverage, or the difference in JKN reimbursement rates and prices set by private clinics. Given the uninsurable nature of maternity, supplemental maternity insurance would need to be bundled with other insurance products, which would likely incur losses until the insurer reached the critical mass of customers. Soft money can therefore entice private providers to enter the market by covering for losses until a critical mass of customers is reached, beyond which the financial scheme is profitable and sustainable by itself.

3) **Provide a premium subsidy for private supplemental insurance.** Another entry point for strengthening the supplemental insurance market for maternal health is the provision of subsidies for premiums. Such a subsidy could lead to a boost in demand.

Figure 11: Map of Civil Society Interviewees

HP+ Indonesia Civil Society Meetings by Province

Jakarta (46)

PKBI [CSO]
Hellen Keller Indonesia [CSO]
Koalisi Perempuan [CSO]
Komnas Perempuan [CSO]
World Vision Indonesia [CSO]
Kalyanamitra [CSO]
Yayasan Pendidikan Kesehatan [CSO]
Yayasan Kesehatan Perempuan [CSO]
Gerakan Nasional KIA [CSO]
Save the Children Indonesia [CSO]
Plan International Indonesia [CSO]
Fatayat NU [CSO]
Muslimat NU [CSO]
JPHIEGO - EMAS [CSO]
Perinasia [CSO]
Pelkesi [CSO]
Program Studi Kajian Gender UI [Academia]
KOWANI [CSO]
UNFPA [Other]
Women Research Institute [CSO]
Muhammadiyah EMAS [CSO]
Tuledo [CSO]
Red Cross [CSO]
Indonesian Midwives Association [Association]
Muhammadiyah [CSO]
PROREP [CSO]
F2H [CSO]
CCPHI [CSO]
Inst. for Research & Empowerment [Academic]
SMERU [Academic]
University of Indonesia [Academic]
Pusat Penelitian Kesehatan [Academic]
University of Gajah Mada [Academic]
LP3J [Academic]
Jakarta Post [Media]
Majalah FEMINA [Media]
KOMPAS [Media]
Kantor Berita Radio [Media]
Detik.com [Media]
Republika [Media]
TEMPO [Media]
Jurnal Perempuan [Media]
Jakarta Globe [Media]
Commission 9 [GOVT]
Ministry of Health [GOVT]
Member of Parliament [GOVT]

North Sumatra (15)

University of North Sumatera [Academic]
Sindo Medan [Media]
Sumut Pos [Media]
Posmetro Medan [Media]
Radio Pemerintah Daerah [Media]
Sonora FM [Media]
Radio HAPSARI [Media]
HAPSARI [CSO]
Forum Pemberdayaan Kesehatan [CSO]
Pusat Kajian Perempuan dan Anak [CSO]
PESADA [CSO]
Jaringan Kesejahteraan [CSO]
Aisyiyah Deli Serdang [CSO]
Yayasan Gemal [CSO]
PKBI Sumut [CSO]

South Sulawesi (15)

KOPEL [CSO]
ESENSI [CSO]
South Sulawesi PKBI [CSO]
FIK ORNOP [CSO]
YAPTAU [CSO]
Jurnal Celebes [CSO]
Yayasan [CSO]
Yayasan People Care [CSO]
Muhammadiyah Gowa [CSO]
GAMASI FM [Media]
Suara Perempuan FM [Media]
Tribun Timur [Media]
Celebes TV [Media]
PKIP FKM Unhas [Academic]
Mercurius FM [Media]

North Maluku (15)

Aisyiah Maluku Utara [CSO]
Hohidiai Foundation [CSO]
Indonesian Midwives Association North Maluku [CSO]
Forum Studi Halmahera [CSO]
PEKKA [CSO]
Rorano [CSO]
Saro Nifero [CSO]
Lembaga Mitra Lingkungan [CSO]
Wahana Visi Indonesia [CSO]
Daulat Perempuan Maluku Utara [CSO]
Pusat Studi Perempuan dan Anak [Academic]
Maluku Utara Post [Media]
Radio Republik Indonesia [Media]
Gamalama TV [Media]
Istana FM [Media]

West Papua (16)

Yayasan Tifa Mandiri [CSO]
Yayasan Pelita Kasih Sorong [CSO]
Yayasan Anak Sehat Papua [CSO]
UNICEF [Other]
Yayasan Papua Lestari [CSO]
Yayasan Mikatempos [CSO]
Pt Peduli Sehat [CSO]
Yayasan Citra Sehat Papua [CSO]
Indonesian Midwives Association West Papua [CSO]
Belantara Papua [CSO]
Radar Sorong [Media]
Papua Barat Pos [Media]
Tabura Pos [Media]
Surat Kabar Jubi [Media]
RRI Sorong [Media]
RRI Manokwari [Media]

Papua (18)

Yayasan Pelita Abadi [CSO]
Unit Percepatan Pembangunan Kesehatan [CSO]
Wahana Visi Indonesia [CSO]
Yayasan Pembangunan Citra Insan [CSO]
Papua Citizens Health Development [CSO]
Social & Development Department Freeport [CSO]
Community Health Development Freeport [CSO]
KINERJA [CSO]
LPMA dan Kamoro [CSO]
Cenderawasih University [Academic]
Tabloid LANDAS [Media]
Papua TV [Media]
Jayapura TV [Media]
Tabloid Jubi [Media]
Cenderawasih Post [Media]
Radar Timika [Media]
Harian Papua [Media]
Radio Publik Mimika [Media]

West Java (17)

Dinas Kesehatan Jawa Barat [GOVT]
Indonesian Midwives Association Cabang [CSO]
PKBI Jawa Barat [CSO]
Save the Children Jawa Barat [CSO]
Institut Perempuan [CSO]
Koalisi Penanggulangan AIDS [GOVT]
Yayasan Rumah Tumbuh Harapa [CSO]
Female Plus Jawa Barat [CSO]
Sapa Institut [CSO]
Bandung Institute of Governance Studies [Academic]
Sinergantara [CSO]
Ibu Foundation [CSO]
Universitas Padjajaran [Academic]
Pikiran Rakyat [Media]
Detik Jabar [Media]
Mom and Kids Radio 99,2 FM [Media]
KOMPAS Jabar [Media]

Central Java (18)

Indonesian Midwives Association Jawa Tengah [CSO]
PKBI Kota Semarang [CSO]
EMAS Semarang [CSO]
LRC-KJHAM [CSO]
PKBI Provinsi Jawa Tengah [CSO]
Plan International Rembang [CSO]
Aisyiyah Kota Semarang [CSO]
Forum Masyarakat Madani [CSO]
Yayasan Insan Sembada [CSO]
SPEKHAM Solo [CSO]
Suara Merdeka dot com [Media]
Koran Sindo Semarang [Media]
Radio Imelda FM [Media]
Radio Trax FM [Media]
Antara News Semarang [Media]
SurveyMeter [Academic]
Akademi Kebidanan [Academic]
Center for Health Policy and Research [Academic]

East Java (17)

Koalisi Perempuan Indonesia Jawa [CSO]
PKBI Jawa Timur [CSO]
PW Fatayat NU Jawa Timur [CSO]
Aisyiyah Jawa Timur [CSO]
Cakrawala Timur [CSO]
Pattiro Jawa Timur [CSO]
Sapulidi [CSO]
World Vision Indonesia Jawa Timur [CSO]
Paramitra Malang [CSO]
LSM Rumpun [CSO]
KPS2K [CSO]
Brawijaya Universit [Academic]
Aliansi Jurnalis Independen [Media]
Surya [Media]
She Radio & Suara Surabaya [Media]
SBO TV [Media]
Jawa Pos [Media]

Maluku (16)

UNICEF [Other]
HUMANUM [CSO]
Lembaga Kajian dan Pengembangan [CSO]
Yayasan Pelangi [CSO]
GSC Maluku Tenggara Barat [CSO]
GASIRA Maluku/JP2K [CSO]
Arika Mahina [CSO]
AMGPM Cabang Ebenheizer [CSO]
LPPM [CSO]
Radio Ureyana [Media]
Antara Maluku [Media]
Ambon Ekspres [Media]
Harian Kabar Timur [Media]
RRI PRO 2 [Media]
Harian Kabar Timur [Media]
RRI PRO 2 [Media]
TVRI Ambon [Media]
Pattimura [Media]

193 Total Interviews

30% Interviews Conducted with Media

9% of Interviews Conducted with Academics

54% Interviews Conducted with Civil Society Organizations

52% of CSOs Interviewed Work in the Health Sector

22% of CSOs Interviewed Are Faith-Based Organizations

Engaging Civil Society and the Media in Maternal and Newborn Mortality

Introduction

Indonesia hosts an active array of civil society organizations (CSOs). Since 1998, the growth of civil society entities has been explosive, from the national to the local level. Donor programming for democratization and governance reforms has been substantial (Scanlon, 2012). Regional autonomy and decentralization have created new opportunities for CSOs and organized citizens to engage in public affairs. The last decade has seen strong development of civil society, with an estimated 140,000 registered CSOs as of 2015 (USAID, 2014). A composite index of civic space scores puts Indonesia on par with Malaysia and well ahead of Thailand, and shows improvement over the last five years (The Economist, 2016).

CSOs use sophisticated policy advocacy mechanisms to create social change on a variety of issues. Policy advocacy is a set of targeted activities used to influence decision makers to address an issue. It represents an important piece of the policy process and can be extremely influential in setting the agenda of local or national governments. CSOs within this landscape assessment use a variety of policy advocacy mechanisms to influence the policy process, shift budgets, and monitor service delivery. CSOs in Indonesia have a number of strengths. Their geographic distribution and proximity to communities strengthen their ability to represent local interests. Lobbying and co-governance efforts have increased substantially and are supported by local government counterparts. CSOs actively work to strengthen their leadership capacity, organizational management, and sustainable funding mechanisms. They are recognized as important stakeholders in development and are generally effective at influencing the legislative process, but are weak at monitoring the implementation of legislation. Nonetheless, they are well-positioned to convene and coordinate local, provincial, and national movements to internalize issues, generate support, and align appropriate actors around maternal and newborn mortality.

Academic institutions have historically played an important role in advocacy by collecting data and producing information. One key ingredient for engaging an audience is having reliable data and information on which to base messages. Research and academic institutions often complement civil society and media organizations by providing accurate information and answering compelling research questions. Civil society uses research institutions as partners, and leverages their capacity and resources to undertake rigorous research. Many movements in Indonesia—ranging from forest tenure to indigenous people's movements—have successfully been supported by academic institutions, coupling passion for the issue with hard evidence.

The media plays a unique role within the advocacy process to propel issues into the public sphere. Media has a powerful impact on citizens' perception of issues. Both traditional media outlets and digital journalism offer critical reporting that sheds light on the perspectives of multiple stakeholders, and makes a case or justification for why citizens or a specific population should make changes on a given issue. The elevation of such social issues as deforestation, property rights, and breastfeeding has been accomplished by engaging mass communication channels, including social media and mass media (newspapers, television, and radio). Indonesia has the second-largest number of Facebook users and the fourth-largest number of Twitter users, and social media platforms are where many social discussions occur

(Freedom House a., 2015). The growth of social media, especially Twitter, has also boosted the volume and range of digital news sources.

Despite high rates of maternal and newborn mortality, few institutions in Indonesia work specifically on improving maternal and newborn health. Most stakeholders interviewed did not recognize maternal and newborn mortality as a key social issue. While over half of the interview subjects reported working on healthcare generally, there were only isolated examples of effective maternal and newborn mortality policy advocacy. A large majority of CSO advocacy campaigns were focused on ending violence against women, trafficking, early marriage, and HIV and AIDS—priority issues for the donors funding their work. Most media coverage of maternal mortality is embedded within the health sections unless the story is a sensational one, but media companies and journalists reported that this was rarely the case for maternal mortality. Large outlets in Jakarta claimed that major health issues like tuberculosis, HIV and AIDS, and maternal health received minimal mainstream media coverage due to consumer preferences.

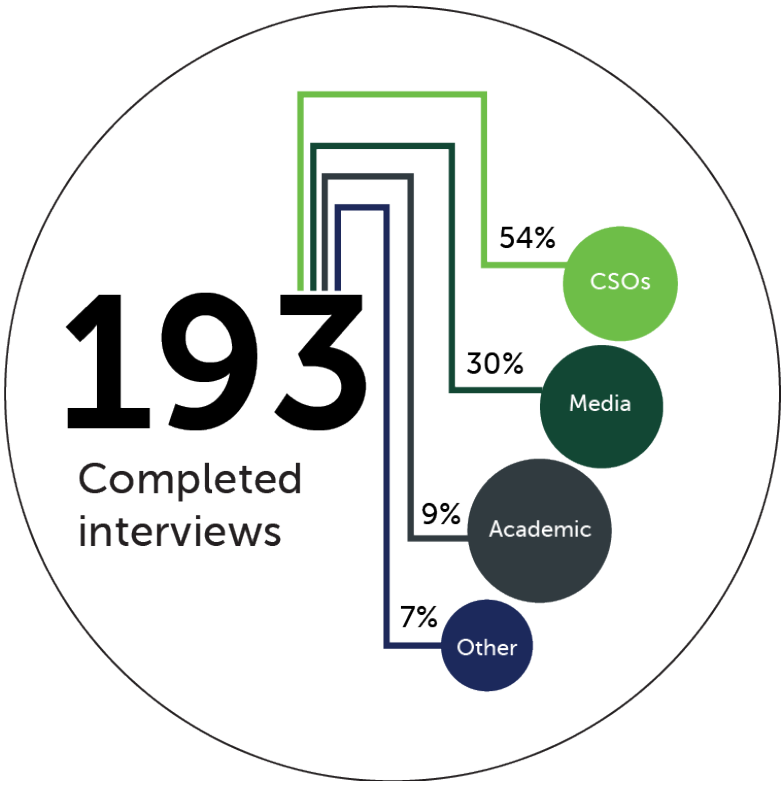
CSOs, media outlets, and research institutions are well-positioned to act as conveners and social drivers of a maternal and newborn mortality movement. Interviews with a robust and diverse set of actors revealed four key elements that require strengthening to ignite a social movement to reduce maternal mortality in Indonesia**:** internalization, alignment, enabling civic space, and financial resources (see Table 4). These elements were derived from analysis and continued discussions with CSOs, media outlets, research institutes, government officials, healthcare providers, and private companies. The study team analyzed why so few civil society, media, and research institutions do not meaningfully engage in ending maternal and newborn mortality. The assessment then analyzed the strengths of other related social movements on issues that have gained traction, and where large social changes have occurred. The team then extrapolated these findings to propose opportunities and activities to create a movement around the issue of maternal and newborn mortality.

Table 4: Four Elements for Civil Society and Media Actors

Emerging Themes for Civil Society and Media Actors
Internalization of maternal and newborn mortality as a problem
Alignment of partners and goals
Enabling environment for civic engagement
Mobilizing financial resources to support a social movement

Of 193 total interviews, 105 interviewees represented a diverse set of CSOs, ranging from small, informal, community-based organizations to large, high-profile, international NGOs. An additional 58 interviewees represented media outlets, both state-owned and private, as well as nonprofit universities, research institutes, and think tanks (18 interviews) are also represented in our sample (Figure 11, page 46; and Figure 12, page 49).

Figure 12: CSO Interviews, by Sector



Source: Authors' data

The following sections are separated into three subsections based on the analytical findings of the conducted interviews. First, a broad overview of each social movement component is given for the Indonesian context. This is followed by a landscape assessment of each component as it relates to maternal and newborn mortality issues. The final subsection proposes opportunities for igniting a social movement specific to each component.

Component 1: Internalization of Maternal and Newborn Mortality as a Problem

Context for the internalization of social issues

Internalization of a social issue is a fundamental ingredient to enacting social change. Internalization is the state at which individuals recognize an issue and become galvanized for action. The process of internalization involves the integration of attitudes, values, standards, and opinions into one's own belief systems. In the Indonesian context, informants identified individuals' value systems largely as a function of Islam, national pride, and civic responsibility. People typically engage with an issue if it aligns with their belief systems, including ethical, moral, and normative behavioral domains. Indonesian movements around child marriage and violence against women required that non-normative beliefs about women's roles had to be internalized. The strength of these movements was derived from the beliefs of constituents about the issue and its importance, relevance, and proximity to their lives. CSOs play an important role in the internalization of these issues through awareness-raising campaigns and shifting of public policy.

Often, internalization has been sparked by a collective identification of injustice. Values-driven social movements on issues ranging from land ownership to women's rights have a rich history across Indonesia. One recent movement revolved around the banning of infant formula product sales in maternity wards and midwifery clinics. This movement was sparked by a coalition of donors, CSOs, governments, professional associations, and faith-based organizations that collectively felt the aggressive sale of breastmilk substitutive products negatively impacted infants' health and preyed on mothers who were unaware of the pros and cons of such products. Although a number of changes were made to policies and regulatory frameworks banning sales of the products in facilities, the work of these actors in publicizing the issue through media and CSO campaigns internalized the issue for the broader public constituency (Williams, 2013; UNICEF et al., 2016; Liman and Wiradirnata, 2015).

Constituency support and active participatory engagement aids in the success of civil society to enact reform and advocate for civic changes. Informants noted that one of the earliest citizen-driven movements following the democratization of Indonesia was around land rights. Landowners and CSOs organized protests against government-forced land evictions. Many protests would have failed to gain traction were it not for the critical urban-based activists and CSOs that became anchors and organizers for rural protest movements. Such activists articulated local concerns about land expropriation and rural human rights violations to national audiences, and linked land protests to wider political points of contention. Therefore, if constituents have not internalized a given issue and do not voice dissatisfaction or demand change, the civic component of CSOs' work is void.

Values-driven social movements on issues ranging from land ownership to women's rights have a rich history across Indonesia.

Internalization is often catalyzed by the investigative media, which tends to focus on issues it believes will tap into people's basic feelings of justice. There must be information and discourse around an issue for it to be internalized. People must be discussing an issue, and it must be in the consciousness of many, before it can be determined whether it is worthy of investing time and money in support, or whether it aligns with individual or collective belief systems. Media has a powerful impact on the perception of citizens. Investigative journalism, both in traditional media outlets and through citizen journalism, offers in-depth reporting on one issue that sheds light on the perspectives of multiple stakeholders. It also makes the case or justification for why citizens or a specific population should make changes around an issue. Investigative journalism assumes the human rights or injustice perspective because it is often used to shatter old paradigms or present new realities.

Landscape: The degree of internalization of maternal mortality as a social issue in Indonesia

Maternal mortality has failed to internalize as an issue or transform into a social movement due to a number of factors.

Sociocultural issues within Indonesian society have fostered a practice of complacency. Within the provinces assessed by the study team, the valuation and autonomy of women within a household can be low due to the prevailing patriarchal structure of many households in Indonesian villages. Husbands are referred to as the key decision makers. The death of a mother is perceived by family and neighbors as an occurrence amongst the family, rather than a public event. The death is often rationalized through ideas about what the mother may have done wrong during pregnancy, such as consuming certain foods; or through the belief

that the mother's death during childbirth results in her ascendance to heaven. As reported throughout interviews, the event of maternal death is not perceived as an injustice, but simply as something that happens—further diminishing visibility and general consciousness (Hay, 1999).

On average, a citizen is five times more likely to know a woman who died in a road traffic accident than in maternal death.

While statistics for maternal mortality are unacceptably high, it is still a rare event relative to other causes of overall mortality; therefore, direct exposure to and visibility of maternal mortality is low. Using the highest maternal mortality estimates (359 per 100,000 live births), maternal death accounts for 2.2 percent of all mortality among women and 12 percent for women of reproductive age (15–49 years) (UNFPA, 2014). On average, a person is five times more likely to witness or know a woman who died in a road traffic accident than in maternal death. The relative rarity of a maternal death diminishes the proximity of the issue for the general public. This is compounded by family and providers who keep the death a private matter, ensuring that exposure to and awareness of maternal mortality remains generally low (Hay, 1999).

Accountability mechanisms that shed light on maternal death are largely absent, reinforcing its concealment from the public eye. Eighty-five percent of births are assisted by skilled birth attendants, with the majority taking place in private facilities or with private midwifes (Research and Development Agency, 2013). Established accountability mechanisms for reporting, conducting maternal death audits, and determining CSO roles in assessing the performance of private sector healthcare providers have largely been absent. This is due to a lack of regulations and laws enforcing external performance monitoring in private healthcare facilities. Interviewees from private facilities reported that they would be cautious of CSO evaluations, given that there are no national standards on quality of care or accreditation for private clinics. In the absence of a regulatory framework, accountability mechanisms could result in misrepresentation or poor performance, thereby adversely affecting business and demand. CSOs have effectively established performance monitoring systems in public facilities, including report cards and patient audits; however, no such mechanisms are used in private facilities. Some accountability mechanisms used by CSOs in the broader health sector could easily translate and focus on MNH. For instance, a network of CSOs working in Surabaya established a patient grievance mechanism through community forums and facility-based advocates to report misconduct or incidents, following up with monthly surveys of public facility-based providers and administrators on improvements (redress). Furthermore, efforts by the Corruption Eradication Commission to prevent corruption through educational programs and audits have been well-received (KPK, n.d.). The commission is preparing a system to better monitor potential corruption in all key sectors, including health, through the development of Android-based applications for use in ministries and other government institutions in an attempt to prevent and detect potential corruption ("National Scene: KPK…", 2016).

The remarkable lack of data about the number of maternal deaths and the causes of these deaths in Indonesia is a major barrier for all stakeholders to recognize that maternal mortality is a problem. A range of maternal mortality estimates exist—all unacceptably high—but the lack of consensus and discrepancies amongst estimates opens them up to scrutiny. One critic of maternal mortality estimates is Indonesia's central government. The inaccessibility and low quality of local and provincial-level data further clouds the maternal mortality issue. The current IDHS does not include provincial-level estimates of maternal mortality, while many other studies only estimate the ratio or absolute number of deaths in a small geographic area. For instance, the Center for Public Mental Health at Gahjah Mada

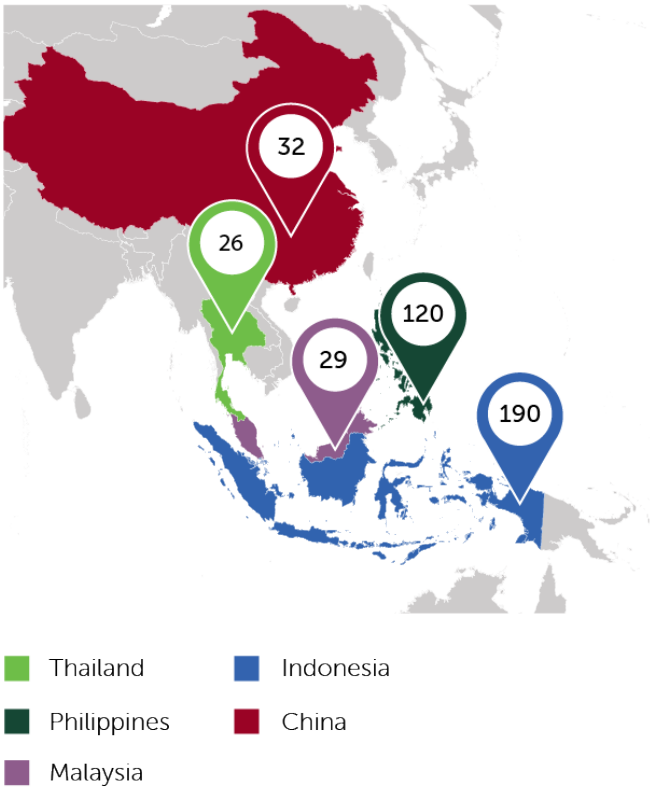
University is working with five district health offices in Central Java to develop an Excel-based health information systems tool. This would will collect and aggregate absolute mortality data to help identify facility or geographic hotspots of mortality. However, this data is currently only reported at the district and provincial levels.

Internationalization of maternal mortality as a problem is incredibly low across Indonesia.

Maternal mortality has yet to be framed as a human rights violation in the media, limiting the possible galvanization of the issue in Indonesia. Most media coverage of maternal mortality is embedded within health sections, unless the story is a sensational one. However, media companies and journalists report that this is rarely the case for maternal mortality. Major outlets in Jakarta claimed that major health issues like tuberculosis, HIV and AIDS, and maternal health receive the most media coverage on internationally recognized or designated days, such as World AIDS Day, International Women's Day, and Kartini Day (commemorating one of Indonesia's women's rights activists who died at age 25 from complications while giving birth)**.** The issue of maternal and newborn death has been largely framed as a technical health issue, rather than a violation of a woman's right to a safe delivery. This framing as a technical health issue has made it difficult for the media to cover maternal mortality because health sections focus on health as beauty, fitness, and wellness. From a consumer perspective, health is often not perceived as the number-one issue compared to economics, business, family, and other competing interests. This further explains why maternal mortality as a health issue has received little coverage. For instance, banning formula sales was not framed as an issue of infant health, but as a predatory behavior by private companies to sell products to mothers that do not require supplements. This framing made the sale of alternative breastmilk products a human rights issue.

Indonesia's political interest in maintaining its reputation as an emerging global middle-income power has created a strong disincentive to highlight poor performance on maternal mortality. Regionally, Indonesia is performing most poorly on maternal and child health relative to its GDP and economic growth, failing to reach MDG targets 4 and 5. Interviews with parliamentarians from Commission 8, Women Empowerment and Child Protection, and Commission 9, overseeing the public health sector, revealed that the central and provincial-level governments working in the health sector were aware of Indonesia's failure to reach these MDGs. The parliamentarians perceived this as a failure and as damaging to regional and national pride. Both the central and provincial-level governments, in conjunction with CSOs, have tried to address the issue by creating supportive policies and maternity service interventions—including increased budget allocation, infrastructure, *Posyandu* (village health outreach), and PKK (Pemberdayaan Kesejahteraan Keluarga, or Village Women's Association: family welfare and empowerment)—all of which play crucial roles in promoting maternal health campaigns. Interviewees stated that dialogue around adopting JKN, increasing the coverage of poor women, and increasing reimbursement levels of maternity services from 2014–2015 was partially driven by Indonesia's inability to achieve the MDGs or set an agenda for reducing maternal and newborn death.

Figure 13: Maternal Mortality in Southeast Asia, by Country



Source: WHO et al., 2014

Opportunities to catalyze internalization of maternal health as a problem

Demand information sharing by government and academic institutions about maternal and newborn mortality. On a national level, information requests and aggregation of country-level mortality data and causes of maternal mortality could be requested by and shared with CSOs, media, and social activists. This information could be used to better understand and inform solutions for curbing mortality. CSOs and the media could also formally request specific information that is currently not publicly available, such as the mortality rate per province or district, through freedom of information requests. Legally, freedom of information is protected through Indonesia's Freedom of Public Information Act (*Undang Undang Kebebasaan Informasi Publik*), which obliges all public bodies and government institutions to provide citizens with information about nearly every aspect of their operations. However, CSOs and media outlets reported that mortality data requests frequently go unfulfilled, which makes public dissemination of data collected from academic and research institutions more critical. Academic and research institutions studying maternal and newborn mortality should make their data public and available, and their results should be visible to the study beneficiaries, including CSOs. Without greater information about the number and causes of these deaths, the lack of visibility and low internalization referred to by a majority of informants will persist.

Support the creation of watchdog organizations to shed light on maternal and newborn death. Informants identified a specific entry point for a watchdog to assess implementation of JKN and the issues of equity, equality, and access for maternal and newborn patients in both the private and public systems. As per interviewees, the watchdog function in the health sector is an active gap. Although many CSOs excel at co-governance—and this type of engagement is important for promotive and informed policies, budgets, and service delivery—there is also space for watchdog and accountability mechanisms. A maternal and newborn mortality-focused watchdog could shed light on the issue and generate constituent outrage around unjust and avoidable mortalities. The watchdog would function primarily by making information about equity, access, and patient outcomes public so that MNH issues are better defined and more visible. This would also allow regional and central governments to actively monitor district, provincial, and national progress on indicators for quality of care or the Sustainable Development Goals. This assessment and watchdog information could be leveraged by the central government to highlight JKN's successes and serve as a barometer of performance.

Leverage faith-based organizations as a catalytic force to widely disseminate information and build awareness of the maternal and newborn health issue. From shared information can come shared purpose. Faith-based organizations are well-respected, politically trusted, and far-reaching, with over 130 million members between Nahdlatul Ulama (NU) and Muhammadiyah. These networks could disseminate information about maternal and newborn mortality throughout the country, down to the village level. NU and Muhammadiyah have separate progressive women's groups embedded within their organizations, which could take on this issue and communicate its importance to members. In the past, Aisyiyiah and Fatayat have done information- and awareness-raising campaigns across district and village prayer groups for family planning and reproductive rights issues. This work elicited the Badan Kependudukan dan Keluarga Berencana Nasional (BKKBN, National Population and Family Planning) to more evenly distribute family planning methods across districts to give women easier access. Both groups spread information about the closest sources of contraceptives in each village, and BKKBN recruits and uses local imams to spread the word.

Increase the visibility, proximity, and emotional components of maternal and newborn mortality by using investigative and photojournalism. The space for investigative journalism in mainstream media is small due to low profit margins and resource investment requirements. The largest investigative journalism outlet in Indonesia, TEMPO, expressed interest in creating a comprehensive and in-depth story about maternal death, but admitted that it would require more information and technical guidance at the outset. During an interview, TEMPO's editor recommended that investigative journalism and photojournalism be explored as outlets for young journalists or academic students to become engaged on the topic of maternal mortality. Digital media outlets expressed interest in including more photojournalist or citizen journalist stories to generate traffic on social media or their digital media websites. Given the cultural resonance of photos and visual content, the use of photos to create public outrage and internalize maternal and newborn mortality as an issue is a large opportunity.

Frame maternal and newborn mortality as a human rights issue rather than a technical public health issue. Poor maternal and newborn health is commonly perceived as a health system or public health issue, rather than as a public injustice involving the deaths of mothers and infants. In other country and global campaigns, slogans such as "No women should die giving birth" and "Maternal health is a fundamental human right" resonate with the messaging of maternal death as a human rights issue. Active women's rights groups like Indonesia Women's Coalition, Women's Research Institute, and Selamatkan Ibu Indonesia are best-poised to reframe this issue as one involving human rights, in partnership with the media.

Media outlets must be convinced that this issue can be described as a human rights injustice and that it has traction with the consumer base.

Component 2: Alignment of Social Actors for a Movement

Overall context for alignment of social movements

Social movements are predicated on the alignment of actors around a common issue or set of objectives. A cause is much easier to rally behind if supporters know exactly what they stand for or are working to accomplish. Social movements can gain support from different actors that share a common purpose or belief about an issue. Different factions of the same movement may (and usually do) disagree about specific goals. Informants discussed this concept in relation to different branches of the women's rights movement that disagree on the importance of various issues embedded in the broader agenda, including gender equality, female workers' rights, and ending violence against women. A complex social movement generally encompasses many specific and even competing goals within a broader, more diffused social change orientation; however, the alignment and engagement of actors around a common issue is what provides a movement's platform (the box below provides an example).

Box: Alignment Around the Common Goal of Ending Violence Against Women in Indonesia

A number of prominent CSOs and women's rights groups focused on the issue of ending violence against women. Armed with national data, they appealed to the national and provincial government about the problem and proposed comprehensive policy reform that covers prevention, punishment, and rehabilitation for victims. Concurrently, the CSOs coordinated coverage in the media, including a number of TV interviews and prominent articles in the *Jakarta Post*, KOMPAS, and other media outlets discussing violence against women as a human rights issue. There are also a number of vocal champions on this issue, including the previous first lady and the Komnas Perempuan organization. Komnas Perempuan, the National Commission of Violence Against Women, also worked to engage private sector actors by discussing the issue and scope of employer-worker violence as a form of gender-based violence. They offered the argument that a protected, safe, and organized work environment builds better businesses. Moreover, the issue was inclusive of sexual violence and was integrated into the global discourse against ending and preventing rape. CSOs also worked with donors who provided financial support to gender-based violence initiatives on national and local platforms. Feminist activists reported on the issue in small human rights media outlets and on social media. As a result of this concerted effort, the government established the Integrated Service Center for Women and Children, and about 200 safe houses have been built across the archipelago. There is still room for improvement, as the Integrated Service Center for Women and Children only covers one-third of the regencies and municipalities in Indonesia. The movement will continue with pressure at the national level by Komnas Perempuan for further reform of the Law of Domestic Violence (enforcement and judicial protections of abused women), in conjunction with local CSOs monitoring safe houses and advocating for better rehabilitation services.

Source: National Commission on Violence Against Women

Enactment of major social change has largely been a result of the aligned actions of relevant actors from different sectors. Many times, CSOs mediate this alignment using sophisticated policy advocacy tools to align actors around a common objective or issue. For

instance, the coalescence of private sector actors, CSOs, activists, and the government has profoundly shifted the environmental policy and regulation landscape in Indonesia. Specifically, in Sumatra, deforestation and degradation of rainforests has been an issue of concern for citizens and CSOs alike. Greenpeace collaborated with local CSOs to conduct a number of investigations revealing the degradation of 72 percent of intact forest, including large swaths of rainforest. These results were published in the media, both locally and in international outlets like *The Guardian* (Mathiesen, 2016). A number of private paper and palm oil companies responded, working with local CSOs and provincial-level governments to pass internal forest conservation policies. One of the most progressive reforms was by Asia Pulp & Paper's Forest Conservation Policy. This policy includes an immediate moratorium on all further forest clearance by Indonesian suppliers, while independent assessments are conducted to establish areas for protection (Asia Pulp and Paper Group, 2013). This alignment of actors was able to enact social change.

Many large-scale movements to stimulate action have had a charismatic champion. Most social movements in Indonesia rely on a visible symbol of unity that people respect. Visible political figures were considered by informants to be important social champions. For instance, Melani Subono—a public figure, actress, and anti-slavery ambassador—has developed a website dedicated to her cause. Her site includes an option to pledge allegiance to this cause, tells visitors how to get engaged, and includes the slogan "I stand with Melanie against modern slavery" (Subono, n.d.). Another champion is Sara Djojohadikusumo, a current member of parliament in Central Java but also a coveted social activist. She has conducted various campaigns on social issues covering environment, youth and women empowerment, and human trafficking. She also founded a CSO, Parinama Asta, to launch the "Indonesia for Freedom" movement that aims to raise awareness on child trafficking issues. First Lady Tien Suharto actively championed for reproductive rights and violence against women during her tenure.

Indonesians have used social media tools to align actors around a common cause. Indonesia has the second-largest number of Facebook users, and the fourth-most Twitter users, and many of the country's social discussions happen on social media platforms (Freedom House a., 2015). A number of CSOs recognize the power of social media and have started using various platforms to disseminate or ignite initiatives, with drives for followers or Twitter chats. The Association of Indonesian Women's Unions (HAPSARI) transformed its advocacy strategy from confrontational street demonstrations to creative social media campaigns on Facebook, Instagram, and Twitter, and face-to- face meetings with government officials. Using this approach, HAPSARI has increased its membership numbers to over 2,000 nationally, in addition to expanding channels for fundraising through a social media-initiated partnership with a state-owned bank to assist in issuing small business loans (Chemonics International, 2014). In addition, a community of social media activists has accumulated thousands of followers and tweets about issues it considers important. One such activist is Dian Paramita, with 30,000 Twitter followers and a day job working in online media and marketing, including branding and promotion on social media. She has used her professional skills to build social movements around human rights abuses and LGBT rights. Further, during interviews about social media, parliamentarians admitted that they and their policy research teams often scroll through social media and digital media outlets (like detik.com) to gather information and identify trending topics of constituents.

Indonesia has the second-largest number of Facebook users, and the fourth-most Twitter users, and many of the country's social discussions happen on social media platforms.

Landscape of aligning around a common maternal and newborn mortality objective

While some actors recognize maternal and newborn mortality as problem, they have failed to rally around a common objective or champion. The common objective of reducing maternal and newborn death has not been well-articulated and has failed to reach a critical mass for rallying around the issue. According to informants, a number of national and international NGOs work on related MNH issues or specific solutions to preventing maternal death (i.e., Expanding Maternal and Neonatal Survival (EMAS) working on improving referral systems). However, this work has yet to reach a tipping point of aligned actors and buy-in from national and provincial stakeholders. Some champions have attempted to raise the profile of maternal death, but there has not been sufficient engagement to fully catalyze the cause. The 2011 CNN Hero of the Year, Robin Lim (or 'Mother Robin'), should be one of the most recognizable maternal health champions given the coverage and publicity given to CNN heroes. However, during interviews, few international NGOs and media informants were aware of Lim. She was not well-known by local or national CSOs and has done little advocacy or championing work since her award. Most CSOs, media outlets, and academic informants were unable to identify a national maternal health champion or clearly identify a common goal to end maternal and newborn mortality. It was clear from the informants that were working on social movements, like women's or human rights, that maternal mortality has not entered into the agenda. Most informants could identify a provincial or district-level maternal health champion—typically a female mayor, PKK member, vocal health-focused CSO, or religious leader—but their mobilizing and convening power is limited.

Many critical actors within the maternal health space lack the incentive to enact change. For each key actor, the incentives to take action have a number of barriers. For private health providers, there are poor regulatory frameworks to ensure quality of care in the private sector. This creates no incentive to understand and take corrective action to improve access or capacity for MNH services. Moreover, private companies reported that maternal mortality is a relatively invisible health issue. Most companies identified malaria and chronic disease as direct impediments to employee health. CSOs recognize the absence of a regulatory framework for high-quality services as an issue, but most funding for CSOs in the health sector supports other issues (infectious disease and child health). During interviews, parliamentarians discussed expanding the focus on MNH, pointing out that central and provincial governments have their hands full planning and enacting major healthcare policy changes, including JKN and Jampersal (which are inclusive of MNH). Finally, media outlets function on lucrative industrialized models, with few outlets focused on social impact or investigative journalism. Most media outlets reported that maternal health has not yet been framed or internalized as a worthwhile story.

Despite pockets of outrage about maternal mortality, the use of CSO mechanisms or media discourse to broaden this outrage has not been leveraged. The elevation of such social issues as deforestation, property rights, and breastfeeding has been executed by engaging mass communication channels, including social media and mass media (newspapers, television, and radio). The network effect of social media is absent for maternal mortality in Indonesia; it is not trending on Twitter, nor are there Facebook groups dedicated to dialogue or posting on unjust deaths.

Opportunities for alignment around maternal and newborn mortality

Identify and elevate a charismatic, powerful, and visible national champion(s). Given the number of identifiable local champions, a national champion could serve as a

convener and reinforce common issues or objectives around maternal mortality. The champion would help set a common agenda, both at the national and subnational levels, and elicit a feeling of unity around the issue. Previous women's movements—such as ending violence against women, for which the most visible champion was former First Lady Siti Hartinah Suharto—have leveraged well-respected public political figures. A number of potential national champions could be enticed to speak out and serve as the face of a maternal and newborn mortality movement. Candidates include leaders from faith-based organizations, the current first lady, female parliamentarians, or well-known social activists such as the former CNN Hero, 'Mother Robin.' Well-known and respected champions can help galvanize the popular and political support that often creates and sustains a movement's momentum.

Find a movement with traction and embed maternal and newborn mortality into that existing movement, rather than generate momentum for an as-yet unestablished movement. Existing movements (such as those opposing violence against women and child marriage) have gradually grown over time, building up momentum through various channels that include persistent NGOs, engaged government officials, media coverage, and international interest. For example, MNH could be included as part of a movement to end violence against women—equalizing the injustice of beating a women and allowing for the death of a woman during childbirth. Alternatively, maternal death could be incorporated into the child marriage issue by drawing a link to higher number of deaths among girls forced to marry and bear children in their early teenage years. Both of these issues could supply an initial platform to help the internalization process and rally existing supporters.

Refocus and build onto existing coalitions and programs for maternal and newborn health at the national and local levels. A number of potential conveners already exist on a national level to spearhead the maternal and newborn mortality movement, but have not yet defined a common objective for reducing mortality—nor have they aligned their members on a common issue (Box 3 provides an example). The Movement of Maternal and Child Health (Gerkan Kesehatan Ibu dan Anak, GKIA) was launched in June 2010 by the Coordinating Ministry for People's Welfare (Menkokesra) in partnership with national and international NGOs, including World Vision, Muhammadiyah, Indonesia Planned Parenthood Association, Save the Children, and UNICEF. GKIA seeks to synergize the efforts of the government, child health experts, the private sector, NGOs, and mass media with a shared commitment to improve maternal, infant, and newborn health. This coalition has been exceedingly successful in elevating the issue of breastmilk products: helping with internalization, changing the regulatory framework to ban product sales from small private clinics, banning advertisements within 500 meters of a health facility, and leveraging local CSOs to monitor the regulation's enforcement and implementation. If the GKIA network were to shift or concurrently focus on systemic issues that cause maternal and newborn mortality—including access to transportation, blood supply, quality of care, and delayed referrals—they possess the political clout and recognition to align the right actors to create positive and impactful change. However, GKIA faces a number of barriers in aligning actors. Staff coordinate this national coalition on a volunteer basis, so obtaining funding for the singular or core group of national and provincial-level conveners would free some time and resources to tackle the policy and program obstacles to reducing maternal and newborn mortality.

Box: Existing Coalition Builder for Maternal Mortality Between CSOs and the Private Sector

The Partnership for Sustainable Community (CCPHI) is a nonprofit organization that promotes and facilitates partnerships among companies, NGOs, and local governments for healthy and sustainable communities. CCPHI was initially a project under the umbrella of ACCESS-Health Worldwide (ACCESS-HW), but was transformed from a project into an Indonesian NGO that has become the preferred 'gold-standard' resource on cross-sector partnerships in the country.

With the goal of increasing the abilities of businesses, nonprofits, and government agencies to partner locally for social change, CCPHI introduced the Health and Business Roundtable Indonesia. The Roundtable offers companies and other organizations opportunities to network at the same table, allowing them to talk freely and openly and build trust, knowledge, and skills for successful partnerships. CCPHI was the primary link between the government of Indonesia's Office of Millennium Development Goals and the private sector, and is now taking a similar role with the Sustainable Development Goals.

The organization provides regular roundtable discussions and partnership forums to foster mutual learning and sharing of partner development work. Along with partner Universitas Paramadina, CCPHI offers important support to its members through executive management training and through a new tool that will help evaluate and monitor successful, sustainable partnerships: the "partnership index."

The partnership, facilitated by CCPHI, between Unilever Indonesia Tbk and The Indonesian Humanitarian Committee (Komite Kemanusiaan Indonesia) led to the launch of the ***HIV/AIDS and Drug Abuse Prevention Campaign*** to prevent HIV and drug abuse among workers at a Unilever Indonesia factory in Cikarang. The campaign led to behavior change among 2,000 Unilever suppliers. It has also reached students in six schools and people from 14 nearby neighborhoods. Through the partnership, workers from neighboring factories (including Mattel, Kimberly Clark, and Mulia Ceramics) were also reached.

Component 3: Enabling Environment for Civic Engagement

Overall context of civic space for CSOs and the media in Indonesia (enablers and barriers)

Indonesians have a high propensity for civic engagement. The Islamic principles of charity and annual giving to those less fortunate are widely recognized and practiced by companies, organizations, and individuals. Four-fifths of Indonesians report monetary or in-kind contributions to help other members of society. The values and ideals of empathy, equality, and justice have spurred citizen movements throughout Indonesia. Most days, designated traffic circles and public spaces in Jakarta are awash with demonstrators and protesters advocating on behalf of a host of causes, from female worker rights to aggrieved farmers. Their relentless presence represents a movement toward recognition of people power and democratic ideals. Notably, recent demonstrations against the growth of technology-based transportation providers like Uber and Grab shut down numerous large roadways throughout Jakarta. Key taxi companies went on strike, refusing to service patrons in protest of legal discriminations against formal-sector transportation companies. The rise of civil society groups mirrors the cultural tendencies of Indonesians to band together over common problems. This innate communal

spirit has now evolved into an organized form of social capital harnessed by CSOs that play the role of mediator and facilitator between citizens and the state.

Citizens, CSOs, and the media interface with government in both constructive and disruptive ways, and have actively done so successfully on a range of major social issues. Across Indonesia, CSOs and media outlets have long played a vital joint role in social, political, and economic development. Their activities span social service delivery and poverty reduction initiatives, and include watchdog functions such as election observation, upholding human rights, and checking abuses in public decision-making authority and resource allocation**.** A key component of Indonesia's enabling environment is the perception and willingness of national and local government to work with CSO as partners. As a result, every public social sector issue has been publicly criticized and co-governed by CSOs and the media, including land rights, education, and health. Dissatisfaction from international and national CSOs with the health system and its inability to provide essential services to a growing population has helped guide the JKN reforms. Criticisms of the education system are rampant, with CSOs in every province working both disruptively and constructively with government to reform educational decrees institutionalizing standardized teacher quality and testing for students. The responsiveness of local state actors and administrations varies throughout Indonesia, but the culture of constructive criticism and open dialogue is being expanded.

Indonesia has a relatively supportive legal environment for assembly and societal organization conducive to CSOs' work. As of 2013, CSOs are required by law to register with the Ministry of Home Affairs, but most reported that this process is relatively easy and that permission to operate is typically granted. In 2014, 65,577 organizations were registered at the Ministry of Home Affairs. Freedom of association is enshrined in the Constitution and in the International Covenant on Civil and Political Rights, which defines Indonesia's signatory civil society legal framework. However, 2013 amendments to the Law of Mass Organization infringe upon the rights to freedom of association, expression, and religion, and provide the government wide latitude to obstruct NGO work. The law imposes a variety of vague obligations and prohibitions on NGO activities, and severe limitations on the creation of foreign-funded organizations. The amendments also empower the government to suspend a CSO or NGO with little justification or judicial approval; force organizations to adhere to respect for monotheism, regardless of their religious or secular orientation; and oblige NGOs/CSOs to work in support of the national unity and the value of religious, cultural, moral norms (United Nations Human Rights, 2013). Progressive laws for free speech and mass organization protect CSOs' rights to disseminate information and organize protests and collective movements, amongst other activities.

Decentralization has increased the responsiveness of local government to CSOs and opened space for citizen engagement. The implementation of decentralization since 2001 has allowed for local innovation, and has moved decision-making processes closer to citizens. In fact, CSOs often cite decentralization as a prerequisite for the growth of local democracy. CSOs working on co-governance initiatives described how local government officials are beginning to open their doors to input from citizens and NGOs, in spite of suspicions and caution on both sides. CSOs also discussed their access to key actors through personal connections and informal meetings to gain traction and disseminate their work. They discussed how government officials are often only approachable and receptive through personal connections. Decentralization has allowed more CSOs to access government through personal connections, or via connections with other CSOs working toward similar goals.

Over 65,000 civil society organizations were registered in Indonesia in 2014, with nearly 3,000 reported as active and viable.

Despite the government's commitment to co-governance, budget transparency is constrained by both national and provincial governments. Since 2000, Indonesia has made a strong effort to decentralize development and planning. The country has even instituted a formal process for citizen participation through the Regional Development Planning Meeting (Musrenbang), an initiative to decentralize planning all the way to the village level. Still, CSOs unanimously reported constrained access to budgetary information, especially at the local level, with varying receptivity from government officials—despite the Freedom of information Act that protects rights to budgetary information. According to the annual ranking by the Open Budget Partnership, budget oversight was the only budget transparency dimension that received an adequate score, from central government to the provincial and district levels (Open Budget Partnership, 2016). Indonesia performed comparably with India, Bangladesh, and Thailand on the 2015 Open Budget Index, surpassing the performance of Vietnam, Cambodia, and Myanmar but ranking lower than the Philippines (Open Budget Partnership, 2015).

Human rights activists are subject to government monitoring and interference. Independence activists in Papua and the Maluku Islands, and labor and political activists in Java and Sulawesi, remain targets for human rights abuses. For example, in 2014, police detained journalist Aprila Wayar of *Jubi*, a Papuan news service, for photographing the police beating nine student protesters with rifle butts at Cenderawasih University in Jayapura, Papua. Also in 2014, police in Ambon, Maluku arrested nine people who led a prayer to commemorate the 1950 declaration of an independent "South Moluccas Republic." The nine were charged with treason and were still on trial in November, 2014. Furthermore, no high-level official has been convicted for any serious human rights violation since the fall of Suharto. Certain human rights issues have historically been inflammatory for both CSOs and the state. Human rights groups like Amnesty and Human Rights Watch are still working to expand legal and judicial protections for human rights activists.

Government and media outlets are committed to enabling freedom of speech and the press, but these rights are still constrained. Freedom House Indonesia hosts a vibrant and diverse media environment, although press freedom is hampered by a number of legal and regulatory restrictions. Stringent but unevenly enforced licensing rules mean that thousands of television and radio stations operate illegally. Other legal restrictions prohibit media blasphemy, which the central government has used to accuse a number of top media outlets—including the *Jakarta Post* after it printed a religious cartoon as a critique to religious symbolism (Freedom House b., 2015). Additionally, a number of restrictions still exist on foreign journalists without special permission in the provinces of Papua and West Papua, and journalists traveling to these places remain subject to attacks.

The media market is still dominated by a few large media houses, with only a small number of small to medium media houses active. Nearly all of Indonesia's 12 most prominent media companies have ties to political parties in some respect. These companies also own the country's 10 major national television stations and five of the six major newspapers (Nugroho et al., 2012). Although a wide range of privately owned local publications operate across Indonesia's provinces, the print sector is dominated by two media conglomerates: Jawa Pos Group and the Kompas Gramedia Group. Prior to the election of political outsider Joko Widodo, coverage of the campaign itself highlighted the ability of media tycoons to distort election news through their control of major media outlets. Aburizal Bakrie—a powerful business magnate, chairman of the Golkar party, and owner of tvOne and ANTV—openly supported candidate Prabowo Subianto. Conversely, Surya Paloh, founder and patron of the National Democratic Party, whose rival media group includes Metro TV and the newspaper *Media Indonesia*, supported Widodo. There were widespread complaints of top-down pressure to report favorably on one candidate and not the other, even going as far as pressure to

broadcast misleading election returns. This monopolized media environment could introduce coverage bias and compromised independence of media beyond political elections. Further, the lack of diversity in media outlets and coverage limits accountability and coverage of alternative discourse or content.

Civic environment for maternal and newborn mortality

While CSOs possess strong informal networks, there is little evidence that they can leverage this infrastructure to advocate for better maternal health outcomes. CSOs are great at navigating Indonesia's complex networks: they know who their fellow organizations are, they have strong informal relationships and a general awareness of each other's projects, and they are familiar with political pathways. These networks are very positive assets that could be leveraged to catalyze a lot of change. However, due to the lack of internalization, CSOs do not use this capacity. Existing, interconnected CSO networks would be able to take up the issue of maternal mortality given a greater push from citizens and available funding.

Over 90 percent of mainstream media in Indonesia is owned by 12 large media conglomerates.

Media organizations are owned by large parent companies with competing interests in health and politics, thus limiting critical reporting on health issues by large media houses. Although there has not been much discussion or concern about conflicts of interest between media conglomerates, or the ethos of independent journalism for health, the aftermath of the 2014 election served as a reminder of the power of media owners in shifting coverage and discourse. For example, coverage might be compromised by conflicts of interest in a situation involving medical malpractice or poor service quality (directly leading to a maternal death) in a private clinic or chain of private hospitals that is owned by the same parent company or allegiant business owners as a media outlet. The issue of media ownership has the potential to influence coverage and independence of the mainstream media's content for the maternal mortality issue.

Despite CSO capacity to implement participatory accountability mechanisms, there are limited formal mechanisms in place that allow for civil society to interface with the private health system. Over half of the CSOs interviewed are engaged in participatory accountability mechanisms that monitor performance and policy compliance in the public health sector. Many of these CSOs are effective at increasing budget allocation, informing patients of new JKN entitlements and getting them registered, or assisting in multi-stakeholder forums and village readiness programs for patients to access care. However, assessing the private sector on performance and delivery of care is a space where CSOs have not been active. Although hospital accreditation was introduced in the mid-1990s through the establishment of a government agency, the Commission for Accreditation of Hospitals (Komisi Akreditas Rumah Sakit), and more recent accreditation policies now include *puskesmas*, private facilities do require accreditation. In the absence of a regulatory framework to guide CSO-led accountability mechanisms, informants stated that there is little space for CSOs to assess private facility performance.

Decentralization has increased the responsiveness of government to CSOs, yet limited CSO involvement in the local planning process (Musrenbang) has been observed around maternal mortality. Decentralization has brought the participatory process in closer proximity to provincial constituencies and has grown localized CSO networks to focus on issues most proximal and relevant to local contexts. Still, the interface with government has been minimal on the issue of maternal mortality. Policy advocacy activities have

been deterred because national and provincial-level health offices are consumed by the planning and current roll-out of JKN. Supplemental supportive policies like *Jampersal*, intended to supplement the cost of medical transportation, are being implemented simultaneously. This further shrinks capacity and the responsiveness of local and national health offices to policy advocacy efforts around maternal mortality issues that are external to these two reforms.

Opportunities to enable civic space for a maternal and newborn mortality movement

Decentralization has been a key driver of localized action by CSOs and enhanced responsiveness from government officials.

Leverage existing participatory governance capacity and apply it to maternal and newborn mortality. CSOs throughout Indonesia reported using sophisticated participatory governance mechanisms. These include awareness raising, advocacy, budgeting, performance monitoring, and regulation around nearly all social services (education, agriculture, environment, gender empowerment, etc.). Over 40 percent of CSOs interviewed were working on health sector issues, predominately JKN rollout and entitlements, infectious diseases, and child health. A majority of CSOs working in health employed more than one governance mechanism to achieve policy and public service delivery change. Yayasan Pelangi works in Maluku on HIV and AIDS-related issues, primarily through awareness-raising public campaigns and community meetings, coupled with active lobbying for more inclusive policies covering preventative clinical counseling for high-risk patients. The strength of CSOs throughout Indonesia and their role in protecting social services is internalized by those working with and supporting CSOs—including the public and, increasingly, the state. Stimulated by financial capital and the movement of constituencies and champions, CSOs could leverage their technical expertise and capacity to conduct policy advocacy and utilize co-governance mechanisms for maternal mortality issues. These could include quality of care, referral networks, and monitoring the implementation of existing supportive policies (explained in more detail in other opportunities sections).

Build a regulatory framework that enables CSOs to monitor the quality and equity of public and private health services. Private and public sector service providers are currently poorly regulated, and the quality of care they provide is not assessed as part of the recently established public (*puskesmas*) accreditation assessment process. Establishment of quality-of-care standards for maternal and newborn care and regulatory mandatory quality standards for public and private facilities allows CSOs to assess and enforce the standards. The definition of these standards should be participatory, allowing private and public providers, administrators, CSOs, professional associations, and governments to co-create regulations and standardization. Given these standards, CSOs have the potential to play critical roles in assessing public and private sector service delivery and providing feedback outlets for patients.

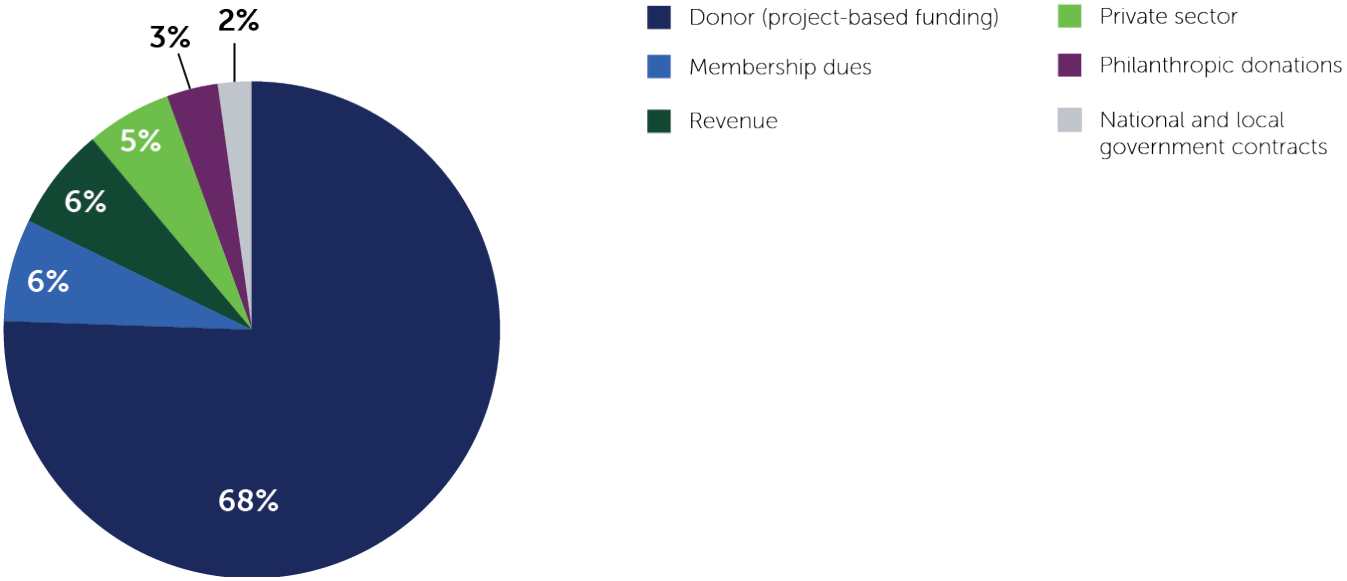
Promote citizen-driven social journalism (Twitter, photojournalism, and YouTube) through a prize-based approach. Given the limitations and the monetized nature of large media outlets in Jakarta and throughout Indonesia, promoting social journalism from citizens or small investigative media outlets may aid in facilitating this issue's traction. There is an opportunity to set up a prize-based social journalism contest for maternal and newborn mortality, so that more people throughout Indonesia feel like they can tell their stories. The contest should allow for photojournalism and alternative forms of expression, rather than just writing. Social media outlets should be used to disseminate the contest winners and allow for the populace to follow the contest in real-time.

Component 4: Mobilizing Financial Resources to Support a Social Movement

Overall financing landscape for CSOs and media

CSO funding sources vary, but are dominated by grants (project funding or core funding) given by international NGOs or donor agencies. Interviewed CSOs received funding from donors (Global Fund, USAID, and DFAT) and international NGOs, local and national government budget allocations, revenue from side businesses or medical service delivery, philanthropic contributions, or private companies vis-à-vis CSR funds. International NGOs and donors are the main sources of funding across all types and sizes of CSOs in Indonesia. A small number of CSOs receive central and local-level government funding to raise awareness of new or modified services and policy changes, or to act as enforcers of policy implementation. Local government support is sought to complete follow-on or continuation work after donor funding has ended. Faith-based organizations are primarily funded through membership dues, which affords them independence to work on health issues at the community and district levels, while their head offices work on policy and budget from larger cities. A large number of CSOs interviewed in Papua reported that CSR funds were their main source of funding to work in health. Many worked on malaria, HIV and AIDS, or in managing clinical services for employees or communities near private company operations (oil, extractives, etc.).

Figure 14: Primary Sources of Civil Society Organization Funding (self-reported)



Source: Authors' data

While many CSOs are passionate and issue-driven, funding realities force them to be responsive to the agendas of funders. What a CSO can and cannot do is tied to where its money comes from, dramatically affecting their activities and neutrality.[23] For the most part, CSOs reported that they focus on issues dictated by the availability of funding and the priorities of the funder. CSOs require financial resources for their policy and advocacy activities, and for operational costs like human resources, office space, and other costs required for their work. Given the funding landscape for CSOs in Indonesia, donor funding is considered rigid, with

strict timelines, predetermined issue-focused activities, and reporting guidelines. Although a few international donors have provided funding for MNH service delivery, only a limited number fund CSOs to engage in MNH policy advocacy. The most prominent health sector subjects of CSO advocacy campaigns are violence against women, women and child trafficking, early marriage, and HIV and AIDS—priority issues for the international donors funding their work. CSOs who received CSR funds from large companies to run health clinics for employees or educational forums were also responsive to funders' requests. Fundraising through philanthropic donations is not utilized by many CSOs. The greatest level of autonomy comes from membership dues and revenue generation activities.

In general, CSOs struggle to find sustainable funding for their priorities. Donor and project funds are temporally bounded. However, projects working on governance issues tend to require sustained effort over time. CSOs in Indonesia are currently confronting the issue of sustainable funding sources. Overall, international donor funding is in decline, and only a handful of international donor agencies still provide funding for the CSO sector in Indonesia. Developing financial sustainability and diversifying funding is important for CSOs, as it is of ultimate importance that these organizations' impacts can be sustained over time (Davis, 2016).

Press coverage is determined by large media companies that have created lucrative business models driven by consumer traffic and advertising revenue. The media industry is owned by moguls who often bear certain private agendas and have certain political interests. The absence of a particular policy that acknowledges the commercial aspects of the media industry and governs its activities is one of the enabling factors of its rapid expansion. Digital media companies, or digital media branches within large parent media companies, are expanding rapidly on the same model of consumer-driven (number of clicks) revenue stream. The incentive for media is to appeal to and increase the volume of listeners, readers, and viewers—as a result, content will be driven by what is consumed. Existing policies have also failed to define a simple, yet sound regulation that precludes media companies from ownership practices that tend to dominate a particular medium or area. Market logic seems to be at work within freedom of the press in Indonesia. Press and the media work on the basis of commercial purpose—a direct consequence of which is that media content becomes less diverse as an effect of production principles, which drive any market-based products and services.

Financing landscape for CSOs and the media to engage in maternal and newborn mortality

International donors and NGOs represent a large share of funding for CSOs and have long recognized the maternal mortality problem in Indonesia, but few have made funding available to CSOs as a means of reducing maternal mortality. For some donors, this is due to challenges in crossing funding streams, as civil society work and maternal mortality are seen as separate issues. Others lack an understanding of the potential role for CSOs in raising awareness, shifting policies, increasing budgets, and enhancing service output through performance feedback mechanisms for maternal and newborn mortality. Although monetary estimates of maternal and newborn funding are unavailable, the majority of CSOs clearly stated that they have not received funding for MNH. According to the study team's data, large international NGOs typically received large grants to conduct MNH work. Most MNH funding was perceived to work toward improving service provision and lowering barriers for accessing care, and less toward governance and policy advocacy for the maternal and newborn mortality issue. CSOs reported that their agenda was often based on the priorities of their funders, and funding for MNH work has been decreasing.

While a large number of CSOs work in the health sector, they have not focused on maternal mortality and were not aware of funding sources for this issue. Aside from limited funding availability, maternal and newborn mortality has not been internalized as an issue by many citizens, CSOs, government representatives, health workers, and professional associations. Most are unaware of the gravity of the issue and consider it one of many pressing health concerns. Given that fundraising efforts by CSOs—from sources like private companies, individuals, and other organizations—are often brokered through personal contacts or established partnerships, CSO informants stated they would be unsure who to approach for fundraising around maternal mortality.

Government funding for CSOs to work on maternal mortality has been limited. Typically, government funding supports CSOs to raise awareness of new or modified services or policies, and to act as enforcers of policy implementation. Central government funding for CSOs is inflexible, in the form of one-year nonrenewable grants. Local governments represent a small slice of CSO funding, which usually comes as a follow-on to donor-funded projects. In South Sulawesi, a number of local CSOs reported that they had received initial funding from a three-year donor grant to pass a breastmilk product ban (decree), and sought funds from the local government to socialize the issue of the breastfeeding decree and enforce the legal restriction of market and product pushing.

There are few investigative journalism houses in Indonesia, and they face significant resource constraints. TEMPO is the country's most well-known and recognized investigative journalism outfit. In discussing this issue, TEMPO was transparent about the limited resources supporting investigative journalism in Indonesia's modern media landscape. TEMPO's editor stated that selecting a topic for investigation is a resource-intensive process involving up to a three-month vetting process, wherein dedicated staff collect information to justify to editorial staff why an issue is worthy of a complete investigation.

Large media houses depend on advertising revenue, and are not convinced that maternal health articles are compelling enough to drive consumer traffic. Big newspapers in Indonesia do not view maternal health as an issue that could grab headlines. They view the country's maternal health situation as a technical issue that belongs in the health section of the newspaper, rather than a front page article framed as a human rights violation. Media informants failed to recognize how the maternal health situation could be sensationalized. Because of their fear of losing revenue, they did not think it made sense to invest in writing about maternal health. While media outlets often do include maternal and newborn health as a part of the health sections, content generally consists of topics like beauty, fitness, and noncommunicable disease—but not maternal or newborn health, which are seen as public health issues.

Opportunities to increase funding for CSOs and the media to engage on maternal mortality

Create a donor financing platform to finance CSOs and induce academics to work on maternal and newborn mortality with flexible grants. International best practice suggests that CSOs require long-term financial support from a variety of sources to ensure their survival (Scanlon, 2016). Assuming that internalization of the maternal and newborn mortality issue is underway, flexible funding options would permit creativity and foster decentralized solutions to often locally specific causes of maternal death. Although the grant mechanism would continue to be time-bound, alternative co-financiers could employ different co-governance approaches and have space to be introduced through a revised funding stream.

Support and grow existing crowdsourcing and fund-sharing platforms for CSOs and media outlets. Crowdsourced funding represents an innovative approach to CSO funding used by CSOs around the world. In Indonesia, crowdsourcing platforms are still underdeveloped, but represent an opportunity for expansion and sustainable funding. Gotong Royong Foundation's CrowdCSR platform houses more than 30 projects created by CSOs or individuals actively seeking corporate CSR funds or individual philanthropic funding. Other foundations like Yaysana Cinta Annak Bangsa have also experimented with social investment platforms for NGOs and private companies. Unfortunately, no existing platforms have been able to generate much funding for CSOs due to lack of visibility (public relations and marketing), inability of the funder to track recipient activities, and lack of communication between CSOs and the private sector about how their work can best be synergized. This is the work that the Company-Community Partnerships for Health in Indonesia (CCPHI) is currently undertaking. Brokering crowdsourced deals between CSOs and private companies or individual philanthropic donors may accelerate this form of funding in Indonesia.

Develop a funding mechanism for MNH-focused investigative and photojournalism. Incentivizing and lowering the cost barriers to exploratory and analytical journalism will help reframe and socialize the issue of maternal and newborn death. Informants supported the use of investigate journalism to uncover the issue of maternal and newborn mortality, but investigative journalism outlets are few in number and the cost of these stories is intensive. Providing supplementary funding sources in support of a national investigative story with an outlet like TEMPO—or smaller support grants for provincial-level investigative outlets—could help gain powerful exposure. Additionally, many CSOs and media informants suggested that previous experience with photo evidence and photojournalism about a death or maternal health mistreatment resonated highly with general audiences. Penetration of mobile phones with cameras continues to increase along with interest in photojournalism stories. Funding a photojournalism site that allows individuals to submit pictures and receive a small amount of money in return could create a movement that electrifies the nation.

With the economic success and growth of the middle class, CSOs should solicit more philanthropic donations. Given the growth in expendable incomes and the decrease in donor funding for CSOs, philanthropic contribution channels should be further explored. Informants inferred that many small business and individuals contribute philanthropically according to the third pillar of Islam—compulsory charity (*zakat*)—which is required of every financially stable Muslim (typically 2.5% of total wealth). Indonesia is among the top-10 countries where people are highly enthusiastic about giving to charity, according to the Charities Aid Foundation World Giving Index Report (Charities Aid Foundation, 2015). According to the report, 66 percent (or 117 million) of Indonesians allocate money from their budgets for charity. One of the largest philanthropic organizations, Dompet Dhuafa (formerly the national Zakat Institute by the Ministry of Religious Affairs), has redefined the landscape for *zakat*. Dompet Dhuafa, which means "wallet for the poor," started as the social wing of journalists at the *Republika Daily*, who collected 2.5 percent of their *zakat* since July 1, 1993 to be handed to the poor they met during assignment. It manages a free school, SMART Ekselensia Indonesia, and a free hospital, Rumah Sehat Terpadu, in Bogor, West Java. Dompet Dhuafa also channeled donations to provide scholarships and held regular free health checks in public places. While Dompet Dhuafa has a number of its own programs, their donations could also support CSO activities for maternal and newborn health. In addition, Dompet Dhuafa represents an important precedent in soliciting philanthropic contributions for CSO/NGO work in Indonesia.

Opportunities at the Intersection of Civil Society and the Private Sector

Significant progress can be made in reducing maternal mortality by aligning the core interests and strengths of the private sector and CSOs. Throughout the course of conducting interviews with Indonesia's private sector and CSOs, the assessment team identified a wide array of opportunities for intervention that do not fit squarely within either the paradigm of business opportunities for the private sector or the paradigm of CSO opportunities. Rather, these opportunities require the combined engagement of both the private sector and CSOs to be effective. The opportunities themselves represent a mix of existing initiatives that can be scaled, ideas for adapting models from other sectors, and novel proposals that generated interest from both private sector and CSO respondents. They focus on leveraging the shared interests of the private sector and CSOs, while also recognizing the range of incentives that might drive various actors to engage. By broadening the private sector's incentives beyond profitability metrics and including CSR, the team was able to identify four distinct areas of intervention in which private and CSO actors can synergistically operate to reduce maternal mortality. Those areas are

1. Demand creation for maternal health services
2. Improving the quality of service delivery
3. Creating and enabling a conducive policy environment
4. Aligning CSO interests with CSR opportunities

Demand creation for maternal health goods and services

For private healthcare companies

Private healthcare companies can partner with CSOs to convene community forums and disseminate information about JKN benefits packages and locally available services. By leveraging the convening power of CSOs in communities, private healthcare companies can support the costs and logistics of hosting forums in which communities receive comprehensive information regarding the package of benefits and services they are entitled to under JKN. This sort of community education initiative serves the interests of private healthcare companies to increase demand, while also providing communities with critical information regarding their entitlements. There are examples of private healthcare companies that have done this already. Muhammadiyah, a faith-based organization that operates private healthcare facilities and a civil society branch, organizes regular community meetings to disseminate information about JKN benefits and inform communities of how to access those benefits. Muhammadiyah aids new enrollees through the process of signing up, describing entitlements and where enrollees are eligible to access care, including Muhammadiyah hospitals and clinics nearby. A variety of institutions already in place, such as CCPHI, could serve as the convening body for such a forum.

Private healthcare providers can partner with CSOs to create programs to increase facility-based deliveries. Out-of-hospital deliveries increase the risk of maternal mortality**.** As private healthcare providers seek to increase patient volume and take advantage of JKN's goal of UHC, they can leverage the ability of CSOs to influence health-seeking behavior in communities by partnering with and financing CSOs to develop effective and consistent programs geared toward increasing health utilization for pregnant women. Overall, 40 percent of Indonesian women still deliver at home, but well-coordinated, effective programs, executed by CSOs and designed to increase facility-based deliveries, could transform maternal mortality

rates while also increasing patient volume at private health facilities (Research and Development Agency, 2013).

For non-health sector companies

Companies with large labor forces have a built-in audience for messaging that can be used to increase awareness of, and demand for, maternal health services. The agricultural and manufacturing sectors alone employ over 56 percent of the Indonesian workforce—nearly 70 million people. Women make up an estimated eighty percent of the manufacturing sector and 50 percent of the agricultural sector ("Unemployment in Indonesia", 2016). About half of the women in Indonesia's labor force work in either agriculture or industry (World Bank, n.d.). Dewhirst, a leading textile manufacturer, has instituted a reflective example of the potential to use the workplace as a locale for information dissemination. Dewhirst has established a message board system in its cafeteria to distribute social messaging; this system could easily be adapted to carry messaging related to maternal health and to post available resources for service delivery. SriTex, the largest textile company in the region, has created a platform for women empowerment in Central Java in an effort to retain its female employees. Once a week, 500–1,000 women gather to receive information about health, family planning, and women's rights; maternal health could easily integrate into these gatherings. By partnering with CSOs or the Ministry of Health to provide high-quality content regarding maternal health resources, these communication platforms can reach thousands of women at little to no cost to large companies. Such platforms can also ensure that accurate information is available to the workforce regarding healthy behaviors, JKN entitlements, and locally available resources. Additionally, employers could partner with local CSOs at routine intervals to conduct workforce information-sharing sessions focused on maternal health that are open to all employees.

Large companies that purchase goods and services from small-scale providers across the country have extended their reach into communities and rely upon information and communication platforms that can be adapted for maternal health messaging. Mars sources raw materials from smallholder farmers who bring their raw agricultural products to processing centers spread across Sulawesi. The company purchases from thousands of farmers on a routine and predictable basis, and has established robust communications channels with those farmers. This model enables frequent contact with members of rural communities that are difficult to reach, and Mars has leveraged its communications platform to great effect by educating farmers on production techniques for greater annual yields. Mars is currently conducting a feasibility study to explore the possibility of offering healthcare messaging and preventive services to the 90,000 smallholder farmers with whom it works. Mars could further enhance the reach of its messaging platform by partnering with CSOs working in small farming communities to ensure that harmonized messaging reaches these communities from multiple sources. In this way, the same health messages being disseminated by Mars (or any other company using a similar sourcing model) can be reinforced in communities and spread to other family members to improve health-seeking behavior and expand communities' knowledge base.

Technology platforms used by companies to increase the use of their products can be leveraged to increase knowledge regarding maternal health resources. 8 Villages is a subscription-based tech platform used to educate rural farmers about the use of specific agricultural products. Companies that sell products to farmers are the subscribers. This platform currently reaches more than 100,000 rural farmers through SMS and online messaging, and has been expanded to focus on advocacy for women and general education. An add-on application, supported by the companies paying for use of the platform, could significantly increase the reach of key health messages into communities. It could also be viewed

within the lens of expanding the women's advocacy platform that is already part of the core business model of 8 Villages.

Large consumer goods companies can partner with CSOs, such as midwives' associations, to leverage their extended reach for knowledge exchange. Many large consumer goods companies employ thousands of sales representatives to distribute their products throughout Indonesia. Since the retail space is still dominated by small vendors, the collective reach of these networks of sales representative is enormous. Since many large consumer goods firms sell products related to maternal health (i.e., Johnson and Johnson, Nestle, Kalbe Pharmaceuticals), their networks can be leveraged to disseminate a standardized package of information to buyers and their surrounding communities. This expansion offers additional upside for companies as they expand their customer base and provide added value by having sales reps that are knowledge resources, but the opportunity must be carefully explored. Given past experience with companies pushing formula feeding upon poor women in rural communities, there is an opportunity for CSOs like the midwives' association to create and approve the content provided by consumer goods companies to avoid repeating past mistakes.

Improving productivity through improved quality of health services

It is in the best interests of large employers to ensure a healthy workforce by improving the quality of available healthcare services. Indonesia has a thriving textiles industry and enormous agricultural industries that produce coffee, tea, palm oil, rubber, and rice. Young women comprise approximately 80 percent of the textiles industry and over half of the agricultural workforce. Since a healthy workforce bolsters the bottom line of any company by reducing absenteeism and improving productivity, there is a business case for improving the health of employees, especially in regions with a large burden of preventable disease. USAID has estimated that maternal and newborn mortality leads to US$15 billion in lost potential productivity globally every year (USAID, 2001). There is an additional benefit for large employers in rural areas to expand health service provision to the community, as they are likely the primary (or only) formal employer available in the area. As a result, everyone in the community is tied to the business somehow. In such situations, extending services beyond the workforce can provide the company with the social license to operate.

Through the process of co-creation and co-financing maternal health interventions, a partnership involving the private sector, CSOs, and the public sector can have a transformative effect on the health of communities. Instead of ad-hoc health programs or reactive initiatives, a partnership in which private sector companies, local CSOs, and local public health officials critically analyze the health needs of particular communities and design programs to address communities' most urgent health needs can have lasting impact. A good example of a localized program is Freeport's malaria program. Freeport prioritized malaria and tuberculosis because these health issues cause absences for employees in Papua. Freeport commissioned an analysis of health issues and developed a malaria program in 2013 with technical and implementation assistance from local NGOs in Timika City. This program is primarily focused on indoor residual spraying and vector control; as a result, Timika City saw an 80 percent reduction in malaria cases from 2012–2014 (Freeport-McMoRan, n.d.).

USAID has estimated that maternal and newborn mortality leads to USD15 billion in lost potential productivity globally every year (USAID, 2001).

Due to the swamp environment around Bintuni district, where British Petroleum's operation is based, vector control was not possible. British Petroleum's malaria control program focused

efforts on early case detection and treatment initiation. Through this program, malaria prevalence in the Bintuni Bay area was reduced from 12 percent in 2003 to less than 1 percent by 2013 (BP Global, n.d.). Less malaria means less absenteeism, which directly impacts Freeport's and British Petroleum's bottom lines. Maternal mortality and complications related to maternal and neonatal health may not affect workforce productivity on as large a scale, but if companies take a broader view of community health and the impact of community health on company productivity, there is a case for proactive engagement to reduce maternal and newborn mortality.

In places where the government is unable to meet demand for healthcare services and there is no compelling business case for private healthcare providers to invest, private companies working in those areas can partner with CSOs to build and operate clinics and hospitals. Health services are still inequitably distributed in Indonesia, especially in the eastern part of the country. In Papua, where Freeport Indonesia operates, the company spending vast sums of money providing medical evacuation services to its employees because locally available health services were of exceedingly poor quality and sparsely distributed. In response to this market gap, Freeport partnered with international NGOs Caritas and International SOS to operate and staff hospitals and clinics built and financed by the company.

CSOs can improve the quality of service provision by creating a transparent and widely available platform to collect, aggregate, analyze, and publish citizen feedback on service quality and patient satisfaction. Creating a publicly available quality rating platform that presents data about the performance and quality of health services—including maternal and neonatal health programs implemented by the private healthcare sector—can serve the interests of both CSOs and private providers. Patients can gain insight into a clinic's operations, claims information, and quality rating to help decide which clinics to access. At the same time, private providers can use information to improve their services, access a platform to promote their services and programs, and use feedback as a marketing tool to highlight their successes. Currently, CSOs monitor public service delivery, but not private health services or maternal health specifically. CSOs could seek financing from interested private service providers to create such a platform. If financing cannot be secured from private health providers, there may be interest from VC firms to help launch such a platform. If widely trafficked, such a platform could be a profitable source of advertising revenue. Creating a platform that gains enough market share will be a critical component of any effort to partner with private healthcare providers, since they may be wary of publicly posting any data regarding quality of service provision. Fortunately, this type of platform can operate solely on the basis of patient feedback until there is sufficient pressure on private providers to participate.

Joint advocacy at a policy level for improved access to healthcare services

CSOs partner with the private sector to conduct targeted advocacy at the local and national levels to promote policies that increase access to services. CSOs are strong advocates for policy changes in health, and a number of policy changes would benefit both maternal and neonatal health patients and private sector players. Based on this study's findings, these policy changes include

- Increasing JKN benefit package reimbursement rates for maternal care for the private sector to allow for continued training and quality improvement
- Referral reimbursement or incentives for midwifes and/or traditional birth attendants to refer risky cases

- Direct reimbursement to midwives for their maternal health services rather than going through *puskesmas*

Aligning CSO interests with opportunities

Mandated CSR efforts can have a great impact on maternal and newborn mortality. Indonesia is one of the only countries globally to legally mandate CSR contributions. The law requires businesses that impact natural resources to designate 2 percent of profits annually to support CSR activities. Given the size of Indonesia's extractive sector, this law has created a potentially huge source of financing for social impact interventions. Unfortunately, the legal obligation is poorly regulated and businesses retain full autonomy of how they spend CSR funds. Still, even in the absence of enforcement and regulation, a majority of companies—including those not mandated by law to make CSR contributions—still make strong commitments to CSR activities. The key challenge they face is to identify strategic investments that create greater business value while effectively benefiting the community and environment (triple bottom line).

The managers of some large CSR initiatives have expressed interest in organizing around maternal mortality. There have been attempts to create coordinated CSR funding platforms in Indonesia, but a lack of leadership and buy-in (due, in part, to an inability to organize around a central issue) have minimized the impact of these initiatives. Business Links Indonesia is a resource center for corporate citizenship that provides technical assistance and information to companies about collective and strategic ways to invest their CSR (Indonesia Business Links, n.d.). Gotong Royong Foundation started a crowdsourcing CSR platform in 2014 that allows for communities and individuals to promote their needs by posting a proposal on the platform, and allows companies to review and fund those that meet their mission and vision (Gotong Royong, 2015). Similarly, CCPHI headed by Kamal Soeriawidjaja, is a nonprofit organization that helps develop thriving partnerships between businesses, NGOs, and local governments. One of CCPHI's key areas of engagement and capacity building is strategic use of CSR (CCPHI, n.d.). CrowdCSR is an existing platform that houses more than 30 projects that are actively seeking funding from individuals or businesses. Each project profile includes a description of proposed activities, timeline, impact, required budget, and organizational profile. Project creators can be nonprofit organizations or individuals.

Creating a national crowdsourcing CSR platform for maternal mortality reduction is a transformative opportunity to match public health needs with CSR funds. Several companies interviewed expressed interest in this idea, citing the benefit of working with other companies to fund CSO-led projects to achieve higher impact than they otherwise could on their own. Such a platform could serve as a dynamic space in which private companies, CSOs, and the public sector can identify, design, finance, and implement effective maternal mortality reduction strategies in discrete, measurable, and time-limited manner. Data on local demographics, health conditions, health outcomes, health resources, and catchment areas could be combined with data related to existing CSO activities and the existing CSR activities of private companies, and compiled into a set of intuitive data visualization tools that are easily accessible to companies, CSOs, and the public sector. In addition, the platform would offer investment cases (like support for syariah loans for midwives to open their own clinics) or supply capital to a small health startup like Reblood working to build blood supply networks across Indonesia.

Private sector companies can use the platform to access information about maternal and child health issues that pertain to their region or consumer base. CSOs can use the platform to highlight their work, and both could use it to learn about initiatives underway throughout the

country. Critically, companies would retain autonomy regarding how much to donate and to which project, and would still be able to determine attribution. Each maternal health CSR investment project would generate quarterly or biannual reports on progress and estimated impact. One idea is to utilize a social return on investment methodology to better capture the entire impact of the aligned CSR funds. This methodology allows for investment returns to be calculated not solely in financial terms, but also in terms of an investment's measurable social impact.

CSOs should leverage the annual CSR proposal process by submitting competitive project proposals that address maternal mortality. Nearly all companies, especially small and mid-sized companies, decide how to spend their CSR funds by assessing proposals from CSOs and community groups. Most make these decisions annually or biannually, among top management. Common practice is to accept proposals from organizations in the community regarding funding for a specific campaign or activity. Proposals can touch on a variety of issues, including health (although rarely maternal health). This annual decision process offers an opportunity for CSOs to submit proposals for projects addressing maternal and newborn mortality in their communities. Organizations can create competitive proposals by clearly stating why maternal and newborn mortality is a major issue for companies' surrounding communities, while clearly laying out a plan for use, goals, measurable impact, and attribution. Even large businesses like Telkomsel and Samsung accept proposals for CSR funding; however, they usually align their CSR funding with their overarching business vision and marketing. This existing mechanism offers frequent opportunities to pitch proposals for MNH projects by local or national CSOs.

CONCLUSION

Now, more than ever, a number of factors are coming together to create an environment where Indonesia can tackle persistently high maternal and newborn mortality ratios. As JKN is rolled out, Indonesia's health system will grow, demand for services will increase, and more money will flow into the health sector. These changes provide an opportunity for actors outside of government to get involved in improving access to, and quality of, maternal and newborn health services.

Each actor has a role to play—by assembling actors from all sectors in a holistic approach, we can move the needle forward on maternal and newborn mortality.

Private resources from companies and investors will likely play a major role in building out services and system resources. There are many opportunities for the private sector to finance and develop new or growing ideas. These opportunities hold the promise of profit and market expansion, but also the potential to save lives and lower maternal and newborn mortality ratios. There are other opportunities to scale up private facilities; develop technology for communication, data collection, and continuing medical education; develop innovative transportation solutions; improve the quality of midwife education; and develop new, tailored financial products.

Civil society plays an important role, in partnership with the media and research institutions, in creating a movement around maternal and newborn mortality. This issue has not, as of yet, benefited from broad internalization or the rallying of public support. To create such a movement, CSOs and the media must work to internalize maternal and newborn mortality in Indonesia, align actors and interested parties around a common idea, mobilize resources, engage with the government, and continue to expand the enabling environment in this space. Civil society can also partner with the private sector, on initiatives ranging from policy advocacy to CSR, to further the impact of such a social movement.

This report details a number of entry points that the study team hopes will inspire action on this subject. Every individual, civil society organization, media story, or company investment focused on maternal and newborn health is a step toward improved health outcomes. Each actor has a role to play—by assembling actors from all sectors in a holistic approach, *we can ignite change on maternal and newborn mortality*.

ANNEX A: LIST OF INTERVIEWED ORGANIZATIONS

Private Sector Assessment Interviews

Company	Sector	Province
Cargill	Agribusiness	Jakarta
American Chamber of Commerce	Associations	Jakarta
Midwives Association	Associations	Jakarta
Johnson & Johnson	Consumer Goods	Jakarta
Unilever Indonesia Foundation	Consumer Goods	Jakarta
CISDI	CSO/NGO	Jakarta
Mercy Corps	Financing	Jakarta
Australia-Indonesia Partnership for Rural Economic Development	CSO/NGO	Jakarta
International Finance Corporation	Financing	Jakarta
World Bank Group	Financing	Jakarta
British Petroleum	Extractives	Jakarta
Actis Private Equity	Financing	Jakarta
ASBANDA	Financing	Jakarta
Bank Ekonomi Raharja Tbk	Financing	Jakarta
Bank Mandiri	Financing	Jakarta
Bank Mandiri Syariah	Financing	Jakarta
BRI Bank	Financing	Jakarta
BTPN Bank	Financing	Jakarta
Danoman Bank	Financing	Jakarta
GEPI	Financing	Jakarta
Gotong Royong	Financing	Jakarta
Heyokha Venture Capital	Financing	Jakarta
Impact Incubator	Financing	Jakarta
Kinara Indonesia	Financing	Jakarta
Magnolia Kapital	Financing	Jakarta
Northstar Advisors	Financing	Jakarta
PermataBank	Financing	Jakarta
Quadria Capital	Financing	Jakarta

Company	Sector	Province
Sarana Multi Infrastructure (SMI)	Financing	Jakarta
Saratoga Capital	Financing	Jakarta
Sovereign's Capital	Financing	Jakarta
BPJS	Government	Jakarta
ATOMA Medical	Innovation & Technology	Jakarta
GE Healthcare	Health	Jakarta
Indonesian Red Cross	Health	Jakarta
Kalbe/ Klikdoktor	Pharmaceutical	Jakarta
Kemang (Achmed Mediana System Jakarta)	Health	Jakarta
SOHO Global Health	Health	Jakarta
Summit Medical	Innovation & Technology	Jakarta
Applicative Medical Care System	Healthcare Provider	Jakarta
Siloam Hospitals	Healthcare Provider	Jakarta
Sintesa Group / Setia Mitra	Healthcare Provider	Jakarta
United Limited (UnLtd)	Incubation	Jakarta
8 Villages	Innovation & Technology	Jakarta
Harmoni Prima Medika	Innovation & Technology	Jakarta
Practo.com	Innovation & Technology	Jakarta
Ruma	Innovation & Technology	Jakarta
Tone	Innovation & Technology	Jakarta
UN Pulse Lab Jakarta	Innovation & Technology	Jakarta
ACA Private Insurance	Insurance	Jakarta
Arghajata	Other	Jakarta
Deloitte	Other	Jakarta
PPM training center	Other	Jakarta
Tetra Pak	Packaging	Jakarta
Takeda	Pharmaceutical	Jakarta
Du-Anyam	Social Entrepreneurship	Jakarta
Indosat	Telecommunication	Jakarta
Telkomsel	Telecommunication	Jakarta
BPJS	Government	Jakarta

Company	Sector	Province
Midwives Association – West Java	Associations	West Java
Agro-Medikal Subang – Tea Plantation hospital	Healthcare Provider	West Java
Private Midwife, Bidan Delima	Healthcare Provider	West Java
Santoso Hospital	Healthcare Provider	West Java
Pan Brothers TBK	Textile	West Java
Adira Insurance	Insurance	West Java
Dewhirst	Textile	West Java
PT. K33	Distributor	Central Java
Akademi Kebidanan	Health	Central Java
Private Midwife, Magelang	Healthcare Provider	Central Java
Tentrum Hotel	Hospitality	Central Java
Yogya Digital Valley	Incubation	Central Java
Agustus Automotive (Vehicle Assembly)	Manufacturing	Central Java
Plentong Batik Company	Textile	Central Java
SriTex Textiles Solo	Textile	Central Java
Midwives Association	Associations	East Java
ExxonMobil	Extractives	East Java
Gayam Community Savings & Loan (Bojonegoro)	Financing	East Java
Reblood	Innovation & Technology	East Java
Muhammadiyah	Healthcare Provider	East Java
Private Midwife, Bojonegoro	Healthcare Provider	East Java
Siloam Hospitals, Surabaya	Healthcare Provider	East Java
Start Surabaya	Incubation	East Java
Organda – East Java DPD	Transportation	East Java
PT Austindo Nusantara Jaya	Agribusiness	North Sumatra
PT.PP.London Sumatra Indonesia	Agribusiness	North Sumatra
Surfaid	CSO/NGO	North Sumatra
PT Tigaraksa Satria	Distributor	North Sumatra
Bank Sumut	Financing	North Sumatra
Sumut Ventura	Financing	North Sumatra
Murni Teguh Memorial Hospital	Healthcare Provider	North Sumatra

Company	Sector	Province
JW Marriott Medan	Hospitality	North Sumatra
Kadin (Chamber of Commerce), South Sulawesi	Associations	South Sulawesi
Fajar Group	Consumer Goods	South Sulawesi
Kalla Group – Kalla Inti Karsa	Consumer Goods	South Sulawesi
Mars Chocolate	Consumer Goods	South Sulawesi
Kalla Foundation	Financing	South Sulawesi
Private Training School in Makassar	Health	South Sulawesi
Awal Bros	Healthcare Provider	South Sulawesi
Ibnu Sina Hospital	Healthcare Provider	South Sulawesi
Private Midwife, Makassar	Healthcare Provider	South Sulawesi
Organda – Makassar DPD	Transportation	South Sulawesi
Nusa Ina Palm Oil company	Agribusiness	Maluku
Kadin (Chamber of Commerce) Maluku	Associations	Maluku
Fa. Sarinda Bread Production	Consumer Goods	Maluku
PT Harta Samudra Fishery	Consumer Goods	Maluku
PT Ollop (Spices)	Consumer Goods	Maluku
BPJS, Maluku	Government	Maluku
STIKES Pasapua Midwifery Academy, Maluku	Health	Maluku
Al-Fatah Ambon Private Islamic Hospital	Healthcare Provider	Maluku
Midwife (private practice)	Healthcare Provider	Maluku
Organda (Organisasi Angkutan Daerah) Maluku	Transportation	Maluku
PT Dharma Indah, Water Transportation	Transportation	Maluku
Muhajirin Traditional Cake Factory and Shop	Consumer Goods	North Maluku
PT NHM – Nusa Halmahera Minerals	Extractives	North Maluku
BPR Malifut, Loans and Savings	Financing	North Maluku
Pontren Al Khairat Loans and Savings Cooperative	Financing	North Maluku
Christian Hospital Dharma Ibu	Healthcare Provider	North Maluku
Private Midwife, Nafsia	Healthcare Provider	North Maluku
Rumah Sakit Dharma Ibu private hospital (Catholic), Ternate	Healthcare Provider	North Maluku
Association of Kota Baru Speedboats, Ternate	Transportation	North Maluku
Freeport Indonesia	Extractives	Papua

Company	Sector	Province
Mimika District Health Office	Government	Papua
Provincial Midwifery Program	Health	Papua
Private Midwife, Timika	Healthcare Provider	Papua
Pertamina Sorong Hospital	Healthcare Provider	West Papua
Private Midwife, Sorong	Healthcare Provider	West Papua
Petrogas Basin	Extractives	West Papua

Civil Society/Media/Academia Assessment Interviews

Organization Name	Type	Province
Institute for Research and Empowerment	Academia	Jakarta
LP3J	Academia	Jakarta
Program Studi Kajian Gender UI/Center for Gender Studies, University of Indonesia	Academia	Jakarta
Pusat Penelitian Kesehatan UI / Health Research Center University of Indonesia	Academia	Jakarta
SMERU	Academia	Jakarta
University of Indonesia	Academia	Jakarta
Unversity of Gajah Mada	Academia	Jakarta
F2H	CSO	Jakarta
Fatayat NU	CSO	Jakarta
Gerakan Nasional KIA / GKIA	CSO	Jakarta
Hellen Keller Indonesia	CSO	Jakarta
JPHIEGO - EMAS	CSO	Jakarta
Kalyanamitra	CSO	Jakarta
Koalisi Perempuan Indonesia	CSO	Jakarta
Komnas Perempuan	CSO	Jakarta
KOWANI	CSO	Jakarta
Muhammadiyah	CSO	Jakarta
Muslimat NU	CSO	Jakarta
Pelkesi	CSO	Jakarta
Perinasia / The Indonesian Society of Perinatology	CSO	Jakarta
Perkumpulan Keluarga Berencana Indonesia/Indonesian Planned Parenthood Association	CSO	Jakarta
Plan International Indonesia	CSO	Jakarta
PROREP	CSO	Jakarta
Red Cross (Blood Bank)	CSO	Jakarta
Save the Children Indonesia	CSO	Jakarta
Tuledo	CSO	Jakarta
Women Research Institute	CSO	Jakarta
World Vision Indonesia	CSO	Jakarta
Yayasan Kesehatan Perempuan	CSO	Jakarta

Organization Name	Type	Province
Yayasan Pendidikan Kesehatan Perempuan	CSO	Jakarta
CCPHI	CSO/NGO	Jakarta
Commission 9	Government	Jakarta
Member of Government	Government	Jakarta
Member of Parliament	Government	Jakarta
Detik.com	Media	Jakarta
Jakarta Globe	Media	Jakarta
Jakarta Post	Media	Jakarta
Jurnal Perempuan	Media	Jakarta
Kantor Berita Radio	Media	Jakarta
KOMPAS	Media	Jakarta
Majalah FEMINA	Media	Jakarta
Republika	Media	Jakarta
TEMPO	Media	Jakarta
Central Board, Indonesian Midwives Association	Other	Jakarta
Ikatan Bidan Indonesia Pusat / Indonesian Midwives Associaton Headquarter	Other	Jakarta
UNFPA	Other	Jakarta
Bandung Institute of Governance Studies	Academia	West Java
Pusat Studi HIV TB Universitas Padjajaran / HIV and TB Research Center Padjajaran University	Academia	West Java
Female Plus Jawa Barat	CSO	West Java
Ibu Foundation	CSO	West Java
Institut Perempuan	CSO	West Java
PKBI Jawa Barat / Indonesian Planned Parenthood, West Java Branch	CSO	West Java
Sapa Institut	CSO	West Java
Save the Children Jawa Barat	CSO	West Java
Sinergantara	CSO	West Java
Yayasan Rumah Tumbuh Harapan	CSO	West Java
Dinas Kesehatan Provinsi Jawa Barat (Government Health Office)	Government	West Java
Koalisi Penanggulangan AIDS Kota Bandung / AIDS Prevention Coalition, Bandung City	Government	West Java
Detik Jabar	Media	West Java

Organization Name	Type	Province
KOMPAS Jabar	Media	West Java
Mom and Kids Radio 99,2 FM	Media	West Java
Pikiran Rakyat	Media	West Java
Ikatan Bidan Indonesia Cabang Jawa Barat / Indonesian Midwives Association, West Java Branch	Other	West Java
Akademi Kebidanan Yogyakarta	Academia	Central Java
Center for Health Policy and Research	Academia	Central Java
Survey Meter	Academia	Central Java
Aisyiyah Kota Semarang	CSO	Central Java
FMM/Forum Masyarakat Madani	CSO	Central Java
LRC-KJHAM Legal Resource Centre untuk Keadilan Jender dan Hak Azasi Manusia	CSO	Central Java
PKBI Kota Semarang	CSO	Central Java
PKBI Provinsi Jawa Tengah	CSO	Central Java
Plan International Rembang	CSO	Central Java
SPEKHAM Solo	CSO	Central Java
Yayasan Insan Sembada	CSO	Central Java
Antara News Semarang	Media	Central Java
Koran Sindo Semarang	Media	Central Java
Radio Imelda FM	Media	Central Java
Radio Trax FM	Media	Central Java
Suara Merdeka dot com	Media	Central Java
Emas Semarang	Other	Central Java
IBI/Indonesian Midwives Association Jawa Tengah	Other	Central Java
Department of Nutritional Sciences, Faculty of Medicine, Brawijaya University	Academia	East Java
Aisyiyah Jawa Timur	CSO	East Java
Cakrawala Timur	CSO	East Java
Koalisi Perempuan Indonesia Jawa Timur	CSO	East Java
KPS2K (Kelompok Perempuan dan Sumber-sumber Kehidupan/Group of Women and Sources of Livelihood)	CSO	East Java
LSM Rumpun	CSO	East Java
Paramitra Malang	CSO	East Java
Pattiro Jawa Timur	CSO	East Java

Organization Name	Type	Province
Perkumpulan Keluarga Berencana Indonesia/PKBI Jawa Timur (Indonesian Association of Family Planning East Java)	CSO	East Java
PW Fatayat NU Jawa Timur	CSO	East Java
Sapulidi	CSO	East Java
World Vision Indonesia Jawa Timur	CSO	East Java
AJI (Aliansi Jurnalis Independen/Independent Journalist Alliance)	Media	East Java
Jawa Pos	Media	East Java
SBO TV	Media	East Java
She Radio & Suara Surabaya	Media	East Java
Surya	Media	East Java
FKM USU/Faculty of Public Health, University of North Sumatera	Academia	North Sumatra
Aisyiyah Deli Serdang	CSO	North Sumatra
Forum Pemberdayaan Kesehatan Masyarakat	CSO	North Sumatra
HAPSARI	CSO	North Sumatra
Jaringan Kesejahteraan/Kesehatan Masyarakat	CSO	North Sumatra
PESADA	CSO	North Sumatra
PKBI Sumut	CSO	North Sumatra
Pusat Kajian Perempuan dan Anak/Centre for Women and Children Studies	CSO	North Sumatra
Yayasan Gema	CSO	North Sumatra
Posmetro Medan	Media	North Sumatra
Radio HAPSARI	Media	North Sumatra
Radio Pemerintah Daerah	Media	North Sumatra
Sindo Medan	Media	North Sumatra
Sonora FM	Media	North Sumatra
Sumut Pos	Media	North Sumatra
PKIP FKM Unhas	Academia	South Sulawesi
ESENSI	CSO	South Sulawesi
FIK ORNOP	CSO	South Sulawesi
Jurnal Celebes	CSO	South Sulawesi
KOPEL	CSO	South Sulawesi
Muhammadiyah Gowa	CSO	South Sulawesi
South Sulawesi PKBI	CSO	South Sulawesi

Organization Name	Type	Province
YAPTAU	CSO	South Sulawesi
Yayasan LP2EM	CSO	South Sulawesi
Yayasan People Care	CSO	South Sulawesi
Celebes TV	Media	South Sulawesi
GAMASI FM	Media	South Sulawesi
Mercurius FM	Media	South Sulawesi
Suara Perempuan FM	Media	South Sulawesi
Tribun Timur	Media	South Sulawesi
Women Studies Center of Pattimura University	Academia	Maluku
AMGPM Cabang Ebenheizer, Maluku Tenggara Barat	CSO	Maluku
Arika Mahina	CSO	Maluku
GASIRA Maluku/JP2K	CSO	Maluku
GSC Maluku Tenggara Barat	CSO	Maluku
HUMANUM	CSO	Maluku
Lakspedam/Lembaga Kajian dan Pengembangan SDM NU (Institute of Human Resource Studies)	CSO	Maluku
LPPM	CSO	Maluku
Yayasan Pelangi	CSO	Maluku
Ambon Ekspres	Media	Maluku
Antara Maluku	Media	Maluku
Harian Kabar Timur	Media	Maluku
Radio Ureyana	Media	Maluku
RRI PRO 2	Media	Maluku
TVRI Ambon	Media	Maluku
UNICEF	Other	Maluku
Pusat Studi Perempuan dan Anak	Academia	North Maluku
Aisyiah Maluku Utara	CSO	North Maluku
Daulat Perempuan Maluku Utara	CSO	North Maluku
Forum Studi Halmahera	CSO	North Maluku
Hohidiai Foundation	CSO	North Maluku
Lembaga Mitra Lingkungan	CSO	North Maluku
PEKKA/Perempuan Kepala Keluarga	CSO	North Maluku

Organization Name	Type	Province
Rorano	CSO	North Maluku
Saro Nifero	CSO	North Maluku
Wahana Visi Indonesia Halmahera Utara	CSO	North Maluku
Gamalama TV	Media	North Maluku
Istana FM	Media	North Maluku
Maluku Utara Post	Media	North Maluku
Radio Republik Indonesia Maluku Utara	Media	North Maluku
Ikatan Bidan Indonesia	Other	North Maluku
Faculty of Public Health, Cenderawasih University	Academia	Papua
KINERJA	CSO	Papua
Lembaga Pengembangan Masyarakat Amungme dan Kamoro (Development of Amungme and Kamoro People Foundation/LPMAK)	CSO	Papua
Papua Citizens Health Development Foundation/Lembaga Pengembangan Kesehatan Masyarakat Papua (LPKMP)	CSO	Papua
Wahana Visi Indonesia	CSO	Papua
Yayasan Pelita Abadi/Pelita Abadi Foundation	CSO	Papua
YPCII/Yayasan Pembangunan Citra Insan Indonesia	CSO	Papua
Unit Percepatan Pembangunan Kesehatan Papua/Health Development Acceleration Unit of Papua	Government	Papua
Cenderawasih Post	Media	Papua
Harian Papua	Media	Papua
Jayapura TV	Media	Papua
Papua TV	Media	Papua
Radar Timika	Media	Papua
Radio Publik Mimika (RPM)	Media	Papua
Tabloid Jubi	Media	Papua
Tabloid LANDAS	Media	Papua
Community Health Development (PT. Freeport Indonesia)	Private Industry	Papua
Social & Development Department (PT. Freeport Indonesia)	Private Industry	Papua
Belantara Papua	CSO	West Papua
Pt Peduli Sehat	CSO	West Papua
Yayasan Anak Sehat Papua	CSO	West Papua

Organization Name	Type	Province
Yayasan Citra Sehat Papua	CSO	West Papua
Yayasan Mikatempos	CSO	West Papua
Yayasan Papua Lestari	CSO	West Papua
Yayasan Pelita Kasih Sorong	CSO	West Papua
Yayasan Tifa Mandiri	CSO	West Papua
Papua Barat Pos	Media	West Papua
Radar Sorong	Media	West Papua
RRI Manokwari	Media	West Papua
RRI Sorong	Media	West Papua
Surat Kabar Jubi - Jujur Bicara	Media	West Papua
Tabura Pos	Media	West Papua
IBI/Indonesian Midwives Association Papua Barat	Other	West Papua
UNICEF	Other	West Papua

ANNEX B: FINANCIAL TERMINOLOGY

Angel investments are the earliest equity investments made in startup companies. Angel investors are almost always wealthy individuals, and are often among an entrepreneur's family and friends. They commonly create investor networks. These networks are often based on regional, industry, or academic affiliation.

Blended finance approach—The World Economic Forum and Organization for Economic Co-operation and Development defined blended finance as "the strategic use of development finance and philanthropic funds to mobilize private capital flows to emerging and frontier markets." Blended finance channels private investment to sectors of high-development impact and, at the same time, delivers risk-adjusted returns.

Consolidation (of hospitals)—Joining several hospitals together; can occur through either a merger or an acquisition. A merger is a transaction in which separate hospitals, typically geographically close, come together under a shared license. An acquisition occurs when joining hospitals (which do not have to be geographically close) retain their licenses but are owned by a common governing body, such as a private equity fund.

Deal execution is the execution of an investment transaction.

Deal flow is a term used by investors to refer to the rate at which they receive business proposals or investment offers. It refers to the stream of offers or opportunities as a collective whole. An organization has a "good" deal flow if it provides enough revenue (or equity-generating opportunities) to keep it running at peak capacity.

Deal sourcing refers to the process through which financiers such as private equity firms, family funds, business owners, venture capital firms, and strategic buyers and advisors are able to discover, evaluate, and potentially select various business opportunities. Strategies for deal sourcing vary among firms: some prefer to contract it out to specialist teams while others prefer using in-house resources.

Deal volume is a term used in the finance space to characterize the number (volume) of investment deals in a particular market, over a certain time period.

Development finance institutions (DFIs) occupy the space between public aid and private investment and provide finance to the private sector for investments that promote development. DFIs focus on developing countries where access to private sector funding is limited. They are usually owned or backed by the governments of one or more developed countries. Examples of multilateral DFIs include the Asian Development Bank, the International Finance Corporation, and the European Bank for Reconstruction and Development.

Divest—Also known as divestiture, it is the opposite of an investment. Divestment is the process of selling an asset for financial, social, or political goals. It involves a company selling its assets to improve its value and obtain higher efficiency. Assets that can be divested include a subsidiary, business department, real estate, equipment, and other property.

Expansion (of hospitals) refers to the expansion of operations of one hospital (or a chain of hospitals), either through expanding services in an existing facility or building a new facility in another location.

Growth capital is a type of private equity investment in relatively mature companies looking for capital to expand or restructure operations, enter new markets, or finance an acquisition without a change in control of the business.

Large-ticket investment (or **big ticket investments**)—For the purposes of this report, refers to investments of US$50 million or above in size; usually made by private equity firms.

Medium-ticket investment—For the purposes of this report, refers to investments in the health sector between US$10 million and 50 million.

Middle market businesses is a term generally accepted to refer to those businesses with sizeable annual revenues that fall centrally within the market in which they operate, between the smaller companies and the billion-dollar giants. The exact limits to define a middle market are not set, although some definitions set the lower limit for annual revenues as low as US$10 million, while others set the upper limit at US$500 million.

Price-to-earnings (P/E) ratio is the ratio of a company's share price to its per-share earnings. In general, a high P/E ratio indicates that investors can expect higher earnings growth in the future compared to companies with a lower P/E.

Return on investment (ROI) is a measurement used to evaluate the efficiency of an investment. ROI measures the amount of return on an investment relative to the investment's cost. To calculate ROI, the return of an investment is divided by its cost; the result is expressed as a percentage or a ratio.

Seed financing is the initial capital used when starting a business—often coming from the founders' personal assets, friends, or family—for covering initial operating expenses and attracting venture capitalists. This type of funding is often obtained in exchange for an equity stake in the enterprise. Seed capital is typically provided for market research, product development, prototype production, or other early-stage operations.

Series A financing is the first round of financing given to a new business once seed capital has already been provided and the business is generating revenue. Typically, external investors are given company ownership for the first time at this stage.

Small-ticket investment—For the purposes of this report, refers to investments in the health sector below US$10 million.

Smart microloans are those with features such as entrepreneurial, financial, or managerial trainings, designed so that borrowers can make the best use of the microloans.

Soft money is financing typically coming from international donors, foundations, or the government, which can be invested in projects without a return-on-investment requirement.

Stop-loss guarantees—In health insurance, a stop-loss policy takes effect after a company has paid a predefined amount in claims. Companies providing health insurance can subscribe to stop loss policies in order to protect themselves against catastrophic claims.

Venture capital is financing that investors provide to startup, early stage, and emerging companies that are believed to have long-term growth potential. For such companies without access to capital markets, venture capital is an essential source of money. Risk is typically high for investors, although they usually get a say in company decisions and expect high returns.

ANNEX C: PROVINCIAL SNAPSHOTS

NORTH SUMATRA

Based on available data and semi-structured interviews with key informants, this snapshot explores the regional context and state of maternal and neonatal health (MNH) in the North Sumatra province of Indonesia, as well as opportunities for the private sector and civil society to improve MNH in the region.

General Context of the Province

POPULATION AND ECONOMY: North Sumatra is the fourth most populated province, with 13.8 million citizens roughly split equally between rural and urban areas (BPS – Provinsi Sumatera Utara, 2015). North Sumatra is one of the most economically developed regions in the country. In 2015, its economic growth was 5.24 percent, higher than the national average of 4.7 percent. The province's gross domestic product (GDP) per capita was approximately 38.05 million rupiahs (US$2882) in 2014 (BPS – Provinsi Sumatera Utara, 2014). Roughly 10.4 percent of the population lives below the poverty line, slightly less than the national average of 11 percent (BPS, 2016).

POLITICAL ENVIRONMENT: Even though North Sumatra is one of the most economically developed provinces, it struggles with governance challenges. A 2008 survey found that seven out of 10 districts nationwide with the worst economic governance were located in North Sumatra (Gale, 2011). In reaching its conclusions, the researchers considered factors such as business licensing, local taxes and regulations, and the perceived integrity of the local mayor or regent as reported by local businesses. In recent years, a number of provincial officials, including the mayor of Medan, were imprisoned for embezzling money from the state and city budgets (Gale, 2011).

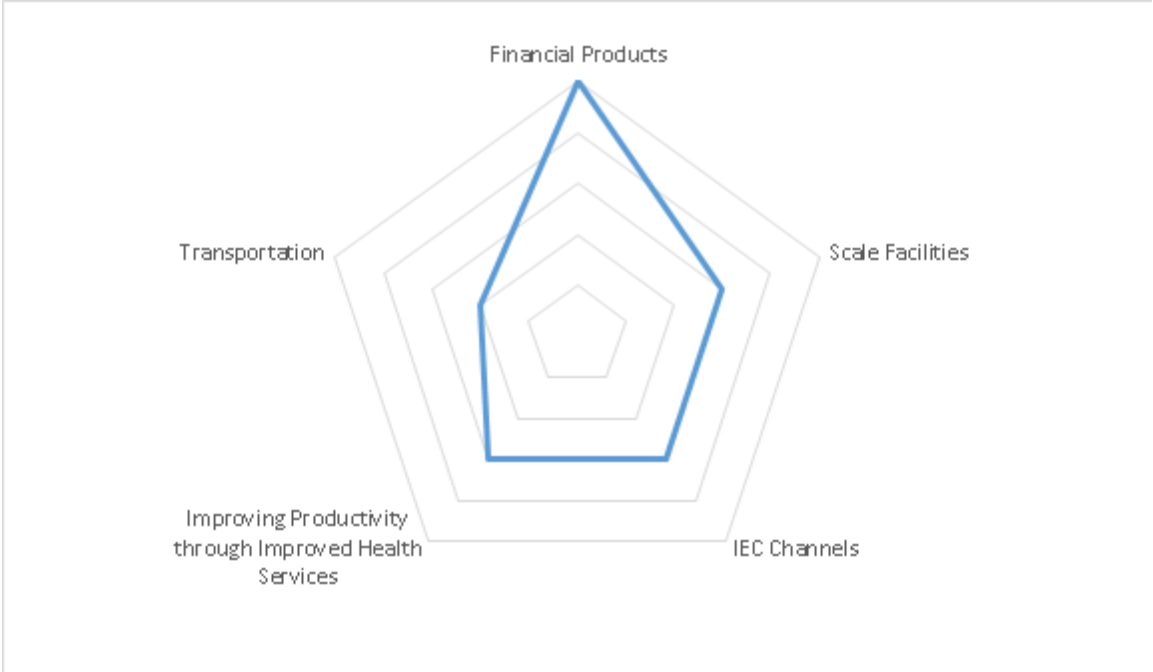
INDUSTRY: The leading industry in North Sumatra is agriculture. Inclusive of forestry and fishing, agriculture accounts for 25 percent of the provincial GDP and absorbs 43 percent of the labor force. Manufacturing accounts for 20 percent of the provincial GDP, and wholesale and retail account for 18 percent (BPS – Provinsi Sumatera Utara, 2015). The information and telecommunication industries experienced the highest growth (7.3 percent), although they represent only 2.5 percent of the total provincial GDP. Palm oil, rubber, coffee, cacao, and tobacco plantations have historically been concentrated in the island of Sumatra. Today, there are only three government estates and hundreds of large private estates.

HEALTHCARE INFRASTRUCTURE: There are 60 public hospitals, 146 private hospitals, and 570 primary health centers across North Sumatra's eight cities and 25 regencies, which are divided into 440 districts and 6,008 villages. These areas are also served by 13,276 midwives (BPS – Provinsi Sumatera Utara, 2015). There are 4.19 local clinics (*puskesmas*) per 100,000 citizens and 1.48 hospital beds per 1,000 people, both above the national averages of 3.86 and 1.07, respectively (Sutarjo et al., 2015).

Private Sector Findings and Opportunity Analysis

STRONG OPPORTUNITY: TAILOR FINANCIAL PRODUCTS FOR MATERNAL AND NEWBORN HEALTH

North Sumatra has the right fiscal environment to launch financial products tailored for maternal health. Bank Sumut is the first (and currently the only) regional bank to run a women's savings and loan group, for 24,000 women across North Sumatra. The bank is interested in offering financial products targeted at consumers, such as maternal health emergency funds and savings accounts for pregnant women. These funds would cover maternal health-related services that have not yet been rolled out nationally, such as emergency transportation, and provide support to women who have not yet enrolled in BPJS. It has also created financial products targeted at small business owners/entrepreneurs,



including a specialized product for starting midwifery centers. Microcredit institutions have capitalized on this market as well. For example, Sumut Ventura, a provider of debt finance combined with business performance assistance, has provided debt financing to grow Rumah Sakit Umum Joko from the garage stage to a 46-bed maternal and child health (MCH) hospital. While the market looks promising, banks are exercising caution, with several banks in the region stating that they are waiting to see the performance of MCH-focused financial products before entering the market.

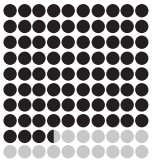
MEDIUM OPPORTUNITY: SCALE HIGH-QUALITY PRIVATE FACILITIES TO IMPROVE ACCESS

North Sumatra offers a moderate opportunity for investors interested in expanding the existing health network to largely underserved peri-urban and rural areas. The two primary vehicles for expansion include investing in the growth of well-run midwifery clinics and financing large hospitals to create satellite primary care clinics in rural and peri-urban areas. Many midwives expressed an interest in either upgrading or expanding their facilities if given access to credit and business planning expertise. Cost structures at many specialized private hospitals fail to make it profitable to provide primary maternal care reimbursable by BPJS. Additionally, these hospitals are often not yet aware of how to modify cost structures to accommodate lower- and middle-income clients. Still, several hospitals have started to consider expanding into this segment. For example, Murni Teguh oncology and cardiology hospital is in the early planning stages to establish "satellite clinic" partnerships with smaller midwifery and primary care clinics in remote areas as a means of increasing emergency referrals to its tertiary centers.

MEDIUM OPPORTUNITY: USE PRIVATE CHANNELS FOR HEALTH PROMOTION AND COMMUNICATION

Despite its difficult terrain, large distribution companies have found ways to effectively deliver consumer and pharmaceutical products across North Sumatra—even to some of the province's most remote locations. For example, Tigaraksa Satria delivers consumer products directly to 12,000 midwives across North Sumatra and Aceh (including many private midwifery clinics), 60 percent of whom can be reached only by motorcycle. Tigaraksa Satria expressed interest in leveraging its distribution network to distribute health education and communication materials to its customer base. The company also expressed interest in adding messaging and supplementary health education

Snapshot- **North Sumatra**

% COVERAGE FOR 4TH ANC VISIT (K4)	 84.46	% OF ASSISTED DELIVERY BY HEALTH PERSONNEL	81.71
% OF LOW BIRTH WEIGHT (LBW) INFANTS	7.2	% COVERAGE OF EXCLUSIVE BREASTFEEDING IN 0-6 MONTH INFANTS	41.26
% Coverage of Obstetric Complications Management	30.3	Neonatal complications management	18.7

Source: Ministry of Health, 2014

material to its product packaging, subject to agreement by the manufacturer of each product. Partnering with civil society groups is a good way to ensure that distribution companies are spreading appropriate messaging and that communities are internalizing it.

MEDIUM OPPORTUNITY: IMPROVE PRODUCTIVITY THROUGH IMPROVED QUALITY OF HEALTH SERVICES

There is medium opportunity for local agricultural companies to fund and operate health facilities for their workers and the surrounding communities. North Sumatra's economy is dominated by agricultural companies and much of its land is dedicated to fields, forests, and crops. This landscape has put private companies in closer contact with local needs than the government at times. Members of the Roundtable on Sustainable Palm Oil have a mandate to improve education, health, and economic empowerment through the financing of locally grown private solutions. Some of their members have expressed interest in funding local health facilities where the government does not have a presence, providing private maternal, newborn, and child health services in rural areas to people who would otherwise have to travel long distances. A partnership with civil society could help them to create a successful operation, combining resources with health services knowledge.

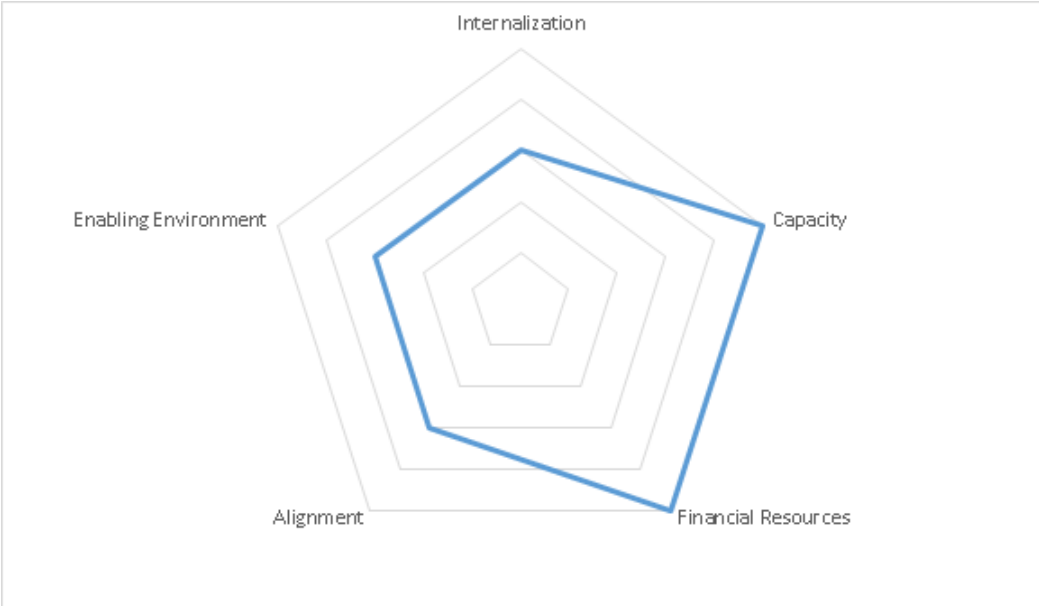
WEAK OPPORTUNITY: TRANSPORTATION SERVICES

North Sumatra's road network remains a challenge, with 80 percent of the territory accessible only via dust roads. Currently, private motorbikes, plantation trucks, and a limited number of private cars are the major vehicles on the road. While the lack of transportation represents a strong contributor to maternal death, solutions to this issue remain largely upstream. There was tacit interest in financing the establishment of a rural ride-sharing platform (such as Go-Jek or Uber) by lending institutions or venture capital. Also, plantation companies expressed an interest in allowing their transportation to be used for referral services for women in the surrounding communities; thus, an opportunity to formally organize such a service does exist.

Civil Society and Media Findings and Opportunity Analysis

MEDIUM INTERNALIZATION

Civil society organizations (CSOs) perceive maternal and newborn mortality as an issue, but they lack information about the prevalence and scope. A majority of the CSOs interviewed were aware of MNH issues and a number of them worked on healthcare issues surrounding maternal health. Pusat Kajian dan Perlindungan Anak, in partnership with Aisyiyah, coordinates



multi-stakeholder forums as a means to communicate about maternal health and delivery options, and as a place for citizens to voice grievances through public hearings with community, religious leaders, and traditional leaders, as well as with the district government representatives. However, when informants from civil society were probed about the prevalence, causes, and potential programs for the prevention of maternal and newborn mortality, they lacked clarity and awareness of information and data defining the issue. Access to facility- or district-level data on maternal or newborn mortality was not accessible to CSOs working in the health sector.

CSOs reported that maternal and newborn mortality is not a priority health issue voiced by their constituencies. A number of organizations commented that social and cultural practices have a strong influence on the perceptions of maternal and newborn death and on how women care for their health during pregnancy. For instance, informants suggested that low education levels lead to a very high early marriage rate, and that these young mothers' lack of knowledge contributes to high maternal mortality rate. In addition, some families still think that a mother who dies while giving birth is a martyr, and consequently the cause of the death is of little concern. CSOs attributed the lack of internalization and awareness of the maternal and newborn mortality to a lack of disseminated information. A number of organizations are involved in information dissemination but noted that many communities do not get their information from major media sources; thus, creative thought must go into identifying different modes of communication.

Faith-based organizations are particularly strong in the province and could both be a catalyst for wide dissemination of information and help constituencies internalize the maternal and newborn mortality issue. Faith-based organizations like Aisyiyah, Muslimat, LK3, and Wanita Islam are highly active and collaborate with local government authorities and each other. A movement to improve MNH should leverage faith-based organizations as a catalytic force to widely disseminate information and build awareness of the MNH issue.

HIGH CAPACITY

CSOs in North Sumatra have demonstrated an ability to conduct a wide array of policy advocacy activities on a number of social issues. CSOs in North Sumatra are larger in size and use a more diverse set of policy advocacy tools, including audits, participatory budgeting, and grievance and redress mechanisms, than was observed in other provinces. With the proper incentives and internalization of the maternal and newborn mortality issue, CSOs could leverage their existing policy advocacy capacity to contribute to an MNH movement. In North Sumatra, CSOs are largely engaged in both service delivery and policy advocacy for health, and are therefore well poised to pivot their current activities towards maternal and newborn mortality. For example, when referral patients are unable to access health facilities because they are not local residents, CSOs have assisted them in registering for identity cards or requesting referral letters from the authorized government department. CSOs also work on budget and policy reform; budget allocation advocacy focuses on influencing the Health Office, regents, and DPRD (Regional House of Representatives) to allocate health funds to MNH programs.

The capacity of media companies and staff in North Sumatra is among the highest and most qualified in Indonesia. The four largest newspaper outlets in Medan reported having 25 or more trained journalists on staff. Moreover, digital media and the use of social media represent market expansion for media in Medan and the nearby peri-urban areas. Media outlets reported high receptivity to digital content and social media use by their editorial staff, particularly to engage readers or listeners in discussion or to solicit feedback. Digital content editors also reported the opportunity for freelance digital content to be generated by freelance journalists. The outlets and capacity are ripe for maternal and newborn mortality stories. Framing them as a human rights issue will allow companies to generate traffic and

revenue, and the public to perceive the topic not as a public health issue, but as an injustice to women and newborns.

HIGH FINANCIAL RESOURCES

North Sumatra has a supportive fiscal environment to support CSOs' work through a number of financial mechanisms that could be tailored for maternal health. Grants from international donors and nonprofit organizations are still the most highly reported source of funding. A majority of CSOs interviewed in North Sumatra have diversified their funding portfolios and are focusing on future sustainability. There is ample opportunity to expand alternative financial resources from fundraising and revenue generation. Faith-based organizations like Aisyiyah reported innovative funding mechanisms, such as the collection of donations to purchase nutritious food for pregnant women from poor families, in addition to donor grants and membership dues. Income-generating programs—such as those implemented by PESADA (which sells handicraft goods) or HAPSARI (a women's empowerment organization that manages farmers' cooperatives)—are instrumental in ensuring financial sustainability for their policy advocacy work.

Media consumption is among the highest in North Sumatra, attracting a number of large media companies and potentially creating space for investigative or social journalism. Given that a high percentage of the population is already consuming media, there the potential for a smaller investigative outlet to survive and remain profitable. There is also an opportunity for CSOs to manage their own media outlets, given the supportive landscape of high consumption. For example, Radio HAPSARI is managed by the parent organization, CSO HAPSARI. The content of the radio shows is not news, but rather social issues from five districts, with listeners comprised primarily of rural women. In the current urban markets and future news media market more generally in Indonesia, digital outlets are attracting young readers. For instance, zetizen.com, which is a key source of news and information, is tailored to a young audience. Reaching this market now will have important outcomes later.

MEDIUM ENABLING ENVIRONMENT

CSOs reported that district- and provincial-level officials are receptive and responsive to their work. HAPSARI has found success in advocating for budget increases towards the empowerment of women—which includes MNH programs. Organizations do not see their advocacy efforts as a risk, as government officials are open to advocacy and to the issue of MNH. A major policy advocacy effort of CSOs in North Sumatra is the establishment of a community-led monitoring system of health facilities and workers, in partnership with the government. The community and health offices are supportive of creating this style of co-governance. However, one issue that emerges every year is the rotation of the executives and legislatures. Rotation of office holders has become one of the main obstacles to advocacy, because when the current regent is replaced, so too are those who have been trained on the issues.

The policy environment is supportive for CSOs, but transparency remains an issue in accessing required data. Local data on health outcomes, particularly adverse maternal and newborn health outcomes, are rarely available to CSOs or the public. CSOs reported that these data are easier to access if the organization has a good personal contact in the district or provincial government health office. However, budget data are very difficult, if not impossible, to get. This lack of access to data creates an opportunity for CSOs, including PESADA, HAPSARI, PKBI, and Asyiyah Deli Serdang to collect their own data, including on the number of deliveries and the rate of unwanted pregnancies. There is also an opportunity for policy advocates to work with academic institutions. Research conducted by the Faculty of Public Health at the University of North Sumatra has a particular focus on MNH. They have gathered data on a variety of subjects, including the development of neonatal care in the North Sumatra Provincial Hospital, the ability of poetry and dance to disseminate messaging on reproductive health, and intervention-based

research on how to promote collaboration among public, religious, and traditional leaders for the dissemination of maternal and neonatal health information encouraging pregnant women to obtain regular antenatal care and assisted delivery.

MEDIUM ALIGNMENT

North Sumatra has strong local champions that could coalesce around a common agenda and a provincial or national MNH movement. According to informants, a number of local CSOs (including PESADA, HAPSARI, PKBI, Aisyiyah Deli Serdang, and Gema Foundation) serve as MNH champions in North Sumatra. Furthermore, the regency government was also recognized as a champion for health, as it was known to advocate for larger health budget allocations. Extensive CSO networks exist at district and village levels and often involve the community as health cadres to ensure sustainability.

A number of issues were identified by informants as possible rallying points or common problems to address. For example, the focus of a champion could be the difficulties faced in obtaining identification or family cards that give individuals access to health services and facilities—particularly JKN (National Health Insurance) facilities. Additionally, gaps in health facilities' services and infrastructure often lead patients to seek services in other regencies, an issue with its own challenges in terms of high transportation costs or inconvenient facility hours. Also, staffing shortages are common. Under JKN, this can overwhelm health workers, leading to fatigue, irritability, and lack of friendly interactions with patients, further deterring health service use. Although there have been scattered, unorganized protests over the quality and access of MNH services at hospitals, the disorganization of the engaged community disempowers these protests.

CSOs in North Sumatra have a high propensity for partnership and collaboration that could help stimulate collective action for maternal and newborn mortality. A number of forums focusing on healthcare, women's rights, or an intersection of the two already function within the province. The Public Health Empowerment Forum (FPKM) is an association of nongovernmental organizations (NGOs), religious organizations, and professional organizations already working together in Deli Serdang to encourage women to give birth in health facilities, as well as to monitor and affect the quality of maternal and neonatal healthcare in local facilities. NGOs such as Aisyiyah, Lisma, Muslimat, BKMT, LK3, and Wanita Islam have banded together to put on hearings for the local government of Deli Serdang in an effort to keep the system accountable to providing quality care. The group also works to disseminate information and encourage women to give birth in health facilities, as well as regularly attend their antenatal and post-natal check-ups. These coalitions have experience coordinating with local media organizations such as *Media Bisnis* newspaper, and the government radio or HAPSARI Radio to help disseminate and publicize their messages. PKBI previously established a journalist forum around tuberculosis in North Sumatra, but it has yet to formalize a similar forum for MNH.

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WEST JAVA

Based on available data and semi-structured interviews with key informants, this snapshot explores the regional context and state of maternal and neonatal health (MNH) in West Java, as well as opportunities for the private sector and civil society to improve MNH in the region.

General Context of the Province

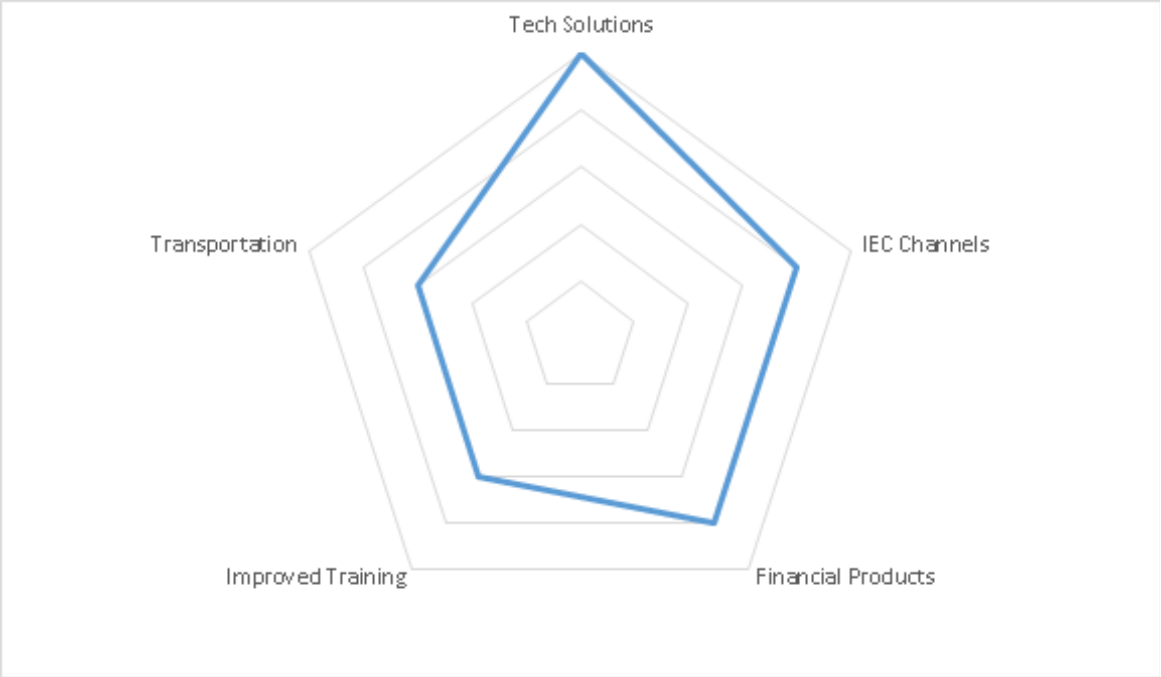
POPULATION AND ECONOMY: West Java has the largest population in Indonesia at 46 million people and is the most densely populated province. Among 27 regencies, 15 of them have a density of more than a thousand people per km^2. Two-thirds of the population (66.5%) lives in urban areas and 9.0 percent live below the poverty line (BPS, 2016). Its large labor force and its proximity to Jakarta, the capital city, have made it the country's main manufacturing hub. Last year, West Java attracted more foreign direct investment than any other province in the country, with the lion's share going to the automotive sector. Japanese carmakers dominate the Indonesian auto market, with about 90 percent of sales. Last year, manufacturers such as Toyota, Suzuki, and Mitsubishi committed to new investments of US$5.9 billion in West Java over the next few years. The auto industry's dominance has helped raise wages in the two regencies to among the highest in the country, pushing up the provincial minimum wage to the nation's second highest. On the other hand, this increase has hampered the development of other manufacturing sectors such as food processing, chemicals, and pharmaceuticals, as such investments shift to other areas of Indonesia's main island where costs are lower.

POLITICAL ENVIRONMENT: West Java's strong industrial performance has kept the population growing and changing. For example, the new regency of West Bandung was added as late as 2008 as a response to population growth in the area.

The province is dominated demographically by the Sundanese people. When industry grew in the area, many factories preferred to hire Sundanese women over the men due to perceptions that they would be less likely to strike and more skilled at repetitive and delicate tasks (Hancock, 2001). This history and culture of working women continues today in the factories of West Java, and as a result, the political and cultural environment is generally considered to be progressive on gender equality issues.

INDUSTRY: With close proximity to Jakarta, West Java has traditionally been a strong manufacturing province specializing in textiles, though the fertile land is also a strong producer of tobacco, tea, and cloves, among other crops. The labor force is concentrated in the trade sector (25.6%), manufacturing sector (20.3%), and agriculture (19.9%) (BPS – Provinsi Jawa Barat, 2015). However, the urbanization and technological revolutions, particularly the digital revolution in West Java, have shifted the career market towards technology. The province is currently looking to boost development of its infrastructure beyond the urban centers and diversify its economy. Less wealthy areas of the 35,000 km^2 province are struggling to attract investment flows because of deficient infrastructure. A significant proportion of industrial land in the province lies unused. Indeed, the average utilization rate across its 25 industrial zones stands at about 50 percent.

HEALTHCARE INFRASTRUCTURE: West Java follows a similar pattern to Jakarta where it benefits from a concentration of doctors calling the province home. However, this still does not compensate for the high population density of the area. The province has the second lowest ratio in the country of midwives to population at 26.13 per 100,000 people. The province is also in need of hospital beds and health centers, having the third lowest ratio of hospital beds in the country at 72 beds per 100,000 people and the second lowest ratio of 0.68 local clinics



(*puskesmas*) per 30,000 people (Sutarjo, 2015). Those who can pay are able to access specialists and some of the best services in the country. However, for the bottom two quintiles of the population, ready access to care is still difficult, and 62 percent of the lowest quintile and 47 percent of the second lowest quintile still deliver their babies at home. Despite some of these low health service indicators, West Java has the highest number of BPJS contributors, at 2,157 people (BPS – Provinsi Jawa Barat, 2015).

Private Sector Findings and Opportunity Analysis

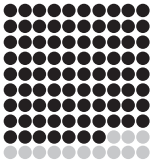
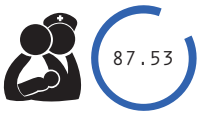
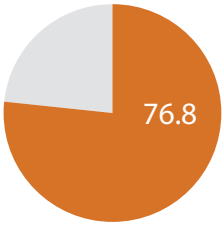
STRONG OPPORTUNITY: TECH SOLUTIONS TO IMPROVE COMMUNICATION FOR SERVICE DELIVERY

There is an opportunity to develop and invest in new technologies to aid in healthcare communications. The digital revolution in West Java has started to create more technology opportunities for individuals and businesses. The concentration of tech-savvy human resources in cities like Bandung and Bogor should be tapped to address issues surrounding maternal mortality, including communications systems between patient and doctor, as well as access to information for both parties.

STRONG OPPORTUNITY: USE PRIVATE CHANNELS FOR HEALTH PROMOTION AND COMMUNICATION

For companies interested in getting involved in the reduction of maternal and newborn mortality, social messaging is a great way to display corporate social responsibility while affecting the issue. Among the several cities in West Java with populations over 2 million, there is a huge opportunity for billboard messaging and consumer goods messaging. For a more personal approach, large corporation such as Cargill, Dewhirst, and large tea buyers can support health programs and offer trainings for healthy behaviors for their workers and the surrounding populations. Some companies like Dewhirst actively work to promote healthy behavior to their employees and have policies around maternal health, such as preferentially providing day shifts for women from their fifth month of pregnancy to full term and providing three months maternity leave. The textile industry alone employs tens of thousands of people in the suburbs of Bandung, and industry-wide efforts to improve maternal health could have a major impact on the families of employees. Positive actions that benefit maternal and newborn health can be promoted and marketed as good practice by civil society for

Snapshot- **West Java**

% COVERAGE FOR 4TH ANC VISIT (K4)	 87.99	% OF ASSISTED DELIVERY BY HEALTH PERSONNEL	 87.53
% OF LOW BIRTH WEIGHT (LBW) INFANTS	10.8	% COVERAGE OF EXCLUSIVE BREASTFEEDING IN 0-6 MONTH INFANTS	33.65
% Coverage of Obstetric Complications Management	 76.8	Neonatal complications management	45.90

Source: Ministry of Health, 2014

other companies that employ large numbers of women.

STRONG/MEDIUM OPPORTUNITY: TAILOR FINANCIAL PRODUCTS FOR MATERNAL AND NEWBORN HEALTH

There is an opportunity to partner with banks and tailor a loan product for midwives. According to local midwives, commercial banks are very interested in offering loans to establish or expand private practices, but rates, which average around 12 percent for an average loan, are often seen as unfavorable. A targeted loan could have a more favorable rate and come with built-in technical assistance for midwives seeking to reach *Bidan Delima* standards—a private midwife certification program managed by the Indonesia Midwife Association that requires midwives to meet clinical and management qualifications—and/or build up their businesses. Strong guidance will attract customers to the loan and will help midwives run a successful business so that loans can be repaid with ease.

MEDIUM OPPORTUNITY: IMPROVE QUALITY OF MIDWIFERY CARE THROUGH PRIVATE SECTOR TRAINING INSTITUTIONS

There is an opportunity to expand private training institutions to bring more quality midwives into West Java. West Java has 68 midwife training schools, of which 63 are private. These schools are crowded, which means that the recommended 20 deliveries per midwifery student may not be performed. Training institutions should consider unique partnerships with regional private midwives so that the students can get more practical experience. At the same time, JKN could place sufficient incentives to make sure that midwives explore the still untapped market of the lower income population who opt to deliver at home.

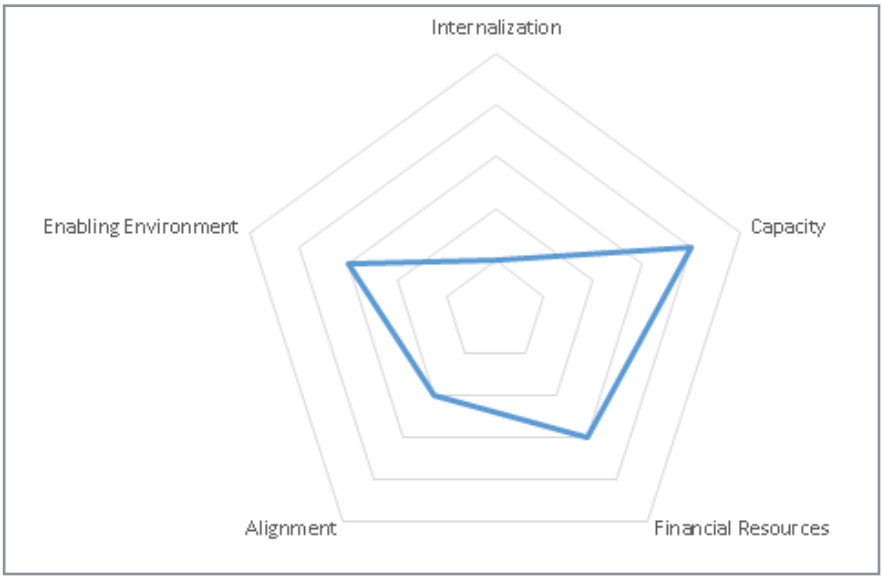
MEDIUM OPPORTUNITY: TRANSPORTATION SOLUTIONS

There is an opportunity to network and map local transportation resources, including public transportation and perhaps creating a digital platform, in areas that currently do not have access to emergency transport. This would allow women to identify transportation options when in need. Rural transportation in West Java has been cited as difficult due to the quality of roads. For example, the tea plantation hospital, Agro-Medikal Subang, stated that they do not send the ambulance for women trying to reach the hospital because the roads are too poor; thus, women must arrive on their own. This gap in service is very risky for women who might experience complications during labor.

Civil Society and Media Findings and Opportunity Analysis

LOW INTERNALIZATION

Maternal and newborn health is one of many competing issues for civil society organizations (CSOs). Our sample of active civil society groups



in West Java shows high issue diversification, including agricultural rights, labor rights for women, early marriage, family planning, maternal and newborn mortality, and HIV/AIDS. The Association of Indonesian Positive Women's network and AIDS Prevention Coalition, Bandung works to bridge these gaps and reduce violence against HIV-positive women. The program includes legal protection and psychological counseling through the cooperation with PKK (Family Welfare Guidance). There is an opportunity to expand the focus of some CSOs towards maternal and newborn health by demonstrating how early marriage or women's right to work are issues that also influence maternal and newborn mortality.

Coverage of MNH issues in featured news pieces is rare. News reporting on MNH issues take the form of straight news, meaning cases are reported in a brief and straightforward way. In contrast, feature news reports require substantial research and an in-depth understanding of the issue. One journalist in Kompas has an interest in reporting MNH issues in a feature news format, but on the whole, media outlets do not see MNH as an issue of interest and have not helped to promote and internalize the issues in the province.

HIGH CAPACITY

CSO advocacy is considered successful throughout West Java; it primarily encompasses policy planning, budget control, and monitoring of policy implementation focused on issues such as village fund allocation for maternal, newborn, and child health services, child marriage, and anti-discrimination for women with HIV. The West Java chapter of the Indonesian Midwives Association is very active in improving the quality of midwifery services, such as delivery assistance. A key program is the 1000 HPK (First 1,000 Days of Life) program, which monitors the progress and health of babies from birth, up to the age of 1000 days (about two and a half years of age). Advocacy efforts in the province have resulted in increased budget allocations to programs that affect MNH. Interviewees from CSOs stated that there is a significant opportunity to expand on existing policy advocacy to also encompass MNH issues.

Civil society works closely with academic and research institutions to produce data that can be used to reduce maternal and newborn mortality. Currently, *Sinergantara* has two ongoing programs: Game! My Village and SMS Gateway for Reducing Maternal Mortality. Game! My Village is an application that utilizes field data to help local communities learn about Open Data and make decisions in the *Musrenbang* (community consultations on development planning). SMS Gateway for Reducing Maternal Mortality is a health reporting program focused on women with high-risk pregnancy (*Bumil Risti*). The program is utilized by community health workers and results are reported to the Provincial Department of Health. For MNH issues, the Bandung Institute for Government Studies is supported by The Brookings Institution to conduct a study on health budget advocacy in the region of Banjar and Sumedang. Health budget advocacy provides health care, especially MNH services, for every citizen of Banjar and Sumedang.

West Java news outlets have not been involved in the focused production of MNH stories. However, the newspaper West Java Kompas employs four reporters who have some freedom to take initiative and follow stories of their choosing. News outlets have been known to partner with CSOs like SAPA Institute in the pursuit of personable story lines around issues such as domestic violence. Online sources like Pikiran Rakyat have similar views on MNH stories but are responsible for much more production, as people often visit online news sources multiple times per day looking for updated content. There is space for civil society to develop and feed more storylines to news outlets, like West Java Kompas, where staff is limited, or to Pikiran Rakyat, where many articles have to be produced on a daily basis.

MEDIUM FINANCIAL RESOURCES

Substantial funding comes from international institutions, such as USAID, Save the Children, Plan International, and Care International to carry out community development programs related to MNH issues. The local government in West Java has begun to acknowledge the important role of community-based advocacy. Expansion of programs related to *Posyandu* (integrated health post) is occurring around communities where Pertamina, an Indonesian state-owned oil and natural gas corporation, is located, including Ibun, Kamojang, Bandung regency, and the district of Garut. Nationally, Posyandu-based programs are implemented in a few other provinces in areas close to the Pertamina oil refinery, with the aim to help the community around the refinery prosper. The program with Chevron, which began in 2014, is similar and includes training for *paraji* (traditional birth attendants) so that they can coordinate and collaborate their efforts with midwives to reduce maternal mortality.

Media outlets rely heavily on advertising and circulation for funding. Pikiran Rakyat's paper sells 100,000 to 200,000 copies each day, with 80 percent of their readership in West Java. This provides a good source of information distribution for those interested in reaching many people throughout the province. Advertisers can also use their finances to request specialized reports on radio programs, if determined appropriate by the station. For example, *Radio Moms and Kids*, a program targeted towards the selfsame, might develop fictional stories for their listeners that involve an advertised product, such as a fairytale that incorporates drinking milk. A funding campaign from civil society and a good partnership with *Radio Moms and Kids* could start spreading messaging about MNH, helping to raise awareness of the issue of maternal and newborn mortality.

LOW/MEDIUM ENABLING ENVIRONMENT

Regarding MNH, the government tends to be more cautious about releasing data. When a CSO requests maternal mortality data from the District Health Office, they must explain what they are using the data for and provide a detailed background on their organization. If the CSO maintains relationships with certain health officials, data requests are usually accepted, such as the current relationship between Indonesian Planned Parenthood Association (IPPA) in West Java and the Health Office. With this data, IPPA is working to influence the abortion-related laws, namely the health law Article 61 on reproductive health that allows abortion for pregnancies at under four weeks gestation for medical indications and rape. IPPA is fighting to enhance the information collected about each maternal mortality, including direct and indirect causes of death and term (length) of the pregnancy. The chairman of Central IPPA became one of the drafters and proposed that abortion be permitted at up to eight weeks gestation in the attempt to decrease the maternal mortality rate. More generally, civil society has had some negative experiences when criticizing the government, with success often predicated on working alongside the government rather than counter to it. For example, publication of a citizen report card containing a poor result for government performance and pushback from CSOs during budget discussions received strong backlash from the government.

LOW ALIGNMENT

CSOs in West Java tend to collect their own data, which affects alignment amongst the actors. CSOs often fail to take advantage of the available data from government offices or choose to conduct their own research. According to informants, the government data are of poor quality, which leads many organizations to collect their own data. This often results in a lack of consistency in methods, definitions, and findings. This practice affects the alignment of CSOs working on the issue, but also can cause problems with government agencies when there are discrepancies in statistics.

A strong facilitator is needed to bring CSOs together with government and media actors to align a movement against maternal and newborn mortality. Sapa Institute has successfully established 10 women-focused community forums, referred to as *Bale Istri*

(Bais), seven youth-focused community forums referred to as *Bale Remaja*, and a male-focused community forum known as *Bale laki-laki*. Sapa Institute carries out capacity-building and empowerment efforts for each of the community fora. In 2015, this forum created *Tim Sembilan* (Team Nine), a MNH community care network comprised of the Bandung Planning and Budgeting Agency, Bandung District Health Office, CSO representatives, and representatives from the local hospital. The intent was to help encourage the government perspective, which was initially secretive, to be more open and responsive, and to expand the dialogue around improving MNH services.

Sinergantara, a civil society network working to synergize components of civil society, the government, and the private sector to develop Indonesia could prove to be a strong facilitator to bring CSOs, media and the government together to openly discuss MNH issues. They are involved in both the Game! My Village and SMS Gateway projects described above to reduce maternal and newborn mortality.

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CENTRAL JAVA
WITH YOGYAKARTA SPECIAL REGION

Based on available data and semi-structured interviews with key informants, this snapshot explores the regional context and state of maternal and neonatal health (MNH) in Indonesia's Central Java province and Yogyakarta Special Region, as well as opportunities for the private sector and civil society to improve MNH in the region.

General Context of the Province

POPULATION AND ECONOMY:
Central Java is Indonesia's third most populated province, with 32.8 million citizens. An additional 3.6 million people live in Yogyakarta Special Region, which is geographically embedded in Central Java (Sutarjo et al., 2015). Central Java's economic growth rate in 2015 was 5.2 percent, higher than the national average of 4.7 percent. The fastest growing industry is information and communication, increasing by 13 percent in 2015 (Badan Pusat Statistic Provinsi Jawa Tengah, 2015). Province-wide, including Yogyakarta, 13.3 percent of people live below the poverty line, compared to 7.8 percent nationally (Sutarjo et al., 2015).

INDUSTRY: The leading industries in Central Java are labor-intensive manufacturing, which contributes 36 percent of the provincial economy, followed by agriculture (mainly wet rice) at 15 percent (Badan Pusat Statistic Provinsi Jawa Tengah, 2015). Many companies employ women. For example, Surakarta (known as "Solo") in Central Java hosts the largest textile manufacturer in Southeast Asia, SriTex textiles, and the cigarette manufacturer Djarum in Kudus also employs thousands of women.

POLITICAL ENVIRONMENT: Central Java, the birthplace of the current president of Indonesia, has strong political clout, with emphasis on building international economic relations. Notable new initiatives include facilitation of investment to build a 2,700-hectare industrial park. The provincial government aims to leverage its close proximity to Jakarta, combined with a lower average wage as compared to similar industrial hubs such as Bandung in West Java. However, the province has seen several cases of terrorism by Islamic extremists, raising concern amongst provincial leadership about how best to ensure that foreign investors feel confident in the region as a good investment option.

Yogyakarta has the status of a special administrative region, led by a hereditary monarch—the only such surviving realm in Indonesia. The Sultan Hamengkubuwono X also serves as third governor of Yogyakarta and has a good relationship with the government in Jakarta. In May 2015, he named his eldest daughter, Princess Pembayun, as heiress to the throne, despite fierce opposition from the royal family, who would like to preserve the long-held tradition of designating male successors (Susanto, 2015). The sultan thereby made it possible for a woman to become the symbol of Javanese Muslim culture for the first time in history (Emont, 2015). The sultan, along with his wife, Queen Hemas, who was elected to the Regional Representative Council in 2009, are strong promoters of education, social development, and women's rights.

HEALTHCARE INFRASTRUCTURE: There are 72 public hospitals, 211 private hospitals, and 561 primary health centers across Central Java's 29 regencies and six cities, which are divided into 573 districts and 8,578 villages. Across five regencies in Yogyakarta, there are 14 public and 60 private hospitals, and 121 public health centers. There are 1.01 and 0.8 local clinics (*puskesmas*) per 30,000 people in Central Java and Yogyakarta, respectively—both below the national average of 1.16 (Sutarjo et al., 2015). Yogyakarta has the highest number of hospital

[1] Statistics of Yogyakarta City. Available at: https://jogjakota.bps.go.id/

beds in the country, at 2.82 beds per 1,000 people. Central Java has 1.08 beds per 1,000 people, only slightly above the national average of 1.07 (Sutarjo et al., 2015).

Private Sector Findings and Opportunity Analysis

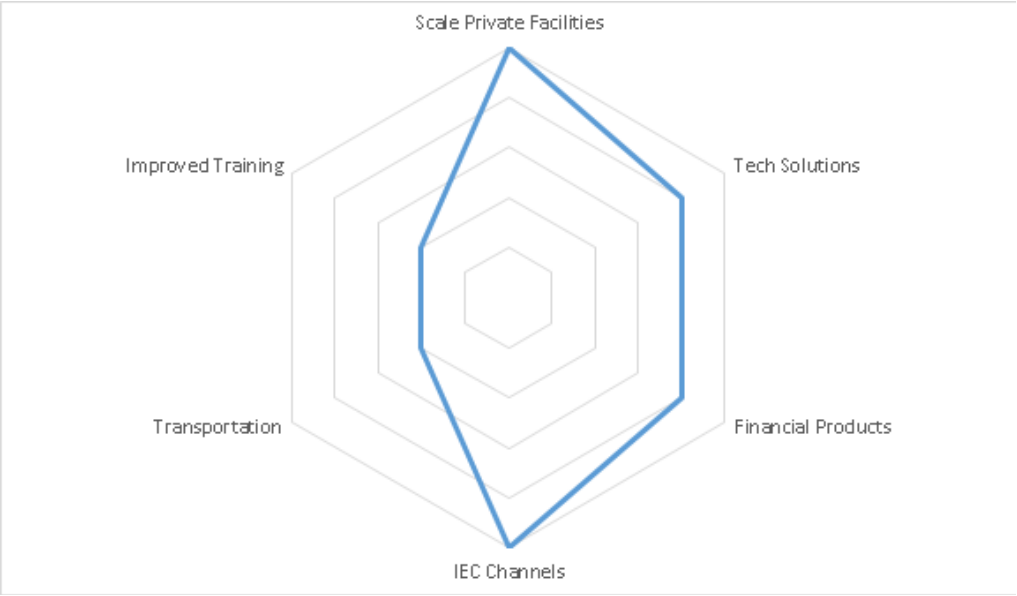
STRONG OPPORTUNITY: SCALE PRIVATE HEALTH FACILITIES

Urban hospitals in Central Java and Yogyakarta could benefit from partnering with smaller primary care clinics in peri-urban areas to increase demand and promote high occupancy rates through a franchised or satellite model. This process can increase facility foot traffic while reducing incremental costs by more efficiently using the facility resources. There are 211 private hospitals in Central Java and 60 in Yogyakarta that cater to a large population and could take referrals, but both provinces have relatively low hospital bed occupancy rates (Clearstate, 2015). These facilities could broaden the client base by reaching further down in the health system, offering access at a shorter distance to patients and streamlining the referral process for clients with complicated cases. This could be achieved by creating satellite clinics through forming partnerships/acquiring smaller private facilities in peri-urban areas, or expanding by building new facilities. Private hospitals can expect to see a surge in investor interest in supporting such scale-up/peri-urban expansion efforts, as large investors are increasingly looking into the densely populated island of Java for opportunities to invest in hospitals that can take advantage of high patient flows. Concurrent policy change may be required for private sector service delivery growth, as anecdotal evidence shows that Yogyakarta has restrictive regulations that make it difficult to open new facilities.

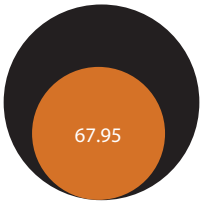
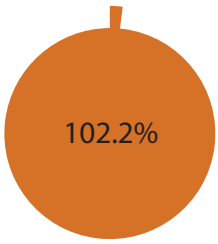
STRONG OPPORTUNITY: USE PRIVATE CHANNELS FOR HEALTH PROMOTION AND COMMUNICATION

Large textile manufacturers in Central Java that primarily employ women have established sound internal communication platforms for engaging their workforces. For example, in an effort to retain its female workers, SriTex (which employs 17,000 women) hosts women's empowerment events every Saturday. Leveraging such platforms represents an opportunity to reach thousands of women with maternal and newborn health education.

In addition to directly engaging with women, there are opportunities to offer educational materials through consumer products. Distributors of consumer products, such as PT.K33, deliver a range of large companies' consumer goods to some of the most remote areas of Java Island, including to midwifery clinics. These companies are willing to use their door-to-door sales networks and their distribution networks to provide educational materials on maternal health alongside their products. If implemented, the Ministry of Health



Snapshot- **Central Java**

% COVERAGE FOR 4TH ANC VISIT (K4)	92.13	% OF ASSISTED DELIVERY BY HEALTH PERSONNEL	99.89
% OF LOW BIRTH WEIGHT (LBW) INFANTS	9.7	% COVERAGE OF EXCLUSIVE BREASTFEEDING IN 0-6 MONTH INFANTS	 67.95
% COVERAGE OF OBSTETRIC COMPLICATIONS MANAGEMENT	 102.2%	NEONATAL COMPLICATIONS MANAGEMENT	75.5

Source: Ministry of Health, 2014

could define the content in collaboration with the consumer good suppliers' marketing teams (which include Johnson & Johnson, Kalbe, and Mayora), many of whom have expressed great interest in sponsoring maternal health messaging as a means to capture a larger customer base in the emerging middle class.

MEDIUM OPPORTUNITY: TAILOR FINANCIAL PRODUCTS FOR MATERNAL AND NEWBORN HEALTH

Representatives of midwife associations in Central Java and Yogyakarta have stated that many of their members have an entrepreneurial spirit and are searching for loans to upgrade their existing facilities or establish new ones. However, access to credit for most midwives remains limited. Small-scale initiatives have been established, such as the Yayasan Buah Delima Foundation's small loan program that provides US$1,500 for purchasing equipment and opening or renovating clinics. These initiatives require further capitalization if they are to adequately meet demand. Banks and microfinance institutions in Java have expressed interest in launching tailored loans to meet the demand for improving quality and expanding the reach of midwifery practices across the island, but they are waiting to see evidence of high performance from this group of borrowers prior to engaging. The opportunity to increase credit access for midwives is promising but will require providing business analytics to banks such that they either capitalize smaller-scale initiatives (such as Yayasan Buah Delima's loan program) or issue loans directly.

MEDIUM OPPORTUNITY: TECH SOLUTIONS TO IMPROVE COMMUNICATION FOR SERVICE DELIVERY

Yogyakarta is one of three main innovation hubs in the country, and is ranked the top city in Indonesia for ease of starting a business (WB and IFC, 2012). It hosts a range of tech incubators, university-based incubators, and local creative associations, all of which nurture locally-driven solutions and bring them to market. Incubators in Yogyakarta, such as Yogya Digital Valley, have found the issuance of "challenges" to specific problems to be effective in engaging young entrepreneurs and tech developers to create novel solutions. The model favored by most of the incubators interviewed combines business training, peer-to-peer support, and co-working, as well as a network of support from private investors. Many incubators, however, require assistance to combine all these elements into a robust package of support. To date, most incubators in Yogyakarta have been focused on e-commerce and the environment. They expressed a desire to enter the health sector but felt that they did not have sufficient technical knowledge to drive innovation and incubate solutions in this area.

MEDIUM/WEAK OPPORTUNITY: TRANSPORTATION SOLUTIONS

Large, on-demand passenger transportation companies like Grab, Blue Bird, and Go-Jek operate in the urban centers of Central Java and are rapidly expanding their reach. Their low-cost fare options and growing networks could have a transformational impact on the obstetric emergency transportation market. The barriers to leveraging this platform are, however, high. For these companies to develop focused initiatives for maternal health, support is needed to develop a business case. Many do not see the direct value in creating a maternal health-specific platform.

WEAK OPPORTUNITY: IMPROVE QUALITY OF MIDWIFERY CARE THROUGH INTER-PROVINCIAL EXCHANGE PROGRAMS WITH PRIVATE TRAINING INSTITUTIONS

Training institutions in rural areas can engage in exchange programs with high quality training institutes in Central Java, which can strengthen the Central Java institutes' business model and profitability, while improving quality of care in the rest of the country. The abundance and quality of training institutions in Yogyakarta and Central Java offer improved training opportunities for midwives from across the country. Currently, a number of the most prominent schools have exchange programs with other provinces (including Papua and West Papua) to provide students from poor, rural areas the opportunity to access top-ranked midwifery education programs. There is a place for schools interested

in lowering the national maternal and newborn mortality rates to start up or expand these types of exchange programs. However, the cost of the schools deters students from other provinces from attending. Provincial governments and private companies that offer health services as part of employee benefits could sponsor students from their areas to take part in these exchange programs so that the quality of health services rises as these trainees return to the province. Several provinces and large companies are already supporting these scholarship programs.

Civil Society and Media Findings and Opportunity Analysis

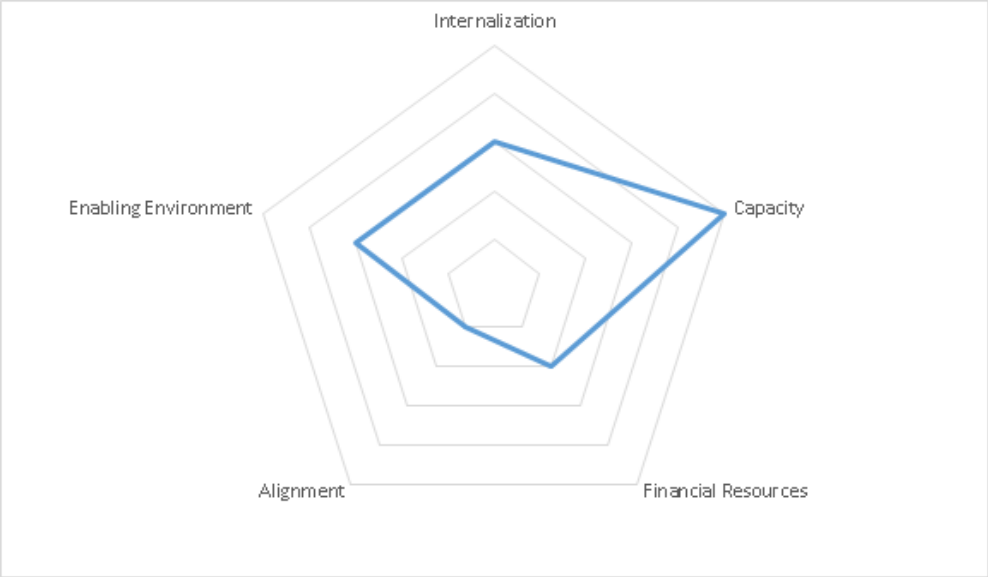
MEDIUM INTERNALIZATION

Civil society organizations (CSOs) in Central Java are some of the only CSOs in Indonesia working specifically on maternal and newborn mortality. Pattiro, the USAID/Expanding Maternal and Newborn Survival project (EMAS), and Nurul Hayat have internalized the issues of maternal and newborn mortality, working directly with pregnant women to try and prevent risks to their health, such as skipping check-ups or not having access to transportation if an emergency occurs. However, there remains a lack of concern among the population for the risks associated with pregnancy. There is a general lack of information around the subject and an unwillingness to seek health services during pregnancy. More information is needed on the reasons for the high maternal mortality rate in the province and how to help the province internalize the issue. This is a role CSOs can step into and help provide, both for work in communities and for media outlets interested in writing on the subject.

A majority of newspaper outlets report MNH issues in lighter forms, such as special dialog articles or Q&A columns. There is also evidence of a partnership between media outlets and CSOs in an effort to place the spotlight on women's health. For instance, the research and development unit in the Solo Post newspaper often collaborates with CSOs to conduct dialog sessions on reproductive health issues (including in the U.S. Embassy) and campaigns for women's issues on International Women's Day and Anti-Violence against Women Day.

HIGH CAPACITY

CSOs in Central Java have focused on ensuring that community preferences are represented in policy and regulation. In Solo, SPEK HAM and Yayasan Insan Sembada coordinated awareness campaigns to support the successful implementation of the Village Readiness program that distributed maternal health information materials, in addition to resources supporting supplementary feeding programs and nutrition for pregnant women and infants. These organizations focus on creating capacity-building and awareness-raising programs so that community members



are aware of their health and reproductive health rights. Central Java Aisyiyah is active in providing examination services for pregnant women, contraception services, and assisting malnourished children. Both Masyarakat Madani and Aisyiyah, the largest women's organization in Indonesia, established within Muhammadiyah, work to supervise women throughout their pregnancies using SMS Gateway so that any complaints or complications are followed by quick referrals to a hospital that can handle them. SMS Gateway, developed by the USAID-funded ProRep program, is an SMS-based public complaint systems allowing citizens to send in feedback and complaints, while referral features help midwives refer mothers in labor to available healthcare facilities. Responding to public grievances, a number local *puskesmas* in Central Java have published "citizen charters." Due to the positive response by patients and government, the citizen charters are being made permanent features of health systems in Semarang and Surakarta in Central Java. The far reach of CSOs in working with communities in the provinces provides a network that can be leveraged to improve reach to pregnant women and their families.

The expertise and availability of data in the Yogyakarta Special Region is likely the richest source in Indonesia. The strength of research institutions in Yogyakarta should be leveraged by CSOs, alongside efforts by these institutions to make their data widely available through a number of modalities, specifically for policymakers and media. The Universitas Gadjah Mada Center for Health Policy and Management has worked with a number of district health offices to develop an electronic mortality database in Excel that records absolute maternal deaths per month. SurveyMeter manages a number of large datasets on education, health, and disaster response. The Indonesia Family Life Study is a 21-year longitudinal survey of the general population that collects individual and household-level data on births, deaths, marriage history, and health behavior. According to key informants, this information is open to the public, but the database is not readily accessible and is mostly used by other academicians. Partnerships among the private sector, CSOs, the media, and academic institutions could help ensure better access to data for decision making, and improve data sharing and effective dissemination of advocacy messages tailored to specific audiences.

Although the media in Central Java holds promise in providing adequate coverage to maternal and newborn health topics, media reporters and journalists often lack the depth of knowledge to cover MNH issues in a substantial matter. Their reporting is less investigative and not as supportive of women whose reproductive health needs are neglected. Journalist training opportunities and expansion of digital media coverage of health and women's issues would contribute to elevating MNH issues in the media. PKBI offers seminars to journalists to help them better cover women's health and reproductive health stories. CSOs can work to expand access to these types of seminars to build the number of journalists who can understand the situation, write stories, and represent information appropriately.

LOW/MEDIUM FINANCIAL RESOURCES

In addressing MNH issues, funding is limited to donors, the municipal government, and corporate social responsibility (CSR) funds from private companies. CSOs reported some success in fundraising through integrated farming, village cooperatives, and village-owned enterprises, but only for projects advocating for issues external to health. Building general awareness of MNH issues will aid CSOs in fundraising through alternative financing mechanisms, such as cooperatives and savings groups created as community health funds or maternal health savings groups. There are also a number of very large textile and agribusinesses operating in Central Java that could be approached for strategic MNH project investments through their CSR funds. Organizations that focus on other women's health issues have expressed interest in expanding their programs to include MNH, should the funding lead them that way.

MEDIUM ENABLING ENVIRONMENT

Personal relationships with government

representatives are beneficial to CSOs looking to expand their access to civic space. CSOs generally reported ease of accessing data in Central Java, though a number of CSOs reported difficulties without help from individuals in the government. Data on government websites is slow to be updated and the easiest way to get reliable responses to data requests is to establish a memorandum of understanding with government agencies. FMM, a civil society network formed by Semarang's EMAS project consisting of communities, professional groups (like PGRI, IBI, PPNI/Nurse), Muslimat NU, MUI, Aisyiyah, and Wanita Katolik (Catholic Women) has a close relationship with the Health Office, where it presents its field data findings and receives positive feedback and appropriate actions based on its information. Other pieces of data, particularly on the maternal mortality rate, is difficult to impossible to get.

LOW ALIGNMENT

A number of prominent women in Central Java and Yogyakarta are active in the realm of women's rights and could serve as strong champions of the right to reduce maternal and newborn mortality. CSOs were confident that a champion for MNH issues could originate from among the wives of government officials—including the governor's wife, an elected official herself. The wife of the mayor of Semarang is also active in women's health as the head of PPT Seruni, which is an integrated service center for women's empowerment. Alternatively, a vocal academic figure from Yogyakarta, such as Professor Agnes Widanti (coordinator of the Network for Women and Children) could serve as a champion, as she already generates data and analysis on MNH issues. However, there is consensus that the emergence of a local champion has yet to happen and there is no media face or rallying point for this issue.

Coordination and communication systems between CSOs working in Central Java are weak. Given the availability and penetration of cellular phones and burgeoning internet connectivity in Central Java, social media and messaging applications like Whatsapp could be better utilized to manage partnerships and advocacy learnings. Other networks could help to bring alignment to the actors interested in lowering the maternal and newborn mortality rates. FMM accompanies, supervises, and assists pregnant and laboring women who face difficulties in accessing services quickly or who need a referral. Moreover, it also raises awareness of communities to be more concerned about and contribute to overseeing pregnant women to take better care of themselves, driving them to health facilities and facilitating reference process. FMM would be a great central convener for bringing together those fighting against maternal and newborn mortality. However, once the EMAS project ends, civil society groups will need to focus on keeping the forum operational and motivated.

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EAST JAVA

Based on available data and semi-structured interviews with key informants, this snapshot explores the regional context and state of maternal and neonatal health (MNH) in the East Java province of Indonesia, as well as opportunities for the private sector and civil society to improve MNH in the region.

General Context of the Province

POPULATION AND ECONOMY: East Java is Indonesia's second most populous province, with 37.5 million people. The province also hosts the Madura people, the third-largest ethnic group in Indonesia, who are known for being hardworking and for their strong ties to tradition. Historically, they have lacked access to the full extent of education, and tend to have a higher prevalence of poverty. These contextual barriers, along with the heritage of a patriarchal society, potentially increase MNH risk for women from this ethnic group.

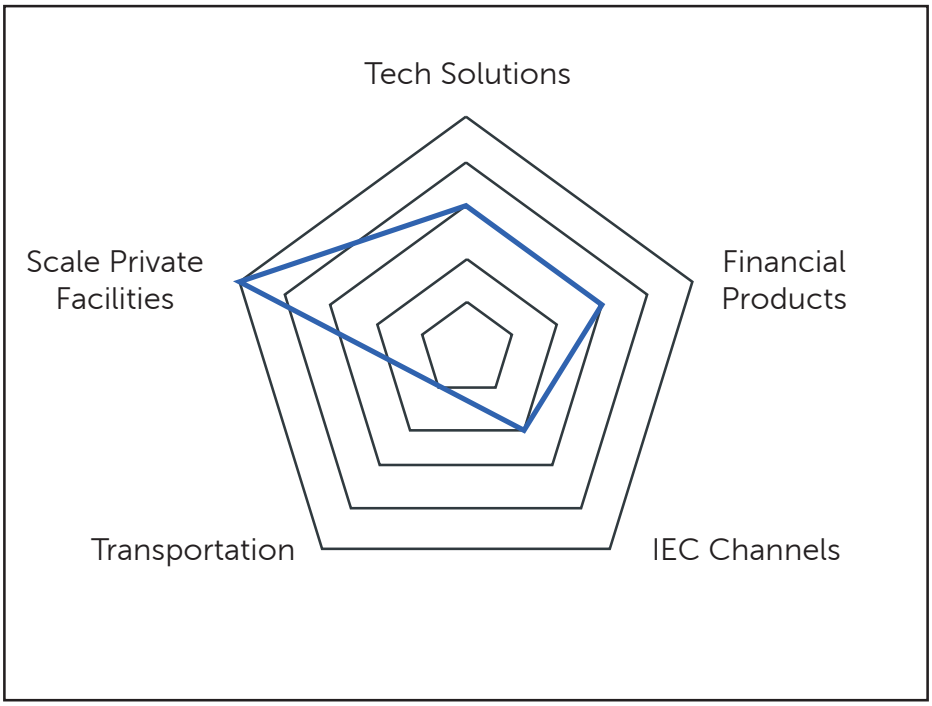
East Java has a gross domestic product (GDP) per capita of 39.90 million IDR (roughly US$3,020), with 40 percent of the population living in cities and 12 percent living below the poverty line (Badan Perencanaan Pembangunan Daerah Provinsi Jawa Timur, 2015).

POLITICAL ENVIRONMENT: Nahdatul Ulama (NU), a moderate Islamic organization with over 50 million members, is based in East Java. The organization has strong relations with local communities and is thought to hold significant influence over the political views of people in the province.

The governor of East Java, Soekarwo, is in his second term. One of his main policy focus areas is increasing vocational training, which could be an opportunity for training in the health sector. In 2014, Soekarwo announced the construction of a new industrial port in Mojokerto, hoping to usher in more development and innovative business (Harsaputra, 2014). The mayor of Surabaya, Tri Rismaharini, is well-known nationally as a dynamic and hands-on local leader. It is widely reported that she sets an example to her citizens by going on trash collection excursions and other such community engagement activities. To promote good governance in the city, Rismaharini has recently instituted an online system that tracks the work performance of civil servants, promoting fair and equal opportunities for promotions and incentives. She also serves as a mentor for the Start Surabaya incubator. East Java's districts generally prioritize healthcare as one of their top two budget allocations (Laboratorium Pengembangan Ekonomi Pembangunan, 2012).

INDUSTRY: The main industries in East Java are small-scale agriculture, trade, manufacturing, and oil extraction. The largest oil field in Indonesia is located near Bojonegoro. ExxonMobil has the concession for this field, and the site accounts for 20 percent of Indonesia's total annual production of oil. East Java includes 11 of the top top 20 cities and regencies in the country for local economic governance, which measures private enterprises development programs, access to land, interaction between local administrations and businesses, and other enabling factors for business development (*The Jakarta Post*, 2011). While East Java performs the poorest economically out of the Javas, it tends to perform better on economic indicators than provinces outside of Java.

HEALTHCARE INFRASTRUCTURE: Within East Java's 29 regencies and nine city divisions, there are 216 general hospitals, 113 specialized hospitals, 960 *puskesmas* (health centers), and 2,202 *polindes* (health clinics). Sitting below the national average of 1.16, East Java has 0.75 *puskesmas* per 30,000 people. They also have a low ratio of hospital beds to 1,000 people, with 0.95 compared to the national average of 1.07.



Private Sector Findings and Opportunity Analysis

STRONG OPPORTUNITY: SCALE PRIVATE HEALTH FACILITIES

Urban hospitals in East Java could benefit from affiliation models with smaller primary care clinics in peri-urban areas further into the districts as a means of capturing a larger client base—offering access at a shorter distance to patients and a built-out referral system. East Java has numerous quality hospitals that cater to a large population, from Siloam to Rumah Sakit Surabaya International to Panti Waluya. Large investors are increasingly looking into the highly populated island of Java for opportunities to acquire and consolidate some of the urban and peri-urban hospitals that are benefitting from high patient flows.

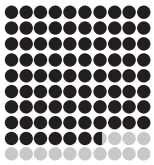
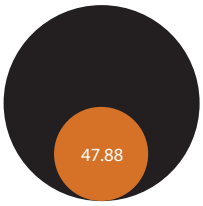
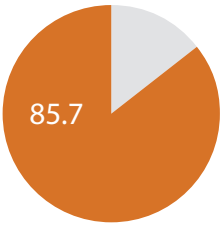
MEDIUM OPPORTUNITY: TECHNOLOGY SOLUTIONS TO IMPROVE COMMUNICATION FOR SERVICE DELIVERY

Surabaya is one of the main start-up hubs in Indonesia, continually generating innovative solutions directed towards health. Groups like Start Surabaya are actively working to bring good ideas to market with sustainable business plans. One of Indonesia's more innovative health startups, Reblood, was founded by a Surabaya native looking to use technology to solve blood shortages in the city and is incubating at Start Surabaya. Though they have not targeted health specifically in their work thus far, the team at Start Surabaya has expressed an interest in pursuing this line of focus within their mandate to create impact and add value to society. There is also a need for investors interested in health who can provide a longer financing horizon to nurture and scale ideas to work with social impact incubators. A challenge that health start-ups face when entering the social space is the financial timeline. While social impact businesses like health start-ups are looking to have a long-term impact, much of the available financing has a short timeline for returns.

MEDIUM OPPORTUNITY: TAILOR FINANCIAL PRODUCTS FOR MATERNAL AND NEWBORN HEALTH

There is a demand for customized loan products for midwives who are looking to improve their private facilities through Bidan Delima certification, new equipment, or expansion. The product could include built-in management and technical assistance with entrepreneurship, which would assist midwives in developing and sustaining a profitable business model. For example, a local *bidan* outside of Bojonegoro took out a loan from Mandiri Syariah in the value

Snapshot- **East Java**

% COVERAGE FOR 4TH ANC VISIT (K4)	 92.02	% OF ASSISTED DELIVERY BY HEALTH PERSONNEL	97.53
% OF LOW BIRTH WEIGHT (LBW) INFANTS	11.2	% COVERAGE OF EXCLUSIVE BREASTFEEDING IN 0-6 MONTH INFANTS	 47.88
% Coverage of Obstetric Complications Management	 85.7	Neonatal complications management	70.09

Source: Ministry of Health, 2014

of IDR 100 million over a four-year period to scale up her practice and meet Bidan Delima standards. There is a demand by other midwives to undertake a similar improvement, although they often cite unfavorable terms to take out such loans. Therefore, there is an opportunity for banks and microfinance institutions to create a "smart loan" program targeted at midwives, which could feature managerial and entrepreneurial support or have more favorable interest rates and collateral requirements.

The majority of women in East Java are still unbanked, and there is a great opportunity for banks to win them as customers by featuring complementary maternity products with newly opened bank accounts. A large number of women are saving money, but instead of using the banks, they rely on community savings groups. Successful community savings schemes already exist and are growing in East Java. Products like pregnancy savings accounts, which allow women to save for doctor appointments, delivery, and time off post-partum, could pull in new clients to the formal banking sector.

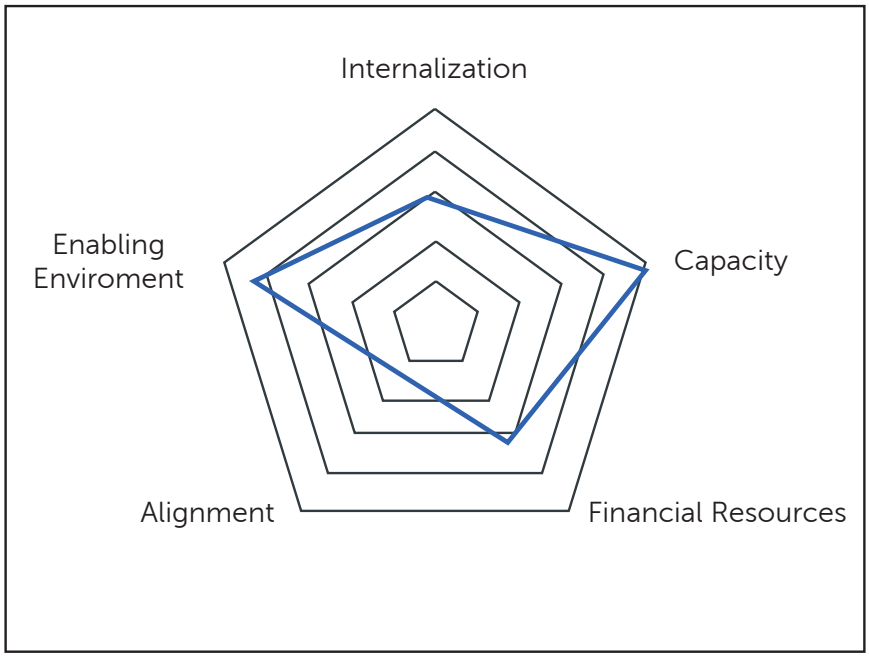
MEDIUM OPPORTUNITY: USE PRIVATE CHANNELS FOR HEALTH PROMOTION AND COMMUNICATION

Private companies and civil society can work together to spread information through the communication networks of private business. There is a space for banks to build out loan packages to include mutually beneficial preventative health services for women of reproductive age. Bank Tabungan Pensiunan Nasional (BTPN) operates throughout East Java and implements social programming for its clients as an integral part of its Daya business model. The bank has found that supporting clients with technical assistance helps the clients' businesses to succeed. Adding health programming supports their business model by helping clients to stay healthy—increasing their ability to repay loans while simultaneously building a relationship that offers possible future partnerships between the customer and the bank. Syariah banks in Indonesia have a client base that is mainly women between 25-50. Adding health programming to those who take out small and medium-sized enterprise (SME) loans provides direct knowledge transfer to women across the country while mitigating the risk of the loan.

For companies interested in getting involved in efforts to reduce the national maternal mortality rate, there are opportunities to reach women and their families regarding healthy behaviors by working directly with communities. Civil society organizations (CSOs) can play a big role as the intermediary in this process. Big companies have a stake in their surrounding communities, and many already support health programs and offer training programs for healthy behaviors. ExxonMobil currently works with 12 villages and 42 different health clinics in the district of Gayam, offering preventative health services that can reach over 51,000 people. Other companies source agricultural products from small-scale farmers across the province, offering regular opportunities for communication with thousands of people. These companies can partner with the Ministry of Health's Health Promotion Unit on a maternal and neonatal health communication initiative. They can use their influence to spread positive preventative information and education to benefit their image and, if behaviors are altered to promote healthier outputs, improve employee morale and productivity.

WEAK OPPORTUNITY: TRANSPORTATION SERVICES

There is space for a private company to develop a medical brand of transportation focused on serving the population in need of healthcare. There is a need for reliable transportation to health facilities in East Java. Sixty-two percent of East Javan residents use *o-gek* (motorbikes) to get to their appointments at a *puskesmas*, the highest rate of the provinces included in this report (Riskesdas, 2013). The East Java Organization of Land Transportation Owners (Organda), which serves as an association for public transportation operators, is very interested in raising the health emergency transportation issue with private sector transportation companies. However, current legislation prohibits non-emergency vehicles



to be reimbursed through BPJS for emergency transportation. Moreover, public transport prices are set by the government, so developing a tariff for medical transportation by members of the Organda would require government approval.

Civil Society and Media Findings and Opportunity Analysis

MEDIUM INTERNALIZATION

Civil society groups in East Java have internalized reproductive health as a key women's issue. Groups such as Paramitra, KPI, and Aisyiyah are actively working in communities and with the government to change the landscape in Indonesia around the nutrition of pregnant women and their newborns, female genital mutilation, and pregnancy delivery locations, amongst other issues. PATTIRO Gresik runs a government-sponsored program, SMS Gateway, that trains health cadres to monitor high-risk pregnancies via phone. A number of other organizations, such as KPS2K Group of Women and Livelihood Sources (Kelompok Perempuan dan Sumber-sumber Kehidupan, KPS2K), are active in the female empowerment sphere, focusing more on economic empowerment alongside general health but still embedded in communities across the province.

Media are actively covering health and related women's topics, offering a prime opportunity to expand coverage of maternal and newborn mortality specifically. It is difficult for CSOs to utilize the mainstream media or mass media in the advocacy process and the dissemination of program results. People in rural areas, particularly women, mostly access television or radio only; newspapers are relatively unpopular and often not accessed. Radio listeners in urban areas have decreased dramatically, as there is a preference for the internet and online media sources. The penetration of online media outlets is high among urban and peri-urban citizens. All media groups interviewed reported a heavy presence of online and social media (generally Facebook, Twitter, Instagram, and official websites), which can generate greater outreach. Although Jawa Pos and Surya newspapers have a section for health or lifestyle subjects, most media informants do not consider MNH a selling issue. Media coverage is often dependent on ownership and editors. If CSOs are able to direct media attention to issues of maternal health and women's issues, MNH could get more coverage.

Media coverage regarding MNH issues is more case-based, so it is only broadcasted when there is a popular case or when it becomes a public agenda. However, announcers on She Radio are encouraged to create a setting agenda (not waiting on a case) by anticipating

an issue before it is discussed in public. They have a special talk show on general health and sexual and reproductive health ("SEX-I"), and a program on parenting and children's health ("Our Kids"), and they previously had a program called "News for Women" based on the concept of "by women for women" that covered general topics. One of their media stories that became a favorite of informants was about a woman working in the harbor who led a company, despite the stereotype that the harbor world is "harsh" and dominated by men. This story raises empowerment and professional diversity themes.

CSOs report that mothers, especially in cities, are usually well informed, but sociocultural and health system barriers deter them from seeking care. CSOs working on MNH find that mothers can often recall information they are given on healthy pregnancy behaviors and good nutrition practices, but the patriarchal Indonesian society and traditional cultural practices often prevent them from implementing these healthy behaviors. However, interest in MNH is high and *posyandu* programs, including seminars and check-ups, get very high turnouts when they are held in communities. There is a need for information dissemination to be more strategic in order to reach all members of a community who have a say in the behaviors of pregnant women and/or new mothers. Faith-based groups like Aisyiyah can help on this front to reach people in a culturally appropriate manner through a variety of services they offer, from health services to education to community-based programming, so that they can internalize the information.

Citizens of Surabaya typically have a high awareness of MNH services, especially given that clinics and private practices targeted at mothers and children are numerous. The main problem is domestic financial issues; in addition, individuals sometimes lack the motivation or awareness to perform regular check-ups.

HIGH CAPACITY

Civil society in East Java has the ability to reach both the government and grassroots groups, which could cultivate a grassroots movement with high responsiveness from local government. Due to a lack of manpower and resources, the District Health Office is often hindered from going into communities. They hold good relations with civil society and often rely on them to help reach districts and villages. The government often partners directly with midwives in East Java, looking to them to help disseminate information. CSOs also have vast experience gaining source data and can assist in mapping out problems and their roots for the government. KPS2K currently works to bridge this gap between government and communities as one of their many activities, including policy planning and policy analysis, monitoring policy implementation, developing monitoring and evaluation tools, and monitoring the budget.

Media has a large capacity to cover health, but needs to focus on maternal and newborn mortality as a rights issue that belongs on the front page rather than in the health section. Thus far, the media have only been involved in national day events or dramatic stories tangential to the issue, though some local outlets have a focus on women. TV9 has a segment called Inspirasi Fatayat that focuses on women's issues, and Auleea Magazine is marketed for Muslim women, bringing up topics such as Islamic teachings, health issues, fashion, gender equality, and other women's issues. Other radio programs and newspapers have women-focused segments as well. In urban areas, social media and Facebook are growing, though traditional songs and dramas, as well as adverts and video, are more attractive to villagers.

Every newspaper has its own health posts, with the differences being the angle. For instance, the Jawa Pos' Metropolis compartment has a health post, but it focuses primarily on timely health issues and cases, e.g., the rise of dengue fever patients in the local hospital. On She Radio station, where women are considered the heart of the family, attention and respect are given to domestic issues. She Radio is seeking to change mothers'/women's discomfort with interacting over the radio's programming (according to the interviewee's observation

while she directed a different radio station), given women's view that they are not good enough, being "just" housewives.

MEDIUM FINANCIAL RESOURCES

CSOs need to leverage alternative funding mechanisms, including large industry corporate social responsibility and community-led funding for greater sustainability and autonomy. CSOs stated that the high level of public awareness of health issues in East Java makes it easier to fundraise, and that there is broad engagement from citizens. District-level health offices are generally quite responsive to CSOs, especially when CSO programming and efforts support or complement health office programs. Opportunities to diversify funding sources are important in East Java, given the existence of community savings groups and the presence of large industries that invest in social service using their corporate social responsibility funds. CSOs could also advocate for local health offices to support some of their community-based work through the health budget.

Media outlets have reported that segments targeting women's issues, including health, are profitable and have a growing demand. Jawa Pos established its *For Her* section for business reasons, as advertisements for consumer goods commonly target women as decision-makers in the purchase of such products. In *For Her* (first established in 2010), there is a weekly health section, with a focus on women's health. They do not regularly cover MNH issues, but do sometimes have feature stories that focus on thematic women's health, such as preeclampsia, pregnancy risks, or cancer. *For Her* also attracted more female readership as a result of the advertisements it sold. Advertisements are a major funding stream for news media and thus play a role in influencing topics to be covered, though not the content of the coverage. In an effort to expand readership, media outlets are beginning to move online, but print is still the most lucrative output.

MEDIUM/HIGH ENABLING ENVIRONMENT

Government officials have shown an openness to civil society and a willingness to support women and their health. Aisyiyah has successfully helped villages increase their budget for equipment for *puskesmas* with the support of the local government, and the government has allocated a budget to create a program to build the capacity of women leaders. The regent government in Sidoarjo has gone as far as signing a memorandum of understanding with KPS2K to help carry out programs that support women and their health. Since KIP (Kebebasaan Informasi Publik, Public Information Act) was passed, the government has responded to requests positively, including budget data requests, though fulfilment of requests through the bureaucratic process often takes time and the data are not always up to date.

The government still prefers to design and implement its own health programming. Government programs can have limited impact and may produce unsustainable results. There is an opportunity for CSOs to work further with the government, using the public program funds to stimulate sustainable programing and their knowledge of communities to implement programs successfully. Currently, health services are still unbalanced in East Java. There is a need for policies and budget implementation to be more equitable amongst income groups and genders. Civil society could work with the government to gather data and information to help resolve issues around the distribution of facilities and human resources.

Media can be critical of the government on most social issues, and often have government representatives serve as key sources. A radio station known as Radio SS often critiques the government, but the approach it uses is level and open, encouraging the government to take advantage of radio as a way to communicate to the public. Their approach is no longer "bad news is good news" but rather "no news is bad news," with any negative news viewed as an opportunity to find a solution. As a result, the government does not consider Radio SS as a threat and instead uses it to monitor public complaints. If there is a suggestion or complaint about a certain institution/department, related parties will be given the right to respond directly,

so that both parties (the government and the public) are able to communicate with each other. Some government officials even prefer to give their media interviews to SS because the radio is considered more objective and their statements will not be "twisted."
Jawa Pos' has also collaborated with the government (Social Office and municipal government) with ease. In fact, the government responds quickly to Jawa Pos' invitations to collaborate on programs related to public affairs or interests. SBO TV, a local channel, also has a good relationship with the government and does not experience significant threats or obstacles resulting from their coverage. However, in general, media outlets' access to official government information is dependent on relationships with officials. For example, if a high-ranking official such as the head of an institution or mayor forbids staff to be media informants, it would be very unusual for subordinates to disobey. This is common in instances when controversial cases come to light and the government tends to become more closed. The District Health Officer is also not open or proactive in providing data or information to the media. The limited pool of informants is an issue, especially the dearth of independent informants.

LOW ALIGNMENT

There is no centralized effort in East Java to lower maternal and newborn mortality. A number of local champions lend their voices to health advocacy, including the mayor of Surabaya, the Family Guidance Group (a nongovernmental organization), and various Village Women's Association (PKK) leaders. However, informants reported that maternal health lacked a maternal and newborn health champion at the central and East Java provincial level. Failure to have a visible advocate on this issue who helps to define an agenda is a key barrier to the ability of CSOs and the media to focus on this issue.

There are local organizations that can play the role of convener. A few consortiums, including Madewa (Malang Development Watch), exist to promote basic health services for all by connecting community voices with the government, though they have no institutional coordinator. Aisyiyah has a civil society forum to teach advocacy on reduction of maternal mortality. They work in tandem with several Muhammadiyah universities in East Java for analysis on their current tuberculosis program, as well as with clerics and religious scholars to help spread messages. The strength of the CSOs, faith-based organizations, and active research institutions could form an extensive network of partners to help align stakeholders and create a movement in East Java against maternal and newborn mortality.

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SOUTH SULAWESI

Based on available data and semi-structured interviews with key informants, this snapshot explores the regional context and state of maternal and neonatal health (MNH) in the South Sulawesi province of Indonesia, as well as opportunities for the private sector and civil society to improve MNH in the region.

General Context of the Province

POPULATION AND ECONOMY: South Sulawesi is the sixth most populous province in Indonesia, with 46 percent of the population of Sulawesi Island living in South Sulawesi. South Sulawesi had 7.15 percent economic growth in 2015, higher than the national average of 4.7 percent and a gross domestic product (GDP) per capita of around 35.5 million IDR (US$2,700). The province's population is estimated to be 8 million people (BPS – Provinsi Sulawesi Selatan, 2015). Approximately 17 percent of the population lives in Makassar, the major urban center of the island, with 9.4 percent of the entire population classified as "poor," which is slightly less than the national average of 11 percent (BPS, 2016).

POLITICAL ENVIRONMENT: South Sulawesi has a strong industrial capital center in Makassar with growth being spurred by the appointment of local businessman H. Muhammad Jusuf Kalla to vice president of the country. The newly elected government in the province has displayed more openness to cooperate with nongovernmental organizations, introducing public complaint channels and demonstrating rapid responses from the central government.

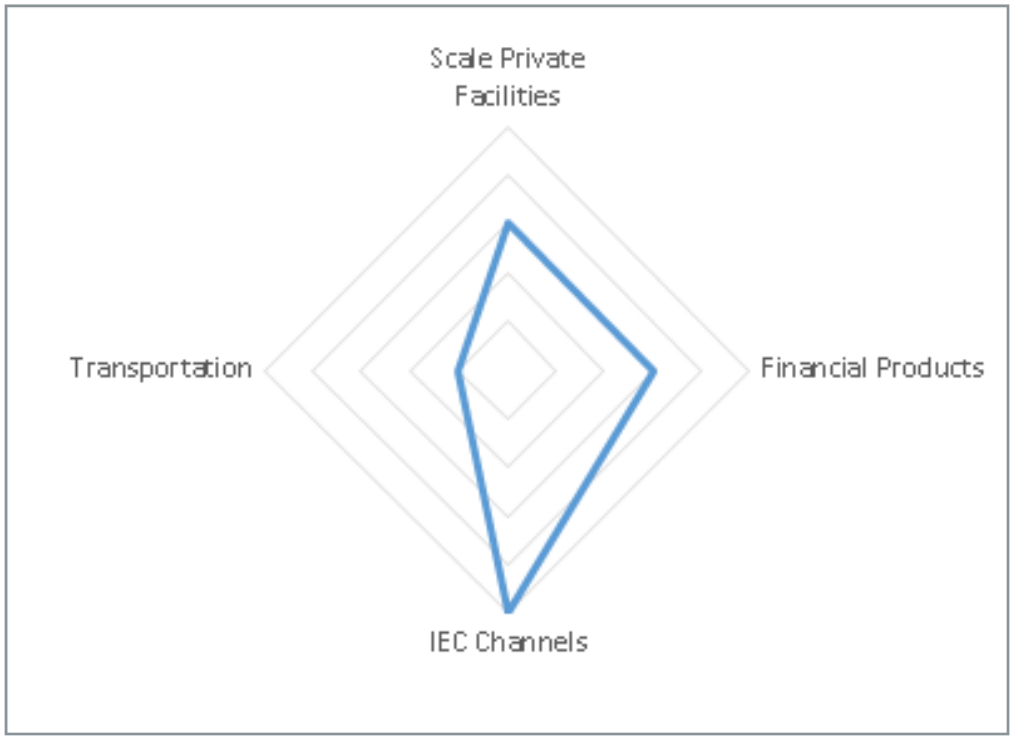
INDUSTRY: Agriculture still plays a key role in supporting the local economy in all parts of South Sulawesi, with 41.8 percent of the population working in that sector, followed by the trading and service sectors. South Sulawesi single-handedly produces rice for 18 provinces and cultivates 70 percent of the nation's cocoa—the third largest global producer according to our interview with a key informant. The crop production of the province accounts for 23 percent of the provincial GDP. Manufacturing follows agriculture, providing 14 percent of the provincial GDP. The expansion of the mining and quarrying sector in the province outpaced the national average. The astonishing growth of the mining sector in Sulawesi, especially in Central and South Sulawesi, is a result of investment inflows to build nickel smelters, compensating for the effect of the export ban on raw nickel (Panggabean, 2016).

HEALTHCARE INFRASTRUCTURE: There are 21 regencies (*kabupaten*) and three independent cities, which contain 400 health care facilities. There are 1.59 *puskesmas* (public health centers) per 30,000 people and 1.38 hospital beds per 1,000 people. Both ratios are above Indonesia's national average. The facilities provide only 20 doctors and 64 midwives/nurses per 100,000 people, which is the highest of the three other comparable Sulawesi provinces (West, Central, North), but significantly lower than the Javas and Jakarta (BPS – Provinsi Sulawesi Selatan, 2015).

Private Sector Findings and Opportunity Analysis

STRONG OPPORTUNITY: USE PRIVATE CHANNELS FOR HEALTH PROMOTION AND COMMUNICATION

Companies seeking to employ health promotion activities to benefit productivity could invest in distributing educational information to their employees and surrounding communities. South Sulawesi hosts major corporations like Kalla Group and Fajar Group that are very influential in the province and together employ over 10,000 people in diverse industries such as cocoa farming, cement mining, car dealerships, and retail real estate. Additionally, large agricultural purchasers, such as Mars, have direct access to over 90,000 small-scale farmers. Because the agricultural sector in South Sulawesi is family-based, each production point offers access to rural women



who can greatly benefit from information on maternal health. Delivering standardized targeted messaging on safe pregnancy could make a strong impact on the behavior of their female workforce or male employees with pregnant wives, thereby helping to maintain the health and productivity of the workforce.

MEDIUM OPPORTUNITY: SCALE HIGH-QUALITY PRIVATE FACILITIES TO IMPROVE ACCESS

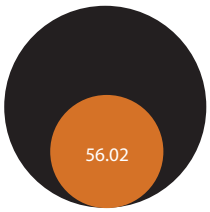
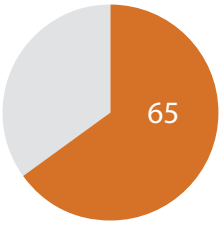
South Sulawesi offers a moderate opportunity for investors interested in expanding private health services of high quality. Awal Bros operates as a high quality private hospital that accepts all JKN clients without a daily cap and still makes a profit. Yet, there are similar hospitals in South Sulawesi that have struggled to create a sustainable business model with an uncapped number of JKN patients. As JKN is rolling out, there is a growing opportunity to assist high-quality private hospitals in developing models to achieve scale and profitability under JKN, while catering maternal and neonatal health services to a wide population. In South Sulawesi, such a model could be achieved through the establishment of satellite clinics to act both as points of high-quality care and referral centers.

Local midwives have also expressed interest in expanding their practices with more facilities. Some private midwives have a large clientele, employees, and strong local reputations. Midwives in Makassar are experiencing increased patient numbers each year and charge around IDR 800,000 for a normal delivery. They offer a good opportunity for partnerships to grow their brand and practice. The highly agrarian culture of South Sulawesi offers an opportunity for midwives to expand into the populated rural areas, away from the urban centers of care.

MEDIUM OPPORTUNITY: TAILOR FINANCIAL PRODUCTS FOR MATERNAL AND NEWBORN HEALTH

Midwives interested in opening or expanding their clinics are actively looking for capital to do so. Banks can tailor products to serve these sorts of small developments in social infrastructure. Large banks are issuing microloans and conventional loans, although midwives in Makassar and the surrounding areas showed reluctance to use these loans and preferred instead to rely on their own savings and family budgets. Most of them practice at both a local *puskesmas* and their own clinic and enjoy a steady stream of clients, which improves their repayment capacity. Nonetheless, these

Snapshot- **South Sulawest**

% COVERAGE FOR 4TH ANC VISIT (K4)	91.64	% OF ASSISTED DELIVERY BY HEALTH PERSONNEL	99.78
% OF LOW BIRTH WEIGHT (LBW) INFANTS	12.4	% COVERAGE OF EXCLUSIVE BREASTFEEDING IN 0-6 MONTH INFANTS	 56.02
% COVERAGE OF OBSTETRIC COMPLICATIONS MANAGEMENT	 65	NEONATAL COMPLICATIONS MANAGEMENT	50.53

Source: Ministry of Health, 2014

midwives could benefit from smart loans featuring managerial support or looser collateral requirements that manifest as lower up-front demands and do not deter potential clients. An expanding midwifery business is a good candidate for repayment, but loans to help with the expansion on terms most midwives are comfortable with are not currently available.

MEDIUM/WEAK OPPORTUNITY: TRANSPORTATION SOLUTIONS

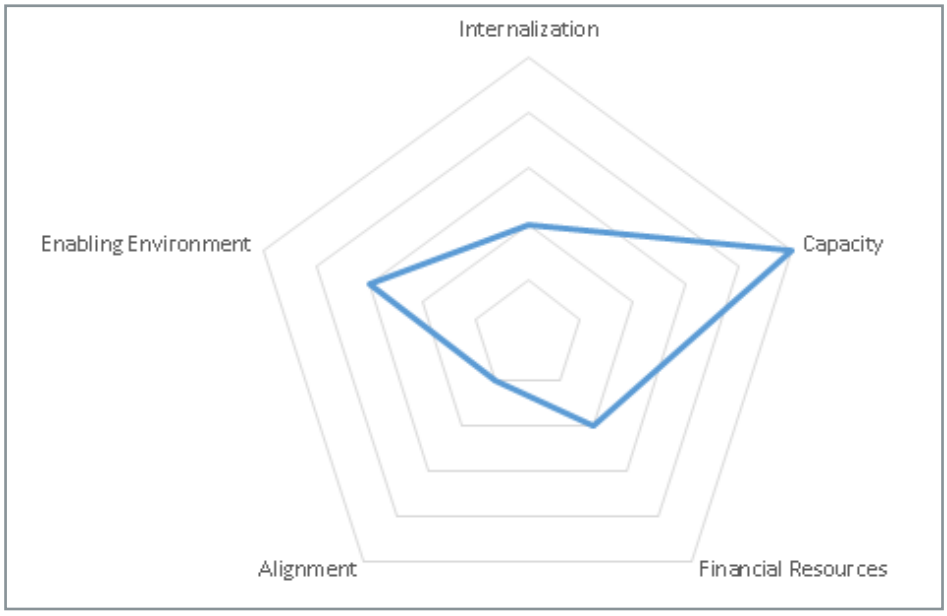
While the road infrastructure is fairly strong across South Sulawesi due to small farmers' need to access markets, medical transportation schemes still lag behind. There is a particularly great need for a reliable transportation system for expectant mothers. Each district has a budget allocated to emergency vehicles, but many communities still do not have access to emergency transportation. Kalla Group has previously worked through their Toyota dealerships to help allocate ambulances to districts in Bone Regency, but many districts still have unmet need. Car manufacturers can work with local districts to further ensure that emergency transportation is available.

There is also an opportunity for urban and peri-urban private transportation companies to build a medical transportation service. Makassar previously piloted a medical transportation program, which was a partnership between a hospital and the local Organization of Land Transport Owners (Organda). This pilot program was poorly executed and there was little demand for the services due to lack of proper promotion and advertising. A larger partnership with funding for raising awareness and advertising could set an important precedent in offering transportation for women needing to attend antenatal care visits or other doctor checkups throughout their pregnancies while developing a new model for local transportation.

Civil Society and Media Findings and Opportunity Analysis

MEDIUM/LOW INTERNALIZATION

Civil society is working on maternal and newborn health through a variety of angles in South Sulawesi. Challenges in the province range from early marriage, unfulfilled contraceptive needs, gender responsive budgeting, and most notably, child malnutrition and exclusive breastfeeding. In Makassar, cultural taboos are reported to affect pregnant women's behaviors less than formula advertisements. As a result, most civil society organizations (CSOs) working on MNH in South Sulawesi focus on their exclusive breastfeeding programs rather than mitigating other culturally supported behaviors with MNH consequences. A number of organizations are also doing budget oversight, advocating for increased quality at *puskesmas*, and working with the Indonesian Midwives Association to train the traditionally



used *dukun* (traditional birth attendant). Faculty at Hasanuddin University, Makassar, conduct research on MNH, with current efforts focusing on how to increase the number of facility-based deliveries, improve the referral system from *puskesmas* to hospitals, and understand the impact of social context and norms on the prevention of HIV/AIDS. Despite the plethora of good work focusing on healthcare and child nutrition, very little work is being done on maternal mortality.

Media have been known to cover health issues such as maternal mortality or child malnutrition, but only rarely. USAID's KINERJA program effectively used the media to report on MNH and issues with formula feeding. Gamasi FM uses its radio platform to discuss health issues, including MNH twice a week, varying content and issues week-by-week depending on current events and available radio show guests. JURNAL Celebes, who has been involved in monitoring the regulation of exclusive breastfeeding policy in Makassar, is a policy research and advocacy NGO that has a strong focus on raising public awareness through mass media. Most of its members are journalists employed at local papers, ensuring that multiple journalists in the province are well informed on MNH issues, like breastfeeding, though strong reporting on the subject is sparse.

HIGH CAPACITY

Civil society has not focused in much depth on the issue of maternal mortality, but it has done a great deal of successful advocacy work for infant and child nutrition. CSO networks in South Sulawesi were instrumental in getting passed a number of mayoral decrees and provincial regulations on the sale and marketing of infant formula. FIK ORNOP, a forum of 46 nongovernmental organizations in South Sulawesi, helped to lobby for the Protection of Maternal and Neonatal Health Regulation ratified in Makassar in late 2015 to restrict the marketing of formula milk within 500 feet of any type of health clinic. Similarly, Esensi currently helps accelerate the implementation of exclusive breastfeeding counseling in *puskesmas*, and aided in the preparation of *Perwalkot* (mayoral regulation) and *Perda* (regional regulation) for restriction of formula milk sales at midwife clinics. Parlemen Group shares the task of monitoring whether *puskesmas*, hospitals, and other health facilities have already complied with exclusive breastfeeding regulations and whether there are still health facilities that tolerate the free circulation of formula. Budgeting for health is also an area where CSOs in South Sulawesi have had success. KOPEL, along with some other CSOs, focuses on budget surveillance to ensure that the allocation of funds to health services is equitable. Given the flourishing capacity and successful policy advocacy in infant and child health, there is potential to incentivize and shift some efforts to maternal and newborn mortality now that there are policy and regulations in place about infant formula.

Some media in South Sulawesi have undergone training on important health and environmental issues. JURNAL Celebes trained other CSOs and freelance journalists about how to cover these issues in the media. In addition, as a part of a CSO network founded under the Kinerja project, JURNAL Celebes provides a number of trainings for newspaper and radio reporters on dissemination of programmatic outputs on exclusive breastfeeding. CSOs also contribute information to the media to raise important issues. *Muhammadiyah*, for example, regularly sends press releases about the work of the Expanding Maternal and Neonatal Survival (EMAS) program to online media outlets, and Esensi works with JURNAL Celebes to train health cadres to be citizen journalists, posting information online on the availability of lactation rooms. Formal training on MNH reporting is a unique capacity that could be further leveraged to generate additional special reports or social media content about MNH issues.

MEDIUM/LOW FINANCIAL RESOURCES

Many CSOs in South Sulawesi receive the bulk of their funding from donors, primarily USAID, DFAT, and the Global Fund. However, many reported that the donor funding cycles impede their efforts, as much of their advocacy work is a longer-term process. For instance, *KOPEL*

and *FIK ORNOP* received donor funds to work on a mayoral and district decree on exclusive breastfeeding and the restriction of baby formula promotion in health care facilities. While the decree was signed and passed by the mayor at the end of the funding cycle, it had not yet been passed as a district or provincial decree. As a result, while both organizations continue to advocate for the decree with officials, they have funding neither to ensure that it is passed nor to monitor enforcement. Alternative funding sources to sustain policy work, including local government support and community cooperatives, require further exploration. There are only a handful of donors in South Sulawesi who are working on the issue of MNH.

Funding for media outlets ranges from advertising and sales to private backers. Celebes TV is the most popular local channel and receives its funding from a family conglomerate, while other print and radio outlets must rely on their advertising revenues. To capture an audience, journalists must follow the trending topics, such as when the media provided in-depth coverage of Makassar becoming the first city to regulate formula sales. The roll-out of JKN offers a news story that could tie in with MNH, interest audiences, and produce sales for media outlets.

MEDIUM ENABLING ENVIRONMENT

The government is wary of CSOs, not seeing them as partners, but is open to cooperation if a relationship is formed. Some CSOs have close personal relationships with government representatives in the province and report easy access to information, though budget data are more difficult to obtain. Others find it challenging to access data because the availability of government-generated data is dependent on what is requested and by whom.

The new mayor of Makassar is working to open up civic space and increase citizen participation in governance. The newly elected mayor of Makassar has brought in a more open government. The mayor has been very responsive to the media and CSOs messaging through online platforms. He has also set up a public complaint system and has made it easier to directly connect with his office.

LOW ALIGNMENT

Champions for maternal health in South Sulawesi operate through local-level forums. The multi-stakeholder forums, run by wives of local officials, work to ensure that women get access to health, education, and economic opportunities. Similarly, Muhammadiyah is currently running the Maternal and Neonatal Health Care Forums at the district, sub-district, and village levels, which provide one-on-one companions for pregnant women. These companions are in charge of finding and then bringing pregnant women to the district-level forum, and coordinating with the heads of the village or sub-district to plan for labor and delivery. The spread of local forums across the province has created a disjointed network of organizations interested in MNH. There is a need to align these local champions at a national and provincial level to focus on common MNH objectives.

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MALUKU and NORTH MALUKU

Based on available data and semi-structured interviews with key informants, this snapshot explores the regional context and state of maternal and neonatal health (MNH) in the Maluku and North Maluku provinces of Indonesia, as well as opportunities for the private sector and civil society to improve MNH in the region.

General Context of the Province

POPULATION AND ECONOMY: A total of 2.85 million people live in Maluku (1.71 million) and North Maluku (1.14 million) provinces (BPS – Provinsi Maluku Utara, 2015; BPS – Provinsi Maluku, 2015). Economic growth in 2014 in Maluku and North Maluku was 6.7 percent and 5.49 percent, respectively, both above the national average. With the gross domestic product (GDP) per capita at 19.1 million rupiahs (US$1,436) in Maluku, 19.8 percent of the population lives below the poverty line. By contrast, 6.3 percent of the population in North Maluku lives below the poverty line, and GDP per capita is slightly higher at 21.1 million rupiahs (US$1,583). The national poverty level is 11 percent (BPS, 2016). Overall, the level of economic activity in the Maluku and North Maluku archipelagos is lower than that of Java and Sumatra islands.

POLITICAL ENVIRONMENT: Near the end of the 20th century, tensions between Christians and the large Muslim population of the Maluku region escalated into violence. Largely due to the frequency of such conflicts, the islands were divided administratively into the provinces of North Maluku and Maluku in 1999. Society remains divided along ethnic and religious lines even today. The Sultanate of Ternate is one of the oldest Muslim kingdoms in the country, although it has largely lost political power because the provincial- and district-level governments maintain political autonomy over social services and budgets.

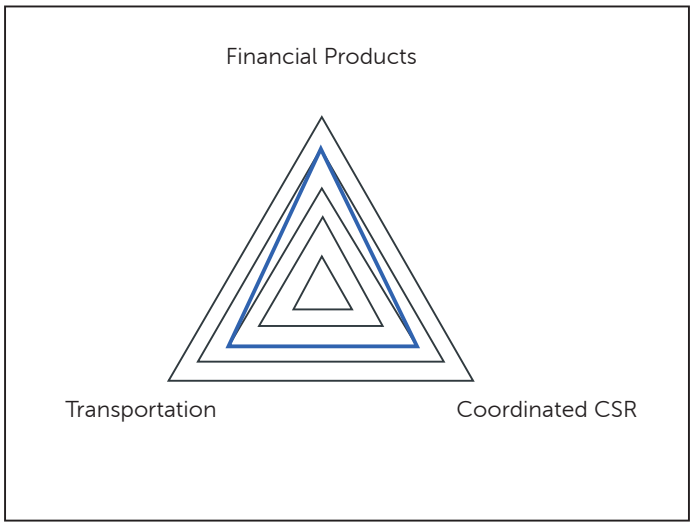
INDUSTRY: The leading industry in Maluku and North Maluku is a cluster of agriculture, forestry, and fishing, accounting for roughly one-quarter of the provinces' respective GDPs. Mining has become increasingly significant, with the island of Halmahera being a source of both nickel and gold, some of which is exported. Most of the labor force is employed in agriculture (48% in Maluku and 53% in North Maluku), followed by services (20% and 38%, respectively). The fastest growing industry in both provinces is electricity and gas, with respective growth rates of 31 percent and 28 percent (BPS – Provinsi Maluku Utara, 2015; BPS – Provinsi Maluku, 2015). Extractive activities in Maluku are also on the rise; the industry experienced 21 percent growth in 2014, with 123 companies permitted to mine in Maluku in 2014 (compared to only seven companies in 2011).

HEALTHCARE INFRASTRUCTURE: Maluku and North Maluku have a total of 49 hospitals and 328 *puskesmas*, spread across 2,365 villages (BPS – Provinsi Maluku Utara, 2015; BPS – Provinsi Maluku, 2015). This is equivalent to 3.46 and 3.34 *puskesmas* per 30,000 people in Maluku and North Maluku, respectively, compared to the national average of 1.16 (Sutarjo et al., 2015). Both provinces have more hospital beds per 1,000 people than the national average of 1.07, at 1.26 and 1.18, respectively (Sutarjo et al., 2015).

Private Sector Findings and Opportunity Analysis

STRONG/MEDIUM OPPORTUNITY: TAILOR FINANCIAL PRODUCTS FOR MATERNAL AND NEWBORN HEALTH

There is an opportunity to launch financial products to expand small private midwifery clinics into areas where the population is sparse and access to care is limited. There are entrepreneurial midwives in Maluku and North Maluku who have limited access to the capital that would allow them to open or expand their private practices into remote



areas. The population is highly dispersed, and travel distances to reach facilities are long. Therefore, the expansion of midwifery clinics could also encompass inclusion of maternity waiting homes. Rural banks and cooperatives play an important role in local financial markets. However, they are small, fragmented, and frequently lack capital, which limits their potential to engage with maternal health on a larger scale without external investment. BPR bank in North Maluku has experience with financial products targeted at a particular group of clients, such as agricultural workers, enabled by an inflow of Oxfam funds channeled through a local nongovernmental organization. A similar capital boost to BPR North Maluku or another local cooperative or bank could be introduced to launch financial products for expansion of the health system to remote areas through midwifery clinics. Moreover, local financial institutions can provide financial support to pregnant women through savings accounts that can cover emergency transportation costs.

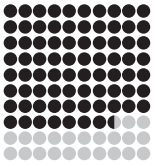
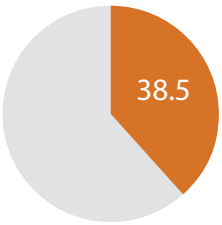
MEDIUM OPPORTUNITY: COORDINATED CORPORATE SOCIAL RESPONSIBILITY (CSR)

Small local businesses have long-lasting relationships with their communities. They usually contribute toward education or spiritual causes, or respond to smaller local initiatives. Maternal health is not identified as a principal problem, but these businesses are interested in contributing if a good initiative is proposed. Some large companies, such as Nusa Halmahera Minerals, struggle to implement their CSR initiatives because they can cause conflict between communities over the amount and nature of contributions received. This opens an opportunity for civil society to help research opportunities and direct CSR toward maternal mortality as an overarching cause, which could benefit all communities in an area.

MEDIUM OPPORTUNITY: TRANSPORTATION SOLUTIONS

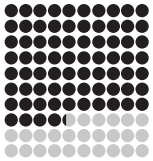
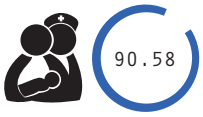
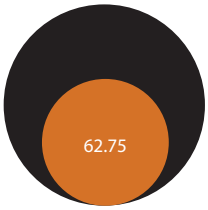
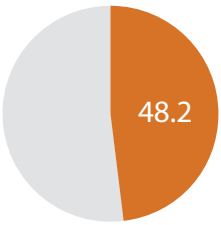
Development of a reimbursement scheme for transportation of pregnant women and their families to the nearest health facility or midwifery clinic creates an opportunity for the transportation market to expand in this direction. Currently, the logistics and cost of transporting patients are borne by families. BPJS reimburses only for emergency transportation but, according to anecdotal accounts, hospital ambulances are used only for the transportation of corpses and referrals to the bigger hospital. There are associations and cooperatives of privately owned speedboats and land vehicles in both provinces. These groups do not have strong management or regulatory roles, but they do have the power to mobilize their members for a specific cause. The reimbursement scheme could be negotiated with BPJS or provided by a donor agency. The local transportation associations and cooperatives could coordinate their networks of land and water vehicles for this cause, aligned with Desa Siaga (village readiness program), which mandates that village members

Snapshot- **Maluku**

% COVERAGE FOR 4TH ANC VISIT (K4)	 78.52	% OF ASSISTED DELIVERY BY HEALTH PERSONNEL	75.96
% OF LOW BIRTH WEIGHT (LBW) INFANTS	11.1	% COVERAGE OF EXCLUSIVE BREASTFEEDING IN 0-6 MONTH INFANTS	25.21
% Coverage of Obstetric Complications Management	 38.5	Neonatal complications management	28.19

Source: Ministry of Health, 2014

Snapshot- **North Maluku**

% COVERAGE FOR 4TH ANC VISIT (K4)	 76.28	% OF ASSISTED DELIVERY BY HEALTH PERSONNEL	 90.58
% OF LOW BIRTH WEIGHT (LBW) INFANTS	11.6	% COVERAGE OF EXCLUSIVE BREASTFEEDING IN 0-6 MONTH INFANTS	 62.75
% COVERAGE OF OBSTETRIC COMPLICATIONS MANAGEMENT	 48.2	NEONATAL COMPLICATIONS MANAGEMENT	36.76

Source: Ministry of Health, 2014

prepare a plan ensuring safe delivery for all women in the community.

Civil Society and Media Findings and Opportunity Analysis

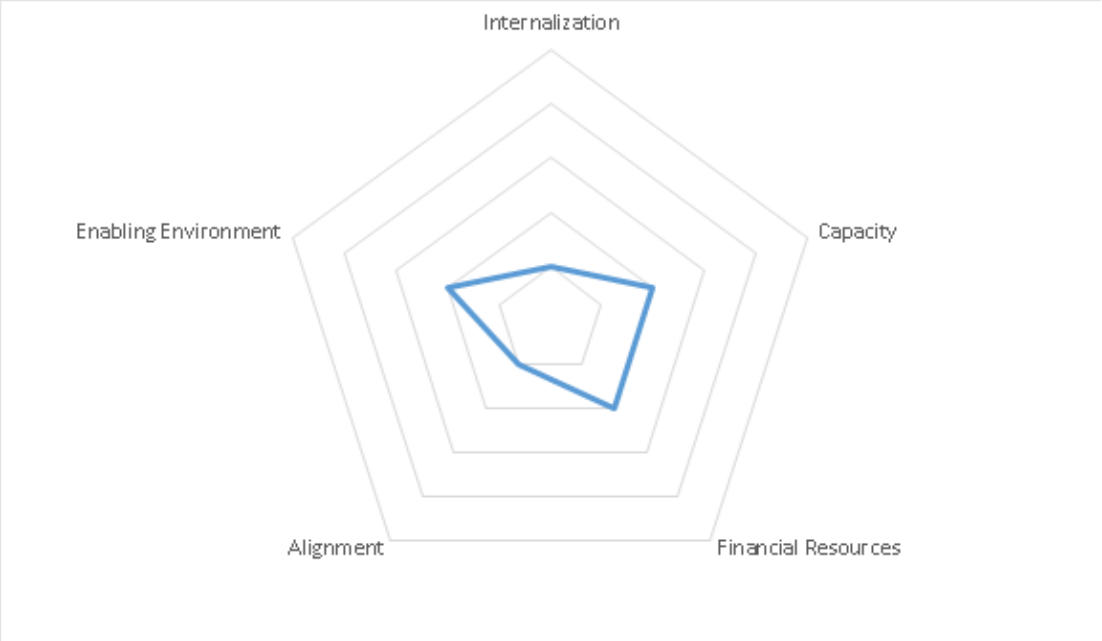
LOW INTERNALIZATION

The issues of maternal and newborn mortality have not been internalized in the Malukus. There is a connection on the islands between education level and health status, with one of the main local realities being that women's education is lacking. As an outlying island within the archipelago of Indonesia, Maluku does not always receive the government guidance and care that it needs to attain the economic, educational, and healthcare levels of Java or Sumatra. Without proper government attention to the issue and with women having little education, those women in the villages, especially, do not know the benefits of immunization or how to attend to their nutrition during pregnancy. In addition, deaths during childbirth are still attributed to traditional myths and accepted.

LOW/MEDIUM CAPACITY

Active civil society organizations (CSOs) in Maluku and North Maluku are limited, especially those working on MNH issues. Most women's organizations focus on HIV/AIDS, violence against women, education, and women's empowerment. Other factions of civil society are active in indigenous rights, a popular topic on the Malukus. CSOs working on women's issues in Ambon actively facilitate policy dialogue with the local government, particularly with the Women's Empowerment Body (*Badan Pemberdayaan Perempuan*). Maternal death issues remain untouched and unaddressed among most CSOs, policymakers, and citizens. Some actors like Aisyiyah work in the provinces to help provide access to health services through the umbrella organization Muhammadiyah.

Media coverage of MNH issues is largely nonexistent. However, there are a number of state-owned media outlets in Maluku known to cover health issues; thus, an opportunity exists to expand the coverage and capacity of the state-owned media to cover MNH issues. Moreover, CSOs can start filling this gap by generating MNH content based on their projects or personal stories from their constituencies. Staff turnover in some of the main outlets prevents investigative work, allowing a space for CSOs to contribute stories that may take longer to develop. The issue with paper circulation in the Malukus is that transportation is difficult and distributing papers across the islands is expensive. This limits the numbers and reach of their circulation. It will be important to utilize other forms of media, from radio to online sources, as infrastructure develops, to ensure proper distribution of messaging across the islands.



LOW/MEDIUM FINANCIAL RESOURCES

All CSOs working in Maluku and North Maluku receive and rely on limited donor funding. Alternative sources of funding, such as fundraising, membership fees, local government support, or partnerships with private companies were rarely mentioned by the key informants. Limited and concentrated funding sources have led to a high density of CSOs in Ambon and Ternate, with limited coverage outside of the urban centers. Most CSOs in Maluku operate in Ambon and a few work in Central Maluku and Seram Island. This is largely due to the geographic conditions of Maluku, which consists of several islands, making access challenging. Fundraising approaches used in other provinces such as CSR-funded campaigns, cooperative and saving groups, and local budget support from district governments require further exploration.

There is a mix of Maluku media outlets, which have distinct financing models. *Amex* in Maluku and *Malut Post* in North Muluku are subsidiaries of the *Java Post*. *Amex* noted that 70 percent of its source funding comes from the advertisement revenue of the *Java Post*, with the remaining funding coming from its own advertisement and subscriptions. KBN Antara Maluku, TVRI Ambon, and Radio Republik Indonesia are state-owned and fund themselves through state resources, advertisements, and distribution sales. There are locally instituted outlets as well, like *Kabar Timur*, which fund themselves independently.

LOW/MEDIUM ENABLING ENVIRONMENT

Personal relationships with the government can be beneficial in opening up space to work or access data. Most CSOs in Maluku have not conducted evidence-based advocacy. Accessing data from the provincial or district governments is challenging, and issues such as unavailable or inconsistent data or hesitance to publish the data is common. For example, in 2013, Humanum was unable to access data because the government was unwilling to provide them on issues considered sensitive to the government. Good cooperation should be initiated normatively and must be processed further to open space for civil society.

LOW ALIGNMENT

Strong local champions for MNH issues are largely nonexistent. Few CSOs and media could cite a person or group who had acted as a champion for MNH issues. MNH service availability is a critical challenge in need of a champion. For example, health provider shortages are common and midwives are often not available at the village level. Faith-based organizations, considered strong advocates because of their broad reach and favorable perception/reputation by the government, could play a part in rallying people around this issue. For example, various women's CSOs, both in association with Muslim mass organizations, such as Nahdatul Ulama/NU, and the Christian church, collaborated with other women's groups to overcome conflict situations in Ambon. This collaboration resulted in a cohesive group, capable of lobbying and advocating with the local government on issues faced by women and children.

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PAPUA AND WEST PAPUA

Based on available data and semi-structured interviews with key informants, this snapshot explores the regional context and state of maternal and neonatal health (MNH) in the Papau and West Papau provinces of Indonesia, as well as opportunities for the private sector and civil society to improve MNH in the region.

General Context of the Province

POPULATION AND ECONOMY: Papua and West Papua provinces are located at the eastern end of the Indonesian archipelago. The island of New Guinea (which includes the country of Papua New Guinea to the east and the Indonesian provinces of Papua and West Papua) is home to the most diverse set of tribes, languages, and cultures in the world, borne through its topographical diversity. A total of 3.1 million people inhabit Papua and 850,000 inhabit West Papua. The gross domestic product (GDP) per capita is US$2,981 in Papua and US$4,679 in West Papua (BPS – Provinsi Papua, 2015; BPS – Statistics of Papua Barat Province, 2015). A staggering 74 percent of Papua's population resides in urban areas, compared to 30 percent of the population in West Papua.[1]

POLITICAL ENVIRONMENT: The cultural and tribal diversity of these provinces has created a challenge for coordination and political oversight. The lack of a skilled and/or educated workforce within the local population also prevents progress toward political stability and economic growth. Furthermore, the region became part of Indonesia in the 1960s following a military takeover and military-engineered election to secure a unanimous vote for the provinces to join the country. Since then, there has been continued distrust in the central government by the citizens of Papua and West Papua. In return, the government has maintained relatively tight control over the region.

INDUSTRY: Despite its relative remoteness and generally low economic activity, Papua and West Papua provinces are rich in natural resources. Major industries include mining, oil, gas, timber, and agriculture. These industries tend to concentrate economic activity and wealth among a small segment of the geography and population. Engaging in these industries requires businesses to enter into agreements with local tribes and governments to use their land. In return, many of these businesses provide funds for social services such as healthcare, education, and job training. These programs can be quite successful and beneficial for the surrounding communities, and there is a tendency for local governments to rely on businesses to provide basic social services, which potentially limits government investments in public services.

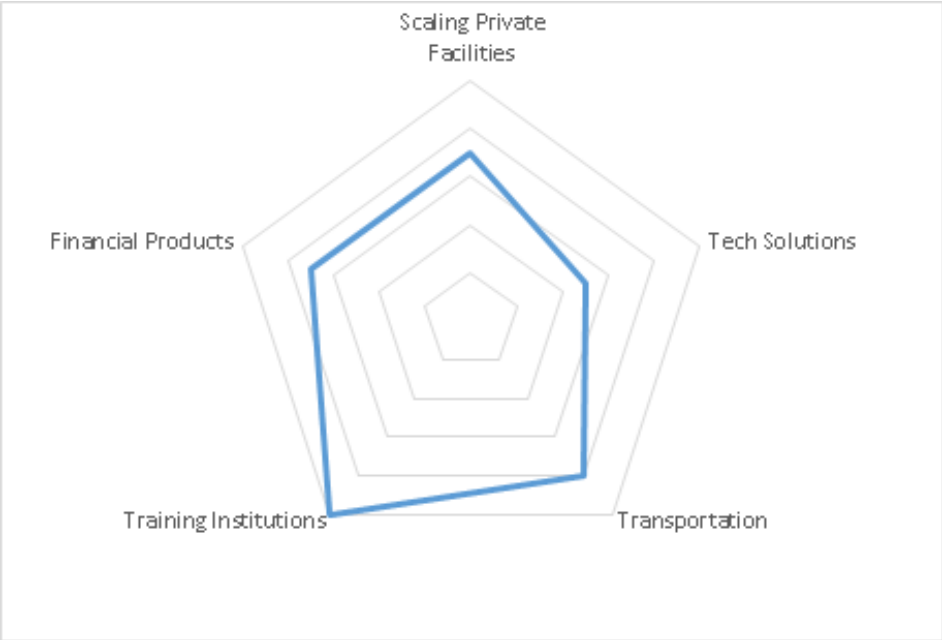
HEALTHCARE INFRASTRUCTURE: Papua and West Papua are the two most underdeveloped of all the Indonesian provinces. Only 30 hospitals exist in Papua and 9 in West Papua. While access to healthcare is relatively good in the urban areas of the two provinces, the majority of the region is rural, often lacking access to roads, communication, and health infrastructure. Government and health worker capacity is low. There are a limited number of locally-educated residents in the provinces and a lack of interest among the educated class in other regions of Indonesia to move to Papua and West Papua, which are often regarded as rural, backward, and dangerous due to ongoing political unrest. West Papua province ranks worst in the country for maternal mortality rate and Papua province ranks third (Koblinsky and Qomariyah, 2014).

Private Sector Findings and Opportunity Analysis

STRONG OPPORTUNITY: IMPROVE QUALITY OF MIDWIFERY CARE THROUGH PRIVATE SECTOR TRAINING INSTITUTIONS

Currently, there are insufficient numbers of health facilities in the region, even in urban areas.

[1] Health Policy Plus calculation based on BPS – Provinsi Papua, 2015, and BPS – Statistics of Papua Barat Province, 2015.



There are opportunities for growth if the region can attract and retain trained health workers. One solution may be to make sure that the local young women aspiring to become midwives do not have to leave the provinces to get their training. Building local tertiary educational institutions, particularly for midwives, and/or improving their quality can have a significant impact on scaling maternity services in these two provinces, and consequently can be the first step in addressing its high maternal and newborn mortality rate. Local governments, corporations, and donor agencies have expressed the desire to provide scholarships for students to attend local training institutions. For example, PT Freeport already supports education scholarship for high performing youths in the local community to get degrees in various disciplines including healthcare. Such forms of educational financial support could be tied to quality criteria much like those established by the Ministry of Higher Education, so that private training institutions raise and maintain high quality training provision.

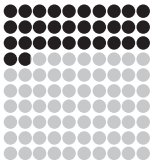
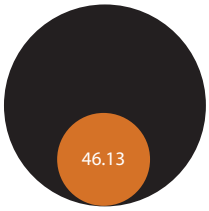
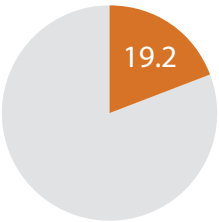
STRONG/MEDIUM OPPORTUNITY: TRANSPORTATION SOLUTIONS

Physical barriers to accessing health services remain one of the biggest problems in Papua and West Papua provinces. However, already available or newly established health financing mechanism could lead to opening up a vibrant private sector transportation market. For example, Papua Kartu Sehat already finances healthcare for those who are indigent and unable to pay for services. Provincial governments are also discussing how other local social welfare programs such as JAMKESDA (Jaminan Kesehatan Daerah) can be aligned with or integrated with JKN offerings. Further down the health system, districts such as Mimika are also considering establishing their own financing system supplemental to these other platforms. With strong autonomous governments, large industrial partners, and additional funding from the central government to dedicate towards social services, these two provinces have significant resources and the ability to extend financial risk protection mechanisms to transportation costs as well as to offer coverage for lost wages for both the pregnant woman and those who accompany them to the health facility. With a payer in place, innovative private sector transportation systems could be established, such as community-based ambulance or motorbike services, especially for peri-urban areas that are connected to the urban hub with relatively good roads.

MEDIUM OPPORTUNITY: SCALE LOCAL MIDWIFERY NETWORKS

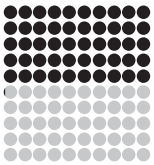
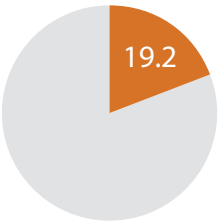
As noted above, the availability of healthcare providers, particularly specialists, remains a challenge in both provinces. However, there is a

Snapshot- **Papua**

% COVERAGE FOR 4TH ANC VISIT (K4)	 31.90	% OF ASSISTED DELIVERY BY HEALTH PERSONNEL	33.31
% OF LOW BIRTH WEIGHT (LBW) INFANTS	15.6	% COVERAGE OF EXCLUSIVE BREASTFEEDING IN 0-6 MONTH INFANTS	 46.13
% Coverage of Obstetric Complications Management	 19.2	Neonatal complications management	15.38

Source: Ministry of Health, 2014

Snapshot- **West Papua**

% COVERAGE FOR 4TH ANC VISIT (K4)	 50.09	% OF ASSISTED DELIVERY BY HEALTH PERSONNEL	73.20
% OF LOW BIRTH WEIGHT (LBW) INFANTS	11.0	% COVERAGE OF EXCLUSIVE BREASTFEEDING IN 0-6 MONTH INFANTS	53.50
% COVERAGE OF OBSTETRIC COMPLICATIONS MANAGEMENT	 19.2	NEONATAL COMPLICATIONS MANAGEMENT	21.13

Source: Ministry of Health, 2014

strong and growing number of private midwife clinics that are responding to the needs of the population for quality, value-added services. Pregnant women are willing to travel as much as two hours to be able to access services from midwives who are perceived to provide enhanced services as compared to the public sector. While free services through the public sector remain popular among the truly rural and poor communities, those with some ability to pay prefer added benefits such as food, bedding, and the set of clothes for the newborn provided through private midwifery clinics. Considering the lower ability to pay of the population, affiliation models that increase profitability of JKN patients for midwives and reduce costs for referrals by having a linked hospital may be a strong investment opportunity to scale high quality midwifery clinics in these two provinces.

MEDIUM OPPORTUNITY: TAILOR FINANCIAL PRODUCTS FOR MATERNAL AND NEWBORN HEALTH

The above opportunity to scale local midwifery networks would be catalyzed if combined with an introduction of loan products that reduces collateral requirements. There are significant numbers of profitable and highly regarded midwifery clinics in these two provinces, showcasing the reliability of these businesses as targeted clients for loans. Several banks and microfinance institutions have grant and credit guarantee support from donors or foundations to provide small and midsize enterprises with loans. Such mechanisms can be used to expand loan products to midwifery clinics, while reducing risk to financial institutions.

MEDIUM/WEAK OPPORTUNITY: TECHNOLOGY SOLUTIONS TO IMPROVE HEALTH SERVICES

Technology surmounts many of the physical and cultural barriers that prevent access to healthcare for the people of Papua and West Papua. For companies entering into the market of telemedicine, these two provinces are the ultimate frontier that tests their innovation and can benefit from the significant social impact of reduced maternal and newborn mortality. Within the context of chronic shortage of specialists in the country overall, it may be a much more cost-efficient and quicker alternative to improve healthcare access as compared to increasing the number of specialist doctors willing to practice in these two provinces.

Technology also has the potential to increase knowledge of both the clients and the providers. There are many successful maternity-related SMS and online platforms that could be scaled in Indonesia. E-learning platforms that reinforce and maintain providers' service skills could improve health outcomes. Several large corporations dedicated to supporting healthcare for Papuan communities, such as British Petroleum (BP), have noted the challenge around staff retention and training and are eager to explore innovative technological approaches to tackling this issue. Pilot testing a new solution can be challenging and costly if the innovator must identify and set up a health program on its own. Industry players like BP, with active healthcare programs in the community, could act as platforms to quickly and cost-effectively test and scale healthcare innovations.

While these two provinces will see the biggest benefit from this opportunity, the market is limited due to the current level of connectivity across these geographically remote provinces. However, the speed at which the mobile and internet coverage across the country has grown over the last few years seems to indicate that this is quickly a diminishing challenge. Concurrently, there are several innovative private sector solutions, such as using weather balloons to establish Internet access and Wi-Fi connections at puskesmas; this innovation has been used in Indonesia to re-establish communication channels during natural disasters that have destroyed traditional telecommunication infrastructure, and has the potential for immediately increasing coverage within the short to medium term. Local technology/communication companies such as Telkomsel or global players such as Facebook and Google could finance such initiatives as part of their shared value contribution. This endeavor has strong potential, as Internet access brings about social benefits while also directly increasing the number of adopters of products and services. Partnership facilitators such as Company-Community Partnerships for Health in Indonesia

have established networks of such industry partners, and could enable corporate social responsibility programs to be dedicated towards increasing Internet access.

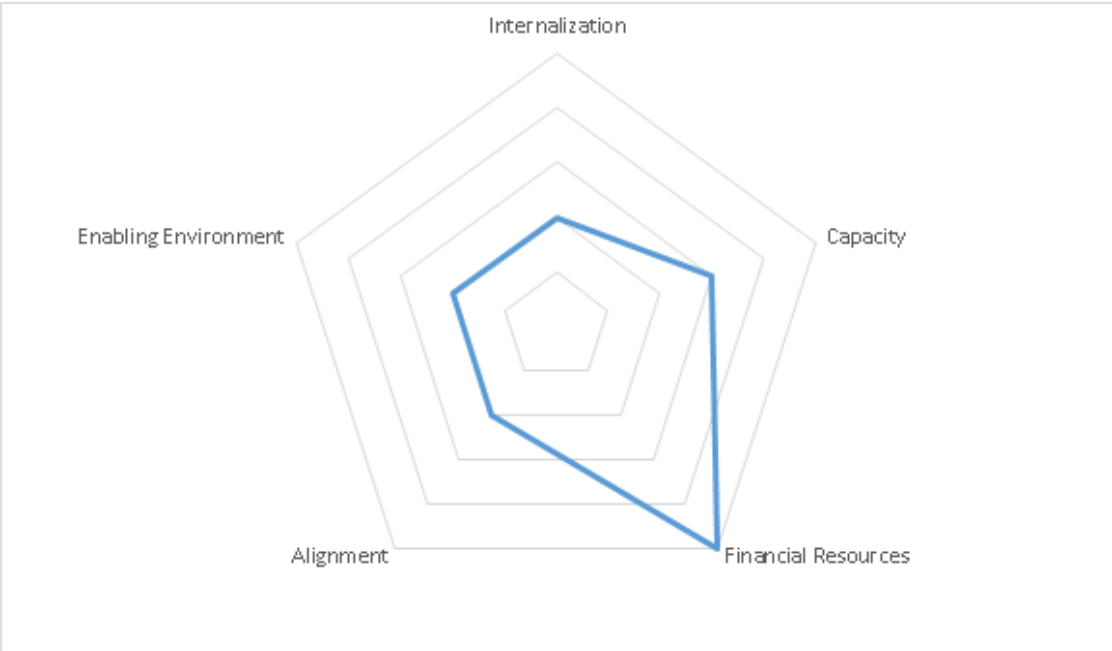
Civil Society and Media Findings and Opportunity Analysis

LOW INTERNALIZATION

Maternal and newborn deaths are perceived to be a personal and family matter that is to be kept private. Civil society organizations (CSOs) and media working in Papua and West Papua noted that much of their constituencies consider a maternal or newborn death to be a personal matter for the family. Oftentimes the death is kept private at the request of the family or community leaders out of respect, and is subsequently not the subject of a media story or highlighted as a part of an awareness-raising campaign by CSOs. Although it is important to be respectful of the family's requests, CSOs and citizen journalists could work to shift the framing of maternal and newborn deaths from a health system problem to a socially unjust event. This could be accomplished by discussing a preventable death as an intolerable event for the community and family and highlighting both the economic and emotional burden of a maternal or newborn death.

Many women prefer to give birth in their homes with traditional birth attendants because they believe that it is safer than going to health facilities. CSOs reported that women and their families have voiced a number of issues with maternity services in Papua and West Papua, including poor quality, inadequate staffing and equipment, and inaccessibility due to poor roads and transportation costs. For instance, a number of CSOs reported that women do not prefer to access maternity services at rural *puskesmas* or the existing village maternity centers (*polindes*) because they are chronically understaffed and provide poor quality services. Given that many women prefer home births, CSOs could work with local midwives and traditional birth attendants (TBAs) to establish a home birth program integrated with an emergency preparedness initiative. Experiences with *rumah tunggu persalinan* (maternity waiting homes) have been varied in other parts of Indonesia due to reported mismanagement, so the establishment of a program where midwives and TBAs make house calls may be better suited for Papua. In addition, CSOs should consider working with the provincial governments or private sector partners to fund a maternal patient voucher, similar to the government's JAMPERSAL program, which is slowly being rolled out in select districts in Papua and West Papua. Another option is to establish a dedicated transportation network so that women and families are not forced to pay out-of-pocket in order to access clinics and hospitals.

Husbands, the dominant decisionmakers in the family, are already a key audience for most



media outlets and offer an opportunity for targeted messaging to help internalize maternal and newborn deaths as a key economic and social issue. Informants unanimously agreed that Papua and West Papua are patriarchal societies where most wives have little autonomy over reproductive health decisions. Much radio and newspaper coverage in Papua and West Papua is tailored for urban, male consumers. The two largest newspapers in these provinces stated that their primary readership is local businessmen, entrepreneurs, or government officers, (predominantly men). The news and political coverage of the top radio and television programs also stated that many listeners in peri-urban and urban areas were men. Key messages about maternal and newborn health in the form of public announcements tailored for this audience segment and sponsored by CSOs is an important opportunity. Both as husbands and as business owners and employers, men are a key audience for internalization of maternal and newborn deaths as an economic and social burden.

MEDIUM CAPACITY

CSOs have demonstrated an ability to conduct strong budget advocacy for maternal and newborn health, but they are failing to use performance-monitoring mechanisms to improve maternal service quality. CSOs working on maternal and newborn health issues in Papua and West Papua report a range of activities, including implementing proper emergency obstetric and neonatal training, improving retention of health personnel, raising awareness through counseling cadres, establishing maternity houses, hosting community meetings, and overseeing multi-stakeholder forums. In addition to this policy advocacy work, a majority reported budget advocacy work focused on budget allocation and resource tracking for maternal and newborn health in the form of infrastructure, equipment, and more equitable distribution of maternity health personnel. In West Papua, Yayasan Tifa Mandiri participates in policy and program planning activities by analyzing and supervising the budget allocation for maternal and newborn health programs from the District Health Office level to the Provincial Health Office. In Papua, the community development organization Lembaga Pengembangan Masyarakat Amungme dan Kamoro (LPMAK) provides technical support to the District Health Office in preparing the annual budget proposal for education and health.

CSOs have demonstrated the capacity to monitor broader health service performance, but not focused on maternal and newborn health. For instance, Peduli Sehat collaborates with health personnel in public health centers and District Health Offices to improve HIV services. The last campaign demanded that BPJS be more inclusive by enumerating the poor eligible to receive the PBI (Recipient of Contribution Subsidy) card, so that people living with HIV, most of whom come from lower to middle economic strata in Papua, are able to access antiretrovirals, counseling, and voluntary testing services free of charge. There is ample opportunity for CSOs to play the role of health services watchdog and to monitor the performance of maternal health services. Incentives to initiate such a role may include a transparency portal that citizens can access to better inform their decisions on where to access services, or even development of a citizen feedback mechanism that publicly reports the quality of services received.

Most outlets feature national news and politics rather than Papua-specific coverage. Unlike many other provinces, where media outlets have adequate staff and investment in local coverage, media outlets in Papua and West Papua feature national news and politics. A number of national outlets, including RRI, Jawa Pos, and tvOne, have branches in Papua and West Papua, but distribute newspapers, television, and radio shows covering primarily national issues. Media outlets should invest in reporting on local issues to broaden their readership and inform citizens of political and social issues most relevant to their communities. The shift to localized coverage could offer a regional picture of maternal and newborn mortality in Papua and West Papua, which could help CSOs and citizens better define the problem.

Media outlets in Papua are expanding their online and social media presence, unlocking

the opportunity to increase coverage of maternal and newborn health issues using short, digital stories, and photojournalism. Media in West Papua did not identify online or digital content as an expanding market, but nearly all media informants in Papua mentioned opportunities in expansion of digital content driven by consumers. For example, *Tabloid Jubi* in Jayapura has an online portal in English and Bahasa Indonesia and receives approximately five million clicks a month. Experimenting with photojournalism, a few outlets have featured photo stories, and a number of digital outlets have included photos submitted by citizens or key sources as part of a story. In light of editors discussing the power of photos in drawing digital readership, local media could partner with CSOs to initiate a contest for submission of photos or short digital stories on maternal and newborn deaths or "near misses" to entice citizen journalists and the public to contribute to increased visibility and coverage of this issue.

HIGH FINANCIAL RESOURCES

Obtaining adequate financial resources is rarely a challenge for CSOs working in Papua and West Papua, but more fundraising and lobbying for financial support of maternal and newborn health is required. Most CSO funding comes from international aid agencies or large private companies through corporate social responsibility (CSR) funds. Of the CSOs interviewed, a hearty majority in Papua and about half in West Papua reported at least one private sector funding source. In many cases, CSR funding is intended to improve the health and well-being of employees and the surrounding communities. For example, Yayasan Anak Sehat Pesada is primarily funded by companies (Garuda Indonesia, Pertamina) in the form of CSR and partnerships to help manage the company's clinics. LPMAK is funded by PT Freeport to focus on improving community health. Yayasan Sosial Agustinus (YSA) is funded by BP to aid in the procurement of health equipment and to establish a systematic referral system in some sub-district areas of Teluk Bintuni. However, private funding for non-clinical CSO activities is scant. In order to increase private sector funding for policy advocacy activities, CSOs could lobby on the issue, highlighting the economic and social impacts a maternal or newborn death has on the private sector. In this way, CSOs can act as advocates to improve local government service delivery, one the one hand, and on the other as service providers and community educators.

International CSOs are legally restricted in Papua and West Papua, but international CSOs can establish local branches and partners to continue their work and attract further funding. As of late 2015, regional regulations require international CSOs to work through a local office or partner with a local CSO on all advocacy projects. International CSOs like World Vision and UNICEF are strong fundraisers frequently supported by international donors as trusted partners and implementers. Due to new restrictions in the Papuas, international CSOs have begun establishing local branches and partners to continue previous work and to supply funding and policy advocacy to the region.

LOW ENABLING ENVIRONMENT

Space for human rights advocacy is growing and should be expanded to include maternal and newborn mortality. A number of CSOs and media in Papua and West Papua are working on human rights issues, including child marriage, gender-based violence, and equitable access to education. *Jubi* is an advocacy media tabloid that informs Papuans of problems not covered by other media. To achieve this, the coverage in *Jubi* escalates the rights of oppressed or vulnerable groups, particularly women. Opportunity for women's rights groups like Yayasan Peduli Citra Insan Indonesia to support maternal and newborn mortality as a priority human rights issue could be critical to increasing internalization of this issue through human rights advocacy.

Journalists and media outlets are threatened by the government for their coverage of sensitive issues including crime, corruption, and political issues. Most media outlets and a handful of CSOs are acutely aware of the risks associated with reporting on specific topics. A number of informants told stories of journalists being threatened by police or reporters receiving anonymous death threats

after publishing stories about political corruption or police misconduct. In October 2015, a local journalist, Abeth You, a reporter for the *Jubi* tabloid website, was attacked by police while covering a demonstration organized by Solidarity for Victims of Human Rights Violations in Jayapura. Maternal and newborn health is not considered a risky topic by informants; however, if framed as a human rights issue, threats and the government's response to criticism must be carefully considered and monitored.

The greatest obstacle to media reporting on social services is accessing relevant information from receptive sources. The availability and receptivity of informed sources was the biggest obstacle reported by media in Papua and West Papua. Sources do not open up and do not consider using media for public campaigns because of mistrust about how they and their work will be represented. It is perceived that media have the tendency to be sensational and to lack the capacity to report on complex social issues like mortality. CSOs can assist media in reporting on maternal and newborn deaths by serving as sources of information from the community or from data-driven observations. Additionally, CSOs could serve as mediators, fostering supportive and trusting relationships between the media and citizen or government sources so that when MNH events occur—for instance, a death, mistreatment of a mother at a facility, or a change in policy supporting reimbursement for maternal health patients—the media are able to accurately report on it and have the proper information to do so.

LOW ALIGNMENT

Local champions are few, and they lack political clout and ownership of the maternal and newborn health issue. Although a number of local maternal health champions were identified by CSOs, including the wife of the mayor, female community leaders, and vocal CSO advocates, local champions were perceived as passive and ineffective at elevating the issue of maternal and newborn mortality. Many of the informants described local champions as lacking the political power and prowess to gain sufficient traction on the issue of mortality. Others felt that local champions are ineffective at generating attention and aligning powerful players behind the MNH issue because these champions lack understanding and ownership of MNH as a priority issue. A national movement around maternal and newborn health, establishing common objectives, identifying key policy changes, and eliciting the provincial government's interest in the issue, would work to grow local champions in Papua and West Papua. Champions in Papua and West Papua were less visible and politically prominent compared to other provinces, so adequate effort would need to be expended to identify, nurture, and vocalize local champions in the Papuan region.

Collaboration and partnerships among CSOs are low; thus, coalition building for maternal and newborn health should first focus on getting CSOs aligned, then on integrating the media and academic and government stakeholders. CSOs in Papua and West Papua reported a low inclination to partner with each other, whether formally or informally. Efforts to increase partnerships and build regional networked coalitions of CSOs working on similar issues could aid in better coordination and communication among CSOs. Without CSO coordination, coalitions including the media and academic and government stakeholders would not have the support required. In previous successful social movements, CSOs have assumed the coordinating and governing role and have been able to do so through their existing networks.

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