BASELINE AND FOLLOW-UP DATA ON PARTICIPANTS IN THE PROFIT REVOLVING LOAN FUND FOR MIDWIVES (INDONESIA)

By

Ann R. Sherpick
Paul J. Hopstock

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The PROFIT Project
Promoting Financial Investments and Transfers
1925 North Lynn Street, Suite 601
Arlington, VA 22209
(703) 276-0220
Fax (703) 276-8213

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The PROFIT (Promoting Financial Investments and Transfers) Project seeks to mobilize the resources of the commercial sector to expand and improve the delivery of family planning services in selected developing countries. The PROFIT Project is a consortium of five firms, led by the international management consulting firm of Deloitte Touche Tohmatsu and including the Boston University Center for International Health, Multinational Strategies, Inc., Development Associates, Inc., and Family Health International.

This report is part of a series of PROFIT Research Studies, which address various topics related to private sector family planning. The studies grow out of PROFIT subprojects within the following three strategic areas: innovative investments, private health care providers, and employer-provided services.

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A complete list and individual copies of PROFIT publications are available from:

The PROFIT Project
1925 North Lynn Street, Suite 601
Arlington, VA 22209
(703) 276-0220
Fax (703) 276-8213
E-mail profitproj@aol.com

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ABSTRACT

To assess the effectiveness of its $1 million Revolving Loan Fund for Midwives in Indonesia, the PROFIT Project conducted baseline and follow-up surveys among the midwives targeted by the program. The midwives who borrowed from the Loan Fund used their loans to improve the range and quality of the family planning and non–family planning services they provided. Over three-quarters of these borrowers' new clients previously had no source for family planning services, and 12 percent had previously obtained such services from public sector sources. Overall, however, the midwife borrowers experienced only slight increases in the total number of family planning clients.

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ACRONYMS

BKKBN	National Family Planning Coordination Board (Indonesia)
BRI	Bank Rakyat Indonesia
FP	family planning
IBI	Indonesian Midwives Association (Ikatan Bidan Indonesia)
IEC	information, education, and communication
IUD	intrauterine device
PPKBD/PAKBD	Family Planning Village Government Post
PROFIT	Promoting Financial Investments and Transfers Project
TBA	traditional birth attendant (Dukun Bayi)
USAID	U.S. Agency for International Development
USAID/G/PHN/POP	U.S. Agency for International Development's Office of Population
USAID/JAKARTA	U.S. Agency for International Development Mission in Jakarta, Indonesia

EXECUTIVE SUMMARY

In April 1995, the PROFIT (Promoting Financial Investments and Transfers) Project established a $1 million Revolving Loan Fund for Midwives to provide loans to midwives to help them establish or expand private practices that include the delivery of family planning and reproductive health services. PROFIT's partners in this subproject are the Indonesian Midwives Association (IBI), Bank Rakyat Indonesia (BRI), and Indonesia's National Family Planning Coordination Board (BKKBN).

To assess the effectiveness of the Revolving Loan Fund, PROFIT conducted baseline and follow-up surveys among participants. This report summarizes the findings from these surveys.

Findings

1. How did the loans affect the midwives' practices overall?

The goal of the majority of borrowers was to improve the range and quality of family services planning (55 percent) and non-family planning services (24 percent) provided. Few borrowers (10 percent) reported that their goal was to increase the number of private family planning clients.

Over three-quarters of borrowers reported using a portion of their loan funds to improve or refurbish existing clinic sites (79 percent), to buy supplies/contraceptives (77 percent), or to buy new equipment (74 percent), reflecting the borrowers' primary objectives for obtaining the loans.

2. How many family planning users shifted their source of services from public sector providers to private sector midwives?

Borrowers reported that 11.7 percent of their new family planning clients had previously sought these services from public sources.

Borrowers reported that 77.5 percent of their new clients had not previously used another source for family planning services.

3. Did the loans help to increase the size of the midwives' practices?

Client volume did not increase significantly between the time of the baseline survey and the follow-up survey. However, there was a slight increase in the number of continuing users of family planning services.

4. How did the loans affect the number and type of family planning services provided?

There was no significant change in the number or type of family planning services provided by the borrowers.

Other Findings

A total of 61.9 percent of borrowers reported that they provided some form of collateral in order to secure their loans.

Village midwives (bidan di desa) were younger than other midwives (e.g., those in urban or periurban areas) and had a lower client volume.

Conclusions

Most borrowers reported that their purpose in securing the loan was to improve the range and quality of services offered rather than to increase the number of clients served. This was reflected in the ways they spent the funds and the fact that overall client volumes did not increase significantly as a result of the loans.

The slight increase in the number of continuing users seen by borrowers reported in the follow-up may be a reflection of improvements in the services provided by the borrowers, which was one of their main objectives in securing their loans.

The majority of midwives reported providing collateral in order to secure their loans, but the collateral was often not of direct cash value (e.g., license to practice, letter of appointment), which meant that the financial burden of obtaining the loans was minimized.

A relatively large proportion of the borrowers were IBI board members. This may have been because:

- experienced midwives, many of whom are board members, were those most comfortable applying for loans
- IBI boards consciously chose experienced midwives to recommend for loan approval because they were perceived to be least likely to default on payments, and IBI wished to prove the creditworthiness of midwives to the bank and set an example for other midwives.

A lower number of village midwives received loans than projected. This may be because:

- IBI board members were less familiar with the village midwives and their abilities to repay loans and therefore were less likely to recommend village midwives for loan approval
- midwives who did not have a close affiliation with a network of supportive, encouraging midwives were less inclined to apply for loans

- P living in rural areas may have made it more logistically difficult for village midwives to apply for the loans.
- # The village midwives had lower client volumes compared to other midwives, which may be attributable to the fact that they were in practice for fewer years—in fact, a group of other midwives who had been in practice for a comparable number of years reported similar client volumes.

INTRODUCTION

1.

1.1 The PROFIT Project

The PROFIT (Promoting Financial Investments and Transfers) Project is funded by the U.S. Agency for International Development's Office of Population (USAID/G/PHN/POP). The project was designed to mobilize the resources of the for-profit commercial sector to pursue family planning objectives.

1.2 PROFIT Revolving Loan Fund for Midwives

In April 1995, PROFIT contributed $500,000 to establish a $1 million Revolving Loan Fund for Midwives. The Loan Fund was designed to support the Government of Indonesia's and USAID's objectives of increasing the private sector's provision of family planning services. The Government of Indonesia set a population policy goal to increase utilization of private sector providers from 22 percent to 50 percent by 2005. USAID/Jakarta's objectives were to improve the "sustainability and impact of family planning services delivered through commercial and nongovernmental sectors."

The PROFIT Revolving Loan Fund for Midwives seeks to encourage midwives to work in private practices. Specifically, the Loan Fund provides loans to midwives to help them establish or expand existing private practices that include the delivery of family planning and reproductive health services.

PROFIT's partners in this subproject are the Indonesian Midwives Association or Ikatan Bidan Indonesia (IBI), Bank Rakyat Indonesia (BRI), and the National Family Planning Coordination Board (BKKN). The Indonesian Midwives Association identifies borrowers through its member chapters. Bank Rakyat Indonesia, the largest microlending institution in Indonesia, administers the fund and matched PROFIT's initial contribution of $500,000 to capitalize the $1 million fund. The National Family Planning Coordination Board plays a key role in promoting and monitoring the Loan Fund.

Prior to designing the Loan Fund, PROFIT conducted a small-scale qualitative study in Jakarta, East Java, South Sumatra, and Central Java to assess potential interest. Overall, the study found a positive response from midwives to the idea of a loan fund. The survey also provided additional insight into the needs and concerns of the potential borrowers. Based on the findings, the following goals were defined for the Loan Fund:

provide low-interest loans for the midwives' private practices

- provide basic business training to midwives who borrow from the fund to increase their business aptitude
- assist midwives in establishing or expanding private practices
- improve the profitability of midwives' private practices
- increase the number of new family planning acceptors
- shift clients from the public to the private sector
- sustain lending to midwives beyond the life of the PROFIT Project (scheduled to end in September 1997)
- sustain or revolve loan funds through continuous repayments
- leverage USAID funds.

1.3 Objectives of the Research

PROFIT conducted baseline and follow-up surveys among participants to assess the Loan Fund's achievements. These surveys addressed the following four questions:

- How did the loans affect the midwives' practices overall?
- How many family planning users shifted their source of services from public sector providers to private sector midwives?
- Did the loans help to increase the size of the midwives' practices?
- How did the loan affect the number and type of family planning services provided?

This report summarizes the findings from these two surveys. The results will be used to guide the future direction of the Loan Fund and will also be applicable to other efforts like it.

1.4 Methods

This report relies mainly on two baseline questionnaires and one follow-up survey of midwife borrowers. A description of these forms and the data collection methods follows.

Midwives who applied and were approved for loans were required to complete two forms, which provided baseline information. The *Midwife Profile Form* (Appendix A) provided a profile of the midwives' backgrounds and professional experiences. Midwife borrowers with private practices were also asked to complete the *Family Planning Private Service Report* (Appendix B), which gathered baseline information concerning clients served and family planning services provided

by the borrowers. These two baseline forms were completed by all of the 372 midwives who borrowed from the Loan Fund between March 1995 and September 1996.[1]

Throughout the report, questions from the *Midwife Profile Form* are identified with a "P" preceding the question number from the form, and questions from the *Family Planning Private Service Report* are identified with an "S." Due to weaknesses in some of the data collected in the baseline surveys, only those questions for which the integrity of the data could be ensured were analyzed for this report.

In mid–1996, PROFIT conducted a survey of all borrowers in order to collect follow-up data for comparison to baseline data. The *Follow-up Questionnaire* is found in Appendix C. All questions from the *Follow-up Questionnaire* are identified with a "F" preceding the question number.

Of the 372 midwives who completed the baseline forms, 358 completed the follow-up forms (follow-up information was unavailable from 14 borrowers in West Java). The geographic location of borrowers surveyed at baseline is displayed in ***Table 1.1.***

Table 1.1
Geographic Distribution of Midwife Borrowers

	Valid n = 372	
	Number	Percent of Total
East Java	117	31.5
West Java	98	26.3
Central Java	87	23.4
DKI Jakarta	53	14.2
Bali	17	4.6

[1] Through February 1997, approximately 450 midwives had received loans from the Loan Fund. This report provides data on the 372 borrowers who had received loans as of September 1996, and who had the loans long enough to be able to provide the follow-up information requested.

DESCRIPTION OF MIDWIVES

2.

2.1 Demographic Information

S 4 Age
S 5 Marital status
S 7 Number of Living children

The average age of the midwives who completed a baseline questionnaire was 41 years. Almost all (91.8 percent) of the borrowers were married, 6.6 percent were widowed, and 1.6 percent were single. Nearly three-fifths (58.4 percent) of all borrowers reported having three or more living children, 40.2 percent had one or two living children, and 1.4 percent had no children.

2.2 Training and Experience

P 8a In what year did you graduate as a midwife?
P 8b In what year did you start working as a midwife?
P 8c In what year did you start working in private practice?
F 7 Are you a member of the IBI board?

The mean year in which borrowers graduated from the midwife training program was 1975. On average, the borrowers also began working as midwives in 1975, giving respondents an average of 21 years' experience as midwives. A total of 23.4 percent of the borrowers had worked as midwives for 3–14 years, 29.9 percent for 15–21 years, 30.2 percent for 22–28 years, and 16.6 percent for 29–40 years.

The mean year in which borrowers began working in a private practice was 1982. Of all borrowers, 25.6 percent reported having had private practices for less than 8 years, 26.7 percent for 8–14 years, 27.3 percent for 15–21 years, and 20.4 percent for over 21 years.

At the time of the baseline survey, almost all of the borrowers (90.0 percent) reported working in both the public and private sectors, while 7.9 percent reported working only in the private sector, and 2.2 percent only in the public sector. Nearly three-quarters of the midwives who completed the follow-up questionnaire reported being members of the IBI board (70.9 percent).

LOANS

3.

3.1 Description of Loans

P 1 Tranche from which loan was received?
P 4 What is the duration of the loan?
F 12 What is the amount of your loan (Rupiah)?
F 13 On what date did you receive the loan?
F 14 Did you give anything as collateral for the loan?
F 14a If yes, what did you provide as collateral?

Almost all of the midwives (98.1 percent) borrowed the maximum allowable amount of Rp. 5,000,000 ($2,300). When the borrowers were interviewed at follow-up, most had had their loans for an average of 14 months, or since August 1995. Almost all (96.5 percent) of the loans had a duration of 36 months; the remaining 3.5 percent of loans had a duration of 24 months. Nearly 60 percent of borrowers received their loans from the first tranche of monies distributed by PROFIT. The remaining 40 percent received their loans from the second tranche.

In the follow-up questionnaire, 63.0 percent of borrowers reported that they had provided collateral in order to obtain their loans. The types of collateral borrowers provided included proof of savings accounts at BRI (29.9 percent), a license to practice (17.0 percent), a letter of appointment (12.8 percent), proof of personal property ownership (e.g., furniture, equipment) (9.8 percent), an insurance policy (8.4 percent), proof of salary (3.6 percent), a diploma (2.8 percent), or a recommendation from a government or IBI staff person (2.0 percent).

3.2 Reasons for Obtaining Loan

F 15 Why did you obtain the loan?
F 16 What was the most important change that you expected for your practice as a result of the loan?
F 18 How have you spent the loan funds?
F 23 If in the future the interest rates needed to change, would you still want to borrow from this loan fund at the following rates?

In the follow-up survey, the majority of borrowers reported that the primary reason they obtained their loans was to expand their existing practices through such activities as renovating their clinics and buying more equipment, family planning supplies, or medicines (96.1 percent). The remaining 3.9 percent reported obtaining the loan in order to establish a new private practice.

When queried about the most important change the borrowers anticipated as a result of the loan, 55.3 percent expected to improve the range or quality of the family planning services they offered, 24.3 percent expected to improve the range or quality of non–family planning services offered (e.g., for pre-natal care, deliveries, immunizations, or simple health care), 10.3 percent intended to increase the number of private family planning clients, and 14.8 percent planned to increase the number of private non–family planning clients.

3.3 Loan Expenditures

In response to the follow-up questionnaire, borrowers were asked to describe the expenditures they had made using their loans, according to seven categories. ***Table 3.1*** shows the mean amount of loan funds spent within each category. The average amount spent to build a new clinic was relatively low for all borrowers, but among the 15.4 percent of borrowers who expended funds to build a new clinic, the average expenditure was Rp. 2,655,918—over half the total amount of the loan.

Table 3.1
Expenditures Made Using the Loans

	Borrowers		Mean Expenditures	
	Percent	Number	Rupiah	US$
Improve/refurbish an existing clinic	78.8	282	2,201,603	969
Buy contraceptives and/or other supplies	77.1	276	868,648	382
Buy new equipment	74.6	267	861,427	379
Saving account at BRI	71.8	257	406,123	179
Other	19.3	69	136,562	60
Amount unspent	17.9	64	81,291	36
Build a new clinic or to secure clinic space	15.4	55	408,032	180

Notably, borrowers who were older spent more to improve an existing clinic. Similarly, borrowers who had been working as midwives longer or who had worked in the private sector longer reported spending more on clinic improvements.

3.4 Potential Impact of Interest Rate Changes

As part of the follow-up questionnaire, borrowers were asked whether they would have borrowed from the Loan Fund at rates higher than the current 12.92 percent rate. At a rate of 15 percent, about one-quarter of borrowers said they would have borrowed the money (28.2 percent), but at 18 percent, just 2.8 percent reported that they would have borrowed, and at 21 percent, only 0.6 percent would have borrowed. No respondents reported a willingness to borrow at rates higher than 21 percent.

FAMILY PLANNING AND OTHER SERVICES

4.

4.1 Family Planning Client Volume

S 11 Breakdown of new, private family planning users for the past month?
S 13 Breakdown of continuing, private family planning users for the past month?
F 19 How many private clients have you seen in September?
F 20 How many of the private clients seen in September received the following types of family planning services?

During both the baseline and follow-up surveys, borrowers were asked to report the number of new and continuing private family planning clients they had seen in the past month. ***Table 4.1*** compares these data, breaking down the average client volume by the type of family planning method provided. Overall, the data did not show substantial changes in patient volume between the time of the baseline and follow-up surveys.

Table 4.1
Private Family Planning Visits in Previous Month (valid n = 356)

	Baseline Survey		Follow-Up Survey	
	New Users (mean number)	Continuing User (mean number)	New Users (mean number)	Continuing Users (mean number)
IUD	2.0	6.6	1.9	5.7
Condom	0.4	0.8	0.3	0.5
Pill	3.3	11.8	3.3	12.1
Injectable	13.7	73.5	13.8	78.4
Norplant	0.02	0.3	0.2	0.7
Other	0.2	0.6	0.2	0.2
Total	19.6	93.6	19.7	97.6

There were differences in client volume according to the number of years midwives had been in practice and the number of years they had worked in the private sector. In response to the follow-up survey, borrowers who had been in practice for a greater number of years reported more *new* private family planning clients (e.g., an average of 19 new family planning clients among those with

1–10 years of practice and 32 among those in practice 30 or more years). Similarly, the mean number of *continuing* private family planning clients was greater for midwives who had been working in the private sector longer, ranging from 45 continuing family planning clients for those with less than 11 years' private sector experience to 122 for those with more than 20 years of experience. Finally, the mean *total* number of private family planning clients at the time of the follow-up survey varied from 92 family planning clients for those with less than 11 years' private sector experience to 146 clients for those with over 20 years' experience.

4.2 Sources of Acceptors

F 21 How many private family planning clients are new to your practice since you received the loan?

F 22 From whom did these new clients receive family planning services before they began seeing you?

In response to the follow-up questionnaire, borrowers reported seeing an average total of 207 new private family planning clients since receiving their loans. Based on the number of months midwives had had their loans at the time of follow-up, this meant that borrowers saw an average of 17.7 new private clients per month since receiving their loans.

Borrowers were asked to report the previous sources of family planning services for their new private family planning clients. An average of 11.7 percent of borrowers' new private clients had previously used public sector sources for family planning—meaning that, on average, 30 of the borrowers' new clients had switched from a public sector to a private sector source of family planning services. Borrowers also reported that 77.5 percent of their new family planning clients had had no prior source of family planning, and 10.3 percent had previously seen other private providers.

4.3 Other Services: Birth Deliveries

F 17 How many private birth deliveries have you attended in the past three months?

Attending birth deliveries is a primary source of income for midwives in Indonesia. In order to estimate the volume of these services, borrowers were asked as part of the follow-up survey to report the number of deliveries they had attended during the previous three months. The mean number of deliveries reported was 29.4, or nearly 10 deliveries per month. Borrowers who had been in practice longer and those who had been working in private practices longer reported attending a greater number of deliveries. For example, midwives who had worked in the private sector for less than 11 years reported attending 22.3 deliveries during the previous three months, compared to 37.0 deliveries attended by midwives who had more than 20 years' experience in the private sector.

VILLAGE MIDWIFE SUMMARY

5.

Of special interest were village midwives (bidan di desa) who were trained in the one-year midwifery crash program which aimed to train midwives who would practice in rural settings. Therefore, the results of the surveys among village midwives were separately analyzed to determine if there were important differences between these midwives and other midwives.

Twenty of the 358 borrowers who completed the follow-up forms were village midwives (5.6 percent). On average, the village midwives were younger than other midwives (mean age of 28.8 years versus 44.2). The village midwives had been in practice for 5.6 years (versus 21.0 years for other midwives) and had been working in the private sector for 4.4 years (versus 15.0 for other midwives). As for other midwives, the majority of village midwives reported working in both the private and public sectors (95.0 percent). The remaining 5.0 percent worked for only the government. Only 45.0 percent of village midwives were members of the IBI board, compared to 72.5 percent of other midwives.

5.1 Loan Information

On average, village midwives borrowed the same maximum amount (Rp. 5,000,000) from the Loan Fund as other midwives. Most village midwives (70.0 percent) reported that they provided some form of collateral, compared to 61.4 percent of other midwives. More village midwives than other midwives reported providing proof of savings in a BRI account (40.0 percent versus 29.3 percent) or a license to practice midwifery (30.0 percent versus 16.3 percent).

Like other midwives, most village midwives (95.0 percent) obtained loans to expand or improve an existing practice. The greatest changes expected by the village midwives were to improve the range and quality of family planning services (65.0 percent, compared to 50.6 percent for other midwives) and to improve the range and quality of non–family planning services (30.0 percent, compared to 19.8 percent for other midwives).

Overall, the activities for which village midwives expended their loan funds did not differ from those of other midwives, except in two notable cases. First, village midwives reported having saved less money in a BRI saving account (Rp. 29,253) than other midwives. Second, village midwives reported having spent more of the total loan funds (Rp. 146,465) than other midwives.

Half of the village midwives (50.0 percent) reported that they would be willing to obtain a loan if the interest rate were 15 percent, compared to 27.1 percent of other midwives. None of the village midwives reported a willingness to pay interest rates higher than 15 percent.

5.2 Family Planning and Other Services

Since receiving their loans, village midwives reported seeing an average of 159 new private family planning clients (15.8 per month), compared to 210 (17.8 per month) for other midwives ***(Table 5.1).*** Village midwives experienced no increase in client volume.

In order to assess whether the differences in service statistics for village midwives were attributable to the fact that they had been in practice less time than other midwives, additional analysis was conducted. A comparison group of 20 midwives was identified whose length of time in practice as midwives was comparable to village midwives (four to six years), and the data for the two groups were compared ***(Table 5.1).*** No important differences in client volume were found between the village midwives and the comparison group of midwives. In fact, both groups reported a lower client volume at both baseline and follow-up than that by the full group of other midwives.

Table 5.1
Village and Other Midwife Private Family Planning Visits
in Previous Month (valid n = 356)

	Baseline Survey			Follow-Up Survey		
	New Users	Continuing Users	Total	New Users	Continuing Users	Total
Village Midwives	10.6	69.2	79.8	15.9	63.9	79.8
Other Midwives	20.2	95.1	115.3	19.9	99.6	119.4
Comparison Group of Midwives	20.0	59.2	79.2	17.1	67.7	84.8

No other differences were found between the village midwives and the comparison group of other midwives, except that the comparison group reported attending fewer deliveries (21) in the three months prior to the follow-up survey than either the village midwives (26) or all other midwives (30).

Overall, village midwives reported that slightly more of their new private family planning clients had previously sought these services from the public sector (22.4 percent) than did other midwives (15.7 percent). On the other hand, other midwives reported that slightly more of their new family planning clients had had no previous source for family planning services (78.2 percent), compared to 70.4 percent for village midwives. Both village midwives and other midwives reported that about 14.5 percent of their new clients had previously received family planning services from the private sector.

FINDINGS AND CONCLUSIONS

6.

6.1 Findings

How did the loan affect the midwives' practices overall?

- The goal of the majority of borrowers was to improve the range and quality of family planning (55 percent) and non–family planning services (24 percent), while few borrowers (10 percent) reported seeking to increase the number of private family planning clients.
- Over three-quarters of borrowers reported using a portion of their loan funds to improve or refurbish existing clinic sites (79 percent), to buy supplies/contraceptives (77 percent), or to buy new equipment (74 percent), which reflected the borrowers' primary goals for obtaining the loans.

How many family planning users shifted their source of services from the public sector to private sector midwives?

- Borrowers reported that 11.7 percent of their new private family planning clients had previously sought these services from public sources.
- Borrowers also reported that 77.5 percent of their new clients had no prior source of family planning services.

Did the loan help to increase the size of the midwives' practices?

- Client volume did not increase significantly from baseline to follow-up. However, there was a slight increase in the number of continuing users.

How did the loan impact on the number and type of family planning services provided?

- There was no significant change in the number or type of family planning services provided by borrowers since they received their loans.

Other Findings

- A total of 61.9 percent of borrowers reported that they provided some form of collateral in order to secure their loans.
- Village midwives were younger than other midwives and had lower client volumes.

6.2 Conclusions

Most borrowers reported that their purpose in securing the loan was to improve the range and quality of services offered, rather than to increase the number of clients served. This was reflected in the way they spent the loan funds and the fact that overall client volumes did not increase significantly.

The slight increase in the number of continuing users seen by borrowers at follow-up may be a reflection of improvements in the services provided by the borrowers.

The majority of midwives reported providing collateral in order to secure their loans, but the collateral was often not of direct cash value (e.g., license to practice, letter of appointment), which meant that the financial burden of obtaining the loans was minimized.

A relatively large proportion of the borrowers were IBI board members. This may have been because:

- experienced midwives, many of whom are board members, were those most comfortable applying for loans
- IBI boards consciously chose experienced midwives to recommend for loan approval because they were perceived to be those least likely to default on payments, and IBI wished to prove the creditworthiness of midwives to the bank to set an example for other midwives.

A lower number of village midwives received loans than projected. This may be because:

- IBI board members were less familiar with the village midwives and their abilities to repay loans and therefore were less likely to recommend village midwives for loan approval
- midwives without a close affiliation with a network of supportive, encouraging midwives were less inclined to apply for loans
- living in rural areas may have made it more logistically difficult for village midwives to apply for the loans.

Village midwives had lower client volumes compared to other midwives, which may be attributed to the fact that they were in practice for fewer years—in fact, a comparable group of other midwives reported similar client volumes.

REFERENCES

Djuadi, Sri Djuarini, Diana Escueta, and Grace Chee. 1996. "Revolving Loan Fund for Midwives Indonesia, First Year Evaluation Report, April 1995–March 1996." (Arlington, VA: The PROFIT Project, August 1996).

Baseline Report by Dr. Ridwan Malik. (May 21, 1996).

APPENDICES

APPENDIX A: MIDWIFE PROFILE FORM

To be filled out by all applicants before receiving loan:

P 1. IBI Province:_____ P 2. Chapter/District: _____

P 3. Name:_____ P 3a. Member NO. (IBI): _____

P 3b. SIP NO. (License): _____ P 4. Age:____ P 5. Status: Single/Married/Widow

P 6. Home address: _____ P 7. Living children: _____ No. persons

P 6a. Address of private services/clinic: _____

P 8. Experiences:
P 8a. In what year did you graduate as a midwife? _____
P 8b. In what year did you start working as a midwife? _____
P 8c. In what year did you start working in private practice? _____

P 9. In what sector do you work? (Check one)
a. Government only _____
b. Government and Private _____
c. Only Private/No Government Work _____

P 10. Are you a village midwife? Yes _____ No _____

P 11. If "YES," are you working in your home village? Yes _____ No _____

P 12. If "NO," what is your home village? _____

P 13. How far is this village from your home village? _____ kilometers

P 14. Please provide the information below for the Area/Village where you have your private practice:

a. Name of Village: _____ c. District: _____
b. SubDistrict: _____ d. Population of SubDistrict: _____

P 15. For how long have you practiced in this village? _____

P 16. For Market Analysis—Please answer the following questions:

a. Number of People in Your Area: _____

b. Number of Eligible Couples (Married Women Aged 15–49): _____

c. Number of Pregnant Women: _____

P 17. Family planning and delivery services already available in area/village/subdistrict:

TYPE OF SERVICES	TOTAL NUMBER
a. Village Midwives	
b. Other Private Practice Midwives	
c. TBAs (Dukun Bayi)	
d. Doctors (Private Practice)	
e. Health Center (Puskesmas)	
f. Maternity Clinic	
g. Hospital	
h. Family Planning Village Government Post (PPKBD/PAKBD)	
I. Village Volunteer Contraceptive Post (KM Mandiri)	
j. Drug Store	
k. Other	

P 18. Training attended by midwife:

TRAINING	YES	NO	YEAR OF TRAINING
a. Basic FP Program			aa.
b. IUD			bb.
c. Norplant			cc.
d. Hormonal Contraceptive (Injectables and OCP)			dd.
e. FP Counseling			ee.
f. Prevention of Infection			ff.
g. Normal Delivery Services			gg.
h. PreNatal Care			hh.
I. PostNatal Care			ii.
j. Early Cancer Detection			jj.
k. Breastfeeding Counseling (for nutrition and FP method)			kk.
l. How to Become Private Midwife			ll.
m. Peer Review			mm.
n. Business/Entrepreneurship			nn.
o. Other			oo.

APPENDIX B: FAMILY PLANNING PRIVATE SERVICE REPORT

S 1. Name: _____ **S 2. Members No. (IBI):** _____

S 3. SIP No. (LICENSE): _____ **S 4. Province:** _____

S 5. Chapter/Branch: _____ **S 6. Month:** _____ **Year: 19**____

S 7. Home address: _____

S 7a. Telephone number: _____

S 8. Address of private services/clinic: _____

S 8a. Telephone number: _____

S 9. Private family planning acceptors in past month:

a. Old Acceptors or Revisits _____

b. New Acceptors _____

c. Total Acceptors _____

S 10. Source of acceptors:

a. Government Facilities/Army _____

b. Other Private Services (clinic, private midwife, doctor, TBA) _____

c. Self-referred _____

S 11. Breakdown of new family planning acceptors for past month: *Private Service Only*

METHOD	TOTAL NUMBER OF NEW ACCEPTORS FOR PAST MONTH
a. IUD	
b. Condom	
c. Pill	
d. Injectable	
e. Norplant	
f. Other	
g. Total number of family planning acceptors	

S 12. Total number of *new* family planning acceptors referred: _____

S 13. Breakdown of family planning continuing acceptors for past month: *Private Service Only*

METHOD	TOTAL NUMBER OF NEW ACCEPTORS FOR PAST MONTH
a. IUD	
b. Condom	
c. Pill	
d. Injectable	
e. Norplant	
f. Other	
g. Total number continuing family planning acceptors	

S 14. Total number of continuing family planning acceptors referred:_____

APPENDIX C: FOLLOW-UP QUESTIONNAIRE

F 4. Province: _____

F 5. Chapter/Branch: _____

F 11. Are you a village midwife who graduated from one-year midwifery training crash program? Yes:_____ No:_____

F 7. Are you a member of the IBI board? Yes:_____ No :_____

F 12. What is the amount of your loan? _____ (Rupiah)

F 13. On what date did you receive the loan? _____/_____/ 19____

F 14. Did you give anything as collateral for the loan? Yes:_____ No:_____

F 14a. (If yes) What did you provide as collateral? _____

F 15. Why did you obtain the loan? (Mark one)

___ To establish a new private practice

_ To expand an existing practice (i.e., for renovation, equipment, contraceptives supply, and medicine.

F 16. What was the most important change that you expected for your practice as a result of the loan? (Mark one)
(If the respondent could not select one, probe what actually happened, and ask whether that was the most important change expected)

___ To increase the number of private family planning clients

___ To increase the number of private non–family planning clients (i.e., prenatal care, delivery, immunization, simple health care)

___ To improve the range or quality of family planning services offered

___ To improve the range or quality of non–family planning services offered

F 17. How many private birth deliveries have you attended in the past three months?_____

F 18. How have you spent the loan funds? (*please indicate amounts spent*)

	Rupiah
a. To build a new clinic/rent for space/contract space	
b. To improve/refurbish an existing clinic	
c. To buy new equipment	
d. To buy contraceptives and/or other supplies	
e. Saving account at BRI (minimum 3 months of basic pay plus interest)	
f. Other (specify)	
g. Amount unspent	
h. Total	

Questions 19–20 ask about the private clients you have seen in the past month. Please review your patient records to complete these items. If your records are insufficient, please estimate to provide answers. Please also indicate if the answer is from records or from an estimate.

F 19. How many private clients have you seen in September? _____

F 20. How many of those clients received the following types of family planning services?

Family Planning Service	New Private Family Planning Acceptors			Private Family Planning Revisits		
	Number	Records	Estimate	Number	Records	Estimate
IUD						
Condom						
Pill						
Injectable						
Norplant						
Other Methods						
Other FP Services (IEC, counseling)						

Questions 21–22 ask about the private family planning clients who are new to your practice since you received your loan. Please review your patient records to complete these items. If your records are insufficient, please estimate to provide answers. Please also indicate if the answer is from records or from an estimate.

F 21. How many private family planning clients are new to your practice since you received the loan? _____

F 22. From whom did these new clients receive family planning services before they began seeing you?

Other private providers	_____	percent
Public government health center, government hospital	_____	percent
None/did not use FP before	_____	percent
TOTAL	100	percent

F 23. If in the future the interest rates need to change, will you still want to borrow from this loan fund at the following rates?

15 percent Yes:_____ No:_____
18 percent Yes:_____ No:_____
21 percent Yes:_____ No:_____
24 percent Yes:_____ No:_____
27 percent Yes:_____ No:_____

APPENDIX D: FREQUENCY FIGURES

BACKGROUND

S 4 Province

Province	Valid n = 372	
	n	%
East Java	117	31.5
West Java	98	26.3
Central Java	87	23.4
DKI Jakarta	53	14.2
Bali	17	4.6

P 5 Chapter/Branch

Chapter/Branch	Valid n = 372	
	n	%
Badung	10	2.7
Bandung Municipality	6	1.6
Bandung District	10	2.7
Banyumas	10	2.7
Bekasi	5	1.3
Bogor District	9	2.4
Brebes	6	1.6
Central Jakarta	20	5.4
Ciamis	9	2.4
Cianjur	10	2.7
Cimahi	10	2.7
Cirebon	10	2.7
Demak	10	2.7

Chapter/Branch	Valid n = 372	
	n	%
East Jakarta	10	2.7
Gresik	10	2.7
Jember	1	0.3
Jombang	9	2.4
Karawang	10	2.7
Kediri	9	2.4
Kendal	10	2.7
Klungkung	7	1.9
Kudus	10	2.7
Lamongan	10	2.7
Madiun	7	1.9
Malang	10	2.7
Mojokerto	10	2.7
Ngawi	10	2.7
North Jakarta	10	2.7
Pasuruan	10	2.7
Pati	7	1.9
Ponorogo	9	2.4
Probolinggo District	8	2.2
Probolinggo Municipality	4	1.1
Purworejo	10	2.7
Semarang District	5	1.3
Semarang Municipality	10	2.7
South Jakarta	3	0.8
Surabaya	10	2.7
Tangerang	9	2.4
Tasikmalaya	10	2.7
Tegal	9	2.4
West Jakarta	10	2.7

S 4 Age

Age	Valid n = 331		
	n	%	Cumula-tive %
< 30	19	5.7	5.7
30–39	57	17.2	22.9
40–44	108	32.6	55.5
45–49	88	26.6	82.1
50 and over	59	17.8	100.0
Missing	41		

S 5 Marital status

Marital status	Valid n = 366	
	n	%
Single	6	1.6
Married	336	91.8
Widowed	24	6.6
Missing	6	

S 7 Number of living children

Number of living children	Valid n = 353		
	n	%	Cumula-tive %
0	5	1.4	1.4
1 to 2	142	40.2	41.6
3 or more	206	58.4	100.0
Missing	19		

S 8a In what year did you graduate as a midwife?

Year of graduation	Valid n = 371		
	n	%	Cumula-tive %
1950–1970	102	27.5	27.5
1971–1975	104	28.0	55.5
1976–1980	81	21.8	77.3
1980–1993	84	22.6	100.0
Missing	1		
Median = 1975			

S 8b In what year did you start working as a midwife?

First year as midwife	Valid n = 368		
	n	%	Cumula-tive %
1956–1970	93	25.3	25.3
1971–1975	94	25.5	50.8
1976–1980	84	22.8	73.6
1980–1993	97	26.4	100.0
Missing	4		
Median = 1975			

S 8c In what year did you start working in private practice?

First year in private practice	Valid n = 363		
	n	%	Cumula-tive %
1961–1971	44	12.1	12.1
1972–1981	129	35.5	47.6
1982–1991	149	41.0	88.6
1991–1996	41	11.3	99.9
Missing	9		
Median = 1982			

F 11 Are you a village midwife who graduated from the one-year midwifery training crash program?

Graduate of one-year midwifery training crash program	Valid n = 358	
	n	%
Yes	20	5.6
No	338	94.4

F 7 Are you a member of the IBI board?

Member of IBI board	Valid n = 358	
	n	%
Yes	254	70.9
No	104	29.1

P 9 In what sector do you work?

Sector of employment	Valid n = 369	
	n	%
Private only	29	7.9
Government and Private	332	90.0
Government only	8	2.2
Missing	3	

LOAN

F 12 What is the amount of your loan (Rupiah)?

Amount of loan (Rupiah)	Valid n = 358		
	n	%	Cumula-tive %
2,000,000	1	0.3	0.3
2,500,000	2	0.6	0.9
3,000,000	1	0.3	1.2
3,500,000	2	0.6	1.8
4,900,000	1	0.3	2.1
5,000,000	351	98.0	100.0

P 1 Tranche from which loan was received

Loan tranche	Valid n = 372	
	n	%
First tranche	219	58.9
Second tranche	153	41.1

P 4 What is the duration of the loan?

Loan duration	Valid n = 372	
	n	%
24 months	13	3.5
36 months	359	96.5

F 14 Did you give anything as collateral for the loan?

Collateral given	Valid n = 357	
	n	%
Yes	225	63.0
No	131	36.7
Missing	1	

F 14a If yes, what did you provide as collateral? (Multiple response possible)

Type of collateral	Valid n = 225	
	n	%
Proof of Savings	107	29.9
License to Practice	61	17.0
Letter of Appointment	46	12.8
Personal Property Ownership (furniture, equipment, etc)	35	9.8
Insurance Policy	30	8.4
Proof of Salary	13	3.6
Diploma	10	2.8
Recommendation (from the government or IBI member)	7	2.0

F 15 Why did you obtain the loan?

Purpose for obtaining the loan	Valid n = 357	
	n	%
To expand an existing practice (for renovation, equipment, family planning supply and medicine)	343	96.1
To establish a new private practice	14	3.9
Missing	1	

F 16 What was the most important change that you expected for your practice as a result of the loan? (Multiple responses possible)

Most important change expected	Valid n = 358	
	n	%
To improve the range or quality of family planning services offered	198	55.3
To improve the range or quality of non–family planning services offered	87	24.3
To increase the number of private non–family planning clients (i.e., prenatal care, delivery, immunization, simple health care)	53	14.8
To increase the number of private family planning clients	37	10.3

F 18 How have you spent the loan funds? (Multiple responses possible)

Use of loan funds	n	Mean Expenditures	
		Rupiah	US$
To improve/refurbish an existing clinic	282	2,201,603	969
To buy contraceptives and/or other supplies	276	868,648	382
To buy new equipment	267	861,427	379
Savings account at BRI	257	406,123	179
Other	69	136,562	60
Amount unspent	64	81,291	36
To build a new clinic or to secure clinic space	55	408,032	180

F 23 **If in the future the interest rates needed to change, would you still want to borrow from this loan fund at the following rates?**

	Valid n = 358	
	Yes	%
15 percent	101	28.2
18 percent	10	2.8
21 percent	2	0.6
24 percent	0	0.0
28 percent	0	0.0

SERVICES

F 17 **How many private birth deliveries have you attended in the past three months?**

Number of deliveries	Valid n = 345		
	n	%	Cumulative %
0	5	1.4	1.4
1–10	77	22.3	23.7
11– 20	80	23.2	46.9
21–30	59	17.1	64.0
31–40	41	11.9	75.9
41–50	32	9.3	85.2
50–222	51	14.8	100.0
Missing	13		
Mean: 29.4			

S 11 **Breakdown of new private family planning users for past month**
S 13 **Breakdown of continuing private family planning users for past month**

Family planning users	Valid n = 372	
	New Users (mean number)	Continuing Users (mean number)
IUD	2.0	6.5
Condom	0.4	0.8
Pill	3.4	12.0
Injectable	14.1	75.8
Norplant	0.02	0.3
Other	0.2	0.6
Total	20.0	95.9

F 19 **How many private clients have you seen in September?**

Private clients	Valid n = 353		
	n	%	Cumulative %
< 100	78	22.1	22.1
100–200	100	28.3	50.4
200–300	70	19.9	70.3
300–400	52	14.7	85.0
over 400	53	15.0	100.0
Missing	5		

F 20 **How many of the private clients that you saw in September received the following types of family planning services?**

Family planning service	Valid n = 358	
	New FP Acceptors (mean number)	FP Revisits (mean number)
IUD	3.0	8.7
Condom	1.8	2.5
Pill	5.3	16.0
Injectable	14.3	80.0
Norplant	1.3	4.4
Other Methods	1.6	2.0
FP Services (IEC, counseling)	8.1	16.1
Total	21.5	100.8

F 21 **How many private family planning clients are new to your practice since you received the loan?**

New family planning clients	Valid n = 356		
	n	%	Cumulative %
0–50	62	17.4	17.4
51–100	79	22.2	39.6
101–150	50	14.1	53.7
151–200	44	12.3	66.0
201–250	39	11.0	77.0
251–300	26	7.3	84.3
301–350	18	5.0	89.3
over 350	38	10.7	100.0
Missing	2		
Mean = 207			

F 22 From whom did these new clients receive family planning services before they began seeing you?

Previous source of family planning services	Valid n = 358
	Mean %
Other private providers	10.3
Public government health center, government hospital	11.7
None/did not use FP before	77.5

APPENDIX E: COMPUTED VARIABLES AND CROSS TABULATIONS

Number of Years Working as a Midwife

Years as midwife	Valid n = 368		
	n	%	Cumula-tive %
3–14	86	23.4	23.4
15–21	110	29.9	53.3
22–28	111	30.2	83.5
29–40	61	16.6	100.0
Missing	4		
Median = 21			

Number of Years in Private Practice

Years in private practice	Valid n = 363		
	n	%	Cumula-tive %
0–7	93	25.6	25.6
8–14	97	26.7	52.3
15–21	99	27.3	79.6
over 21	74	20.4	100.0
Missing	9		
Median = 14			

Number of Months in Possession of the Loan

Months in possession of loan	Valid n = 356		
	n	%	Cumula-tive %
1–10	51	14.3	14.3
11–13	136	38.2	52.5
14–15	138	38.8	91.3
over 16	31	8.7	100.0

Member of IBI Board by Province

Province	IBI Board Member				
	Yes		No		Total n
	n	%	n	%	
DKI Jakarta	29	54.7	24	45.3	53
Bali	9	52.9	8	47.1	17
West Java	63	75.0	21	25.0	84
Central Java	77	88.5	10	11.5	87
East Java	76	65.0	41	35.0	117
Total	254	70.9	104	29.1	358

APPENDIX F: MEANS TABLES

Mean Number of New Private Family Planning Clients in Previous Month by Number of Years Practicing as a Midwife (n = 356)

Number of Years as Midwife	New Family Planning Clients
1–10 years	19.1
11–20 years	19.7
21–30 years	16.5
Over 30 years	32.2

Mean Number of Continuing Private Family Planning Clients and Total Private Family Planning Clients in Previous Month by Years Working in Private Sector (n = 356)

Number of Years in Private Sector	Continuing Clients	Total New Clients
0 years	45.0	48.0
1–10 years	75.2	91.8
11–20 years	105.9	125.9
Over 20 years	122.3	146.1

Mean Rupiah Expended to Improve an Existing Clinic or to Buy Contraceptive and Other Supplies by Number of Years Working in Private Sector among Borrowers Who Had Expenditures in these Categories

Years in Private Sector	Amount Spent (Rupiah)	
	Improve Clinic	Buy Supplies
1–10	2,563,064	954,578
11–20 years	2,797,022	1,282,140
Over 20 years	3,120,724	1,165,735

Mean Rupiah Expended to Improve an Existing Clinic and Amount Unspent by Years Working as a Midwife among Borrowers Who Had Expenditures in these Categories

Years as Midwife	Amount Spent to Improve Clinic	Amount Unspent
1–10 years	2,387,488	453,313
11–20 years	2,745,366	664,620
21–30 years	2,904,534	267,499
over 30 years	3,130,353	753,750

Mean Rupiah Expended to Improve an Existing Clinic, to Buy Contraceptive and Other Supplies, and to Save by Age among Borrowers Who Had Expenditures in these Categories

Years as Midwife	Amount Spent (Rupiah)		
	Improve Clinic	Buy Contraceptive Supplies	Saved
< 30 years	2,454,545	1,220,764	536,500
30–39 years	2,570,504	932,046	527,811
40–44 years	2,905,572	1,303,512	578,190
45–49 years	2,604,726	1,158,788	574,420
50 years or more	3,177,835	731,513	593,671

Mean Number of Birth Deliveries in Past Three Months by Number of Years Working in Private Sector (n = 356)

Years in Private Sector	Mean Number of Deliveries in Past Three Months
0 years	1.0
1–10 years	22.3
11–20 years	30.9
Over 20 years	37.0

Mean Number of Birth Deliveries in Past Three Months by Number of Years Working as a Midwife (n = 356)

Years as Midwife	Mean Number of Deliveries in Past Three Months
1–10 years	22.6
11–20 years	30.3
21–30 years	29.3
Over 30 years	38.3