



## **HEALTH SERVICES PROGRAM/INDONESIA**

### **ASSESSMENT OF DISTRICT LEVEL PRIVATE SECTOR AND NGO PARTNERSHIP OPPORTUNITIES**

**September 19, 2006**

*Prepared by:*

*Makaria Reynolds, Abt Associates Inc.*

The Health Services Program is funded by the United States Agency for International Development and implemented by:

John Snow Inc. ■ 44 Farnsworth Street, Boston, MA 02210,  
USA ■ Tel: 617.482.9485 ■ Fax: 617.482.0617

*In collaboration with:*  
Abt Associates Inc., Mercy Corps International, Manoff Group, and  
University of Indonesia

---

## Table of Contents

---

	<b>Page No.</b>
Background on HSP.....	1
Why Partnerships with the Private Sector?.....	1
<i>The Players</i> .....	2
Findings from District Assessments .....	4
Partnerships Possibilities at District Level .....	7
<i>Suggested Priority Partnerships for HSP</i> .....	9
<b>ANNEXES</b>	
Annex 1: District-Level Interview Guides.....	1-1
Annex 2: Detailed Findings from District Assessment Interviews.....	2-1

---

# Assessment of District Level Private Sector and NGO Partnership Opportunities

---

## BACKGROUND ON HSP

The Health Services Program (HSP) aims to improve maternal, neonatal, and child health (MNCH) in Indonesia. HSP provides technical assistance to government counterparts, related agencies, and NGOs on the implementation of an integrated package of evidence-based interventions to improve MNCH. Engaging the commercial sector and harnessing NGOs and PVOs in partnership to improve MNCH are part of the integrated assistance package that HSP will pursue.

HSP's strategy for developing partnerships with the private sector focuses on three objectives:

- Increasing access to products that improve maternal, neonatal or child health, such as iron tablets, vitamin A, immunizations, oral rehydration solution, or contraceptives.
- Increasing access to quality maternal, neonatal or child health services, such as screening for malnutrition or anemia, or assisted deliveries.
- Developing and/or disseminating messages that promote healthy behaviors among mothers, newborns and children under five, such as hand washing, appropriate feeding of children during or after illness, or exclusive breastfeeding.

HSP conducted an assessment of public-private partnerships (PPP) opportunities in Indonesia to develop the types of partnerships that are appropriate for Indonesia and the goals of the HSP. Given the decentralized management of health services in Indonesia, this report focuses on district level to understand the types of potential subnational partner organizations and feasibility of working with such organizations. It also identifies models for district level partnerships, as well as gaps in experience and capacity where HSP would need to facilitate development of partnerships or improve capacity for collaboration.

## WHY PARTNERSHIPS WITH THE PRIVATE SECTOR?

HSP's recent quarterly report stated, "HSP builds on existing models, assessing and adapting their effectiveness, and then facilitating their scale-up through replication and institutionalization." HSP is working to assess the existing capacity of both public and private partners to utilize, strengthen, and expand existing MNCH initiatives and programs at the district level. A recent assessment of the global progress toward achieving the Millennium Development Goals found that business, government, and civil society are only applying 30% of the effort needed to reach the target goals, making partnerships even more critical for combining resources in unique and inventive ways<sup>1</sup>.

"Partnerships are now critical in leveraging a comprehensive response to local and global health issues as vehicles for public policy at local, national, and global levels." (Nelson, 2004)

---

<sup>1</sup> Jane Nelson. 2004. "The public role of private enterprises: Key challenges and strategies in CSR." Kennedy School of Government. Harvard University.

The private sector in any country and community is multi-faceted and varied. The private sector has considerable resources, influence, and networks that can be harnessed to achieve public sector goals of increased health for the entire community. Working jointly with the public sector, or through public-private partnerships, earnestly involving the private sector can have positive results such as higher quality health services, greater choice of providers, lower costs for services and goods, access to marginalized populations, and the use of large commercial networks. The basic underlying assumption of partnership with the private sector is that they pool resources, capitalizing on the skills of each sector. The benefit to citizens is an improved standard of health. The benefit to government is a reduction in the investment burden. And the benefits to the private sector are community goodwill, achievement of the organization's mission, or even increased profits.<sup>2</sup>

Throughout this paper, text boxes are inserted which describe examples of successful partnerships with the private sector from countries around the world. These cases demonstrate the variety of possible partnerships and the successes that they've achieved.

#### **Partnership Example 1: Nutrition Partnership in South Africa**

In the 1980s, Unifoods Pty Ltd in South Africa engaged with a variety of stakeholders to establish the Rama Nutrition Education Project, which integrated community nutrition with education. School children were taught the basic requirements of a healthy diet and how recycled waste from the household could be used as compost. Twenty years later, the project is still continuing, reaching hundreds of thousands of families, and was described by Harvard's Center for Population Studies as "one of the best in the world, it is a partnership model that has provided educational and nutritional benefits, and has also supported wider community development." (*Commercial Market Strategies, 2004*)

## **THE PLAYERS**

The term "private sector" is used in many ways to describe non-public or civic organizations and entities. For our purposes here, "private sector" will encompass the broadest definition of the term, inclusive of all non-government organizations. This includes private providers of health services, commercial companies and manufacturers, professional associations, community-based organizations, NGOs, non-profit organizations, charities, faith-based organizations, and social networks. Because each type of organization has different incentives to participate in health-promoting activities, and as each has its own set of strengths and abilities to bring to such activities, we will specifically look at partnerships with the following types of organizations.

### **1. NGOs**

In some settings requiring flexibility and quicker outreach, NGOs are better-placed than governments to provide health services or promote healthy behaviors at the community level. A wide range of health-related NGOs operate in Indonesia. Examples include KuIS, White Ribbon Alliance, and the Kartika Soekarno Foundation for Children.

---

1. Ann Thomas, Dr. Valerie Curtis. 2003. "Public-Private Partnerships for Health: A Review of Best Practices in the Health Sector". World Bank.

## **2. Professional Associations**

Doctors, nurses, midwives and other health care staff have key roles to play in standard setting, and in providing continuing medical education and skills training to their members on health topics. This continuing professional training and interaction is vital in a country like Indonesia where there is no system in place for monitoring quality of care after a medical professional is licensed. Professional associations in Indonesia include IBI, Bidan Delima, IDAI, and others.

## **3. Private Providers of Health Services**

This includes all health professionals that operate outside of government facilities. It includes full-time private doctors, nurses, and midwives, as well as health providers who work part of the day in public facilities and who also run a private personal health practice outside. Private providers may also be traditional or homeopathic healers and untrained birth attendants. Private providers may operate independently, as a group in a small practice or clinic, or as part of a private hospital. In Indonesia, the Bidan Delima midwives are an example of private providers, as are doctors and nurses who operate the religious-based hospitals and clinics.

## **4. Commercial Sector**

Private businesses and companies make up the commercial health sector. These businesses may produce health-related products, such as drug or medical supplies manufacturers. Although they may sell their products to the government for use in the public health sector, they are independent, profit-oriented organizations. Commercial businesses may already be involved in corporate social responsibility (CSR) activities or even social marketing of their health products.

## **5. Private Employers**

Another segment of the private business sector includes other private employers of non-health related industries. Businesses can add to health promotion through partnerships with the public sector, as businesses possess the benefits of materials, specialized skills, and access to networks.<sup>3</sup> Large companies often provide medical services or insurance to their employees, and so they are avenues for health education or service provision. Large companies often seek to build good community relations through CSR activities or sponsoring health campaigns. Examples of private employers range from multi-national corporations such as Nike to local textile manufacturing shops.

## **6. Faith-Based Organizations**

FBOs are generally considered a subset of NGOs, as they are not affiliated with the government. Religious organizations are often key providers of health services in developing countries. Many own and operate private clinics, hospitals, and pharmacies, providing services at a discount or for free to local residents. In Indonesia, FBOs play a major role in health services, with organizations such as Muhammadiyah and NU providing services to millions of individuals

---

<sup>3</sup> CATALYST Consortium. 2002. A roadmap to corporate social responsibility: Strategic health partnerships. [www.rhcatalyst.org](http://www.rhcatalyst.org)

throughout the country. Other FBOs do not participate directly in health care, but are influential members of their communities, such as the Ulama.

There are also a number of different players in the public sector that are necessary to understand before embarking on a partnership. The Indonesian public health system has many complicated linkages between national, provincial, and district levels, as well as overlapping bureaus within each of these levels. For our purposes, the main players are the district (and occasionally the provincial) health departments. Within the DHO, the primary units that are likely to be involved in any partnership activities are PromKes and Family Health. It is not entirely clear what the precise roles of these units are in regard to interacting with the private sector, although it has traditionally been the domain of PromKes. However, Family Health is increasingly linking directly with private organizations on activities and campaigns related to family health issues.

## **FINDINGS FROM DISTRICT ASSESSMENTS**

In March 2006, a consultant from Abt Associates, Makaria Reynolds, went to Indonesia to conduct a variety of district-level assessments in order to provide recommendations on strategies for HSP to engage the private sector in advocacy efforts. Specifically, her SOW in this area was:

1. To assess the environment for private sector participation at the district level (including strengths and weaknesses);
2. To assess the capacity of NGOs at district level to be effective partners in advocating for strengthening MNCH;
3. To provide recommendations for how HSP can work with the private commercial sector and NGO partners to improve MNCH; and
4. To provide recommendations of proposed interventions at district level to strengthen DHO capacity to work with commercial sector and NGO partners.

To conduct the assessments, Ms. Reynolds developed a set of interview guides used for assessing each type of organization, and these were translated into Bahasa Indonesia. The interview guides were differentiated by type of organization: District health office (Promkes and Family Health units); provincial health office (Promkes and Family Health units); community-based organizations (NGOs working on health issues, professional associations); commercial businesses; and private providers of health services (private clinics, service delivery faith-based organizations). All interview guides are attached as Annex 1.

The interview guides were developed to capture information on each organization's size, structure, mission, activities, relationship with other public and private sector organizations, advocacy experience, IEC resources, interest in advocacy on MNCH issues, and views on major MNCH problems in the district. All of the questionnaires were refined and tailored after the first round of assessments took place in North Sumatra province, with the resulting tools being more targeted to the type of information that was available at the district and province level.

Assessments were successfully conducted in North Sumatra, West Java, and Jakarta, and results were gathered from several NGOs, private providers, and DHO/PHO departments. Interviews were conducted with district health offices, NGOs, private providers, and faith-based

organizations in three of the HSP provinces (North Sumatera, Bandung, and Jakarta). The main findings from each type of organization are presented below (Annex 2 shows detailed findings from meetings with NGO).

### *DHOs and PHOs*

In general, DHOs had fairly limited interaction with NGOs or the private sector. Several reasons were given for this lack of collaboration, including:

- Lack of mechanisms and procedures for working with private providers or NGOs
- Fear that NGOs will push their own political or social agendas (and that NGO sponsors all fight for visibility and credit for health activities)
- Opinion that private sector collaboration should be limited to health promotion activities

There were some examples of DHOs working with the private sector. In Bandung Kota, the DHO has been more actively involved in coordination, convening a monthly meeting of all private providers to share information and discuss service delivery regulations. Most experiences of working with the private sector involved health promotion activities that were supported by NGOs or community-based organizations. Examples included district-wide hand washing campaigns and immunization drives. DHOs and PHOs had some experience working with larger NGOs or development programs, such as ESP and Save the Children.

The DHOs and PHOs had fairly limited relationships with the commercial sector. In Medan, the only example of working with the commercial sector was funding for midwife training that was supported by Nestle. There were no examples of contracting with private providers for services. The DHO in Bandung Kota was more proactive in seeking out local commercial sector sponsors for small amounts of funding. In general, the instances where there was promising public-private interaction is mostly dependent on the activities of specific individuals, and not the result of systems or strategies set in place. Another challenge is the lack of coordination at the DHO, as Promkes and Family Health do not have regular meetings or discuss their overlapping areas of work. Working with NGOs has traditionally been viewed as the role of Promkes only. Further, the PHO and DHO Promkes units don't appear to coordinate with each other on their activities.

### *NGOs*

Many NGOs are involved in advocacy efforts at the district and community level. One challenge in this assessment was finding a common understanding of the term "advocacy", which often meant a variety of things to NGOs, including political lobbying, behavior change, IEC, health promotion, and community mobilization. Most NGOs are conducting some or many of these activities. Because of the loose definition of advocacy, it was difficult to assess the capacity of the NGOs to be effective advocates or partners with HSP. Depending on how HSP defines and delineates the project's concept of "advocacy", certain NGOs are more likely to be appropriate partners than others.

In general, the NGOs assessed had very limited advocacy experience targeting policy and decision makers. Those NGOs engaged in this type of advocacy work tended to use fairly informal methods, such as private discussions with policymakers on a personal level (the Kota Bandung IBI branch mentioned their efforts to influence policymakers through visits with local

government officials and the DHO). Much more common were “advocacy” efforts involving behavior change or IEC targeted at the community or individual level. Most of the NGOs produce their own IEC materials, promoting specific behavior change messages. It is also common for these NGOs to work with larger organizations or Dinkes on specific one-time health campaigns in their districts. All the NGOs expressed some interest in being more involved with the DHO and in increasing collaboration between the public and private sector.

### ***Private Providers of Health Services***

In each district visited, there were a large number of private providers of health services. Among these providers are private for-profit hospitals, faith-based clinics, independent midwifery clinics, international donor-supported immunization campaigns, traditional healers, and not-for-profit clinics. Despite the large number of providers in the private sector, there appeared to be very little collaboration or coordination among these various entities. Associations or networks of private providers were not identified, other than IBI’s Bidan Delima network. And although the faith-based providers such as Muhammadiyah and NU operate many hospitals and clinics throughout the country, these facilities are only loosely connected with one another, and often function quite independently.

Private providers have very limited contact with the DHO and PHO. For the most part, the only interaction between the public and private health sectors is an annual reporting workshop that Dinkes holds for private providers. This workshop instructs the private providers on how they must report their service delivery statistics and information to the PHO each month. In reality, these monthly reports are rarely submitted and there is no mechanism for enforcement. The private providers assessed all expressed interest in increasing their involvement and coordination with the DHO and PHO. The demand for access to training opportunities, perhaps by opening up Dinkes’ trainings to private providers, was a common theme.

The largest private health providers are two faith-based NGOs – Muhammadiyah and Muslimat. Muhammadiyah is a large Muslim NGO that operates more than 200 health facilities nationwide ranging from hospitals (approximately 40, with 3 of them up to 500 beds) to small maternity clinics operating like a puskesmas and run mostly by midwives. It describes itself as an Islamic civil society organization. Although the health facilities are under the umbrella of Muhammadiyah, the facilities are mostly managed independent of each other. Muslimat is one of the largest Islamic organizations affiliated with Nadhahtul ulama (NU), a major Indonesian NGO. It is a more traditional grass roots organization with a membership of approximately 10 million women. Muslimat runs about 40 facilities, two of them hospitals and the rest clinics with midwives as health provider. Muslimat it also interested in upgrading and expanding coverage of its health facilities which are largely autonomous and set up on an ad hoc basis through contributions or donation to the local chapter.

### ***Commercial Businesses***

The assessment team was unable to meet with any district-level commercial organizations to assess their capacity and interest in improving MNCH. In general, HSP regional staff and PHO/DHO staff were not aware of local businesses that would be potential partners. The involvement of the commercial sector in health activities appeared to be quite limited, and many of the interviewees did not seem to see the commercial sector as an appropriate partner for health



programs. Due to this prevailing attitude, contacting businesses was not feasible in the short time frame of the district visits. However, Ms. Reynolds suggests that additional time and effort be expended by HSP regional staff to become familiar with the large employers in their areas as well as those commercial businesses that may produce health-related products or services. The role of the commercial sector in health at the district level should be explored and areas for collaboration on advocacy need to be delineated and clearly articulated to encourage businesses to become engaged in public health activities.

The district assessment identified a number of “gaps” that hinder effective public-private partnerships. These gaps are areas where HSP could provide assistance to strengthen capacity to create partnerships or facilitate partnerships that support the goals of HSP to reduce maternal, neonatal, and child mortality.

- **Gap 1:** Limited clinical training opportunities for private sector midwives.
- **Gap 2:** Little commercial sector involvement in health activities (other than formula companies)
- **Gap 3:** Poorly-functioning district/provincial health committees.
- **Gap 4:** Private providers in need of IEC materials for patients
- **Gap 5:** No mechanism/model for DHO to work with NGOs
- **Gap 6:** Confusion within PromKes and Family Health units, concerning ability/mandate to work with public sector

## **PARTNERSHIPS POSSIBILITIES AT DISTRICT LEVEL**

Based on the observed gaps at the district level, and with reference to HSP’s priority evidence-based interventions (EBIs), a number of different partnerships with the private sector are explored below.

- **DHO and private providers to partner on MNCH training.** Addressing Gap #1, there is an opportunity for the DHO and private providers to conduct joint MNCH training that would address both the specific need of private practitioners for updated training, and the broader need of high-quality care for maternal and child health. HSP has noted that evidence-based interventions call for knowledge of and skills to provide delivering mothers with AMSTL, antibiotics if infection occurs, shock management and blood transfusions, and management of convulsions. EBIs for the newborn include proper stimulation and resuscitation, drying and warming, and promotion of early and exclusive breastfeeding. For the child under 5 years, EBI calls for proper antimalarial treatment, immunization, and appropriate use of antibiotics. These skills may be developed jointly through complimentary and concurrent training of both private and public providers.
- **NGOs to provide IEC materials (and communication training) to private providers.** An opportunity for a direct private-to-private partnership involves health-focused NGOs working with private health providers to ensure the providers have access to up-to-date and effective IEC materials. Private providers expressed a need for quality IEC materials to

distribute to their patients, as well as training on interpersonal communication skills when addressing health issues with their patients. Many NGOs produce IEC materials such as handouts, brochures, and posters – a partnership would address the needs of private providers for health promotion materials, and provide the NGOs a wider audience for their health messages. HSP’s EBIs call for several interventions that could be strengthened through IEC messages to mothers, including topics such as breastfeeding, anemia, immunization, birth spacing, nutrition, child feeding practices, ORS, hand washing, safe drinking water, and care of the sick child.

- **Commercial companies to fund posyandu revitalization.** Commercial and private businesses often see the value of investing in the communities where they operate, and local health centers and posyandu are possible conduits for that investment. With the larger national movement to revitalize posyandu, businesses could be involved in providing direct funding, materials, volunteered time of employees, or training and skills that could support their local posyandus.
- **PHO/DHO and private providers to collaborate and share information.** Although private providers of health services (including faith-based organizations and not-for-profit NGOs) are required by law to report monthly to the PHO/DHO on the services they have provided, the current reporting system is weak and often non-functioning. Private providers find little incentive to accurately and consistently report on their work to the government. The DHO is consistently frustrated that they lack the ability to enforce the reporting requirement, and so have difficulty accurately assessing the current health status of their district. What is needed is a mutually beneficial system that will provide incentives for the private providers to report to the DHO, and allow the DHO to become more actively involved in monitoring the services provided by all providers, as well as to disseminate important health information. Possible incentives may include joint trainings, joint supervision and monitoring workshops, provision of subsidized drugs or supplies, continuing education courses, etc.
- **PromKes and NGOs to conduct employer-based health education.** The workplace is another possible place for the private sector to become more actively involved in health education and promotion. Some companies operate on-site clinics for their employees or distribute IEC materials on health topics. A possible partnership to improve these often ad-hoc workplace health education activities would involve a business partnering with either a local health NGO or the district PromKes unit. The NGO or PromKes would be able to provide appropriate IEC materials for the employer and also guide any health education workshops or classes that would take place at the workplace during normal business hours.

**Partnership Example 2: Education of Women on ORS in Bangladesh**

“In Bangladesh, BRAC introduced an approach in its health education program that aimed at teaching mothers how to prepare and use oral rehydration solution (ORS) to treat diarrhea. Community health workers’ salaries were linked to results of the training they provided to mothers, namely knowledge of the causes and effects of diarrhea and their ability to prepare ORS properly. A monitor visited about 10% of the mothers who were trained over the past month and asked them to answer questions about the “10-point message” and had them prepare the solution. To determine a health workers’ payment, a mothers’ responses were graded from A to D. For each A, the health worker received Tk 4 and for each D, nothing. The result was quite positive and 90% of the mothers scored in the A and B categories.”<sup>1</sup>

Topics that relate to HSP's mission could include hand washing, immunization, prenatal care, etc.

- **DHOs to coordinate wide-scale partnership for MNCH.** In order to improve the health status of women and children at the district level, political will needs to be rallied in order to address systematic and legislative barriers to accessing high quality health care. By organizing individuals and organizations in the public and private sector that are interested in MNCH issues, a dynamic lobbying and advocacy group can wield influence with the local government and officials. HSP could provide capacity building for DHOs so they have the skills necessary to coordinate such an effort, and training for private sector partners to improve their advocacy skills.

## **SUGGESTED PRIORITY PARTNERSHIPS FOR HSP**

Although the suggested partnership models listed above may work in some or all of HSP's priority districts, a more tailored approach will be needed for each, taking into account the local health environment, the capacity and presence of private sector organizations, and the amount of support that HSP will be required to give to ensure viable partnerships. The following are the suggested models that are currently seen as viable for implementation, based on the findings of the district assessment.

### ***1. Form MNCH District-Level Advocacy Group (In selected district of North Sumatera Province)***

Based on the initial findings from the district level assessments, coupled with feedback from HSP's senior management and drawing from the STARH project's experiences, the formation and support of a district-level MNCH advocacy coalition in North Sumatera should be considered.

#### **Steps to implementation:**

- Review available advocacy training/implementation manuals (particularly Sehat itu Hak) and consider appropriateness of the approaches. Determine the advocacy training to be used, and adapt to make appropriate for use with HSP.
- Facilitate the formation of a district level MNCH advocacy coalition in North Sumatera Province (or work through existing coalitions/committees centered on MNCH issues). This coalition should include NGOs, DHO officers, private health providers, commercial businesses, faith-based organizations, representatives from VHCs, and professional associations. (eg, Aisyiah, Fathayat, APPI, PKK, DHO, IBI, IDAI)
- Conduct an advocacy training workshop at the district for this coalition.
- Support district advocacy coalitions in building skills and capabilities necessary to reach their advocacy objective, through regular meetings and mini-workshops on relevant topics and skills.
- Help specific advocacy coalition members to strengthen their individual organization's capacity for advocacy through targeted technical assistance.

## **2. *JKM to Provide IEC Materials to Private Providers in Medan***

Jaringan Kesejahteraan/Kesehatan Masyarakat (JKM), known in English as “Networking for Community Health and Welfare”, is a local NGO in Medan City that works on a variety of community health issues. With experience in advocacy, and particularly in health campaigns, JKM has developed many IEC materials on issues from hand washing, to HIV, to nutrition. In Medan, there is also a great need for IEC materials to be used by private providers of health services in educating and counseling their clients. This is an opportunity to pair up organizations in the private sector to disseminate accurate information on MNCH.

### **Steps to implementation:**

- Identify all of JKM’s current and past IEC materials. Review to see which materials might be appropriate for use in provider-patient counseling, particularly on MNCH topics.
- Consider having JKM develop materials based on the selected HSP priority messages.
- Interview private providers (particularly delivery clinics, midwives, and pediatricians) to assess their needs for IEC materials. Analyze what materials they have used in the past and their perceived success or shortcomings. Discuss what the providers would like to have available to them and to their clients.
- Assist JKM in developing a plan to reproduce and distribute current IEC materials, or to design and produce new IEC materials. Provide specialized technical assistance to JKM as need, in areas such as BCC, design, production, etc.
- Encourage interaction and dialogue between private providers and JKM, so that a relationship is built that will be sustainable beyond the HSP project and scope.

## **3. *IBI and DHO to Collaborate to Ensure Training for Bidan Delima in Jakarta***

One of the greatest needs expressed by private midwives was for additional training. The DHO provides training opportunities for its midwives, although there is a variance in quality and availability of continuing education. IBI also seeks to provide opportunities for continuing education of its member midwives, including Bidan Delima. Collaboration to ensure that Bidan Delima have the necessary training is critical as IBI is promoting use of Bidan Delima for high quality services. Collaboration may extend even beyond training to include DHO involvement in supervision and monitoring of Bidan Delima.

### **Steps to implementation:**

- Determine with both Jakarta DHO and the IBI Jakarta Branch what trainings they currently provide for midwives in the province.
- Assist the DHO and IBI to prepare lists of midwives trained in various trainings. Cross-tabulate the lists to identify those Bidan Delima in need of additional training.
- Develop schedule for training these targeted midwives in line with the DHO schedule for future training programs.
- Facilitate further discussions between DHO and IBI on future joint training strategy.

# Annex 1: District-Level Interview Guides

## Assessment Tool for NGOs

### *Instructions for interviewer*

These questions are to be used to help determine if a community organization or network is interested in partnering with HSP. You need to determine what type of organization it is, how it functions, what key issues it works on, how it involves the community or other organizations, and its particular efforts in maternal and child health.

You also need to determine what benefits and strengths the organization can bring to the HSP project. To do this, you need to understand how well organized it is, how many people it reaches, if it already works on advocacy issues, and what potential it has for supporting HSP's priority advocacy messages.

Please meet with the head of the organization at the district or community level, and any other staff member who may be able to explain their current activities or future plans. Also, try to see how this organization could be technically assisted by the project to make them more able to advocate for maternal and child health issues.

Fill in as much information as you can while meeting with them, and then complete the remainder of the questions afterward. Use your understanding of the organization and the district to advise on whether this organization would be a potential partner for HSP.

<b>Assessment Tool for NGOs</b>	
<b><i>Question</i></b>	<b><i>Answer</i></b>
Province	
District	
Name of person conducting interview	
Date of interview	
<b>Background Information</b>	<i>Use these questions to guide the discussion and to gather information on the basic background and nature of the organization.</i>
Name/Title of Org.	
Year established	
Contact information (name, address, phone, fax, email)	
Structure of org. (national, province, district, village)	
Is the organization registered with the government?	
Is the organization affiliate with a religious group, political party, trade union, or other group?	

<b>Assessment Tool for NGOs</b>	
<b>Question</b>	<b>Answer</b>
Management structure	
Staff (how many full-time, part-time, and volunteers)	
Number of members in village/district/province	
Brief description of org's work (mission, goals, activities, key interests)	
Key achievements	
Main challenges/problems encountered	
What is your organization's annual budget? What activities does this amount fund?	
Sources of funding (financial, material, or in-kind from both within and outside the community)	
Future plans (does the org plan to scale up or grown? What activities would it like to undertake in the near future?)	
<b>Interest in Maternal and Child Health Issues, Current &amp; Past Involvement</b>	<i>These questions should be used to help develop an understanding of how the organization works on advocacy issues in maternal and child health. Also to explore areas that might be partnership opportunities for HSP and the project's key advocacy messages.</i>
What does the organization view as being the primary health challenges and problems for this area?	
Does the organization carry out advocacy activities related to maternal or child health?	
If no, is the organization interested in undertaking advocacy efforts in the future?	
What are the key issues that the organization addresses (maternal, neonatal, child health, etc.)	
Are these current activities, or ones that took place in the past?	
How does the organization create messages to raise awareness or change people's thinking?	
Who are the intended audiences of the organization's advocacy messages or services?	

### Assessment Tool for NGOs

<b>Question</b>	<b>Answer</b>
How does the organization involve the community in advocacy?	
Has the organization targeted advocacy messages at policy makers or government officials before?	
Would the organization be interested in partnering with HSP on advocacy issues in the future?	
<b>Capacity Questions</b>	<i>These questions should be used to assess the capability of the organization to be an effective partner in advocacy and to find areas where technical assistance could support their work as it related to HSP's advocacy activities.</i>
Does the organization have a written constitution or goals?	
Does the organization keep financial accounts?	
Does the organization prepare, monitor, and review a budget?	
Does the organization have its own office and meeting space?	
Does the organization work with local government, other community organizations, or private businesses? How?	
Does the organization prepare its own advocacy messages and materials, or does it use those prepared by other organizations? If yes, how?	
What physical resources or equipment does the organization own (vehicles, bicycles, medical supplies, etc.)	
Does the organization monitor the impact of its programs/messages? If yes, how?	
Does the organization have any specific needs for capacity building?	
What weaknesses does the organization see itself as having?	
What strengths does the organization see itself as having, particularly as relates to advocacy capabilities?	

## **Assessment Tool for the DHO**

1. Who are the main **private health providers** in the district? Are they part of a network or association? Are they well organized? Do you work with them?
  
2. Are there any large **companies** that employ a large number of people in the district? Do they have an on-site clinic or contract out health services?
  
3. What **community-based organizations** are involved in health or advocacy efforts in the district? Are there any that specifically deal with maternal/child health? What activities do they undertake? Do you partner with any of them?
  
4. Is there a **district health committee**? Description:
  
5. Are there **community health workers**? Are they volunteers? What role do they play?
  
6. Do you have contracts with any private providers to provide health services in this district?
  
7. What community-wide health campaigns or activities have taken place in the last 12 months? Who organized them? What was the outcome?



## Assessment Tool for Private Providers

**Instructions for interviewer:** These questions are to be used to help determine if a private provider organization or network is interested in partnering with HSP. You need to determine what type of organization it is, how it functions, what key issues it works on, how it involves the community or other organizations, and its particular efforts in maternal and child health.

You also need to determine what benefits and strengths the organization can bring to the HSP project. To do this, you need to understand how well organized it is, how many people it reaches, if it already works on advocacy issues, and what potential it has for supporting HSP's priority advocacy messages.

Please meet with the head of the organization at the district or community level, and any other staff member who may be able to explain their current activities or future plans. Also, try to see how this organization could be technically assisted by the project to make them more able to advocate for maternal and child health issues.

Fill in as much information as you can while meeting with them, and then complete the remainder of the questions afterward. Use your understanding of the organization and the district to advise on whether this organization would be a potential partner for HSP.

<b>Assessment Tool for Private Providers</b>	
<b>Question</b>	<b>Answer</b>
Province	
District	
Name of person conducting interview	
Date of interview	
<b>Background Information</b>	<i>Use these questions to guide the discussion and to gather information on the basic background and nature of the organization.</i>
Name/Title of Organization or Network	
Year established	
Contact information (name, address, phone, fax, email)	
Structure of organization or business (national, province, district, village), and any affiliation with larger network	
Management structure	
Staff (how many full-time, part-time, and volunteers)	
Medical certification or degrees of employees	
Total membership in organization	

### Assessment Tool for Private Providers

<b>Question</b>	<b>Answer</b>
Do members meet regularly? If so, when and where? How many members attend these meetings?	
Brief description of provider's work (services, clients, specialties)	
What are the benefits of membership in this network?	
What are the responsibilities of members?	
Who can join? What are the steps of becoming a member?	
Key achievements of organization	
Main challenges/problems encountered	
What is your organization's annual budget? What activities does this amount fund?	
Sources of funding (financial, material, or in-kind from both within and outside the community)	
Future plans (does the org plan to scale up or grown? What activities would it like to undertake in the near future?)	
<b>Interest in Maternal and Child Health Issues, Current &amp; Past Involvement</b>	<i>These questions should be used to help develop an understanding of how the organization works on advocacy issues in maternal and child health. Also to explore areas that might be partnership opportunities for HSP and the project's key advocacy messages.</i>
What does the organization view as being the primary health challenges and problems for this area?	
In particular, what services does the organization provide in the area of maternal, neonatal, and child health?	
Does the organization carry out advocacy or promotion activities related to maternal or child health?	
If no, is the organization interested in undertaking advocacy efforts in the future?	

## Assessment Tool for Private Providers

<b>Question</b>	<b>Answer</b>
What are the key issues that the organization addresses (maternal, neonatal, child health, etc.)?	
Are these current activities, or ones that took place in the past?	
How does the organization create messages to raise awareness or change people's thinking?	
Who are the intended audiences of the organization's advocacy messages or services?	
How does the organization involve the community in advocacy?	
Has the organization targeted advocacy messages at policy makers or government officials before?	
<b>Capacity Questions</b>	<i>These questions should be used to assess the capability of the organization to be an effective partner in advocacy and to find areas where technical assistance could support their work as it related to HSP's advocacy activities.</i>
Does the organization have a written constitution or goals?	
Does the organization keep financial accounts? If yes, how?	
Does the organization prepare, monitor, and review a budget?	
Does the organization have its own office and meeting space?	
Does the organization work with local government, other community organizations, or private businesses? How?	
Does the organization have contracts or business arrangements with the government or businesses? If yes, explain.	
Has the organization been involved in any community health activities or programs?	
What physical resources or equipment does the organization own (vehicles, bicycles, medical supplies, etc.)	
Does the organization have any specific needs for capacity building?	
What weaknesses does the organization see itself as having?	
What strengths does the organization see itself as having, particularly as relates to advocacy capabilities or partnering with the government or businesses?	

## **Assessment Tool for Commercial Businesses**

**Instructions for interviewer:** These questions are to be used to help determine if a business is interested in partnering with HSP. You need to determine what type of organization it is, how it functions, what key issues it works on, how it works with the community or other organizations, and its particular efforts in maternal and child health for its employees.

You also need to determine what benefits and strengths the organization can bring to the HSP project. To do this, you need to understand how well organized it is, how many people it reaches, if it already works on health issues, and what potential it has for supporting HSP's priority advocacy messages.

Please meet with the head of the business at the district or community level, and any other staff member who may be able to explain their current activities or future plans. Also, try to see how this organization could be technically assisted by the project to make them more able to advocate for maternal and child health issues.

Fill in as much information as you can while meeting with them, and then complete the remainder of the questions afterward. Use your understanding of the organization and the district to advise on whether this organization would be a potential partner for HSP.

<b>Assessment Tool for Private Providers</b>	
<b><i>Question</i></b>	<b><i>Answer</i></b>
Province	
District	
Name of person conducting interview	
Date of interview	
<b>Background Information</b>	<i>Use these questions to guide the discussion and to gather information on the basic background and nature of the organization.</i>
Name/Title of Organization or Network	
Year established	
Contact information (name, address, phone, fax, email)	
Structure of organization or business (national, province, district, village), and any affiliation with larger network	
Management structure	
Staff (how many full-time, part-time, how many women/men)	
Brief description of business	
Future plans (does the org plan to scale up or grown? What activities would it like to undertake in the near future?)	

### Assessment Tool for Private Providers

<b>Question</b>	<b>Answer</b>
<b>Interest in Maternal and Child Health Issues, Current &amp; Past Involvement</b>	<i>These questions should be used to help develop an understanding of how the organization works on advocacy issues in maternal and child health. Also to explore areas that might be partnership opportunities for HSP and the project's key advocacy messages.</i>
What does the business view as being the primary health challenges and problems for employees?	
Does the company provide health care for their employees? If yes, does it have its own clinic or contract with a private provider?	
In particular, what services does the company provide in the area of maternal, neonatal, and child health?	
Does the company take part in community health campaigns or activities? If yes, what kind?	
Does the company provide any health information or education to employees?	
Does the organization carry out advocacy or promotion activities related to maternal or child health?	
If no, is the organization interested in undertaking advocacy efforts in the future?	
<b>Capacity Questions</b>	<i>These questions should be used to assess the capability of the organization to be an effective partner in advocacy and to find areas where technical assistance could support their work as it related to HSP's advocacy activities.</i>
Does the organization work with local government, other community organizations, or private businesses? How?	
What physical resources or equipment does the organization own (vehicles, bicycles, medical supplies, etc.)	
Does the organization have any specific needs for capacity building?	
What weaknesses does the organization see itself as having?	
What strengths does the organization see itself as having, particularly as relates to advocacy capabilities or partnering with the government or businesses?	

## Annex 2: Detailed Findings from District Assessment Interviews

Province, District	Organization	Type	Structure	Description	Capacity for Advocacy or Partnership Possibilities
North Sumatera, Kota Medan	JKM (Jaringan Kesejahteraan/Ke sehatan Masyarakat)  “Networking for Community Health and Welfare”	NGO	Individual NGO, based in Medan, but with branches elsewhere, including Aceh	JKM appears to be a relatively strong local NGO that works on a variety of health issues. Their activities are very broad and somewhat unfocused, ranging from microcredit, to HIV/AIDS, to food security, to women’s empowerment.	They have done some advocacy work in the past, including focus groups and informal discussions with policy makers on health issues. They receive funding and support from several international organizations, including Save the Children and UNICEF, which may indicate that JKM is already being significantly mentored and developed by them. JKM has also worked with ESP on the hand washing campaign. A good potential local partner for advocacy, although they may be stretched to thin at the moment.
North Sumatera, Deli Sermang	BP/RB Kulon Progo	Private Provider	Individual clinic	Private birth and delivery clinic.	No experience in advocacy or partnering with public sector or working with any NGOs.
North Sumatera, Deli Sermang	Alfireh	NGO	Individual NGO	A local NGO focusing on health promotion. A fairly small organization, started by a DHO staff member.	Very limited capacity at present, and no real advocacy experience in the past. They have partnered with ESP on hand washing.
North Sumatera	Kartika Soekarno Foundation for Indonesian Children (KSF)	NGO	National NGO, with several province chapters	National NGO with programs in Java and Sumatera. Has a current focus on posyandu revitalization and maternal and child health. Receives funding from CARE and UNICEF. Has worked with the DHO and PHO in North Sumatera.	To assess. KSF should be assessed by HSP regional officers in Medan. Additionally, HSP advocacy staff in Jakarta should visit the national-level office of KSF to assess other possibilities for advocacy.
North Sumatera	Huria Kristen Batak Protestan (HKBP)	FBO	HQ is in Medan, but has presence in Aceh. Largest Protestant church in Indonesia.	Website: “The major participation in health care has been through the Community Health Development program of the Bethesda Hospital, an institution and program of the Simalungun Christian Protestant Church. It has an integrated rural health and development program which works with family planning, school health, nutrition, and maternal and child health.”	To assess. Has worked with the Medan Kota DHO in some activities for MCH.
North Sumatera	Pardede Business Group	Commercial		Large employer	To be assessed.
West Java, Bandung Kota	BPS (Bidan Praktek Swasta)	Private provider	Individual clinic	A private midwifery clinic (member of Bidan Delima), with several midwives practicing.	No apparent advocacy capacity.

Province, District	Organization	Type	Structure	Description	Capacity for Advocacy or Partnership Possibilities
Jakarta	Layanan Kesehatan Cuma-Cuma (LKC)	Private provider (NGO)	NGO that operates several clinics	I think they are based only in Jakarta. Need additional information.	To assess. Jakarta regional officer should visit and assess.
Jakarta	YKB (Yayasan Kusuma Buana)	Private provider (NGO)	National NGO, with network of private clinics in Jakarta, and workplace clinics in private companies in other areas of the country.	One of Indonesia's largest national NGO that aims to improve health educational and care facilities at workplaces and schools.	Strong capacity for advocacy, although they are based primarily in Jakarta. Also has experience working with FP/RH NGOs in the country to improve sustainability.
East Java, Kota Surabaya	Yayasan Lantana	NGO		Suggested by Lucia Ferraz as a possible NGO partner.	To assess by HSP East Java regional officer.
Jakarta	Institut Demokrasi Nasional				To assess. They are an NGO that works on governance issues.
Jakarta	Koalisi Fortifikasi Indonesia (KFI)	NGO	National NGO, with several province chapters	NGO network on food fortification.	They work closely with MOH and have been successful advocates for fortification projects.
West Java, Bandung Kota	Private midwife clinic	Private provider	Local – just one clinic	Mid-sized midwifery clinic. (Bidan Delima members)	Tries to collaborate with the PHO and DHO. In West Java, the PHO offers some free medical supplies to private providers who report their services on time. The Bandung DHO also allows them to attend trainings, for a fee. So it is in their best interest to maintain good relations.
West Java, Bandung Kota	Frontier for Health	International project	Project run by Plan International	Focused on children.	To assess. Should be assessed by Ibu Rina from HSP's Bandung office.
West Java, Bandung Kota	Aisiyeh Private Clinic	Private FBO provider	Local clinic, but part of the national Muhammadiyah network	Private providers of midwifery services. They also operate a nursing and midwifery school, which used to be contracted by government for training.	But it was mentioned that Aisiyeh now has a very low level of quality of training, so that was why Dinkes stopped contracting with them. Aisiyeh is very well integrated into the community, and have partnered with many organizations, such as UNICEF and local religious groups. Aisiyeh shies away from "advocacy" as it has negative political connotations that they feel would jeopardize their mission.

<b>Province, District</b>	<b>Organization</b>	<b>Type</b>	<b>Structure</b>	<b>Description</b>	<b>Capacity for Advocacy or Partnership Possibilities</b>
West Java, Bandung Kota	Darul Tawhid	Private provider, FBO		A Catholic service provider	To be assessed by Ibu Rina in Bandung.
West Java, Bandung Kota	Yayasan Surya Sumirat	NGO			To be assessed by Ibu Rina in Bandung.
West Java, Bandung Kota	Rumah Zakat	NGO and private provider	Local NGO.	Provides free health services through a mobile clinic. Also involved in malnutrition issues.	To be assessed by Ibu Rina in Bandung.