



Australian Government
Department of Foreign Affairs and Trade

Gates Foundation



WORLD BANK GROUP

Assessing Primary Care Provider Competency and the Introduction of Indonesia's Practical Approach to Care Kit (I-PACK)



Directorate of Primary Healthcare Service Governance
Ministry of Health, Indonesia
IHEA Pre-Conference, 20th July 2025



1. Backgrounds

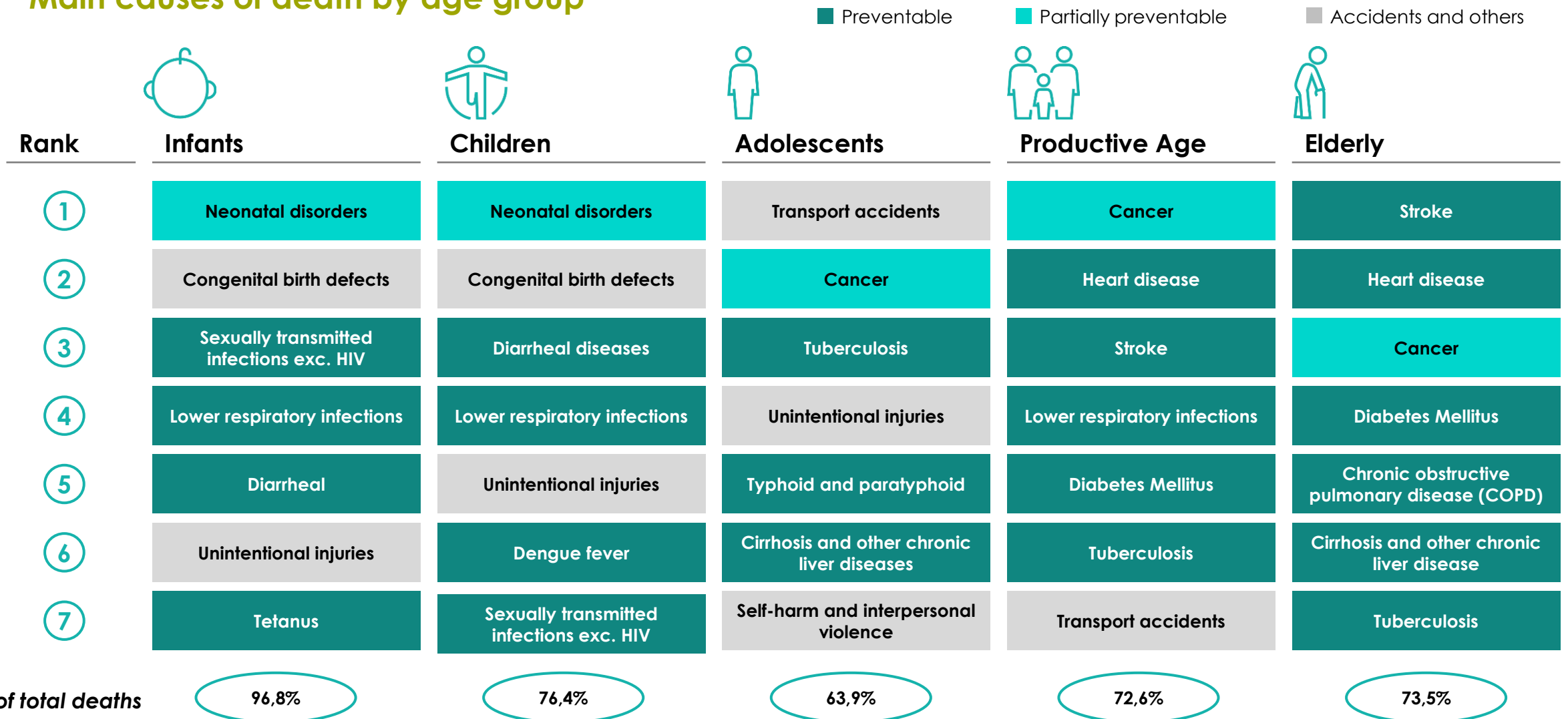
2. Strategy

3. Preliminary Results

Most deaths in Indonesia are preventable



Main causes of death by age group



Without improved diagnostic capacity, primary care facilities risk misdiagnosis and poor patient outcomes



The majority of primary care facilities face insufficient resources, hampering the accuracy of diagnosis and treatment amid the growing complexity of disease burden.

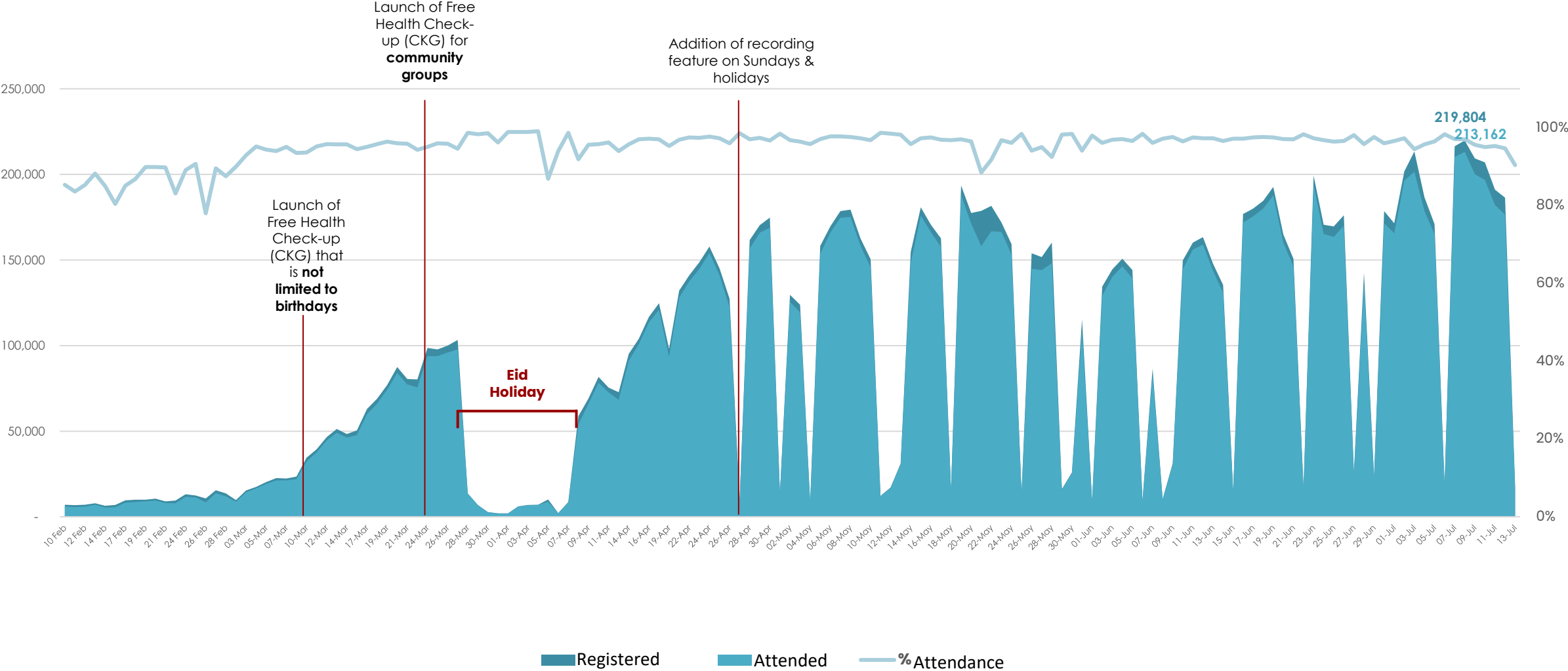
Many non-referral diagnoses carry significant risks due to limited diagnostic support.

- ✓ **Migraine (G43)** can mimic stroke, AVM, or brain tumor.
- ✓ **Vertigo (H82)** needs to be differentiated from brainstem stroke (HINTS test).
- ✓ **HIV/AIDS (B20)** requires monitoring for ARV side effects and drug resistance.
- ✓ **Tuberculosis (A15)** requires laboratory testing and monitoring for OAT side effects.
- ✓ **Gastritis (K29) & GERD (K21)** are difficult to distinguish without endoscopy.
- ✓ **Somatoform disorder (F45) & Insomnia (G47)** may be associated with severe mental health disorders.



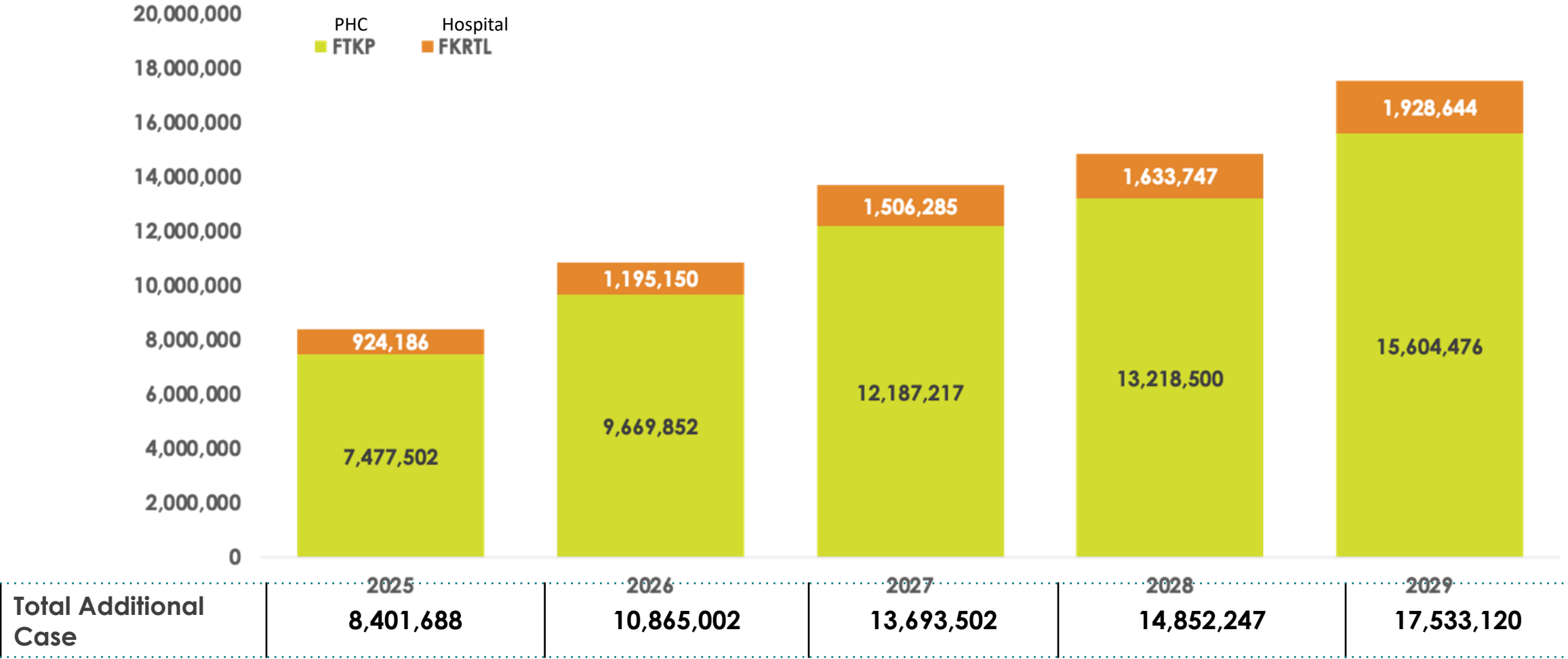
Trends in Free Health Check-up Registration and Attendance (10 February – 13 July 2025)

Registrations peaked at 219,804 per day, with attendance reaching 213,162 per day on 8 July 2025



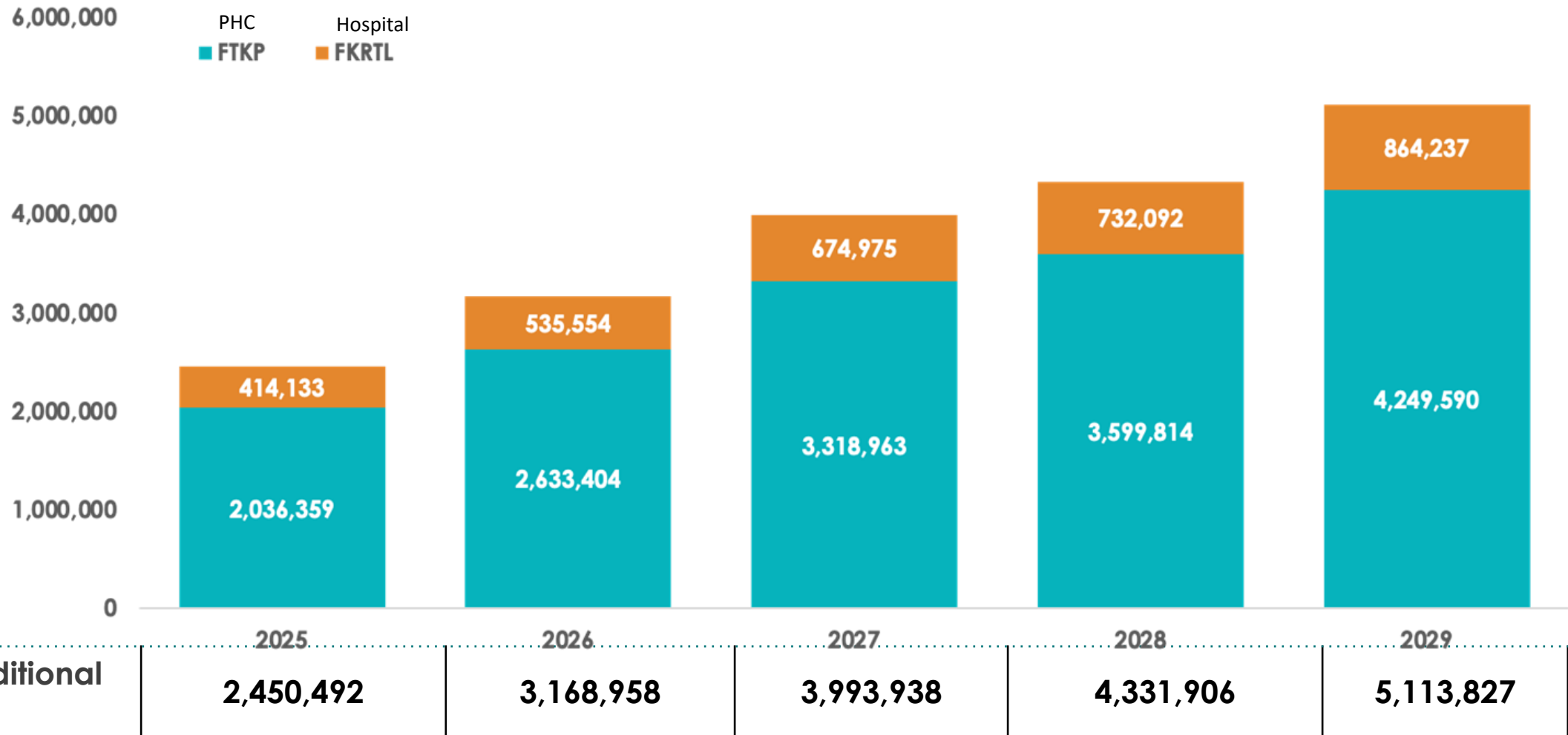
Data update: 13 Juli 2025 , 10 pm

Additional Hypertension Cases Detected in Adults (18+) Due to Free Health Check-ups (CKG) at Primary (FKTP) and Referral (FKRTL) Facilities, 2025–2029



Calculated based on a hypertension prevalence of 21% among CKG participants (February–April 2025), 9% prevalence in the absence of CKG (SKI 2023, Ministry of Health), and the estimate that 11% of hypertension cases at FKTP require referral to FKRTL (BPJS, 2023).

Additional Diabetes Mellitus (DM) Cases Detected Among Adults (18+) Due to Free Health Check-ups (CKG) at Primary (FKTP) and Referral (FKRTL) Facilities, 2025–2029



Calculated based on a diabetes prevalence of 5.9% among CKG participants (February–April 2025), 2.2% under conditions without CKG (SKI 2023, Ministry of Health), and an estimated 16.9% of DM cases at FKTP requiring referral to FKRTL (BPJS, 2023).



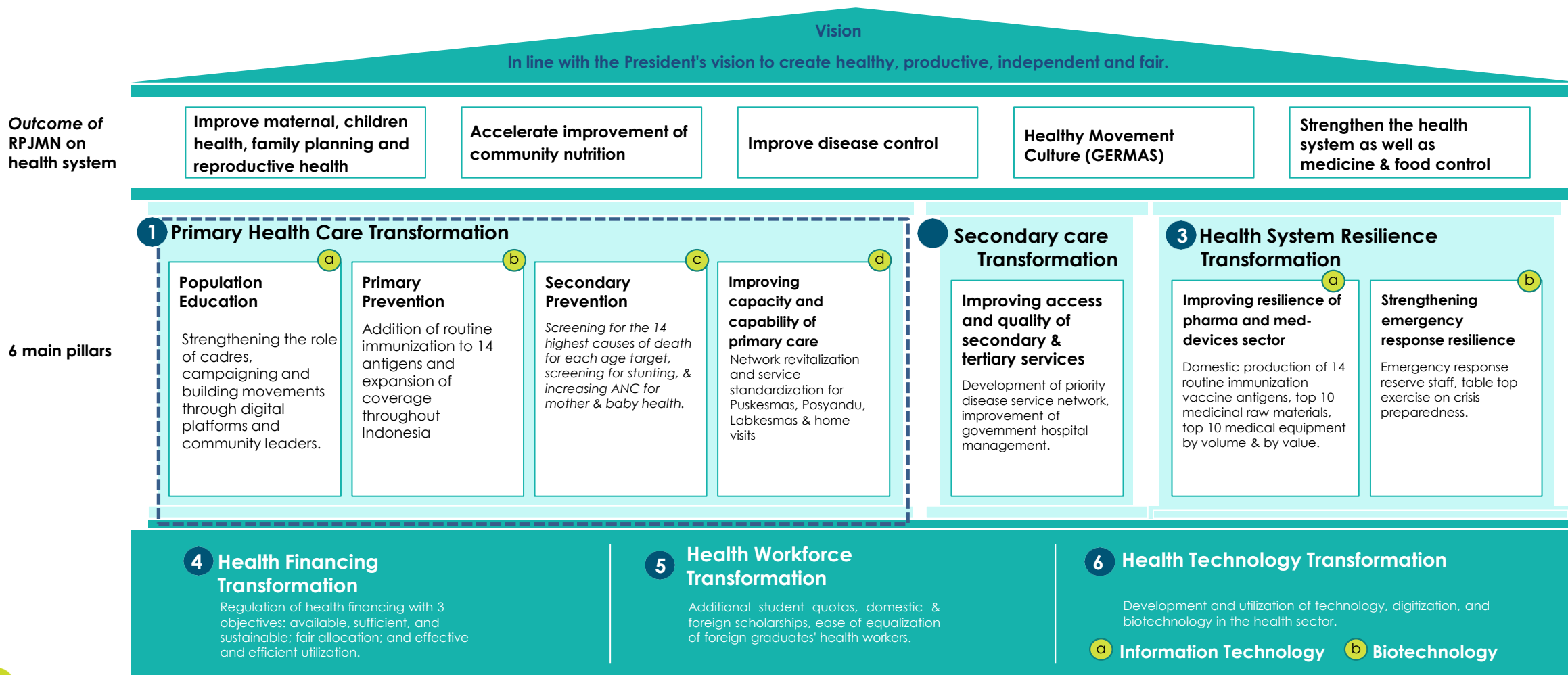
1. Backgrounds

2. Strategy

3. Preliminary Results

Primary Health Care as the first pillar in Indonesia's Health System Transformation

The 6 pillars of transformation supporting the Indonesian health system:



The Ministry of Health Has Set 3 Focus Areas for Primary Health Care Integration



1. Life cycle as the focus of health service integration, while also strengthening health promotion and prevention.



2. Bringing health services closer through networks down to the village and hamlet level, including strengthening promotion, prevention, and pandemic resilience.



3. Strengthening Local Area Monitoring (PWS) through digitalization and dashboards to monitor village-level health conditions, including family visits.

1. PWS: Pemantauan Wilayah Setempat

280+ million people in Indonesia receiving **quality primary health care**

300,000+ primary health care service units equipped with standardized facilities and human resources

100% of regions and population health conditions regularly monitored.

The Ministry of Health is equipping health centers with medical equipment up to 100%. All community health centers are targeted to have all types of equipment by 2028

Health Center Medical Equipment

No	Name of Tool	No	Equipment Name
✓1	Ultrasonography	✓23	Electrocautery
2	CO analyzer	24	Thermal ablation
✓3	Infant T-piece resuscitator + PEEP valve	25	Non-contact tonometer
4	Infant incubator	26	Battery-powered examination lamp
✓5	Neonatal laryngoscope with straight blade	27	Autoclave
✓6	Infant radiant warmer	28	Dental chair
✓7	Portable suction pump	✓29	Spirometer
✓8	Infusion pump	30	Sanitation kit
9	Manual delivery bed	31	Medical Waste Cold Storage
10	Manual bed		
✓11	Dental chair	No	Perbekkes
✓12	Hematology analyzer	32	Instrument table
✓13	Urine analyzer	33	Emergency trolley
✓14	Clinical chemistry analyzer	34	Dehumidifier
✓15	Binocular microscope	✓35	Molecular Rapid Test
✓16	Micropipette	36	Vaccine refrigerator
✓17	Rotating plate	37	Analytical scale
✓18	Centrifuge	38	Spray can
✓19	Electrocardiograph (ECG)		
20	Direct Current Counter Shock (DC Shock)		
21	Laryngoscope		
✓22	Stretcher		

Life-saving

No	Life-saving equipment (under 5 million)
39	Fetal Doppler
40	Standard IV pole
41	Baby Box
42	Standard Wheelchair
43	Nebulizer

No	Life-saving equipment (less than 5 million)
4	Oxygen Tank 1m ³
✓4	Oxygen Cylinder 6m ³

Quick Wins (QW) Support

No	Medical Equipment for CKG Needs (<5 million)
4	Optalmoscope
47	Otoscope
48	Tuning fork

Single Medical Equipment	● QW-CKG Support
Medical Supplies	● QW-TB Support
Medical Equipment Kits	● Life-saving
	● DAKF P2 Surplus
	✓ SOPHI 2025 (20 medical devices)





Given the increasing disease burden, particularly the shift toward conditions requiring long-term care, and the continued challenges in health workforce production and distribution, **ensuring the quality of health workers** already deployed at the frontline has become increasingly critical.

Assessing their current competencies and establishing continuous, systematic mechanisms to guarantee and enhance the quality of their performance is necessary.



Attempts have been made to assess providers quality at primary care

	Hafianti, Silvi (2022)	Ministry of Health (2012)
Method	Used three waves of data from the Indonesia Family Life Survey (IFLS), evaluated healthcare providers' responses to a series of clinical vignettes by calculating raw performance scores.	Used direct observation to public health facilities, assessed how providers comply with clinical guidelines for ante-natal care, delivery, and post-natal care. The assessment was conducted prior to the implementation of the National Health Insurance Program (JKN)
Result	Between 2007 and 2014, a decline in medical competence was observed among doctors, a trend that was consistent across both the least competent and the most competent providers.	Highest coverage: Use of maternal and child health books, and not restricting breastfeeding. Lowest coverage: General examination and vital signs during ANC. Delivery care practices like oxytocin injection have high compliance, but partograph completion is low, indicating a gap in intrapartum monitoring.
Conclusion	While providers demonstrated relatively stronger performance on the childcare vignette, improvements are still needed in other areas of clinical competence (diabetes, ante-natal care, and pneumonia), which would improve the overall gatekeeping function of primary care.	There was much room to improve provider's quality especially in examining patients and completing partograph. Incentivizing providers to provide the necessary care was enforced through the JKN program.



The Government of Indonesia, in collaboration with the World Bank, initiated a program aimed at reforming the National Health Insurance, known as the *Jaminan Kesehatan Nasional (JKN) Program-for-Results*. A key objective is to improve quality in the primary healthcare

Strengthen the Quality of Care

1. Improve quality of care in primary care health facilities

2. Improve quality of care at referral hospitals

Improve Efficiency

3. Incorporate findings from health technology assessments into the benefit package

4. Improve claims management and prevention of ineligible claims

6. Improve design and implementation of primary health care payment methods

7. Improve INACBG implementation

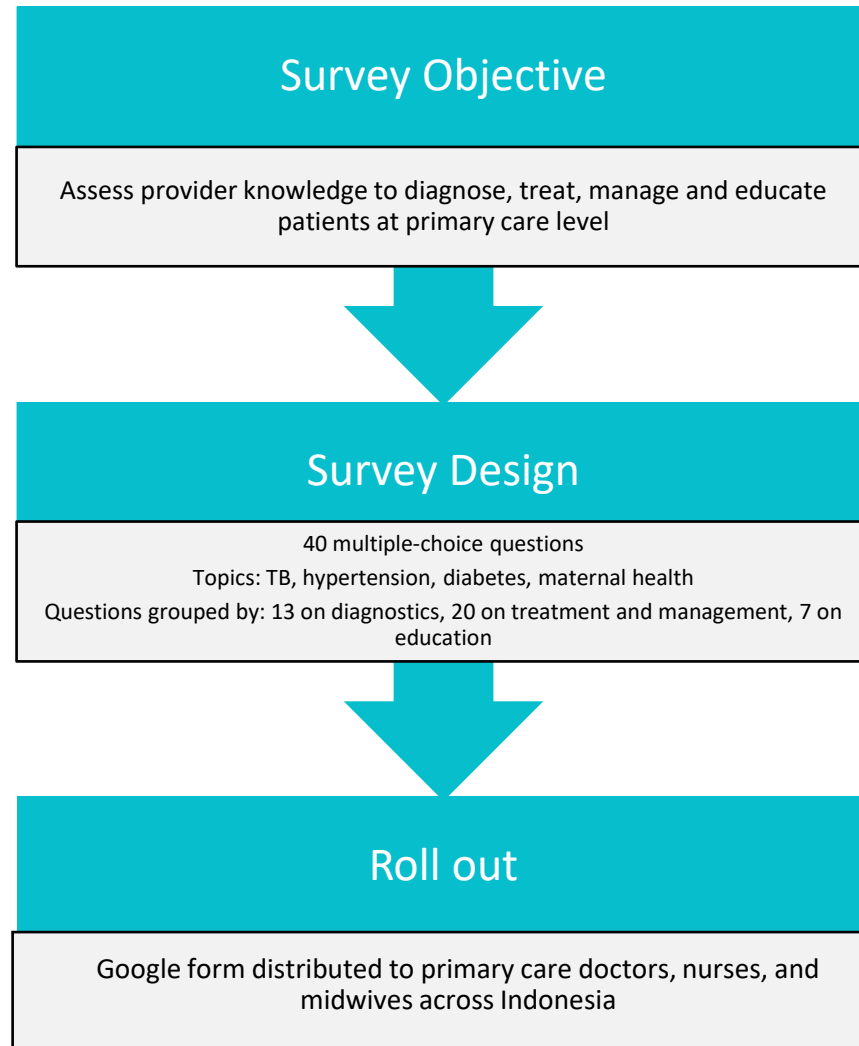
Support JKN Policy Formulation and Implementation

5. Improve use of data in decision making

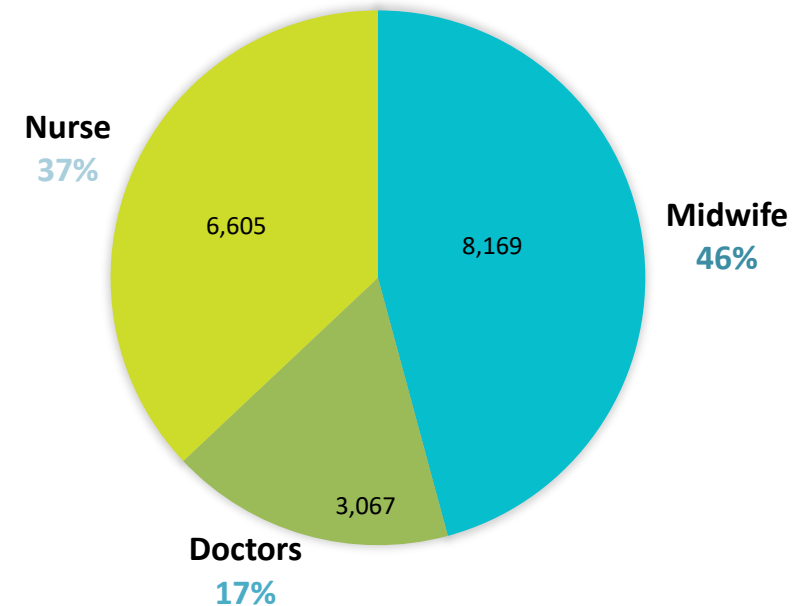
8. Improve policy formulation and oversight of JKN

9. Improve management and coordination of JKN across stakeholders

As part of the JKN PforR, the Ministry of Health assessed baseline data on Provider's knowledge in 2024



Survey Respondents



Consistent with the availability of health workers at primary care, most of the respondents are midwives, followed by nurses and doctors, totaling to around **17,800**.

Validating Vignette's Quality

Routine examination carried out at each visit for Drug-Sensitive TB (DS-TB) patients is...

- A. Body Mass Index measurement
- B. Chest x-ray
- C. Close contact
- D. Blood sugar
- E. HIV test

65.76% of doctors answered correctly

59.93% of nurses and
51.9% of midwives

Column	Details
Difficulty Level	Easy – The question is considered basic and suitable for most frontline providers.
GP (General Practitioner)	Yes – Relevant and answerable by general practitioners.
Nurse (Vocational Nurse)	Yes – Suitable for vocational nurses. <i>Linked to TB screening competency (Skill Level 3).</i>
Midwives	Yes – Relevant for midwives. <i>Includes facilitation of screenings for TB, HIV/AIDS, Hepatitis, Malaria, and Syphilis.</i>
Reasoning	Routine monitoring (e.g., weight, symptoms, adherence) falls within the expected roles of both nurses and midwives it doesn't involve complex clinical decision-making.

To validate whether a vignette is easy, moderate, or hard, we ask general practitioners (GPs) to answer the question and indicate their perceived difficulty level. If most GPs find it easy and respond correctly, the vignette is classified as easy. We then conduct internal validation by reviewing whether the task aligns with national competency standards for doctors, nurses and midwives to ensure the question is appropriate for each cadre's scope of practice.



Baseline survey result confirmed the need for providers competency improvement

- ❖ **Overall doctors' performance is moderate**, with an average of 66.5 out of 100
- ❖ **Treatment and management skills require focused capacity building (63.8)**, despite relatively better performance in diagnostics and counseling (69.3 and 69.0, respectively).
- ❖ **Maternal health knowledge is alarmingly low (35.4)**, demanding urgent targeted interventions and training to improve care quality.
- ❖ **Younger workforce dominance** presents an opportunity to shape practices early through structured continuous professional development programs.
- ❖ **Maternal health and cardiovascular care remain the weakest areas** in both private and public PHC (average of 35.3 for maternal health and 44.33 for cardiovascular)
- ❖ **Emergency, diabetes, and HIV care show strong competencies** across the board (88.8, 87.2, and 84.0, respectively).
- ❖ Differences between private and public PHC are minimal, suggesting **system-wide strengths and weaknesses** rather than sector-specific issues.

Indonesia's Practical Approach to Care Kit (I-PACK) is a clinical decision support tool that strengthens frontline primary care



- ❖ Seeing the challenges in strengthening the ability of health workers at FKTP, the Ministry of Health needs to create the tools that can be used to improve ability.
- ❖ Supported by The World Bank and the Knowledge Translation Unit of University of Cape Town, established in 2022.
- ❖ Transformed what used to be hundreds of pages of disease-based clinical guidelines, into easy-to-use document with **clear algorithms that provide an integrated approach to screening, diagnosing, and treating common symptoms.**
- ❖ Introduced to primary care facilities in phases since 2024 after the baseline survey was conducted.

The tool guides doctors to assess and establish diagnosis and plan management



Comprehensive and integrated: Supports integrated, person-centered care, helping providers manage comorbidities and avoid the siloed approach of disease-specific programs.



Team-based: Clarifying roles enables task-sharing across doctors, nurses, and community health workers.



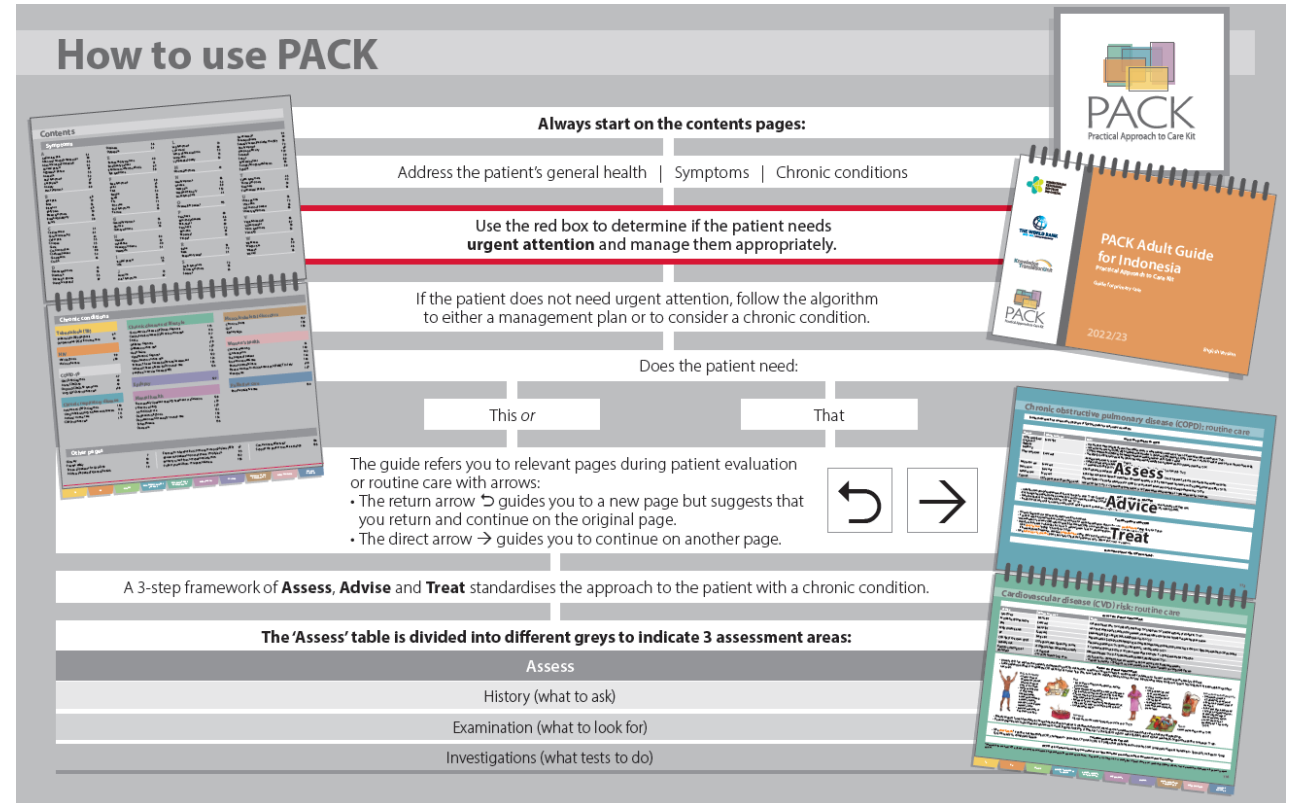
Practical format: Organized by symptoms rather than diagnoses, uses color-coded algorithms and checklists to guide decisions during consultations.



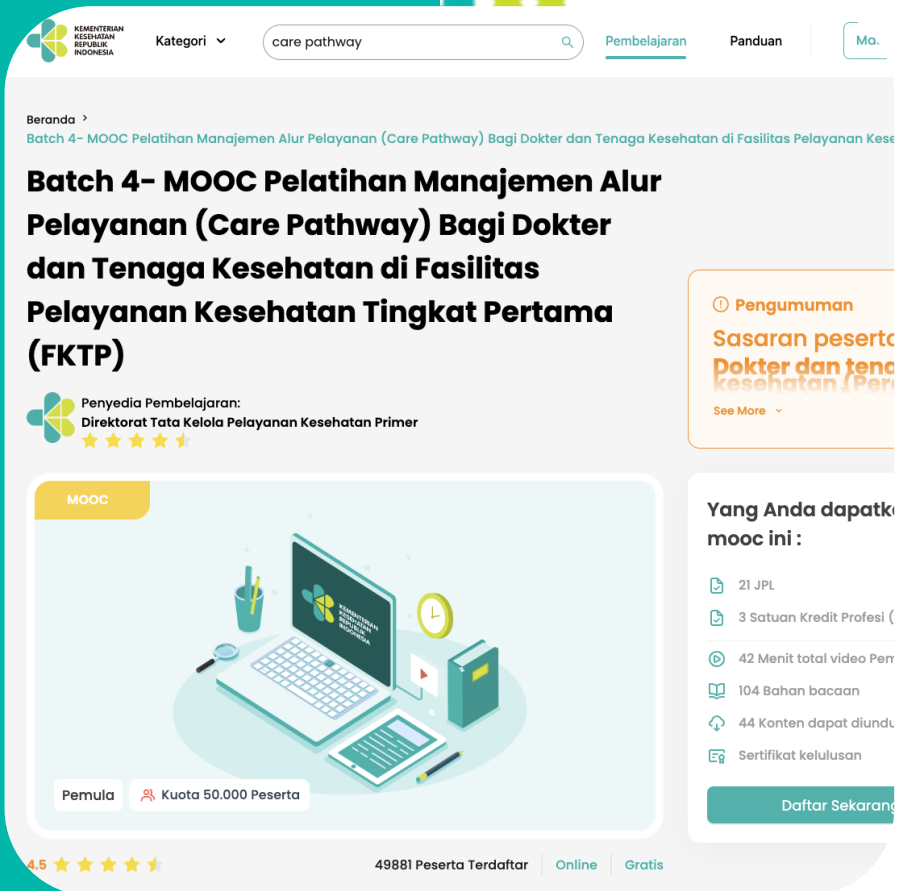
Tailored to Indonesia : Includes promotive and preventive efforts and aligns with national policies and available resources.



Capacity-building: Delivered with on-site training and mentoring to support continuous improvement



I-PACK Training via *Plataran Sehat* ensures a more efficient and wider coverage



Batch 4- MOOC Pelatihan Manajemen Alur Pelayanan (Care Pathway) Bagi Dokter dan Tenaga Kesehatan di Fasilitas Pelayanan Kesehatan Tingkat Pertama (FKTP)

Penyedia Pembelajaran:
Direktorat Tata Kelola Pelayanan Kesehatan Primer
★★★★★

MOOC

Pemula Kuota 50.000 Peserta

4.5 ★★★★★ 49881 Peserta Terdaftar Online Gratis

Yang Anda dapatkan mooc ini :

- 21 JPL
- 3 Satuan Kredit Profesi (SKP)
- 42 Menit total video Pembelajaran
- 104 Bahan bacaan
- 44 Konten dapat diunduh
- Sertifikat kelulusan

[Daftar Sekarang](#)

- ❖ I-PACK is now part of the Indonesia Care Pathway module
- ❖ I-PACK training is currently underway, taught through the Ministry of Health's Learning Management System (Plataran Sehat platform) using the Massive Open Online Course (MOOC).
- ❖ MOOC enables providers from across Indonesia to participate, and lowers cost of training compared to in-person
- ❖ In 2026, the Ministry of Health will conduct an endline survey to assess whether provider knowledge and competencies have improved following the rollout of I-PACK.
- ❖ The results will inform future implementation and scale-up efforts.



1. Backgrounds

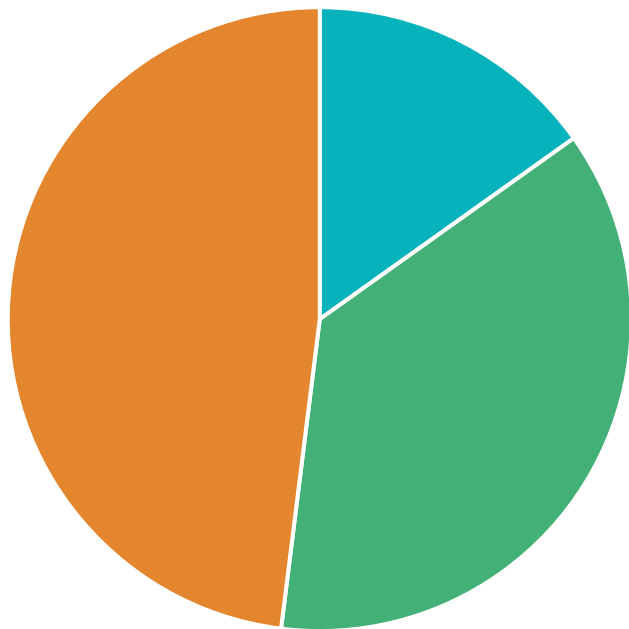
2. Strategy

3. Preliminary Results

The training collects pre- and post- training scores, which can be used to illustrate the immediate improvement in knowledge after training

In October 2024, the total number of training participants was **95.722** health workers

Proportion based on participant profession



Average pre- and post-test scores

	Pre-test	Post-test	Difference
Doctor 14.523 (15,17%)	69,38	88,44	19,05
Nurse 35.208 (36,78%)	55,70	86,26	30,55
Midwife 45.991 (48,04%)	51,35	86,91	35,56

Number of Primary Health Facilities (FKTP: Puskesmas and Primary Clinics) Collaborating with BPJS and Trained in the Care Pathway

Category	2024 Achievement	2025 Achievement*
Number of FKTPs (Puskesmas and Primary Clinics) collaborating with BPJS Kesehatan	17.646	17.646
Number of FKTPs (Puskesmas and Primary Clinics) trained in the Care Pathway	5.106	215
Percentage of FKTPs trained nationwide	28,94	1,22
Achievement (2024–2025)	5.106+215 = 5.321 (30,16%)	
Target by end of 2025	15.882 (90%)	

*Achievement from MOOC Care Pathway Batch 3 (March 21–26, 2025)

** MOOC Care Pathway Batch 4 (April 28–June 26, 2025) — data under analysis

Summary of On-the-Job Training (OJT) in 2024

No	Type of Training	Province	Districts	Puskesmas	Professional Organization
1	Emergency Care for Newborns	25	52	180	IDAI
2	Hypertension and Complication Management at Puskesmas	27	73	440	PAPDI
3	Screening, Diagnosis, and Management of Vision Disorders	26	74	412	PERDAMI
4	Screening and Management of Hearing Disorders and Deafness	26	63	421	PERHATIKL
5	Maternal Emergencies for Doctors, Midwives, and Nurses	26	53	170	POGI
Total		28	173	1.226	

Summary of Training in 2024

No	Type of Training	Province	Districts	Puskesmas	Professional Organization
1	Management of Sensory Disorders for Health Workers in FKTP	11	98	318	Bapelkes/ poltekes/RSUP/B BPK/Balatkes
2	Healthcare Facility Waste Management	9	54	394	
3	ACLS Training (Advanced Cardiac Life Support)	4	73	318	
4	Contraceptive Services for Doctors and Midwives in Health Facilities	19	116	449	
5	Early Detection of Breast and Cervical Cancer for Doctors at Puskesmas	3	28	90	
6	COPD and Asthma Management Training	15	183	518	
7	Basic Skills Training for Posyandu Cadres	22	77	706	
Total		32	306	2.240	

OJT and Training Beneficiaries in 2024:

Puskesmas = 3,032
Districts/Cities = 350
Provinces = 33

Regions yet to receive OJT/training:

DKI Jakarta (*not a Sophi focus locus*), West Papua, Papua Pegunungan, South Papua, and Central Papua

Planned OJT and Training in 2025 — Target: 8,655 participants

What to Expect After PACK Roll-out

- ❖ Becomes a reference for medical personnel and health workers in providing health services at Primary Health Facilities (FKTP).
- ❖ All medical personnel and health workers at Primary Health Facilities (FKTP) participate in Care Pathway training.
- ❖ Monitoring and evaluation of training implementation.
- ❖ Monitoring and evaluation of health system challenges in PACK implementation.
- ❖ Post roll-out survey.
- ❖ Care Pathway training should be one of the requirements for Health Worker's credentials / facilities' recredentialing to contract with BPJS Kesehatan.
- ❖ Support the Provincial, Regency and City Health Offices and BPJS Kesehatan in facilitating training and monitoring and evaluation of the implementation of Care Pathway at Primary Health Facilities (FKTP).
- ❖ Periodic updates involving stakeholders.



Thank you

