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Formulation of a Strategic Plan and Operational Plan for a Maternal Telehealth Startup

(A Case Study of Hallo Mama)

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Abstract. This study examines the formulation of a strategic plan and an operational plan for Hallo Mama, a maternal telehealth startup in Indonesia. Using a descriptive case study approach, the strategic plan was analyzed through the Input–Matching–Decision Stage framework, including the External Factor Evaluation (EFE), Internal Factor Evaluation (IFE), Competitive Profile Matrix (CPM), SWOT analysis, Internal–External (IE) Matrix, and Quantitative Strategic Planning Matrix (QSPM). The operational plan was designed around establishment stages, service process design, operations delivery, staffing requirements, service supply chain, and cost projections. The QSPM analysis identifies Market Penetration as the priority strategy with a Total Attractiveness Score (TAS) of 5.74, while Differentiation Focus is selected as the most appropriate competitive positioning. The operational plan is translated into a comprehensive service blueprint, tiered Basic and Premium service packages, a structured service supply chain model, and five-year OPEX and CAPEX projections totaling IDR 828,500,000 in capital expenditure within a maximum operating capital budget of IDR 2,000,000,000. The findings provide practical and managerial insights into the application of strategic management and operational planning for digital health startups in Indonesia, particularly those operating in maternal healthcare, postpartum care, and digital-doula services, while offering a scalable business model for sustainable growth and service quality improvement.

Keywords: Market Penetration; Maternal Telehealth; Operational Plan; Postpartum Care; Strategic Plan.

1. INTRODUCTION

Digital technology has opened major opportunities for telehealth innovation, and Indonesia's rising number of pregnant and breastfeeding mothers increasingly needs affordable, empathetic, digitally based care. The postpartum period brings significant physiological and psychosocial change and heightened vulnerability to disorders such as postpartum depression (PPD), which affects 10–16% of pregnant and 13–20% of postpartum women globally and 11.76% in Indonesia (Brockington, 2004; Crotty & Sheehan, 2004; Sūdžiūtė et al., 2020; Wang et al., 2021). Holistic, non-medical accompaniment services in Indonesia nevertheless remain limited in access and continuity (Paksi et al., 2025). Winning in this competitive digital ecosystem requires startups to understand consumer behavior and build customer-centric, digitally marketed service packages (Rachmawati et al., 2021; Paksi et al., 2025).

Hallo Mama is a telehealth startup focused specifically on maternal care, accompanying mothers from pregnancy through postpartum. Unlike general platforms such as Halodoc and Alodokter, Hallo Mama positions itself as an “Empathetic and Intelligent Pregnancy Companion,” emphasizing emotional support, structured

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education, and an emergency-referral ecosystem via a panic-button feature. Because startup sustainability depends heavily on the quality of strategic and operational planning (Pamungkas & Indradewa, 2023; Martianto et al., 2025), this study aims to (1) analyze Hallo Mama's strategic-plan formulation through the Input–Matching–Decision Stage framework, and (2) design a comprehensive operational plan as a roadmap for strategy execution, offering practical contributions for digital-health startup practitioners.

2. LITERATURE REVIEW

Strategic planning is a systematic process for defining direction, setting goals, and allocating resources toward competitive advantage. David & David (2017) frame strategic management as formulating, implementing, and evaluating cross-functional decisions, operationalized in three stages — input (EFE, IFE, CPM), matching (SWOT, IE Matrix), and decision (QSPM). In digital startups, precise operational-strategy execution accelerates business growth (Pamungkas & Indradewa, 2023; Taryana et al., 2021), and well-targeted strategic alliances built on resource complementarity and goal alignment strengthen capability and innovation (Indradewa et al., 2014).

Porter (1980) identifies Cost Leadership, Differentiation, and Focus as generic strategies; Differentiation Focus suits firms targeting a specific segment with hard-to-imitate value (Daniel, 2018). For maternal-care platforms, strategic partnership strengthens the service ecosystem — a proposition central to Hallo Mama's referral network of hospitals, clinics, laboratories, and ambulances (Indradewa et al., 2014). Paksi et al. (2025) similarly found that Differentiation Focus, through packaged One Stop Solution and Partial Solution services, built strong brand awareness and loyalty at the Remedies Postpartum Care Center — reinforcing the relevance of this strategy for Hallo Mama.

An operational plan describes how strategy is executed through service design, capacity management, quality management, and cost projection (Heizer, Render, & Munson, 2017). Martianto et al. (2025) show that effective operational planning integrates HR management, facility optimization, and digital technology, while a service blueprint maps frontstage, backstage, and support interactions relevant to multi-layer telehealth platforms (Pamungkas & Indradewa, 2023). Cost discipline is likewise critical, since reduced operational cost directly increases net profit (Rahmawati et al., 2021).

The marketing-mix literature extends the traditional 4Ps (Product, Price, Place, Promotion) with People, Process, and Physical Evidence to form the 7Ps relevant to services (Kotler & Armstrong, 2016; Hashim & Hamzah, 2014). Integrating all seven elements shapes customer perception and service quality in health-based B2C services (Paksi et al., 2025), and an integrated, digitally driven 7P strategy is a proven key to competitive wins (Rachmawati et al., 2021; Arifin et al., 2019). The omnichannel approach — integrating customer touchpoints into a seamless, personalized experience (Verhoef et al., 2015) — further improves satisfaction and efficiency through consistency, integration, and ease of access (Suryanegara et al., 2025; Martianto et al., 2025). Finally, although Indonesia's digital maternal-care segment remains niche, comprehensive postpartum services are shown to support maternal mental-health recovery, even as comprehensive care centers remain scarce in urban areas such as Jakarta (Pamungkas & Usman, 2021; Paksi et al., 2025).

3. METHOD

This study uses a descriptive-analytical case study approach with Hallo Mama, a maternal-care telehealth startup in its business-planning phase, as the research object. Primary data come from the founding team's business plan (February 2026) its strategic plan (Chapter IV) and operational plan (Chapter VI) supplemented by government health statistics, market research, and user-preference surveys. The strategic-plan analysis follows David & David's (2017) three-stage framework: input (EFE, IFE, CPM), matching (SWOT, IE Matrix), and decision (QSPM). The operational-plan analysis follows Martianto et al. (2025) and Pamungkas & Indradewa (2023), covering establishment stages, service process design, service blueprint, service supply chain, capacity planning, quality control, and five-year OPEX–CAPEX projections. The 7P marketing mix (Kotler & Armstrong, 2016; Hashim & Hamzah, 2014) frames the market-penetration analysis, the omnichannel concept (Suryanegara et al., 2025; Verhoef et al., 2015) frames digital-touchpoint integration, and the strategic-alliance proposition of Indradewa et al. (2014) frames the partnership ecosystem.

4. RESULTS AND DISCUSSION

Strategic Plan Framework

Hallo Mama's strategic plan follows a staged framework — Input Stage (EFE, IFE, CPM), Matching Stage (SWOT, IE Matrix), and Decision Stage (QSPM) — that leads to Porter's Generic Strategy and a Lean Business Model Canvas. Precise operational-strategy implementation is a key factor in accelerating measurable business growth (Taryana et al., 2021).

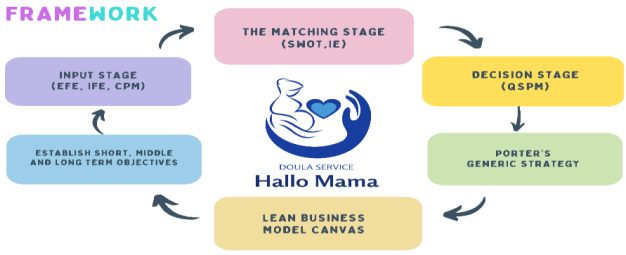

Figure 1. Hallo Mama's Strategic Plan Framework.
Source: Hallo Mama Business Plan (Sari, Ariwibowo, & Mudjiono, 2026)

Short-, Medium-, and Long-Term Objectives

Hallo Mama sets measurable objectives across six dimensions Product Development, Marketing, Operational, Human Capital, Finance, and Risk Management reflecting the principle that operational targets must specify staged resource deployment over time (Pamungkas & Indradewa, 2023).

Table 1. Summary of Hallo Mama's Strategic Objectives.

Dimension	Short-Term (Y.0–Y.2)	Medium-Term (Y.3–Y.4)	Long-Term (Y.5–Y.6)
Product Dev.	≥70% MAU access modules; uptime ≥99.5%	≥85% MAU active; uptime ≥99.7%	≥90% MAU active; uptime ≥99.9%
Marketing	MAU 8,000; CAC ≤ IDR 30,000; conv. ≥8%	MAU 50,000; CAC ≤ IDR 25,000; conv. ≥12%	MAU 200,000; CAC ≤ IDR 20,000; conv. ≥18%
Operational	Response ≤5 min; 90% tickets ≤24h; 20 partners	Response ≤3 min; ≥120 partner facilities	Response ≤2 min; ≥500 facilities; ≥20 provinces
Human Capital	40 doulas, 15 midwives, 10 obgyns; attrition ≤15%	200 doulas, 70 midwives; attrition ≤12%	600 doulas, 200 midwives; attrition ≤10%
Finance	MRR ≥ IDR 200 jt (m.12); margin ≥40%	MRR ≥ IDR 2 M; margin ≥55%	MRR ≥ IDR 10 M; EBITDA margin ≥15%
Risk Mgmt.	100% PSE compliance; 0 critical incidents	Audit 2x/yr; RTO ≤4h	Annual independent audit; RTO ≤2h

Input Stage: EFE, IFE, and CPM

Across 17 opportunity and 6 threat factors, Hallo Mama's total EFE score is 3.05, indicating a highly favorable external environment. The greatest opportunities are the digitalization of public health services, stronger features/UX, and credibility as social capital; the main threats are limited professional-doula certification, preference for offline/community services, and substitution by self-directed content and AI platforms (Suryanegara et al., 2025).

Table 2. Hallo Mama's External Factor Evaluation (EFE) Matrix (Summary).

Key External Factors	Weight	Rating	Score
Opportunities (top factors)			
Access to doula experts/clinical partners (social)	0.06	4	0.24
Regulations & operating permits / Economies of scale (political/economic)	0.05 ea.	4	0.20 ea.
Customer switching cost & continuity of care (social)	0.05	4	0.20
Credibility & reputation (social)	0.05	4	0.20
Features and user experience (technological)	0.05	4	0.20
Subtotal Opportunities (17 factors)	**0.70**		**2.47**
Threats (top factors)			
Availability & certification of professional doulas (social)	0.05	2	0.10
Preference for offline/community services (social)	0.05	2	0.10
Self-directed education & AI health platforms (economic)	0.05	2	0.10
Subtotal Threats (6 factors)	**0.30**		**0.58**
Total (23 factors)	**1.00**		**3.05**

Source: Hallo Mama Business Plan (Sari, Ariwibowo, & Mudjiono, 2026)

Hallo Mama's total IFE score is 2.86, reflecting a relatively strong internal position. Key strengths are the referral partnership ecosystem, certified maternal experts, 24/7 consultation, and the panic-button emergency service — consistent with Indradewa et al. (2014) on selecting partners for complementary knowledge and capability. Priority weaknesses are structured education, technology-infrastructure maturity, and financial/HR readiness.

Table 3. Hallo Mama's Internal Factor Evaluation (IFE) Matrix (Summary).

Key Internal Factors	Weight	Rating	Score
Strengths (top factors)			
Certified maternal experts (doula, midwife, obgyn, psychologist)	0.07	4	0.28
Partnership & referral ecosystem (hospital/clinic/lab/ambulance)	0.06	4	0.24
24/7 consultation with doulas & maternal personnel	0.06	4	0.24
Integrated emergency services/panic button	0.06	4	0.24

Subtotal Strengths (11 factors)	**0.57**		**1.98**
Weaknesses (top factors)			
Technology infrastructure	0.07	2	0.14
Financial & human resource support	0.07	2	0.14
Structured & credible education (by pregnancy phase)	0.06	2	0.12
Safety & data security system	0.06	2	0.12
Subtotal Weaknesses (8 factors)	**0.43**		**0.88**
Total (19 factors)	**1.00**		**2.86**

Source: Hallo Mama Business Plan (Sari, Ariwibowo, & Mudjiono, 2026)

The CPM compares Hallo Mama with Halodoc (2.86), Alodokter (2.36), and OneBunda (2.16). Hallo Mama ranks second overall (2.76) but leads decisively on three critical CSFs: maternal specialization (0.48), emotional support/doula (0.40), and emergency/panic-button differentiation (0.48) — consistent with Paksi et al. (2025), who found differentiated maternal services fill gaps left by general health platforms.

Table 4. Hallo Mama's Competitive Profile Matrix (CPM).

Critical Success Factors (CSF)	Weight	Hallo Mama	Halodoc	Alodokter	OneBunda
Brand strength & user base	0.18	0.36	0.72	0.54	0.36
Doctor/health-worker network & coverage	0.18	0.36	0.72	0.54	0.36
Service completeness (telemedicine + features)	0.14	0.28	0.56	0.42	0.28
Maternal specialization	0.12	0.48	0.24	0.24	0.36
Emotional support/doula	0.10	0.40	0.10	0.10	0.20
Emergency feature differentiation	0.12	0.48	0.12	0.12	0.12
Curated community & peer support	0.08	0.24	0.16	0.16	0.24
Price accessibility & service packages	0.08	0.16	0.24	0.24	0.24
Total	**1.00**	**2.76**	**2.86**	**2.36**	**2.16**

Source: Hallo Mama Business Plan (Sari, Ariwibowo, & Mudjiono, 2026)

Matching Stage: SWOT Matrix and IE Matrix

The SWOT analysis yields four strategy groups: SO strengthens B2C growth via partner-referral channels and a certified-personnel trust moat; WO builds structured, phase-based education and improves UI/UX; ST positions Hallo Mama as a complement to conventional services, countering AI substitution with human touch; and WT strengthens infrastructure resilience and affordability through service tiering. With an EFE of 3.05 and IFE of 2.86, the IE Matrix places Hallo Mama in Cell II (Grow & Build), pointing to four viable strategies: Product Development, Market Penetration, Market Development, and Integration.

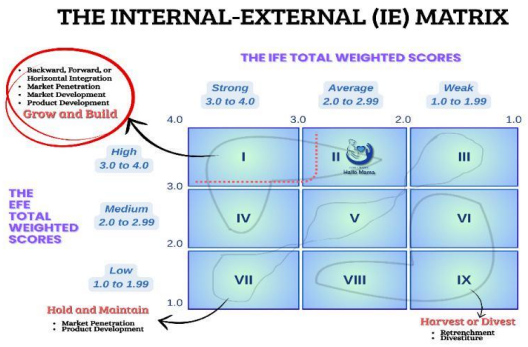

Figure 2. Hallo Mama's IE Matrix.

Source: Hallo Mama Business Plan (Sari, Ariwibowo, & Mudjiono, 2026)

Decision Stage: QSPM and Business Level Strategy

Table 5. Hallo Mama's QSPM Results.

Strategy Alternative	EFE Subtotal	IFE Subtotal	Total TAS
Product Development	2.60	2.99	5.59
Market Penetration	**2.69**	**3.05**	**5.74 ✓**
Market Development	2.75	2.78	5.53
Integration	2.66	3.03	5.69

Market Penetration obtained the highest TAS (5.74), ahead of Integration (5.69), Product Development (5.59), and Market Development (5.53). Priority therefore lies in strengthening B2C market penetration, preceded by product strengthening so penetration and integration can run effectively. In implementing Market Penetration, Hallo Mama applies the 7P mix: tiered Basic–Premium packages akin to Remedies' One Stop/Partial Solution models (Paksi et al., 2025); penetration pricing (CAC ≤ IDR 30,000); digital distribution via mobile app; promotion through Google Ads, social media, and influencers; certified experts (People); a standardized service blueprint and SOPs (Process); and application UI/UX plus a pregnancy dashboard (Physical Evidence).

Under Porter's Generic Strategy, Hallo Mama occupies the Differentiation Focus quadrant, competing on unique value — certified experts, 24/7 service, moderated communities, and an emergency-referral ecosystem — rather than price, consistent with Paksi et al. (2025) on sustainable competitive advantage in Indonesia's postpartum-care market.

Operational Plan Framework

Hallo Mama's operational framework translates the Differentiation Focus–based Market Penetration strategy into consistent, measurable service delivery. Following Pamungkas & Indradewa (2023) and Martianto et al. (2025), it comprises five stages: business establishment; setting operational goals; operations design; operations delivery; and operational cost projection integrating the Service Plan, Operational Plan, Financial Plan, and Human Resources Plan to support the Marketing Plan.

Figure 3. Hallo Mama's Operational Plan Framework.

Source: Hallo Mama Business Plan (Sari, Ariwibowo, & Mudjiono, 2026)

Business Establishment Stages

Hallo Mama's establishment covers three licensing areas business-entity legality (PT and OSS-RBA), digital-platform compliance (Private PSE Kominfo, per Permenkominfo No. 5/2020), and telehealth compliance (per Permenkes No. 20/2019) carried out over 12 months in four stages: Preparation; Legality & Licensing (PT deed, NPWP, NIB, OSS-RBA, PSE registration); Technology Development (MVP, QA, security hardening, partner integration); and Launch & Operations. This mirrors Remedies' establishment flow (Martianto et al., 2025) and complies with Law No. 40/2007 on Limited Liability Companies (Pamungkas & Indradewa, 2023).

Operational Goals and Objectives

Aligned with the QSPM priority of Market Penetration and Differentiation Focus, operational objectives span five functions — consultation & support, emergency & referral, referral partnerships, HR & scheduling, and data security & compliance — following Martianto et al. (2025) on linking operational objectives to company vision with periodic monitoring.

Table 6. Summary of Hallo Mama's Operational Objectives.

Operational Function	Short-Term (Y.0–Y.2)	Medium-Term (Y.3–Y.4)	Long-Term (Y.5–Y.6)
Consultation & Support	Response ≤5 min; 90% tickets ≤24h; uptime ≥99.5%	Response ≤3 min; 95% tickets ≤24h; uptime ≥99.7%	Response ≤2 min; 98% tickets ≤24h; uptime ≥99.9%
Emergency & Referral	Panic button ≤10s; referral ≤3 min	Referral ≤2 min; 90% cases per SOP ≤15 min	Referral ≤90s; 95% cases per SOP ≤10 min
Referral Partnership	≥20 hospitals/clinics, ≥10 labs, ≥5 ambulances (Greater Jakarta)	≥120 active facilities (≥5 metro areas)	≥500 facilities; ≥20 provinces
HR & Scheduling	40 doulas, 15 midwives, 10 obgyns, 10 psychologists; attrition ≤15%	200 doulas, 70 midwives, 40 obgyns; attrition ≤12%	600 doulas, 200 midwives, 120 obgyns; attrition ≤10%
Data Security	Basic access control; privacy SOP; compliance training	Monitoring; periodic audit; layered control (RBAC)	Alerting; incident response; minimal incidents

Operational Design

A service blueprint maps customer actions, touchpoints, frontstage, backstage, and support processes consistent with the omnichannel principle that cross-layer consistency drives satisfaction (Suryanegara et al., 2025). Adapting Remedies' comprehensive, holistic service flow (Martianto et al., 2025) to a non-medical telehealth context, Hallo Mama's blueprint runs from registration/login and needs-onboarding, through package activation and service fulfillment, to evaluation & continuity.

Figure 4. Hallo Mama's Service Blueprint.

Source: Hallo Mama Business Plan (Sari, Ariwibowo, & Mudjiono, 2026)

Within the 7P framework, Product is realized through a hybrid tiered-package system resembling Remedies' One Stop Solution and Partial Solution models (Paksi et al., 2025; Martianto et al., 2025).

Table 7. Hallo Mama's Service Packages.

Package	Price	Scheduled Sessions & Education	24/7 Chat & Priority
Basic	IDR 299,000/mo	45 min/session; 4x/month; 2 webinars/month	Standard priority
Premium	IDR 1,000,000/mo	60 min/session; 8x/month; 6–8 webinars/month	Faster priority

A hybrid subscription-plus-add-on model including educational classes, lactation and psychological consultation, postpartum massage, and yoga (Paksi et al., 2025) is priced using penetration pricing (Rachmawati et al., 2021) to build share in a still-developing segment. Process design applies three controls: capacity control via digital queue-based scheduling; quality control via SOPs, SLA monitoring, and rating-based evaluation; and safety-by-design through non-medical service limits, triage, escalation/referral, and the panic button (Martianto et al., 2025).

Operations Delivery

Hallo Mama's service supply chain a network of interdependent human resources, partners, and support systems (Pamungkas & Indradewa, 2023; Hasan, 2013) — adapts Remedies' procurement, receiving & inspection, storage & inventory, needs-based stock management, and in-service utilization flow (Martianto et al., 2025) to a digital context: core service providers (doulas, midwives, psychologists), operational orchestrators (care coordinators), referral & emergency partners (hospitals/clinics/labs/ambulances), technology enablers (cloud, chat & video, payment gateway), and verified online-pharmacy partners. This reflects Indradewa et al.'s (2014) principle that alliances form around complementary, not identical, resources doulas complementing formal medical services, psychologists complementing mental-health needs, and ambulances complementing emergency capability.

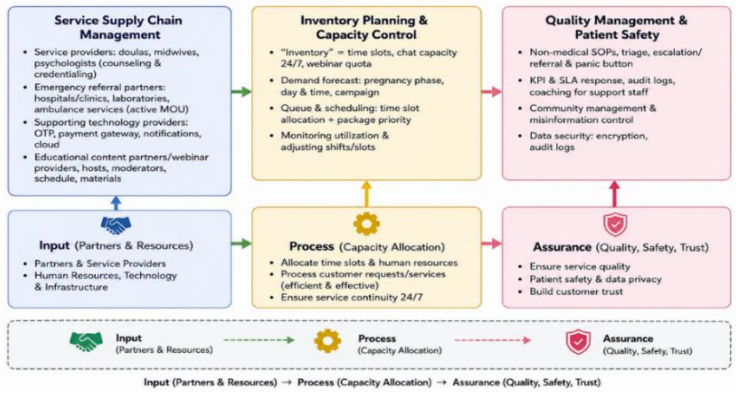

Figure 5. Hallo Mama's Operations Delivery (Service Supply Chain).

Source: Hallo Mama Business Plan (Sari, Ariwibowo, & Mudjiono, 2026)

Capacity is planned through demand forecasting by pregnancy phase, peak hours, and campaign impact mirroring Remedies' marketing-operations synergy (Martianto et al., 2025) via session-utilization monitoring, companion-workload tracking, and capacity buffers during high-risk periods. Quality management targets consistent, empathetic, trustworthy service as the user base scales: the People dimension (Kotler & Armstrong, 2016) is reinforced through ≥20 training hours per expert per year and 100% SOP & service-ethics onboarding, paralleling Remedies' biannual training and quarterly assessments (Paksi et al., 2025).

Operational Cost Projection

Table 8. Summary of Hallo Mama's Total OPEX and CAPEX (IDR).

Cost Component	Year 0	Year 1	Year 2	Year 3	Year 4
Pre-Op & OPEX	1,124,158,848	676,208,848	1,201,653,760	2,335,880,160	6,929,314,336
CAPEX	219,500,000	102,500,000	117,500,000	145,000,000	90,000,000
Total	**1,343,658,848**	**778,708,848**	**1,319,153,760**	**2,480,880,160**	**7,019,314,336**

Cumulative CAPEX over six periods totals IDR 828,500,000. The largest OPEX component is service fulfillment (doula + referral), which rises with paying-user growth across five scenarios: Year 1 launch & stabilization (MAU 4,000), Year 2 scale phase 1 (MAU 8,000), Year 3 scale & QA expansion (MAU 25,000), Year 4 expansion & automation (MAU 50,000), and Year 5 maturity & unit-economics optimization (MAU 200,000). This follows a growth pattern similar to Remedies (IDR 5.17 billion in Year 1 to IDR 23.46 billion in Year 5; Paksi et al., 2025) but at a different scale, reflecting a more scalable, lower-per-user-cost digital model. Consistent with Rahmawati et al.

(2021) on cost management as a driver of net profit, all scenarios stay within an operating-capital limit of IDR 2,000,000,000 across the 60-month projection.

Discussion

Hallo Mama shows a strong strategic foundation for Indonesia's maternal-care telehealth industry. Its IE Matrix Cell II (Grow & Build) position (EFE 3.05, IFE 2.86) confirms large external opportunity alongside internal capability that needs strengthening, and its Market Penetration priority (TAS 5.74) suits an early-growth stage requiring accelerated user acquisition. Differentiation Focus (Porter, 1980) fits the maternal-care segment's high trust requirements, emotional sensitivity, and distinct willingness-to-pay consistent with Paksi et al. (2025) on customer-centric, digitally marketed packaged services building loyalty, and with Suryanegara et al. (2025) on omnichannel success requiring customer insight, technology investment, and ecosystem collaboration.

Operationally, the parallel with Remedies (Martianto et al., 2025) offers three insights: the service blueprint effectively identifies bottlenecks and standardizes SOPs; structured supply-chain management (procurement through in-service utilization) ensures efficient service capacity; and digital-technology integration (mobile app, CRM) improves efficiency and satisfaction — principles that transfer from Remedies' physical-facility model to Hallo Mama's digital one. The partnership ecosystem is a further differentiator: consistent with Indradewa et al. (2014), Hallo Mama's referral network of doulas, midwives, psychologists, hospitals, clinics, labs, and ambulances embodies resource complementarity built on trust. Finally, the conservative IDR 2,000,000,000 capital limit reflects prudent cash-flow management, while the hybrid pricing model and pharmacy-partnership monetization diversify revenue and reduce single-source dependence, consistent with the Remedies model (Paksi et al., 2025; Martianto et al., 2025).

5. CONCLUSION

Strategic Position: Hallo Mama is in IE Matrix Cell II (Grow & Build), EFE 3.05 and IFE 2.86, indicating large external opportunities and internal capabilities that need measurable strengthening. Priority Strategy: Market Penetration (TAS = 5.74) is the main strategy, with Differentiation Focus as positioning, delivered through an integrated 7P marketing mix and a tiered service design similar to Remedies' One Stop–Partial Solution model. Partnership Ecosystem: the maternal referral network is built on resource

complementarity and trust, encompassing doulas, midwives, psychologists, hospitals, clinics, labs, ambulances, and pharmacies as complementary partners. Operational System: a service blueprint, service-supply-chain management, capacity planning, and SOP-based quality control ensure consistency and scalability. Omnichannel Integration: 24/7 chat, scheduled sessions, education, community, panic button, and dual-platform access deliver a consistent customer experience across touchpoints. Financial Feasibility: total CAPEX of IDR 828.5 million and OPEX managed within IDR 2 billion, targeting 200,000 MAU and ≥18% paid conversion by Year 5, demonstrate a measurable, sustainable cost plan.

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