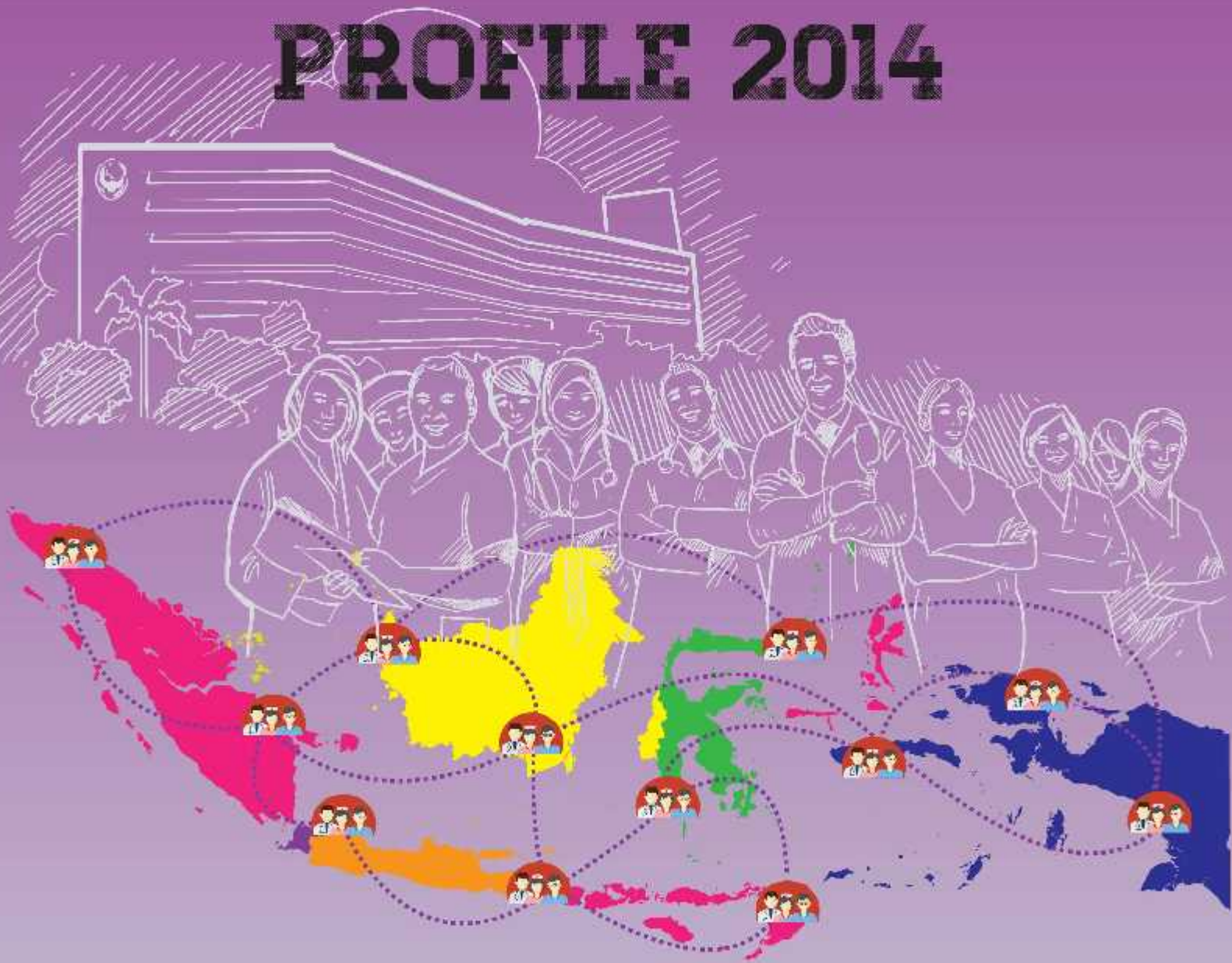




INDONESIA HEALTH PROFILE 2014



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**MINISTRY OF HEALTH REPUBLIC OF INDONESIA
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FOREWORD

SECRETARY GENERAL MINISTRY OF HEALTH RI



We Thank God the Almighty for the blessing to complete the Indonesia Health Profile 2014. Thank you very much for all stakeholders that have contributed to the preparation of the Indonesia Health Profile.

Indonesia Health Profile is a comprehensive source of data and information related to current health condition. It is derived from technical units within the Ministry of Health and other institutions that have health-related data, such as Statistics Indonesia (BPS) and the National Population and Family Planning Board (BKKBN).

In this Indonesia Health Profile, readers can obtain data and information regarding Demography, Health Facilities, Health Personnel, Health Finance, Maternal & Child Health, as well as Disease Control and Environmental Health.

The data and information presented in this profile may be valuable in evaluating health development outcome among provinces, evaluating the outcome of health development program in Indonesia, and may be used as a baseline data in planning future health development programs

The Indonesia Health Profile 2014 is published on book version and electronic file, which is available at *website* www.kemkes.go.id. I sincerely hope that this book will give significant benefit for all stakeholders: the government, professional organization, academic staff, private sector, as well as the society. It is also expected to positively contribute to the development of health in Indonesia. Suggestions and feedback are welcomed for further improvement.

Jakarta, September 2015
Secretary General
Ministry of Health RI



dr. Untung Suseno Sutardjo, M.Kes



MENTERI KESEHATAN
REPUBLIK INDONESIA

FOREWORD

MINISTER OF HEALTH REPUBLIC OF INDONESIA



Health development is conducted to raise awareness, willingness, and the ability to live a healthy life for everyone, in order to achieve the highest level of health among the population. The high disparity and the need for accelerated programs to improve health services accessibility require the support of sufficient resources, the policy direction, and the right strategy on health development. Support of data and health information that is accurate, precise, and fast in the management of health development becomes an important factor.

I welcome this Indonesia Health Profile 2014 as a comprehensive publication of data and health information. This publication should be used as the basis of decision making in any health management process. The Indonesia Health Profile 2014 also serves as the fulfillment of the right to access responsible and equal health information and education.

It is in that sense that Indonesia Health Profile continuously improves itself, increasing its quality, punctuality, validity, comprehensiveness, and data consistency, so that in the future it can be published timely. The commitment on data and information integration and coordination between national and regional government should be improved.

I would like to express my sincere and highest gratitude and appreciation to all parties that have contributed in the development of Indonesia Health Profile 2014, especially data management personnel at national and regional level, and other sectors. On this occasion I would also like to invite all stakeholders to synergize in implementing health development in order to achieve data-based health development.

Jakarta, September 2015
Minister of Health Republic of Indonesia

Prof. Dr. dr. Nila Farid Moeloek Sp.M (K)

ABBREVIATION

3M Plus	: Draining, Closing, Burying, plus Avoiding mosquito bites
ABH	: Children in Conflict Law
ABJ	: Larva Free Index
ACT	: Artemisinin-based Combination Therapy
ADB	: Asian Development Bank
ADD	: Children With Disabilities
AFP	: Acute Flaccid Paralysis
AHH	: Life Expectancy at Birth The average number of estimated age of a person on the basis of mortality in the past that are unlikely to change in the future
AIDS	: Acquired Immune Deficiency Syndrome
AKABA	: Underfive Mortality Rate
AKB	: Infant Mortality Rate (IMR)
AKI	: Maternal Mortalite Rate (MMR)
AKN	: Neonatal Mortality Rate
ALKES	: Medical Devices
AMH	: Literacy Rate
AMP	: Maternal Perinatal Audit
Andikpas	: Correctional Protégé
APBD	: Regional Budget
APBN	: National Budget
API	: Annual Parasite Incidence
APK	: Gross Enrollment Ratio
APM	: Net Enrollment Ratio

APS	: School Enrollment Ratio
ASEAN	: Association of Southeast Asian Nations
ASI Eksklusif	: (Exclusive breastfeeding) Breastfeeding alone without additional food and other nutrition to infants from birth to 6 months of age.
BABS	: Stop Open Defecation
BASNO	: No Open Defecation
BB/TB	: Nutritional status based on Weight by Height
BB/U	: Nutritional status based on Weight by Age
BBLR	: Low Birth Weight Babies
<i>BCG</i>	: Bacille Calmette-Guérin
BJP	: Not Piping Network
BOK	: Health Operational Fund
BPS	: Statistics Indonesia
BPJS	: Social Security Administrator
BTA +	: Positive Acid Bacillus
BUMD	: Regional owned enterprises
BUMN	: Government-owned Corporation
CBE	: Clinical Breast Examination
CBR	: Crude Birth Rate
CDR	: Case Detection Rate
CFR	: Case Fatality Rate
CNR	: Case Notification Rate
CR	: Cure Rate
CRPD	: Convention on the Rights of Persons with Disabilities
CSR	: Corporate Social Responsibility
CTKI	: Labor Candidate of Indonesia
D/S	: Coverage of a child's weighing in Integrated Health Post (Posyandu)

DAK	: Special Allocation Fund
DBD	: Dengue Haemorrhagic Fever
DBK	: Areas with Health Problem
DIPA	: List of Budget Implementation
DJA	: Directorate General of Budget
DJPB	: Directorate General of Treasury
DJJ	: Fetal Heart Rate
<i>DO Rate</i>	: Drop Out Rate
<i>DPT</i>	: Difteri Pertusis Tetanus
DPT-HB	: Difteri Pertusis Tetanus and Hepatitis B
DTPK	: Underdeveloped, Borders, and Islands Regions
EKG	: Electrocardiogram
<i>EMAS</i>	: Expanding Maternal and Neonatal Survival
<i>FCP</i>	: Female Cancer Program
FKTP	: Primary Health Service Facilities
FKRTL	: Referral Health Service Facilities
FGD	: Focus Group Discussion
GHPR	: Animal bites transmitting rabies
HAM	: Human Rights
Hb	: Hemoglobin
<i>HDI</i>	: Human Development Index
HDK	: Hypertension In Pregnancy
<i>HIV</i>	: Human Immunodeficiency Virus
IBI	: Indonesian Midwives Association
ICCP	: Indonesian Cancer Control Program
ICWRMIP	: Integrated Citarum Water Resources Management Investment Program
IDAI	: Indonesian Pediatric Association

IDU	: Injecting Drug User
IEBA	: Industry of Natural Ingredients Extracts
IFK	: District/Municipality Pharmacy Unit
IGD	: Emergency Unit
IMD	: Early Initiation of Breastfeeding
IMS	: Sexually Transmitted Infections
IMT	: Body Mass Index
IMT/U	: Nutritional status based on Body Mass Index by Age
IOT	: Traditional Medicine Industry
IPM	: Human Development Index
IPKM	: Public Health Development Index
IR	: Incidence Rate
ISPA	: Acute Respiratory Infection
IVA	: Inspeksi Visual <i>dengan Asam Asetat</i>
IUD	: Intra Uterine Device
Jamkesmas	: Public Health Insurance
Jamkesda	: Region Health Insurance
Jampersal	: Insurance for delivery
JKN	: National Health Insurance
JMP	: Joint Monitoring Program
Jumantik	: Larva Monitoring Technician
K1	: First visit of pregnant woman, i.e. first visit of pregnant woman during pregnancy to health care facilities
K4	: Visits for antenatal care at least four times during pregnancy, which consists of at least one contact in the first trimester, once in the second trimester, and twice in the third trimester.
KB	: Family Planning
KEA	: Asean Economy Community
KF 3	: Postpartum visits; Service to the puerperal woman at least 3 times: at 6 hours to 3 days postpartum; in the

second week, and in the sixth week that includes provision of vitamin A for 2 times as well as the preparation and/or installation of postpartum family planning.

KIA	: Mother and Child Health
KIE	: Information, Education and Communication
KKI	: Indonesian Medical Council
KKP	: Port Health Office
KKS	: Healthy District/Municipality
KLB	: Outbreak
KMS	: Health Card
KN1	: First neonatal visit; basic neonatal health care, first visit at 6-24 hours after birth.
KN Lengkap	: Complete Neonates visit; basic neonatal health services that include exclusive breastfeeding, prevention of infections such as eye and umbilical cord care, administration of vitamin K1 injection if not given at birth, immunization of hepatitis B1 if not given at birth, and integrated management of young infants. Carried out according to standards at least 3 times: at 6-24 hours after birth, at 3-7 days and at -28 days after birth. Conducted in health facilities or during home visits.
KOMNAS	: National Commission
KPA	: Authorized Budget User
KPDT	: Ministry of Underdeveloped Area Development
KT	: HIV Test and Counseling
KtA	: Violence Against Children
KTR	: No Smoking Area
KUHAP	: The Book of the Law of Criminal Procedure Law
KVA	: Vitamin A Deficiency
Lapas	: Penitentiary/ Correctional institution
LBH	: Legal Aid Institute
LIL	: Complete Five Basic Immunization

LILA	: Upper Arm Circumference
LKSA	: Child Welfare Institute
LMKM	: Steps to Successful Breastfeeding
LP/LS	: Cross Program / Cross Sector
LPA	: Child Protection Agency
LPP	: Rate of population growth
LSL	: Male Sex with Male/Homosexual
LSM	: Non-Governmental Organization
MA	: Islamic High School
MAK	: Labor Active Management
MB	: Multi Bacillary
<i>MDGs</i>	: Millenium Development Goals
MI	; Islamic Elementary School
MOP	: Male Operative Method; methods by surgery on male sperm ducts.
MOW	: Female Operative Method; methods by surgery on the fallopian tubes.
MP ASI	: Complementary feeding
MTBM	: Integrated Management of Young Childhood; an integration approach in the management of infants aged 1 day - 2 months, either healthy or sick, whether they visit the outpatient facilities and basic health care or are visited by health workers during the neonatal visit.
MTBS	: Integrated Management of Childhood Illness; an integrated approach in the management of sick children with a focus on health of children aged 0-59 months (infants) as a whole. IMCI is not a health program but an approach/method to manage sick children.
MTs	: Islamic Junior Secondary School
MTKI	: Indonesia Health Personnel Assembly
NAPZA	: Narcotics, Psychotropic and Other Addictive Substances

<i>NCDR</i>	: Newly Case Detection Rate
NSPK	: Norm, Standard, Procedure, and Criteria
P4K	: Labor Planning and Prevention of Complications Program
PAK	: Occupational Diseases
PAK	: Medical Device Distributor
PAMSTBM	: Community-Based Water Supply and Total Sanitation
PBB	: United Nations
PBF	: Pharmacy Wholeseller
PBI	: Beneficiaries of Donation
PD3I	: Preventable Diseases by Immunization
PDAM	: Regional Water Company
PEMDA	: Regional Government
Perpres	: Presidential Decree
PET	: Post Exposure Treatment
PHBS	: Clean and Healthy Behavior
PJB	: Periodic larva monitoring technician
PJK	: Coronary Heart Disease
PJPD	: Cardiovascular Disease
PK	: Management of Maternal Complications
PKH	: Family Hope Program
PKHS	: Education of Healthy Life Skills
PKK	: Family Welfare Guidance
PKPR	: Adolescent Health Care
PKRT	: Household Health Supplies
PKT	: Integrated Crisis Center
PMS	: Sexually Transmitted Diseases
PN (Salinakes)	: Delivery assisted by Health Personnel

PNS	: Civil Servants
POGI	: Indonesian Society of Obstetrics and Gynecology
Polindes	: Village Maternity lodge
POLRI	: Indonesian National Police
Poltekkes	: Polytechnic of Health
POMP	: Mass Drug Administration; program for filariasis
PONED	: Basic Emergency Obstetric and Neonatal Care
PONEK	: Comprehensive Emergency Obstetric and Neonatal Care
Posbindu	: Integrated Development Post
Poskesdes	: Village health post
Posyandu	: Integrated Health Post
PP	: Government Regulation
PPDS	: Medical Specialist Education Program
PPDGS	: Dentist Specialist Education Program
PPA	: Project Partnership Agreement
PPT	: Integrated Service Center
PSN	: Mosquito nest eradication
PTM	: Non-Communicable Diseases
PTT	: Non-Permanent Employees
PUS	: Eligible couples
Puskesmas	: Health Center
Pustu	: Sub health center
RAN	: National Action Plan
Renstra	: Strategic plan
Riskesdas	: Basic Health Research
RITL	: Advanced Hospitalization

RITP	: Basic/First Level Hospitalization
RJTL	: Advanced outpatient service
RJTP	: Basic/First Level Outpatient service
RPJMN	: National Medium Term Development Plan
RPSA	: Children Social Protection Home
RPTC	: Trauma Center Shelter Home
RSIA	: Mother and Children Hospital
RSK	: Special Hospitals
RSU	: General Hospital
Rutan	: Detention Center
Satker	: Work Unit
SD	: Elementary School
SDIDTK	: Detection of Early Intervention Stimulation of Development
SDKI	: Indonesia Demographic Health Survey
SDM	: Human Resource
<i>SEARO</i>	: WHO South-East Asia Regional
Sentra P3T	: Center of Development and Application of Traditional Medicine
SJSN	: National Social Safety Net
SK	: Decree
SKRT	: Household Health Survey
SLB	: Special Schools
SLTA	: Senior High School
SLTP	: Secondary School
SMK	: Vocational High School
SMP	: Junior High School
SPAL	: Wastewater Sewer
SPM	: Minimum Service Standards

<i>SR</i>	: Success Rate
SpOG	: Obstetrics and Gynecology Specialist
Srikandi	: Cancer Registration System in Indonesia
STBM	: Community-Based Total Sanitation
STBP	: Integrated Biological and Behavioral Survey
STR	: Certificate of Registration
STRA	: Pharmacists Registration Certificate
STRTTK	: Technical Workers of Pharmaceutical Services Registration Certificate
STTB	: Certificate of Graduation
Susenas	: Socio-Economic Survey of Indonesia
TB	: Tuberculosis
TB	: Height
TB/U	: Nutritional status based on Height by Age
THT	: Ear, Nose, and Throat
TKI	: Indonesian Migrant Workers
TNI	: Indonesian National Armed Forces
Toga	: Religious Leaders
Toma	: Community Leaders
<i>TOT</i>	: Training of Trainer
TP	: Co-Administration Fund
TPAK	: Labor Force Participation Rate
TPM	: Food Management Site
TPT	: Unemployment Rate
<i>TT</i>	: Tetanus Toxoid
TTU	: Public Places
<i>UCI</i>	: Universal Child Immunization; complete primary immunization in infants (0-11 months), pregnant woman, woman of childbearing age and elementary school students. Complete basic immunization in

infants include: 1 dose of BCG, 3 doses of DPT, 4 doses of polio, 4 doses of hepatitis B, and 1 dose of measles. In pregnant woman and woman of childbearing age it includes 2 doses of TT. For school children the basic level includes 1 dose of DT, 1 dose of measles and 2 doses of TT

UHC	: Universal Health Coverage
UKBM	: Community Based Health Services; UKBM examples are Poskesdes, Polindes, UKK Post, Poskestren, TOGA, Saka Bhakti Husada, etc.
UKGS	: Dental Health School program
UKM	: Public Health Efforts
UKOT	: Small Industry of Traditional Medicine
UKP	: Individual Health Efforts
UKS	: School Health Program
UMOT	: Micro Business of Traditional Medicine
UNDP	: United Nations Development Programme
<i>UNICEF</i>	: United Nations Children's Fund
UPPA	: Woman and Child Protection Unit
UPT	: Technical Implementation Unit
VAR	: Anti Rabies Vaccine
<i>VCT</i>	: Voluntary, Counseling, and Testing
<i>WDF</i>	: World Diabetes Foundation
<i>WHO</i>	: World Health Organization
WNA	: Foreign Citizen
WUS	: Woman of childbearing age/Woman of Reproductive Age(WRA) ; state of the reproductive organs to function properly between 20-45 years old

FIGURE

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I

DEMOGRAPHY

DEMOGRAPHY

Geographically, Indonesia is located between two continents: Asia and Australia, and between two oceans: Indian and Pacific Ocean. Astronomically, Indonesia is located between 6° six degrees of northern latitude to 11° degrees of southern latitude and 95°- 141° of East longitude. Indonesia consists of a set of islands from Sabang until Merauke. Based on the data taken from Geospatial Information Bureau, Indonesia is the world largest archipelagic country with 13,466 islands, 1,922,570 km² for the land area and 3,257,483 km² for the water area.

Based on Minister of Home Affairs regulation no 39 - 2015 about the code and Government Administrative Region, Indonesia was divided administratively into 34 provinces, 514 district/municipalities (416 districts and 98 municipalities), 7,094 sub-districts, 8,309 villages (*kelurahan*), and 74,093 villages (*desa*). The number of provinces in 2013 was increased by one province, the North Kalimantan province. The North Kalimantan province was expansion from East Kalimantan province, with 5 districts/municipalities consist of Malinau, Bulungan, Tana Tidung, Nunukan district and Tarakan municipality. Indonesian territorial division administratively based on province in 2013 can be seen in annex 1.

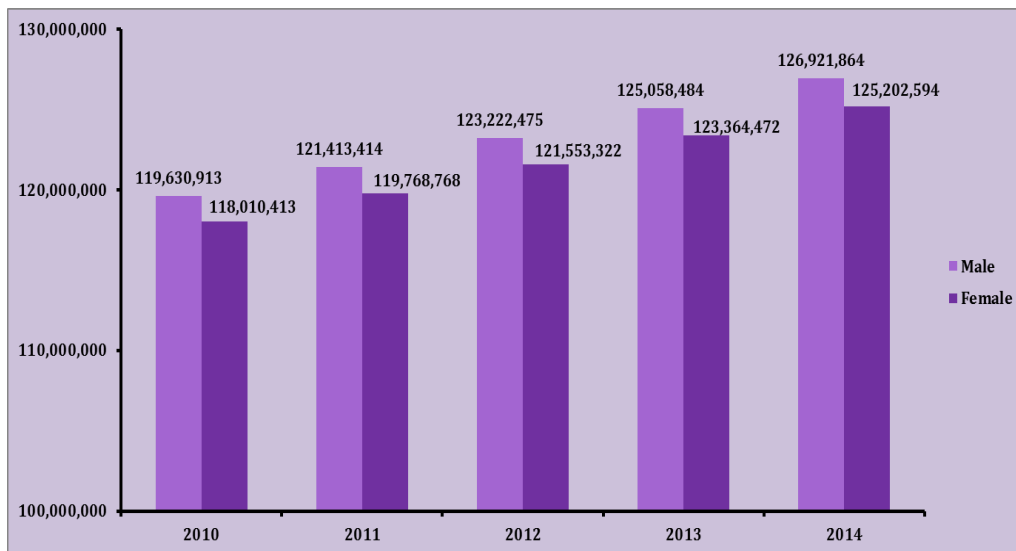
This chapter will review about the state of population, economy, education and human development index (HDI).

A. STATE OF THE POPULATION

The estimated number of the population in 2014 was 252,124,458 people, which consisted of 126,921,864 men and 125,202,594 women. This number was estimated by Center for Data and Information, Ministry of Health with the guidance from BPS-Statistics Indonesia using geometric method. This method uses the principal of basic parameters of demography: the fertility, mortality and migration parameter; each year grows constantly. This method is easier to be done by reviewing the population growth in two or more spots indifferent time.

Figure 1.1 below showed the increasing number of Indonesia's population from 2010 until 2014. The increasing number is relatively fast, the policy is needed to manage and limit the birth numbers, so that birth can be controlled and the people's wealth can be more increasing. The sex ratio in 2014 is equal to the year 2013 in the amount of 101, which means that there are 101 men among 100 women.

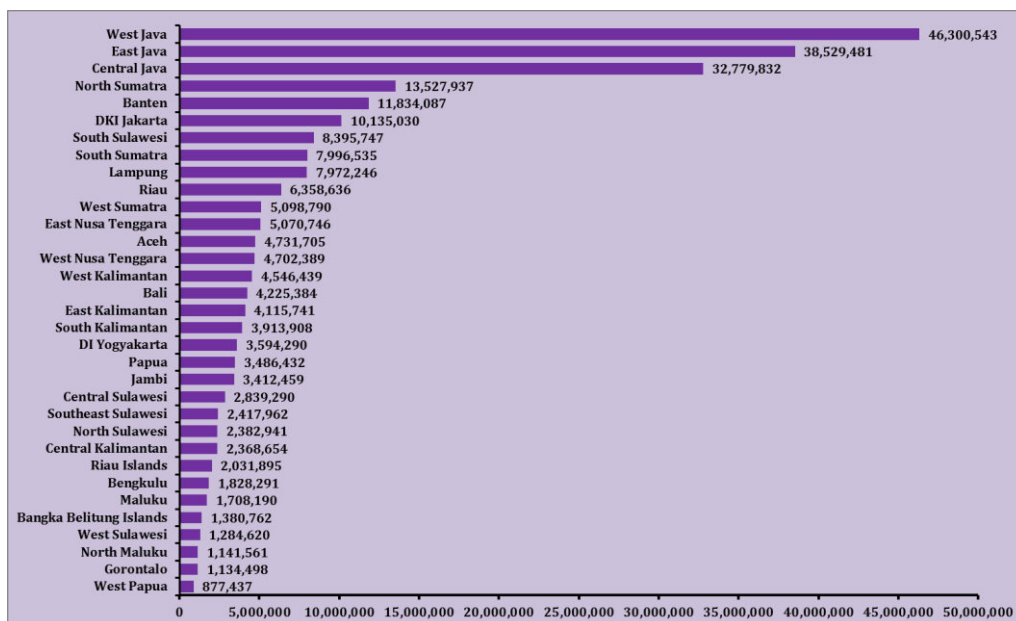
FIGURE 1.1
POPULATION OF INDONESIA BY SEX IN 2010 – 2014



Source: BPS-Statistics Indonesia 2010, The result of population census;
Center for Data and Information, Ministry of Health, Republic of Indonesia, 2014, Estimation result

In figure 1.2, based on the estimation, the highest number of population in Indonesia is in the Province of West Java – that is 46,300,543 people, while the lowest number of the population is in the Province of West Papua with 877,437 people. The highest to the lowest number of population order is not much different from 2013, the difference only changed position in South Sumatra and Lampung, and also Papua and Jambi. The detail of the number of the population based on sex, province and sex ratio can be seen in annex 1.2.

FIGURE 1.2
POPULATION OF INDONESIA BY PROVINCE IN 2014

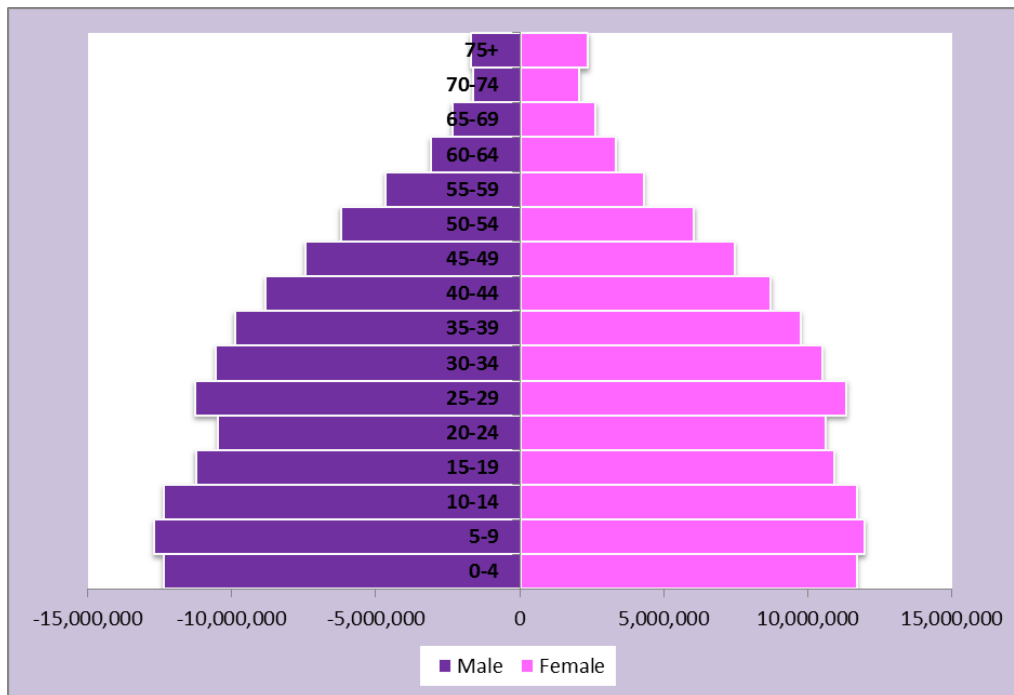


Source: Center for Data and Information, Ministry of Health, Republic of Indonesia, 2014, Estimation result

The population's age structure based on sex can be described in a population's pyramid. Based on the estimation of the number of the population, a pyramid of population in 2014 can be made. The base of the pyramid shows number of population, the left body of the pyramid shows

number of men and on the right side, it shows number of women. This pyramid is the illustration of population structure which consists of young, adult and old people. This structure becomes the foundation for demography, social, culture, and economy policy.

FIGURE 1.3
POPULATION PYRAMID OF INDONESIA IN 2014

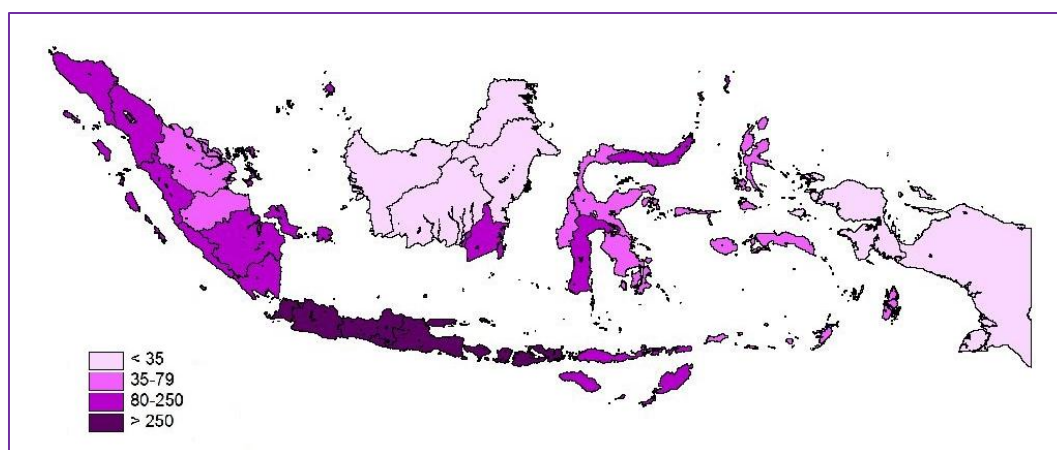


Source: Center for Data and Information, Ministry of Health, Republic of Indonesia, 2014, Estimation result

Figure 1.3 above showed that the population structure in Indonesia is a young age population, as can be seen from the high number of this population. The body of the pyramid is wide, it shows the number of the productive age especially the age of 25 – 29 years old and 30 – 34 years old groups, both men and women. The number of old population is also high, especially women. This can be interpreted as an increase of life expectancy, especially women. This condition demands strong policy towards aging population. Increased number of the old population means increase of wealth and health condition, but on the other side it can become a burden because this group of population is not productive anymore.

Population concentration in an area can be learnt using population density. Population density shows the average number of the population as per 1 square kilometer. High number of an area density shows that there are so many people live in that area. Average population density in Indonesia is estimated as many as 132 population per square kilometer, this condition increased from the previous year. Population density is useful as a reference to actualize the equalization and the distribution of the population. Population density based on the province in 2014 can be seen in annex 1.4.

FIGURE 1.4
MAP OF POPULATION DENSITY IN 2014



Source: Center for Data and Information, Ministry of Health, Republic of Indonesia, 2014, Estimation result

In figure 1.4, the population density in Indonesia was not equitably distributed. The highest population density was in Java island – that is DKI Jakarta with 15,263 people/square kilometer. The lowest population density was in West Papua with nine people per square kilometer. This condition is not much different from the previous year. There are some ways that can be used for distributing Indonesia’s population equitably, they are: transmigration or program to move the population from the dense area to other areas which do not have too many population. This can be done with the help from the government or by themselves ; the spread of job opportunity by developing industry, especially for the provinces which are located outside Java; the control of population number by decreasing the birth number through the program called as Family Planning (Ind: “*Keluarga Berencana*”) or the re-arrangement of the rule of the people who want to get married for the first time.

The important indicators which are often used related to the distribution of the population based on age to determine the productivity of the population is the Dependency Ratio. Dependency Ratio is the number used to express the comparison between number of people who are not productive (age under 15 years old and age 65 years old and over) and the number of people who are in the productive age (15 to 64 years old). Roughly, the comparison shows the dynamics of the productive dependancy ratio over the non-productive one. This number can be used as a general indicator that can show economic situation in a certain country. The higher the percentage of the dependancy ratio shows the higher burden that has to be taken by the productive people to finance the people who are not productive and the non-productive ones. While the lower percentage of the dependency ratio shows the low burden that has to be taken by the productive people to finance the people who are not productive yet and the non-productive ones, too.

On Table 1.1, the dependency ratio of the Indonesia’s population in 2014 was 51.3. It means that 100 productive Indonesia’s population, besides taking their own burden, are also financing 51.3 people who are not productive yet or those who are not productive anymore. If we compare the dependency ratio based on sex, the women’s dependency ratio is less than the men’s. In 2014, the women’s dependency ratio was 51.4, meaning that 100 productive women, besides taking their own burden, will take burden of 51.4 women who are not productive yet or those who are not productive anymore.

TABLE 1.1
POPULATION AND DEPENDENCY RATIO BY SEX AND PRODUCTIVE
AND NON PRODUCTIVE AGE GROUP IN 2014

No	Age	Male	Female	Total
1	0 – 14 Years old	37,439,660	35,337,708	72,773,368
2	15 – 64 Years old	83,775,296	82,831,529	166,606,825
3	65 Years old	5,706,908	7,033,357	12,740,265
Total		126,921,864	125,202,594	252,120,458
Dependency Ratio		51.5	51.4	51.3

Source: Center for Data and Information, Ministry of Health, Republic of Indonesia, 2014, Estimation result

People as the development determinant must get serious attention. The development program, including the health program, must be based on the dynamics of the demography. The efforts of developing the health field can be seen from the health programs through promotive, preventive, curative and rehabilitative efforts. Health development is one of efforts to increase the population's health levels. The optimal achievement of the population's health levels is not only the responsibility of the health sector, but other related sectors like education, economy, social and government has a big role as well. Health is the right for all citizens, and for that, health development targets and goals should be assigned. Table 1.2 showed the population data as the target of health development programs in 2014 by sex.

Population data as the target of the program is really needed for the program administrator especially those who make the planning and the achievement evaluation of health efforts that have been carried out. The population data as the target of health development programs in 2014 by province is shown in Annex 1.5, 1.6, 1.7 and 1.8.

TABLE 1.2
TARGET OF HEALTH DEVELOPMENT PROGRAM IN 2014

No	Program Target	Age group/Formula	Sex		Total
			Male	Female	
1	Live Births	-	2,470,130	2,339,174	4,809,304
2	Infant	0 Years old	2,396,024	2,269,001	4,665,025
3	Underthree	0 – 2 Years old	7,313,483	6,915,434	14,228,917
4	Underfive Children	1 – 4 Years old	9,973,365	9,415,426	19,388,791
5	Underfive	0 – 4 Years old	12,369,408	11,684,408	24,053,816
6	Pre-School	5 – 6 Years old	4,983,345	4,696,136	9,679,481
7	First year elementary/equal	7 Years old	2,541,878	2,394,269	4,936,147
8	Elementary student/equal	7 – 12 Years old	15,186,763	14,309,627	29,496,390
9	Young population	< 15 Years old	37,439,660	35,337,708	72,777,368
10	Productive age	15 – 64 Years old	83,775,296	82,831,529	166,606,825
11	Older population	≥ 60 Years old	8,795,184	10,347,677	19,142,861
12	High risk older population	≥ 70 Years old	3,329,069	4,406,341	7,735,410
13	Women of Reproductive Age (WRA)	15 – 49 Years old	-	69,148,825	69,148,825
14	WRA for Vaccination	15 – 39 Years old	-	53,017,364	53,017,364

No	Program Target	Age group/Formula	Sex		Total
			Male	Female	
15	Pregnant women	1,1 X Live Birth	-	5,290,235	5,290,235
16	Delivering women/Puerperial women	1,05 X Live Birth	-	5,049,771	5,049,771

Source: Center for Data and Information, Ministry of Health, Republic of Indonesia, 2014, Estimation result

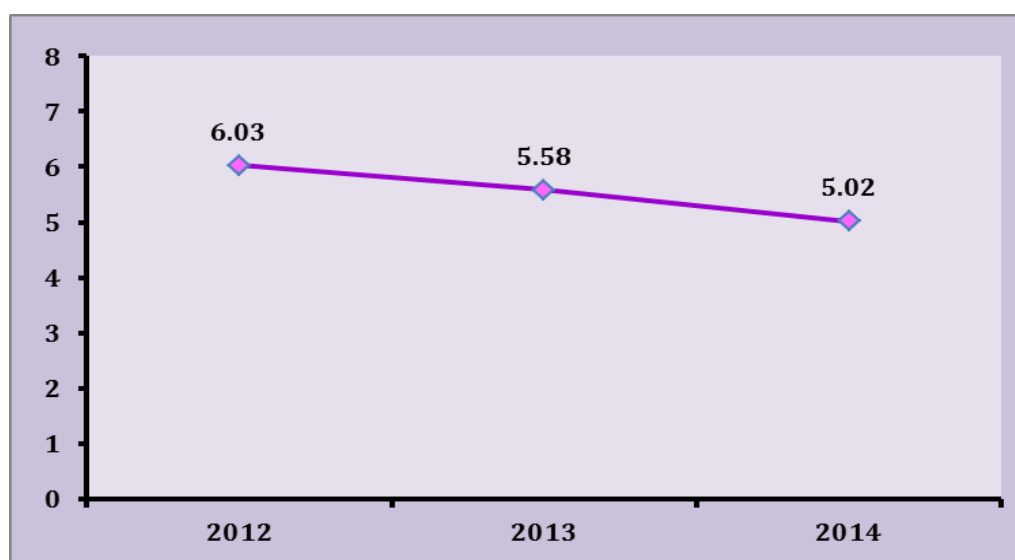
B. STATE OF ECONOMY

State of the economy is one of the measured aspects in determining the success of development in one country. Based on BPS-Statistics Indonesia data, the growth magnitude of Indonesia's gross domestic products in 2014 on the basis of the prevailing price reached IDR 10,542.7 trillion. Based on the constants prices (in 2010), Indonesia's Gross Domestic Products in 2014 reached IDR 8,568.1 trillion.

Per-capita's Gross Domestic Product (GDP) is based on prevailing prices divided by the number of the population in the mid-year. Between 2010–2014, the percapita's Gross Domestic Products based on the prevailing prices were increasing; the Gross Domestic Product in 2010 was IDR 28,8 million; IDR 32,4 million in 2011, IDR 35,1 million in 2012, IDR 38.3 million in 2013 and IDR 41,8 million in 2014.

In figure 1.5, the BPS-Statistics Indonesia data shows that the growth of Gross Domestic Products in 2014 was 5.02%. The economic growth that happened in 2014 was lower if compared to what happened in 2012 and 2013. This condition happened as the result of the global economy crisis –although at multiple world's main economies the recovery continues to happen with uneven and unexpected rapidity, and aggravated by domestic economy structural problems for the last couple of years. The domestic economy structural problems are natural resources (ind: *SDA*) which is still dominated by export, low food and energy tenacity, shallow financial markets and increasing dependency to external financing.

FIGURE 1.5
INDONESIA'S ECONOMY GROWTH IN 2012 - 2014 (IN %)



Source: BPS-Statistics Indonesia, 2015

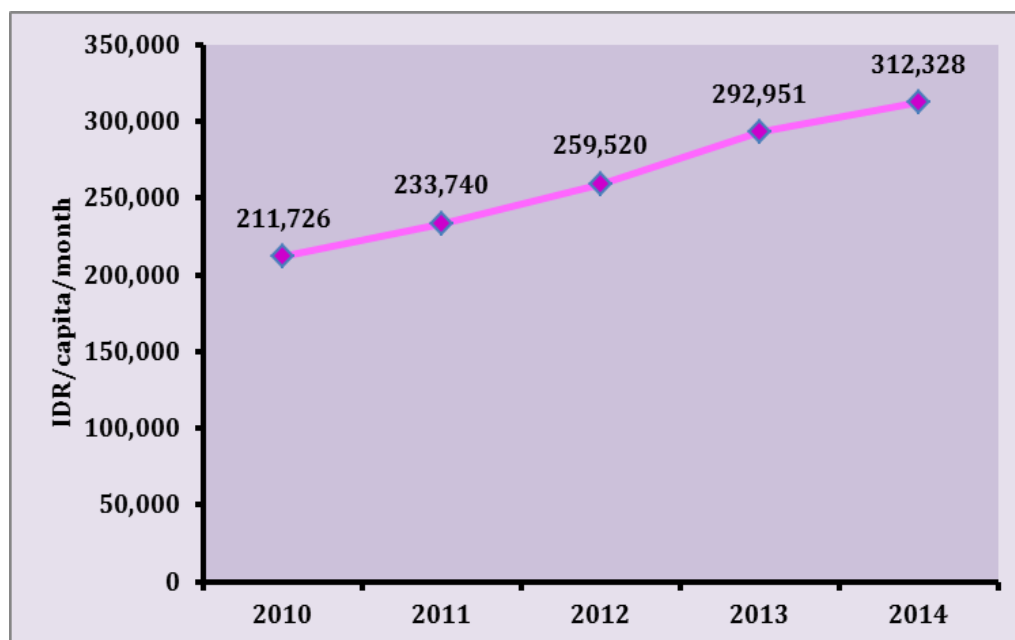
In 2014, the Government made some policies to improve the economic fundamental in order to create a solid foundation for economic growth. In the future, the Indonesian economy is

expected to be better, with solid macroeconomic conditions, faster pace of the structural reforms and stronger economic fundamentals. By 2015, domestic economic growth is expected in the range of 5.4 – 5.8% and in 2019 is expected at 6.5%. However, we still need to observe the recovery of world’s economy, which is expected to be slow and uneven, as well as the new challenges at the regional level, with the enactment of the ASEAN Economic Community (AEC, Ind: *KEA*) by the end of 2015.

The poverty measurement from BPS-Statistics Indonesia uses the concept that fulfill basic need approach. Poverty is described as a condition where someone or a group of people can not afford to fulfill their basic needs to survive and develop dignified lives. Poverty is also described as population’s economic incompetence to fulfill the basic needs of foods or non-foods which are measured from their expenditures. Income distribution is one of the poverty aspects that need to be seen because basically it is considered as relative poverty measurement. Because the income data is difficult to get, the measurement of income distribution is done by using the population’s expenditure data.

Poverty measurement is done by setting a default value of minimum needs, whether it is foods or non-foods needs which have to be fulfilled by someone to reach dignified lives. This default value of minimum needs is used as a borderline to separate the poor population and non-poor. This border line is usually called as poverty line. The poor population category is population with monthly per-capita expenditure level less than the poverty line.

FIGURE 1.6
INDONESIA’S POVERTY LINE
IN 2010 – 2014



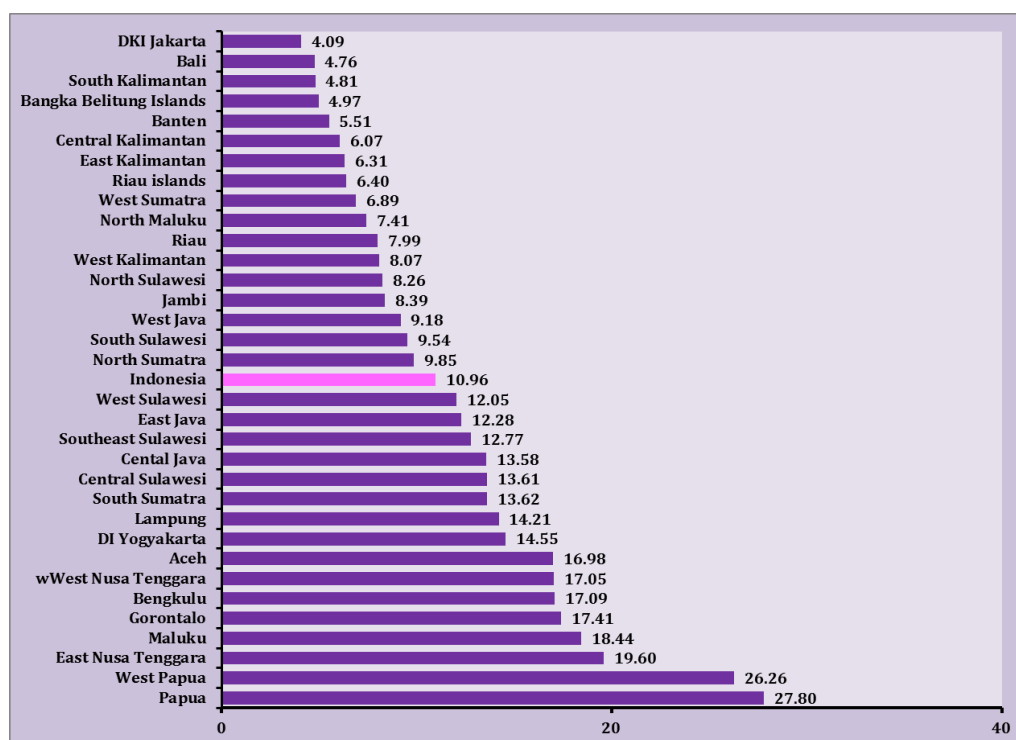
Source: BPS-Statistics Indonesia, 2015

Figure 1.6 shows the increase of poverty line in Indonesia from 2010-2014. In 2014, the poverty line or monthly per-capita expenditure was IDR 312,328. Measurement of the poverty condition was done by BPS-Statistics Indonesia in March and September. On the measurement of the condition in September 2014, the poor population in Indonesia was 27,73 million people (10.96%), less than the measurement of the condition in March 2014 (28,28 million people or 11,25%). Several factors that affect the condition in March to September 2014 was the low general inflation rate, increased average nominal wages of agricultural labourers and

construction workers, declined of the retail price of some staple commodities and economic growth in Indonesia reached 5.52%. The number of poor people in rural areas decreased more than in urban areas.

To increase the effectivity of poverty eradication efforts, President has issued a regulation; that is Presidential Regulation No. 15 year 2010 about the Acceleration of Poverty Eradication, in order to accelerate the decrease of poverty numbers by eight to ten percents by the end of 2014. The poverty rate of 10.96% achieved in 2014 has not yet reached the target but is going up. One of the poverty characteristics in Indonesia is the difference between the value of relative poverty and absolute poverty, and this difference related to geographical location. In absolute poverty, more than half of the total poverty population are located in Java (54.6%). But in relative poverty, the provinces in Eastern Indonesia showed higher poverty, such as Papua (27.80%), West Papua (26.26%), East Nusa Tenggara (19.60%), Maluku (18.44%), and Gorontalo (17.41%).

FIGURE 1.7
DISTRIBUTION OF POOR PEOPLE BY PROVINCE IN 2014



Source: BPS-Statistics Indonesia, 2015

TABLE 1.3
DISTRIBUTION OF NUMBER AND PROPORTION OF POOR POPULATION
BY BIG ISLAND IN 2012 - 2014

No	Island Group	2012		2013		2014	
		Total (Thousand)	%	Total (Thousand)	%	Total (Thousand)	%
1	Sumatra	6,177.2	21.6	6,190.1	21.7	6,070.4	21.9
2	Java	15,882.6	55.3	15,546.9	54.4	15,143.8	54.6
3	Kalimantan	932.9	3.3	978.7	3.4	972.9	3.5
4	Bali and Nusa Tenggara	1,989.6	7.0	1,998.1	7.0	2,004.5	7.2
5	Sulawesi	2,045.6	7.1	2,139.6	7.5	2,054.9	7.4
6	Maluku and Papua	1,626.8	5.7	1,700.5	6.0	1,481.4	5.3
Indonesia		28,594.7	11.66	28,553.9	11.47	27,727.8	10.96

Source: BPS-Statistics Indonesia, 2015

Table 1.3 showed the distribution of the number and proportion of poor population based on big islands from 2012-2014 and Figure 1.9 showed the poor population percentage based on province in 2014. In Sumatra, the highest percentage of poor population was in Aceh (16.98%) and the lowest percentage was in Bangka Belitung Islands (4.97%). In Java Island, DI Yogyakarta Province had the highest percentage of poor population; it was at 14.55% and the lowest percentage was in DKI Jakarta (4.09%). Poor population was little and equal on Kalimantan Islands (6.07-8.07%) The complete number and percentage of poor people in 2000-2014 are in Annex 1.9 and the details by province in 2014 can be found in Annex 1.10.

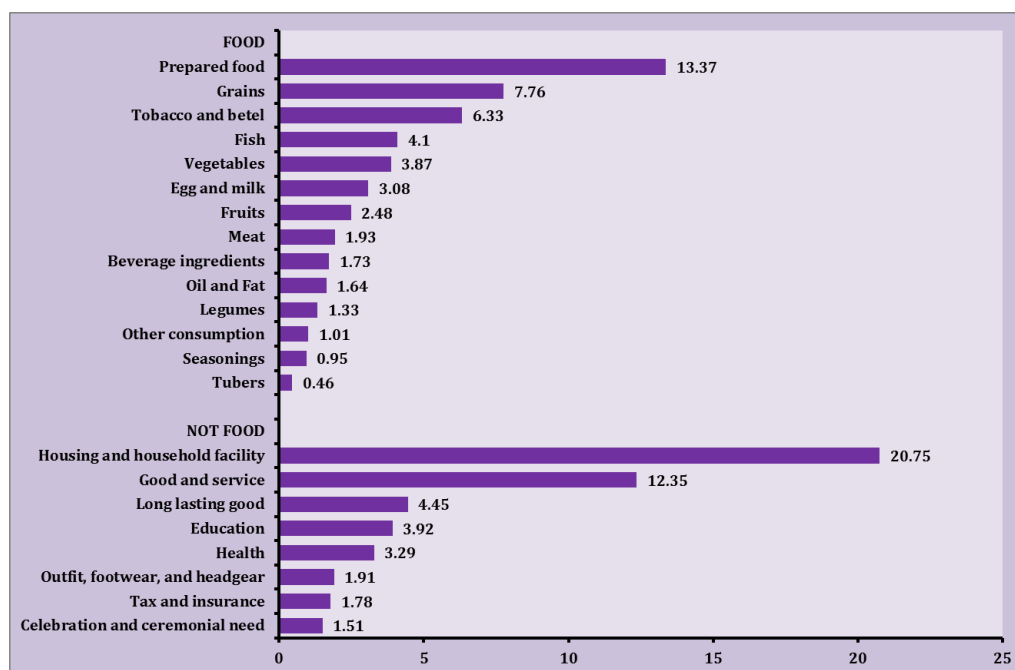
Poverty also needs other dimension to be considered; they are the depth and severity levels of the poverty. Index of poverty depth is the average measurement of the expenditure gaps of each poor population toward the poverty line. The higher the index number, the further the population's average expenditure away from the poverty line. Nationally, index of poverty depth in 2014 was 1.75. The index of poverty severity gives the illustration about the spread of the expenditure among the poor population. The higher the index number, the higher the expenditure gaps among the poor population. Nationally, index of poverty severity in 2014 was 0.44. The details about the index of the poverty depth and the index of poverty severity can be seen in annex 1.11.

The measurement that can illustrate income gap is the Gini Coefficient/Gini Index (Gini Ratio). Gini Index is a coefficient that shows *gAPS* level or the income spread equity thoroughly. The Gini index number is between 0 and 1. The higher the Gini Index number shows the higher the income inequity. If the Gini index number is 0 meaning that the equity of the income spread is perfect, while number 1 means the income inequity happens perfectly. The detail about the Gini index can be seen in annex 1.12.

The amount of the income received by the households can describe how prosperous a society is. However, accurate income data is very difficult to obtain. Therefore, an approach is taken to get the households' expenditure data. The households' expenditure data which consists of food expense and non-food expense can describe how the population allocates their households needs. Even though the price in each area is different, but the value of the households expenditure can still show the difference in people's welfare level in each province especially if it is seen from the economic aspect. According to the laws of economics (Ernest

Engel, 1857) when there is no different on tastes, then the percentage of expenditure on food decreases with rising incomes. Thus, generally increasing income (welfare) diminishes the percentage to expense for food.

FIGURE 1.8
PERCENTAGE OF AVERAGE EXPANSES PER CAPITA / MONTH
IN 2014



Source: BPS-Statistics Indonesia, 2015

The economic growth is closely related to job opportunities in Indonesia. The population, as seen from the employment side, is a great supply for labour market, but only those who are still productive (above 15 years old) can offer their services in labour market. The productive population can be divided into two groups; the one which is a part of the workforce and the other one which is not. A workforce consists of working population (those who are active working and those who already have jobs but currently not working) and unemployment (those who are seeking works, those who are preparing business and those who already have jobs but have not started to work yet, and those who have given up). The non-workforce group consist of studying population, managing household and others.

The employment condition in Indonesia in 2012-2013 can be seen in table 1.4. From August 2013 until August 2014, there is an increased in number of workforces, working population, and decreased in number of open unemployment. The number of workforces in Indonesia in August 2013 reached 120.2 million people, increased to 121.9 million people in August 2014. There is a decrease in the level of participation of workforce (Ind:TPAK) from 66.77% in August 2013 to 66.60% in August 2014. TPAK is a percentage of workforce compared to working age population. This indicator shows the number of working age population whose economically active in a certain region. TPAK also shows the relative number of workforce supply available for production.

TABLE 1.4
TREND OF WORKFORCE DEVELOPMENT, EMPLOYMENT AND OPEN UNEMPLOYMENT
IN 2012- 2014

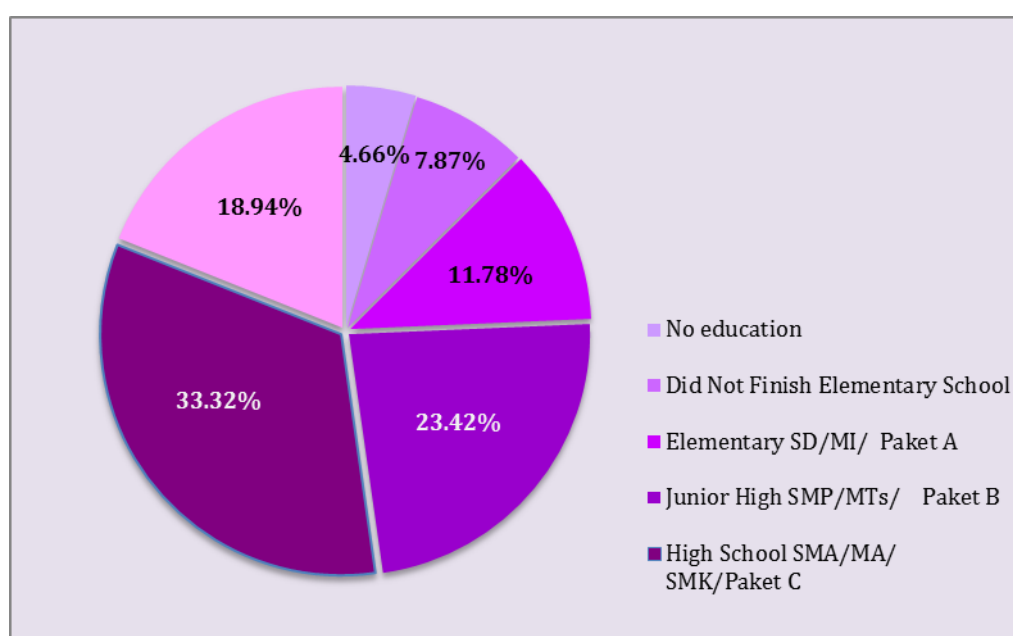
Job Situation	2012		2013		2014	
	February	August	February	August	February	August
Number of Workforce	121,819,813	119,849,734	123,170,509	120,172,003	125,316,991	121,872,931
Workforce participation rate (%)	69.59	67.76	69.15	66.77	69.17	66.60
Number of population who are employed	114,061,982	112,504,868	115,929,612	112,761,072	118,169,922	114,628,026
Open Unemployment	7,757,831	7,344,866	7,240,897	7,410,931	7,147,069	7,244,905
Rate of open unemployment (%)	6.37	6.13	5.88	6.17	5.70	5.94

Source: BPS-Statistics Indonesia 2015

Note: 2011-2013 APS was recalculated after considering the index population change in 2010-2035.

In the last year, the number of open unemployment in Indonesia is reduced about 166 thousand people, from 7,410,931 in August 2013 to 7,244,905 in August 2014. Thus, Open Unemployment Rate (*Ind: TPT*) decreased from 6.17 % in August 2013 to 5.94 % in August 2014. TPT describes the proportion of the workforce who are unemployed and actively seeking and willing to work, or the ratio between the number of job seekers in the labour force. Unemployment continued to decline until 2014, it was under 6%, showing that the target of reducing the unemployment rate by 5-6 % in 2014 set out in the 2010-2014 Development Plan have been successful.

FIGURE 1.9
PERCENTAGE OF OPEN UNEMPLOYMENT IN INDONESIA
BY LEVEL OF EDUCATION; CONDITION AS OF AUGUST 2014



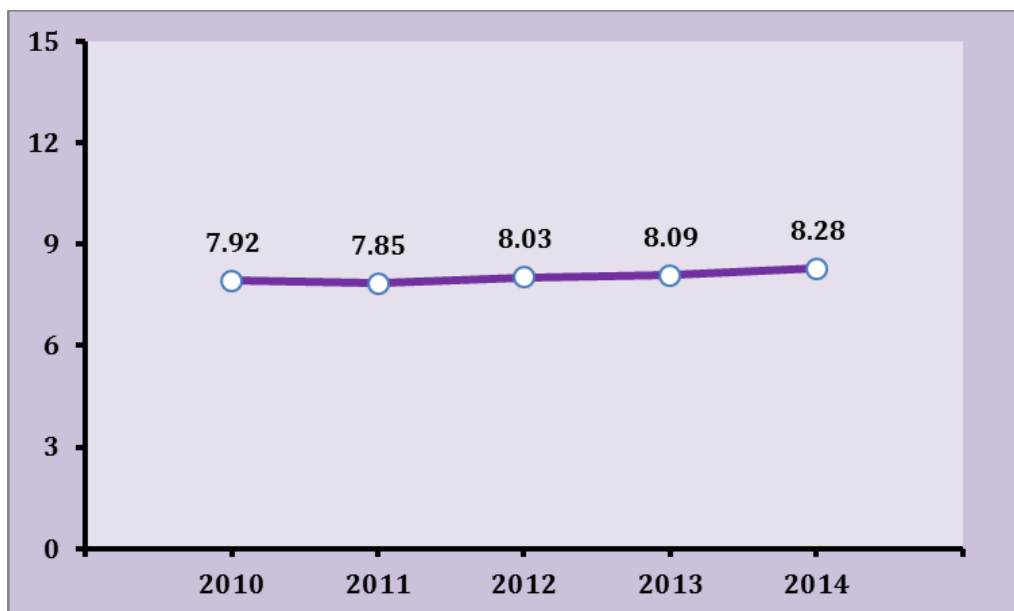
Source: BPS-Statistics Indonesia 2015

Unemployment can be analyzed based on education levels. This indicator is aimed to see the relationship between the education level of workers and unemployment to give us a sight in alteration of labour demand. Figure 1.7 shows the highest unemployment number per August 2014 is in the group of people whose level of education is in Senior High School and it reaches 33.3%, or one third from total unemployment population in Indonesia. The second highest unemployment group is those with Junior High School level; which reaches 23.4%. The contribution of population whose uneducated/ uncompleted Elementary school is lowest than the higher education population (4.7% and 7.9% respectively). It shows that in 2014 number of unemployment is dominated by population of higher educated (Senior High School and above). However, this group of population tend to seek job opportunity actively and fullfill the labour demand qualifications. Details about the percentage of open unemployment rate by education and province in Annex 1.15.

C. STATE OF EDUCATION

Education is one of the influential indicators which are often used in measuring human development index in a country. The constant changes of the population's behavior is influenced by the increase in education levels. Education becomes the pioneer in preparing the human resources and it is one of the development aspects which become the pre-requisite to actualize the goals of national development. Education level of population can be analyzed by many indicators, one of them is the average length of education.

FIGURE 1.10
AVERAGE LENGTH OF EDUCATION OF POPULATION 15 Y.O AND OVER (IN YEAR)
2010 - 2014



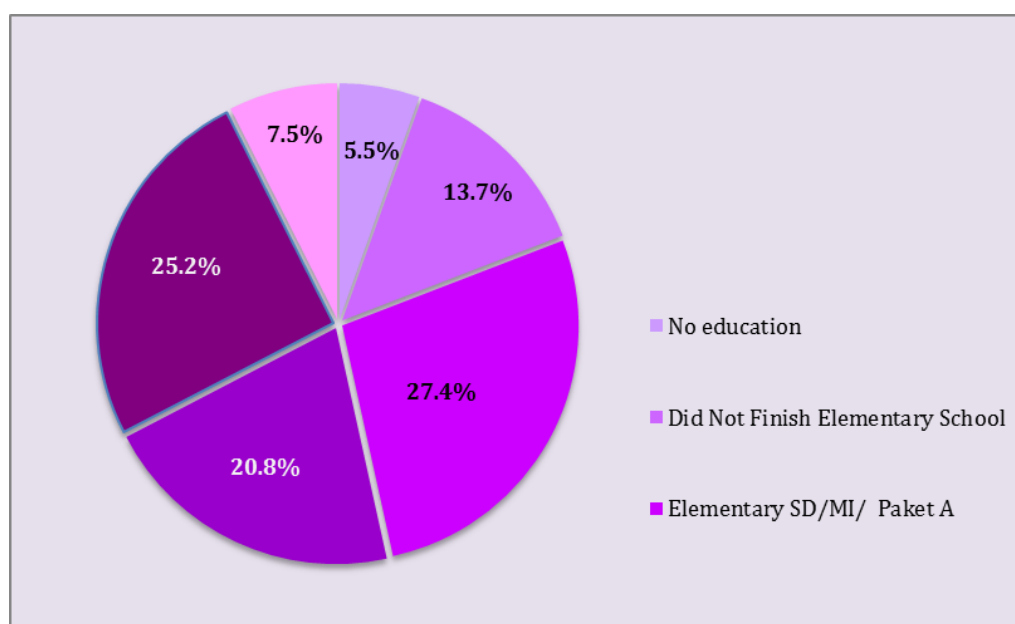
Source: BPS-Statistics Indonesia 2015

The average length of study in population aged 15 years old and over since 2011 increased from 7.85 in 2011 to 8.28 in 2014. Even though this number is increasing every year, this number has not fulfilled the aims of 9-year compulsory education. In 2014, the average length of study in urban areas (9.7 years) is longer than in rural areas (7.03 years). This is due to better facilities in urban compared to rural areas. Based on sex gender, male (8.76 years) tend to study longer than female (8.04 years). There are 9 provinces that have fulfilled the 9-year compulsory education including DKI Jakarta, Riau Islands, DI Yogyakarta, East Kalimantan,

Maluku, West Papua, Aceh, North Sumatra and North Sulawesi. The highest average length of education is in the Province of DKI Jakarta, that is 10.98 years and the lowest is in the Province of Papua, 6.32 years. Details of the average length of education of the population aged 15 years and over by province and sex can be seen in Annex 1.16 .

One of the achievements in the field of education , namely the ownership of a diploma or Certificate of Graduation (Ind: “*STTB*”), which will eventually be a way to continue to higher education or suitable work. Additionally, diploma/*STTB* are also a benchmark in the association or social relationships. Related to the quality of human life, there is the tendency of the higher diploma/*STTB* possessed more knowledge and result in increased quality of life, especially in the area of health and housing.

FIGURE 1.11
PERCENTAGE OF POPULATION AGE 15 Y.O AND OVER
BY HIGHEST EDUCATION LEVEL IN 2014



Source: BPS-Statistics Indonesia 2015

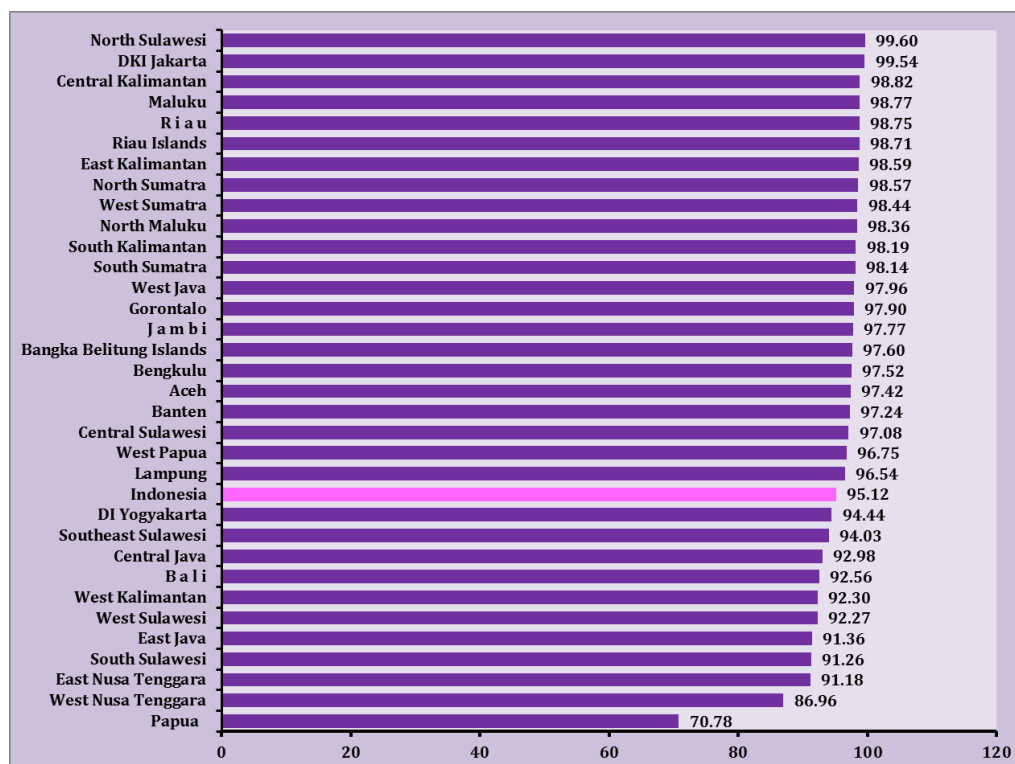
In 2014, the percentage of population aged 15 years old and over who had a diploma/*STTB* at least high school/equivalent was about 32.64%; while those with a diploma/*STTB* Elementary school/or Junior high/equivalent of about 48.23%; and the not/uneducated and uncompleted Elementary school (do not have a diploma/*STTB*) percentage is approximately about 19.14%. When compared by gender, the percentage of the male population who have a diploma/*STTB* minimal elementary school/equivalent is relatively higher than the female population.

The basic things that are needed by the population toward a more prosperous life is the ability to read and write. The population that can read and write, in general, have access to things far greater than the population that does not have this capability, so the opportunity to live a more prosperous is owned by people who can read and write. The ability to read and write is reflected in the literacy rate and illiteracy rate.

Illiteracy is the basis for the implementation of illiteracy eradication programs, and the illiteracy rate is expected to continue to decline. The 2014 illiteracy rate of 4.88% is lower compared to the year 2013 which amounted to 6.08%. Literacy rate (Ind: *AMH*) is the opposite of illiteracy. *AMH* is a percentage of the population aged 15 years and above who can read and

write and understand a simple sentence in their daily life. Literacy rate indicates the population's ability to absorb information from various media and shows the ability to communicate verbally and in writing. Increased in Literacy rate is expected to reduce the level of poverty so that the level of welfare is expected to increase.

FIGURE 1.12
PERCENTAGE OF LITERACY AMONG POPULATION AGE 15 Y.O AND OVER BY PROVINCE 2014



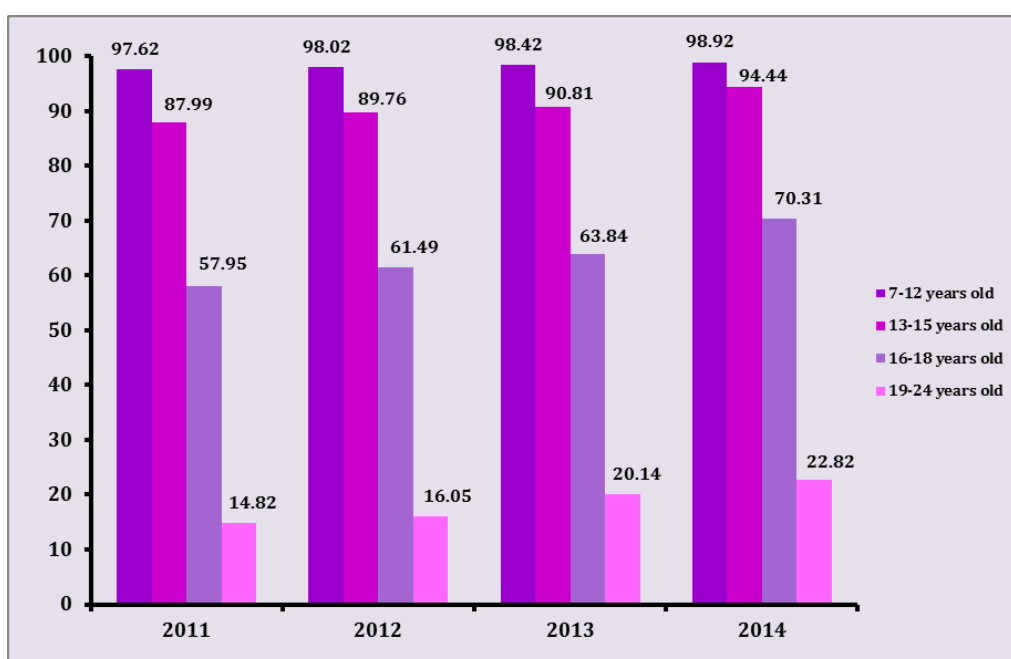
Source: BPS-Statistics Indonesia 2015

In Figure 1.12, nationally *AMH* in 2014 is 95.12%. This condition continues to increase from year to year, an increase of 1.19% in 2014 from 2013. North Sulawesi province has the highest literacy rate (99.60%) and the lowest in the province of Papua (70.92%). Generally in 33 provinces, *AMH* in men is higher than women, except in the province of Gorontalo. Disparity in literacy rate between men and women ranged from 0.36% up to 12.57%, the lowest in North Sulawesi and the highest in the province of Papua. Details of literacy rate (percentage of the population aged 15 years and over who are literate) by province and sex can be seen in Annex 1.18.

Indicator of education enrollment rate is an indicator that measures the level of school enrollment by age group or level of education. There are three types of indicators that provide an insight of enrollment: school enrollment ratio (Ind: *APS*), gross enrollment ratio (Ind: *APK*), and the net enrollment ratio (Ind: *APM*).

APS is a percentage of the number of students in school-aged specific groups who attend school at all levels of education, divided by the population of appropriate school-aged groups. This indicator is used to determine the number of school-aged children who are still in school at all levels of education. *APS* is generally categorized into 3 age groups; 7-12 years old represent the elementary school level, 13-15 year old represent the junior high/SMP/MTs level, 16-18 years old represent high school/vocational and 19-24 years old represent college level. The higher the *APS* means more school-aged children who attend school.

FIGURE 1.13
SCHOOL ENROLLMENT RATIO BASED ON SCHOOL-AGED GROUP IN 2011 - 2014



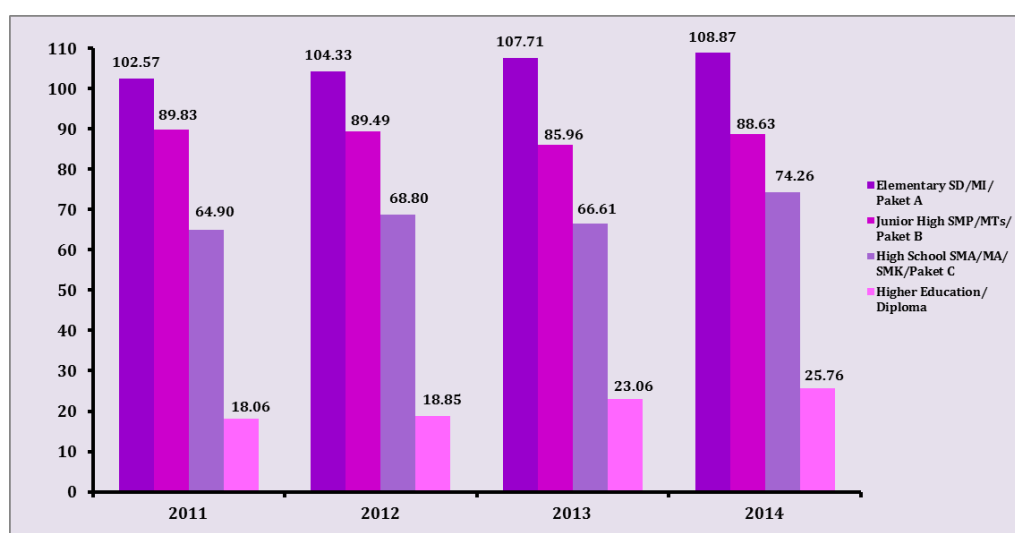
Source: BPS-Statistics Indonesia 2015

Figure 1.13 shows that the *APK* in 2011 to 2014 for each age group tend to increase in number. The higher the age group, the lower the school participation level. This might happen because the age group between 16-18 years old and 19-24 years old have been considered as the groups in the workforce and work. The largest increase occurred in the age group of 16-18 years or age group of high school/equivalent, in line with the 12-year compulsory education program. *APK* increase in the age group 7-12 years and 13-15 years also occurred, and in line with the 9-year compulsory education program that preceded the 12-year compulsory education program. *APK* details by province and age group in 2011-2014 can be seen in Annex 1.19, while the details of *APK* by province, gender, and age group in 2014 can be seen in Annex 1.20.

APK is an indicator that can provide a depiction of the school's participation in school population at a certain level of education regardless of age. *APK* is the ratio of the number of the students, no matter how old they are, who are still studying at a certain level of education towards the number of age group population who are related to certain education levels. *APK* shows general level of the population's participation in a certain education level. The result of the *APK* calculation is used to know how many children go to school in a certain level of education. The high *APK* shows how many school-aged children that goes to school in a certain level of education in a certain area.

In Figure 1.14, *APK* value for Elementary school/*MI* in 2011-2014 exceeded 100 percent indicative of early school attendance (population under 7 years of age who are in school) or late attendance (population aged over 12 years are still in elementary school/equivalent). In 2014 the value of *APK* for Elementary school/equivalent amounted to 108.87%, Junior high/equivalent amounted to 88.63%, high school/equivalent amounted to 74.26% and amounted to 25.76% college. The percentage in 2014 was higher compared to the year 2013 at all levels of education. *APK* details by province in 2011-2014 can be seen in Annex 1.21. Generally *APK* is higher in female population than the male population at all levels of education, except Elementary school/equivalent. This shows more female population who continue their education to a higher level than the male population. *APK* details by province and gender in 2014 can be found in Annex 1.22.

FIGURE 1.14
PERCENTAGE OF GROSS PARTICIPATION RATE IN 2011 - 2014

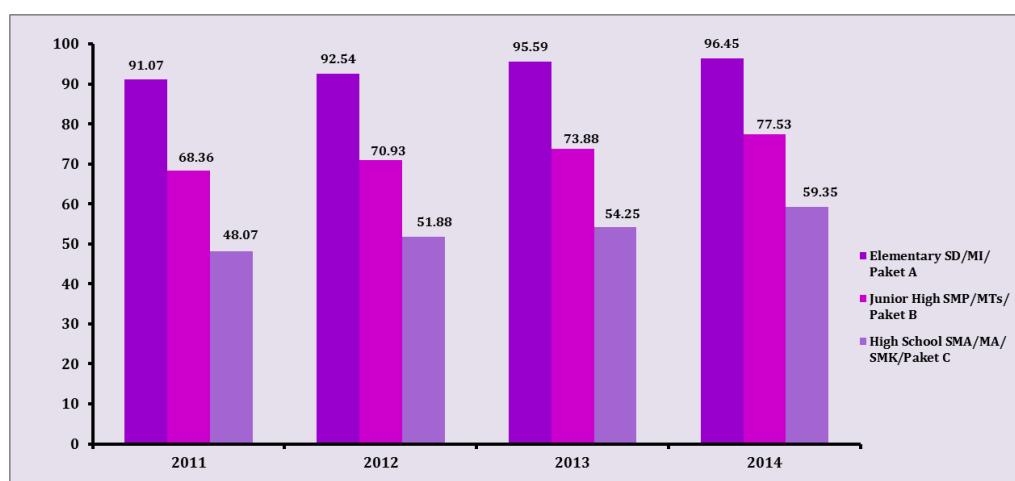


Source: BPS-Statistics Indonesia 2015

Another education indicator is net participation rate (*APM*). *APM* is described as the comparison between the number of school-aged group of students at a certain level of education with school-aged population that are suitable with the age, expressed in percent. This *APM* indicator can be used to know how many school-aged children at a certain level of education that is suitable with their age. The high number of *APM* shows many school-aged students who study in a certain area. If it is compared to *APK*, *APM* is a better education indicator because it considers the population's participation at standard age group at the specific education level that fits that standard.

In figure 1.15, the 2014 *APM* value for Elementary school/equivalent amounted to 96.45%, Junior high/equivalent amounted to 77.53% and high school/equivalent amounted to 59.35%. This condition continues to increase at all levels of education compared with previous years. *APM* value reflects a better value of enrollment compared to *APK*. *APM* details by province in 2011-2014 can be seen in Annex 1.23.

FIGURE 1.15
PERCENTAGE OF NET PARTICIPATION RATE IN 2011 - 2014

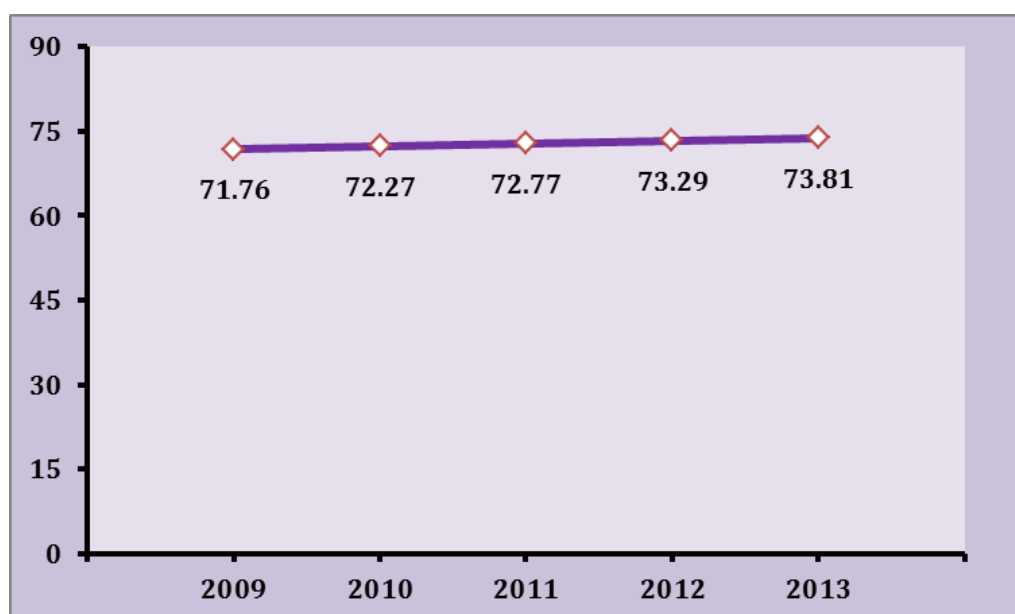


Source: BPS-Statistics Indonesia 2015

D. HUMAN DEVELOPMENT INDEX

According to United Nations Development Programme (UNDP), Human Development Index (HDI) measures the achievement of human development based on a number of basic components of quality of life. HDI is built through a three-dimensional approach as a measure of quality of life; long and healthy life, knowledge and a decent life. Life expectancy at birth used to measure the long and healthy life dimensions (health dimensions). The combination of illiterate number and average length of school used to measure the dimensions of knowledge. As for measuring the dimensions of a decent life, indicator of purchasing power (purchasing power parity) of a community on a number of primary needs as seen from the average of spending per capita's expenditure was used. Based on an international scale, performance/value of the HDI can be divided into four categories, namely high category ($HDI \geq 80$), upper middle class ($65 \leq HDI < 80$), lower middle category ($50 \leq HDI < 66$) and lower category ($HDI < 50$).

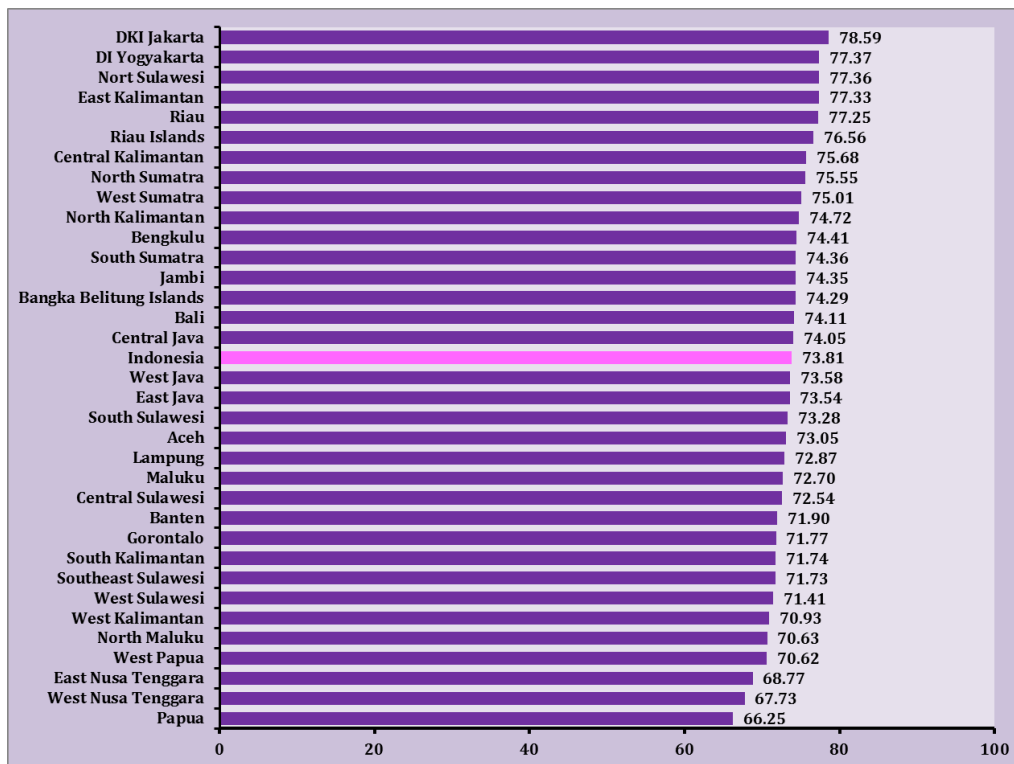
FIGURE 1.16
HUMAN DEVELOPMENT INDEX OF INDONESIA IN 2009 - 2013



Source: BPS-Statistics Indonesia 2015

Human Development Index of Indonesia continues to increase from year to year. During the 2009-2013 period, Indonesia's HDI value has increased 2.05 points, from 71.76 to 73.81. The increasing value put Indonesia on a high level of human development. The increasing value of the indicators that form HDI will increase the value of the HDI, the largest increase occurred in the literacy number and the indicator of purchasing power (average real expenditure per capita). Increasing value of HDI over the past five years can be seen in Figure 1.16.

FIGURE 1.17
HUMAN DEVELOPMENT INDEX BY PROVINCE IN 2013



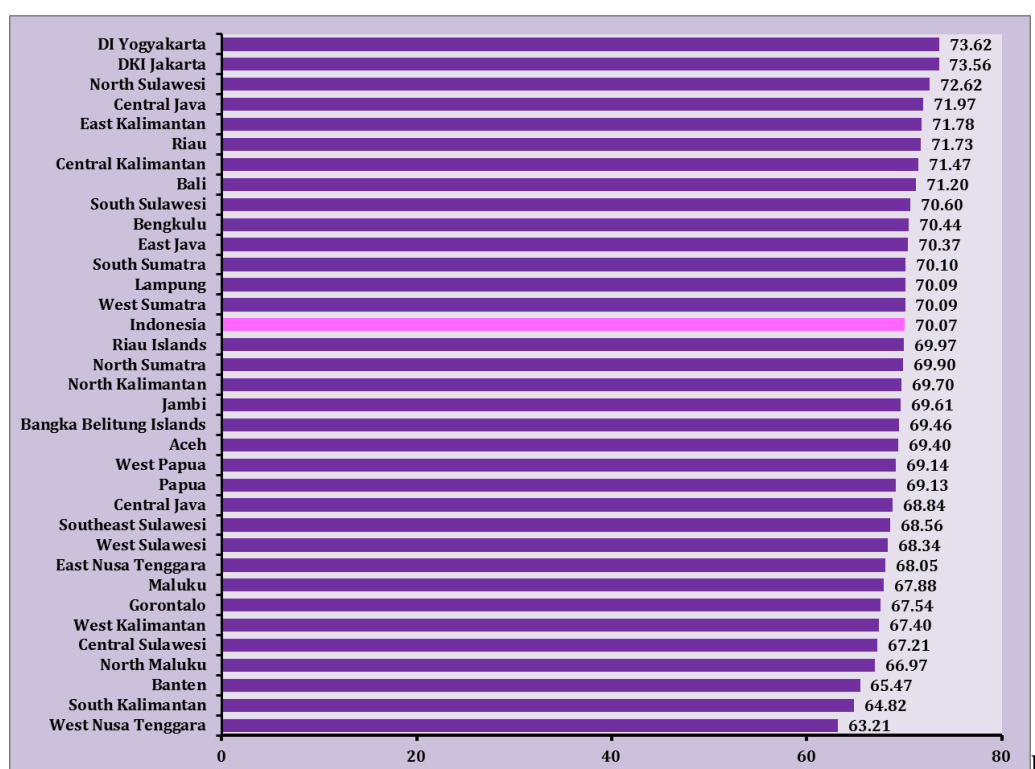
Source: BPS-Statistics Indonesia 2015

Figure 1.17 shows HDI in Indonesia in 2013. The division of HDI value can be divided into three parts; they are high HDI value, middle and low. High HDI value has value ≥ 80 , the middle HDI value has value between 50-79.9 and middle HDI value has value < 50 . Based on those divisions, there is not any provinces in Indonesia which has high HDI value. All provinces in Indonesia are included into middle HDI category. The highest HDI value was at the Province of DKI Jakarta (78.33) and the lowest HDI was in the Province of Papua (65.86). HDI in North Kalimantan is already contained in 2013 data, amounting to 74.72. There is a HDI achievement gap between western and eastern region in Indonesia. Provinces in the eastern region are still behind than the province in the western region. Decentralization is expected to enhance the progress of development, especially in order to improve the quality of human life.

The goal of human development is measured not only by the HDI achievement in a region, but also with the pace of the increase HDI. The size of reduction shortfall per year used to measure the pace of the development of HDI in a time series. The lower the rate to the rise HDI, the longer it takes to reach the ideal value of HDI because of the reduction shortfall is a depiction of the flow of HDI to achieve the ideal value. Indonesia's pace to achieve the HDI ideal year 2012-2013 is 1.97, slightly faster than in 2011-2012. Of the 34 provinces, the reduction of the lowest shortfall in Central Kalimantan (0.88) and highest in Yogyakarta (2.67).

The health indicator that affects HDI is Life Expectancy at Birth (*AHH*). The life expectancy at birth (*E₀*) is the estimation of average life of the population with the assumption that there will not be any changes in mortality pattern (death) based on age. This value is the approach value that shows the ability to survive longer. *E₀* is an equivalent to evaluate the government's role in developing the population' welfare generally, and specifically increasing the health level.

FIGURE 1.18
LIFE EXPECTANCY A BIRTH (IN YEAR) IN 2013



Source: BPS-Statistics Indonesia 2015

In 2013, the Indonesia's E_0 value reached 70.07 years; higher than the E_0 in 2012; that was 69.87 years. The province with highest E_0 value was in the Province of DI Yogyakarta with 73.62 years. The province with the lowest E_0 value was in Nusa Tenggara Barat, that was 63.21. In 2013, the E_0 of North Kalimantan (expansion of East Kalimantan) is 69.70. The detail of the HDI values based on province in 2012-2013 can be seen in annex 1.24.

* * *



III

HEALTH FACILITY



HEALTH FACILITY

Health status of a country highly depends on health facility condition. The health facilities described in this section consist of health care facilities and government health educational institutions that produce health personnel. Health care facilities discussed in this section consist of health centers (Ind: *Puskesmas*), hospitals, and Community Based Health Services (Ind: *UKBM*).

Law No. 36/2009 on Health stated that health care facility is an instrument and/or place that is used to organize Health center programs, either promotive, preventive, cure, and rehabilitative by the central, local government, and/or community.

A. HEALTH CENTER

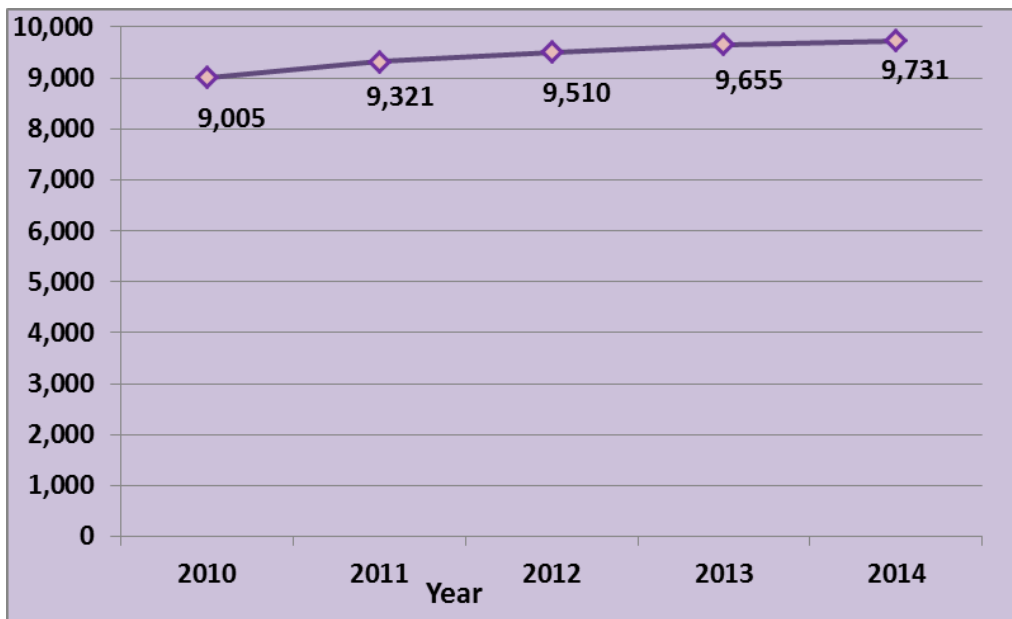
Health Minister Regulation No. 75/2014 defines health center as a health care facility that provide the public and individual health care in the primary level, with more emphasis on promotive and preventive efforts, to achieve the optimal level of public health status in its working area.

Health center has the task of implementing health policies to achieve the goal of health development in its working area in order to support the realization of a healthy sub-district. In addition to carrying out these tasks, Health center also has function as a primary level Public Health Efforts (Ind: *UKM*) and Individual Health Efforts (Ind: *UKP*), as well as a place for health education.

Public health efforts define as all activities to maintain and improve health, prevent and overcome health problems premises targeted families, groups, and communities. Individual health effort is an activity and / or a series of activities aimed at the health service improvement, prevention, cure diseases, reduction of suffering from the disease and restore the health of individuals.

Number of health centers in Indonesia until December 2014 was 9,731 units, consisting of 3,378 health centers with beds and 6,353 health centers without beds. This number is increase than last year, with only 9,655 health centers in 2013. In the last 5 years, the number of health centers had increased as explained in following figure.

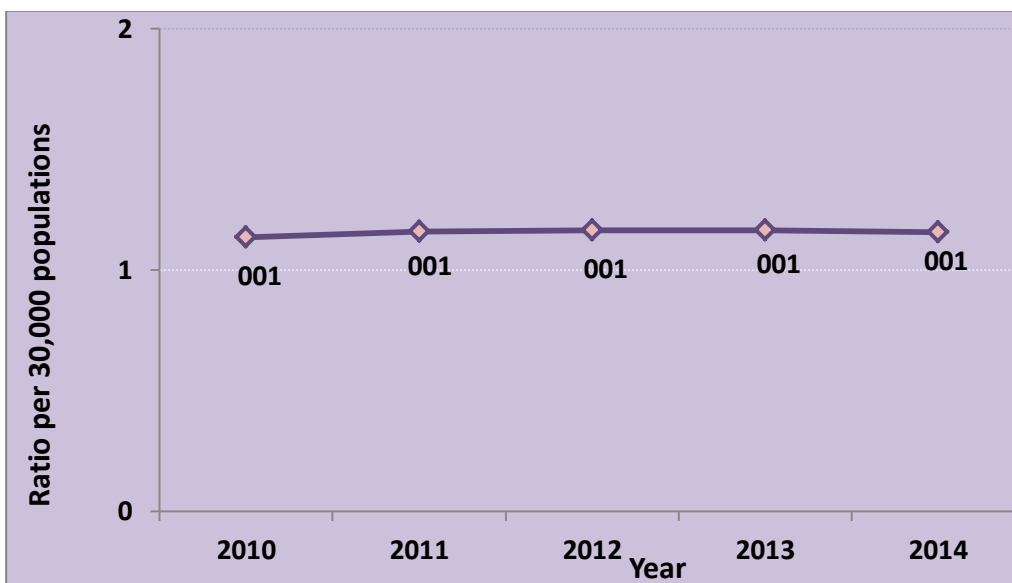
FIGURE 2.1
NUMBER OF HEALTH CENTERS IN 2010 - 2014



Source: Center for Data and Information, Ministry of Health, Republic of Indonesia, 2015

The figure above shows the number of health centers increased from 9,005 units in 2010 to 9,731 units in 2014. However, the increasing number of health centers does not directly indicate how the existence of health center will meet the needs of primary health care in the community. Indicator to describe primary health care needs fulfillment by health center is the ratio of health center to 30,000 residents. The increase in health center number from 2010 to 2015 is parallel to the increase in the ratio of health center to 30,000 residents, from 1.14 to 1.16. The trend is shown in the following figure.

FIGURE 2.2
RATIO OF HEALTH CENTER PER 30,000 POPULATIONS IN 2010-2014

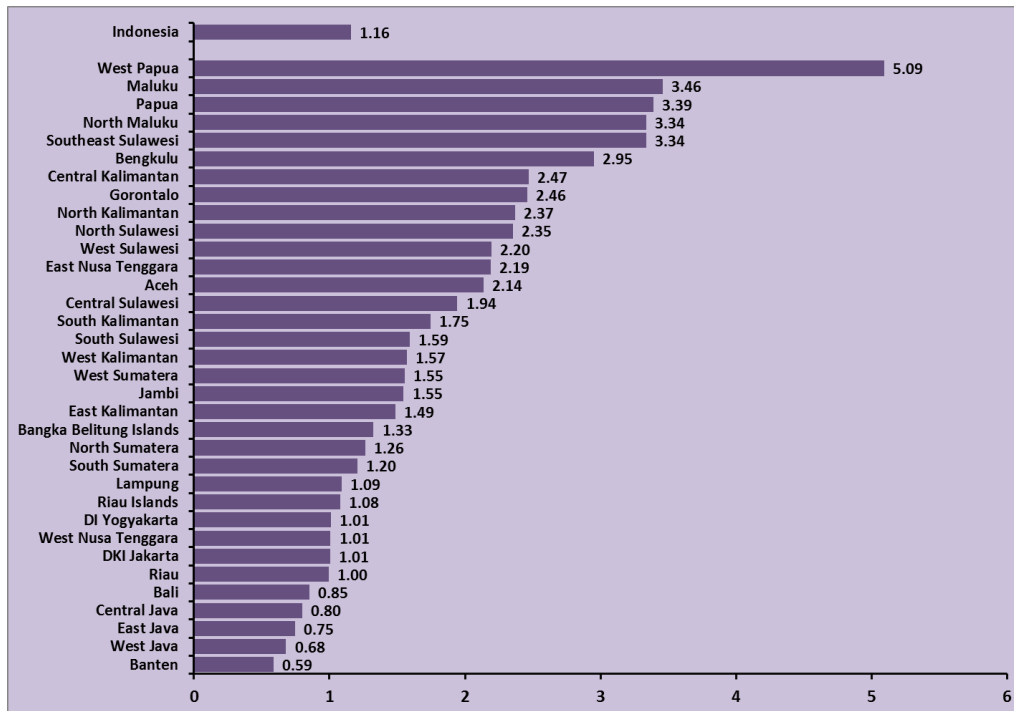


Source: Center for Data and Information, Ministry of Health, Republic of Indonesia, 2015

The ratio of health center per 30,000 populations in 2014 was 1.16. This figure shows a decrease in number compared to 1.17 in 2013. This is due to growth number of health centers is not equal with the population growth.

The highest ratio was West Papua province at 5.09 per 30,000 populations, while the lowest was Banten province at 0.59 per 30,000 populations. The ratio does not describe real conditions of accessibilities to primary health care. For example, three provinces with the highest ratio are all located in the eastern region; West Papua, Maluku, and Papua. One of the reasons is the few number of inhabitants despite of vast working area.

FIGURE 2.3
RATIO OF HEALTH CENTER PER 30,000 POPULATIONS IN 2014

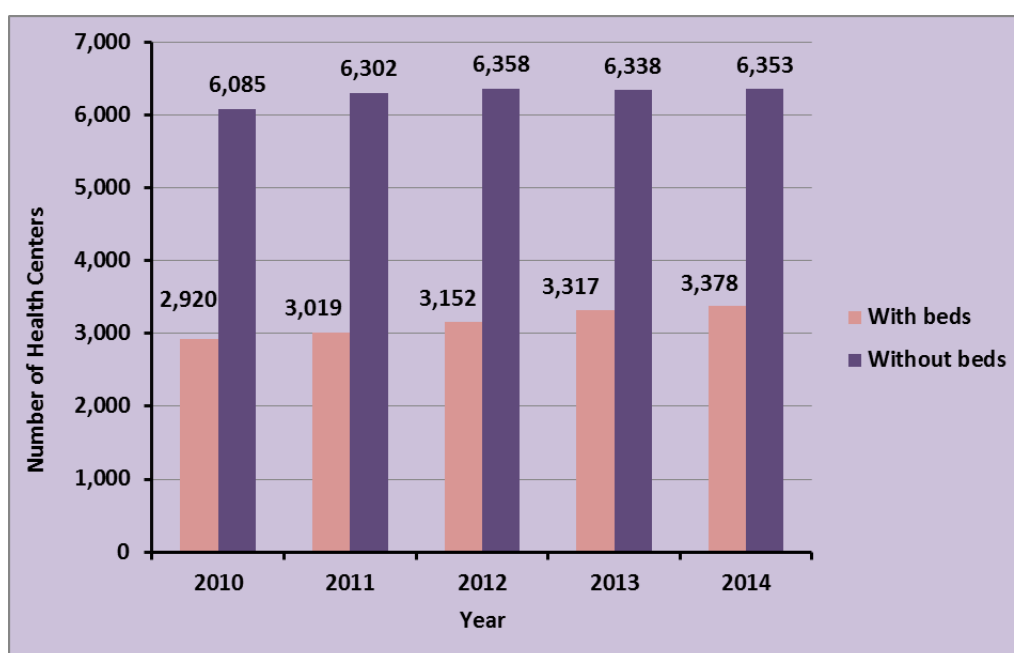


Source: Center for Data and Information, Ministry of Health, Republic of Indonesia, 2015

The figure above shows that besides Banten, other provinces such as West Java and East Java also have low ratio at 0.68 and 0.75 per 30,000 populations. Besides the three provinces, all provinces in Java have low ratio of health centers. This is because of the population number and high population density. However, primary health care existence in all provinces in Java has a sufficient support from the private sector provider. Yet, it still must be noticed because every area requires entity or institution in charge of public health programs, no matter how the primary health care needs can be met by the private sector.

In carrying out its function as primary health care provider, health center implements individual and public health care. Individual health care consist of outpatient and inpatient service. Although public health care is the core of health center, individual health care is also a concern of the government. For Underdeveloped, Borders, and Islands Regions (Ind: *DTPK*) areas, Special Allocation Fund (Ind: *DAK*) is allocated to the district/municipality health office for developing sub-health center and health center and also for upgrading health centers without beds to become health center with beds. For non-*DTPK* areas, *DAK* can be used for the rehabilitation of health center or officer residence and also for increasing Basic Emergency Obstetric and Neonatal Care (Ind: *PONED*). Below is trend of health center with beds and without beds number from 2010 to 2014.

FIGURE 2.4
NUMBER OF HEALTH CENTERS WITH BED AND WITHOUT BED IN
2010 - 2014



Source: Center for Data and Information, Ministry of Health, Republic of Indonesia, 2015

The figure above shows that the number of health center without beds increased from 6,085 units in 2010 to 6,353 units in 2014. However, there was a decline from 6,358 units in 2012 to 6,338 units in 2013. This could be due to some changes of the health center status from without beds to health center with beds. The increasing number also occurred in the health center with beds from 2,920 units in 2010 to 3,378 units in 2014. It could be concluded that there was 34.71% of health center with beds in 2014.

Health center also committed to reduce Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) through efforts of maternal and child health, nutrition, health promotion and PONE implementation. Another form of service associated with the health program is adolescent health care (Ind: *PKPR*), occupational health program, sports medicine program, and case management of Violence against Children (Ind: *KTA*). Extended health program conducted should be based on needs in the work area. For example, occupational health programs are needed in health centers surrounded by many industrial centers. More detailed description of the number and types of health center by province are in Annex 2.1 and Annex 2.2.

1. Health center with Basic Emergency Obstetric and Neonatal Care

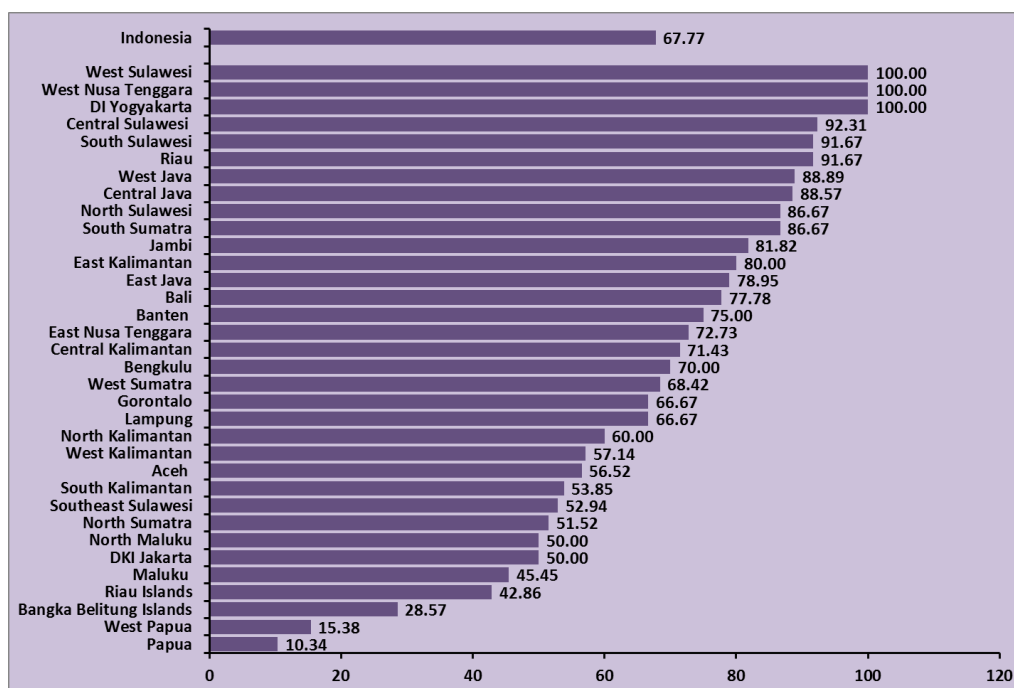
One important additional program in health center is Basic Emergency Obstetric Neonatal Care. This program is made to bring public access to basic emergency obstetric and neonatal care. Easier public access to this emergency services is expected to contribute to the reduction of Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR).

World Health Organization (WHO) target is at least 4 health center are ready to provide PONE care in each district/municipality. Until 2014, cumulatively there are 2,855 PONE health center. As many as 347 districts/municipalities (67.77%) met the requirement. In 2014,

the number of districts/municipalities that only have 1-3 PONEC health center was 130 while 34 district/municipalities did not have it yet.

There were three provinces with the 100% achievement of minimum PONEC requirement (one district/municipality had at least four PONEC health center) including West Sulawesi, West Nusa Tenggara, and DI Yogyakarta. The province with the lowest percentage was Papua at 10.34%, West Papua at 15.38% and Bangka Belitung Islands at 28.57%. The percentage of districts/municipalities that had at least 4 PONEC health center is explained in the following figure.

FIGURE 2.5
PERCENTAGE OF DISTRICT/MUNICIPALITY THAT HAVE AT LEAST 4 PONEC HEALTH CENTER IN INDONESIA IN 2014



Source: DG. of Health Efforts, Ministry of Health, Republic of Indonesia, 2015

The concept of inpatient service on PONEC health center is different from the concept used in health center with beds. Inpatient service at the PONEC health center is inpatient service for post emergency care patients (one day care). Thus, health center without beds that have beds and capable to perform Basic Emergency Obstetric and Neonatal Care, can implement PONEC.

2. Health Center with Occupational Health Program

Law No. 36/2009 on Health on Occupational Health Section Chapter XII article no. 164-166 stated that the occupational health programs aimed at providing protection to workers, so they can be free from health problems and adverse effects caused by the work and live a healthy life. In addition, the government should provide a guidance and oversight to the community and to each organizer of activities related to health resources in health and health efforts both in the formal sector (large and medium scale businesses) and the informal sector (independent business/individual, household, micro and small).

Health center has a strategic role in both sectors of occupational health efforts, mainly in the informal sector. Occupational health programs implementation is adjusted to circumstances

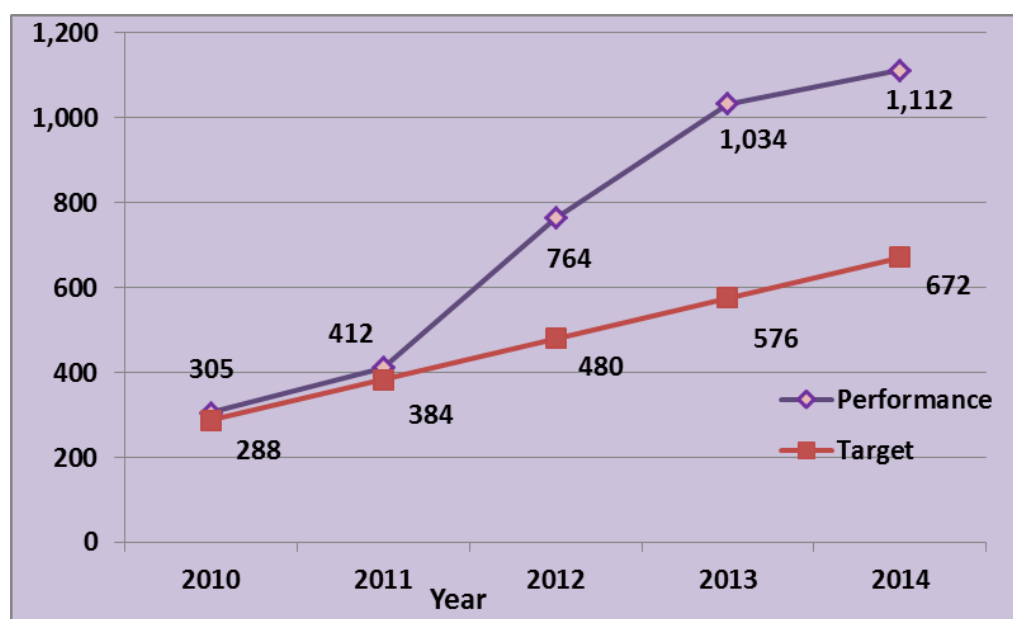
and problems that exist in a specific region of health center. Therefore, occupational health programs are more focused on industrial areas.

Development of occupational health programs were undertaken through the strengthening programs, such as:

1. Increase the capacity of health personnel in the occupational health,
2. Occupational Diseases (Ind: *PAK*) diagnosis training,
3. Improvement of health care facilities for occupational health,
4. Action of healthy and productive women workers, including reproductive health in workplace and training of occupational health in the informal, formal and also office sectors,
5. Coaching of Indonesian Migrant Workers Candidate (Ind: *CTKI*) with a focus on health care training activities for them.

Indicators of occupational health efforts in the Strategic Plan (Ind: *Renstra*) by Ministry of Health in 2010-2014 is health center that conducts occupational health efforts. There was an increasing number of health centers conducting occupational health care efforts from 2010 to 2014. In 2014, there was 1,112 health centers conducting occupational health care efforts that were distributed in 20 provinces. The progression of health center conducting occupational health programs in 2010-2014 explained in the following figure.

FIGURE 2.6
NUMBER OF HEALTH CENTERS THAT CONDUCT OCCUPATIONAL HEALTH CARE
IN 2010 - 2014



Source: DG of Community Nutrition and MCH, Ministry of Health, Republic of Indonesia, 2015

In figure 2.6, it can be seen that the indicator of the number of health centers conducting occupational health care in 2010 to 2014 had increased and exceeded the target set.

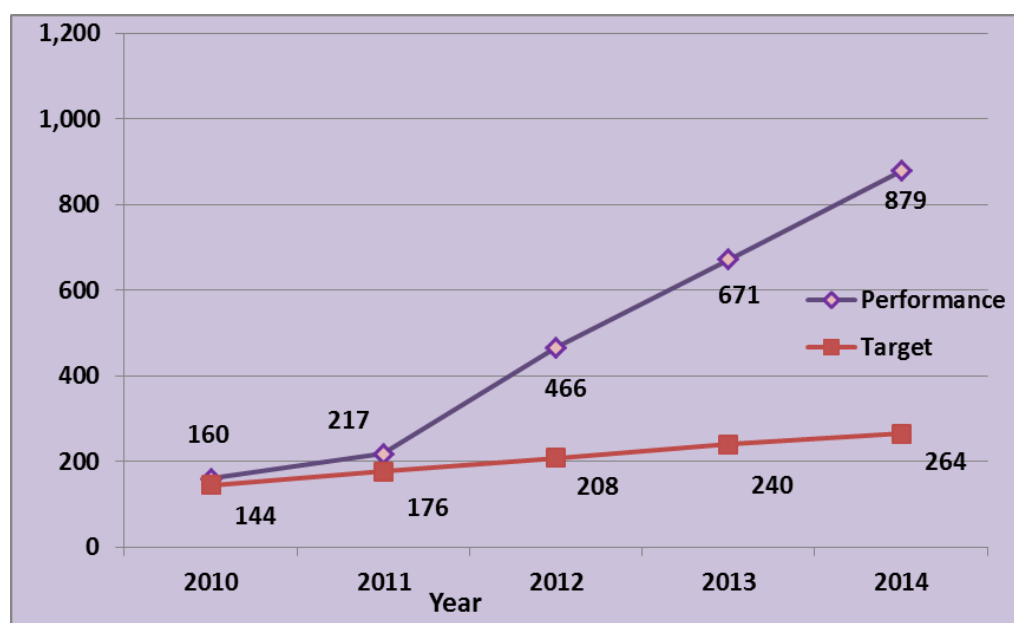
3. Health Center with Sports Medicine Program

Sports medicine programs aim to improve people's health and physical fitness as a basic effort to improve academic achievement, work performance and sports performance through physical activity, exercise and sport as stated in Law No. 36/2009. Sports medicine program can be implemented in primary health care such as health center and also in referral health care.

Sports medicine program in health center covers sports medicine management and services. Sports medicine management is through health exercise group registration, health screenings and education, for targeted group such as sport group in the school, healthy heart (Ind: *jantung sehat*) clubs, posyandu for elderly, pregnant women, diabetes, osteoporosis prevention exercise group, Hajj physical fitness management, fitness center and other exercise groups. It provides sport consultation, measurement of physical fitness level, acute sport injury management and as health team at particular sport events.

There are 879 health centers organizing sports medicine programs until 2014. This number increased from last year with 671 units. In terms of number of provinces, there were also an increased from 20 provinces in 2013 to 21 provinces in 2014. The indicator achievement of health center organizing sports medicine programs in 2010-2014 explained in the following figure.

FIGURE 2.7
NUMBER OF HEALTH CENTERS THAT CONDUCT SPORTS MEDICINE PROGRAM IN 2010 - 2014



Source: DG of Community Nutrition and MCH, Ministry of Health, Republic of Indonesia, 2015

Figure 2.7 shows that in 2010, the number of health centers with sports medicine programs was 160, and it increased to 879 units in 2014. During this period, it successfully achieved the targets. More detailed data and information on the number of health centers that organize sports medicine programs in 2014 by province are in Annex 2.3

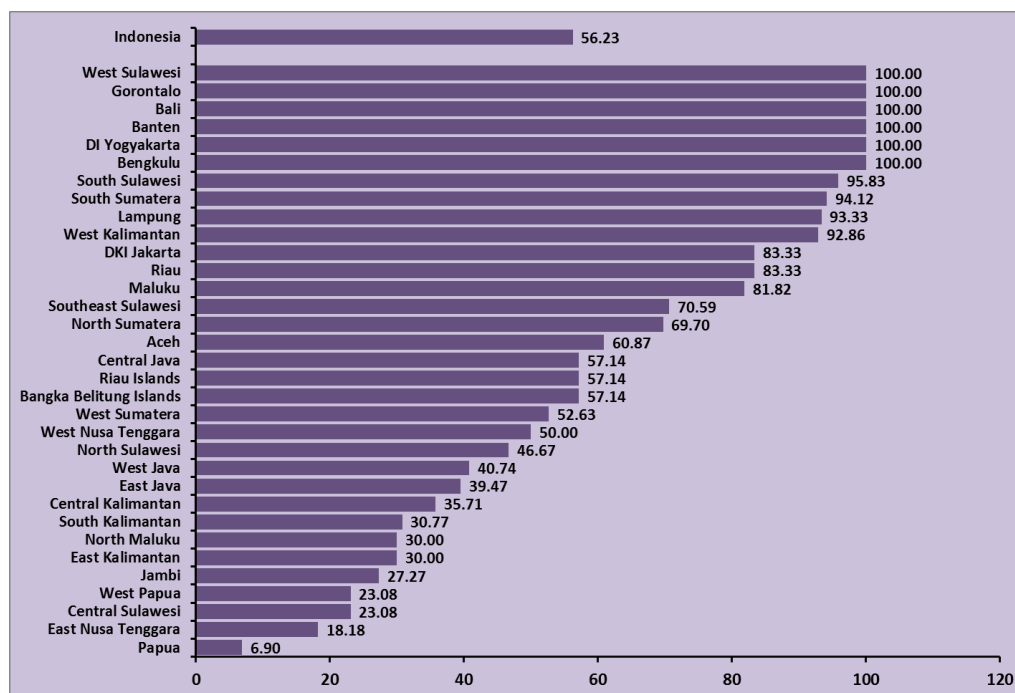
4. Traditional, Alternative and Complementary Health Service

The Government respond to the needs of society's traditional health service by improving the institutional structures that deal with traditional health service field through the Minister of Health regulation No.1144/Per/Menkes/2010, namely the Directorate of Traditional and Complementary Health Service.

Traditional health service plays a role in the life cycle or continuum of care since gestation period until elderly, either by the method of skills or potions. It is necessary for a comprehensive and systematic effort in the action plan as the elaboration of the Strategic Plan 2015-2019 of the Ministry of Health.

In the year 2014, there were 1,167 health centers that had trained health personnel for traditional medicine spread in 289 districts/municipalities. The percentage of the district/municipality that had health centers with trained health workers was 56.2%. This number increased from 44.27% in 2013.

FIGURE 2.8
PERCENTAGE OF DISTRICT/MUNICIPALITY THAT HAS TRAINED HEALTH PERSONNEL IN TRADITIONAL MEDICINE IN 2014



Source: DG of Community Nutrition and MCH, Ministry of Health, Republic of Indonesia, 2015

There are six provinces with 100% district/municipality has trained health personnel, such as Bengkulu, DI Yogyakarta, Banten, Bali, Gorontalo and South Sulawesi. The number of provinces with 100% percentage in 2014 is higher than the provinces in 2013 which was 4 provinces. Achievement at 100% means that all districts/municipalities in the province have had health center with trained health personnel, although not all health centers in the district/municipality have trained health personnel. In addition to health center, the Ministry of Health has also conducted training of acupuncture and herbs to 101 hospitals in 33 provinces in Indonesia.

Overview of the number of health centers by province, district/municipality, and the percentage of the district/municipality with trained health workers can be seen in Annex 2.3 and 2.4.

B. HOSPITAL

To improve public health status, curative and rehabilitative efforts are also needed, beside promotive and preventive efforts. Curative and rehabilitative services are provided in hospital also as care provider for referral services.

Minister of Health regulation No. 147/Menkes/PER/I/2010 on Hospital Licensing classifies hospitals based on ownership, consisting of public and private hospitals. Public hospital is hospital run by national or local government and non-profit legal organization. While,

private hospital is hospital run by legal organization with profit purpose in the form of shared trading companies (Ind: *PT*).

1. Number and type of Hospitals

Public hospital in Indonesia is managed by the Ministry of Health, provincial or district/municipality government, military/police, other ministries as well as non-profit private institution (religious and social organizations). The number of public hospitals in Indonesia until 2014 was 2,406 units, consisting of 1,855 general hospitals (Ind: *RSU*) and 551 special hospitals (Ind: *RSK*).

In the contrary, private hospital is managed by Government-owned enterprises and private (individuals, companies and other private). In 2014, there were 807 units of private hospital in Indonesia, which consist of 545 units of general and 262 units of special hospital.

The number of public and private hospitals showed an increase in the period from 2012 to 2014, which is shown in table 2.1.

Law No. 44/2009 on Hospital categorize hospitals based on the type of services delivered into general and special hospitals. Public hospital is a hospital that provides health services to all areas and types of diseases, meanwhile special hospital is a hospital that mainly provides services to certain or particular type of disease based on disciplines, age groups, organs, diseases, or other speciality.

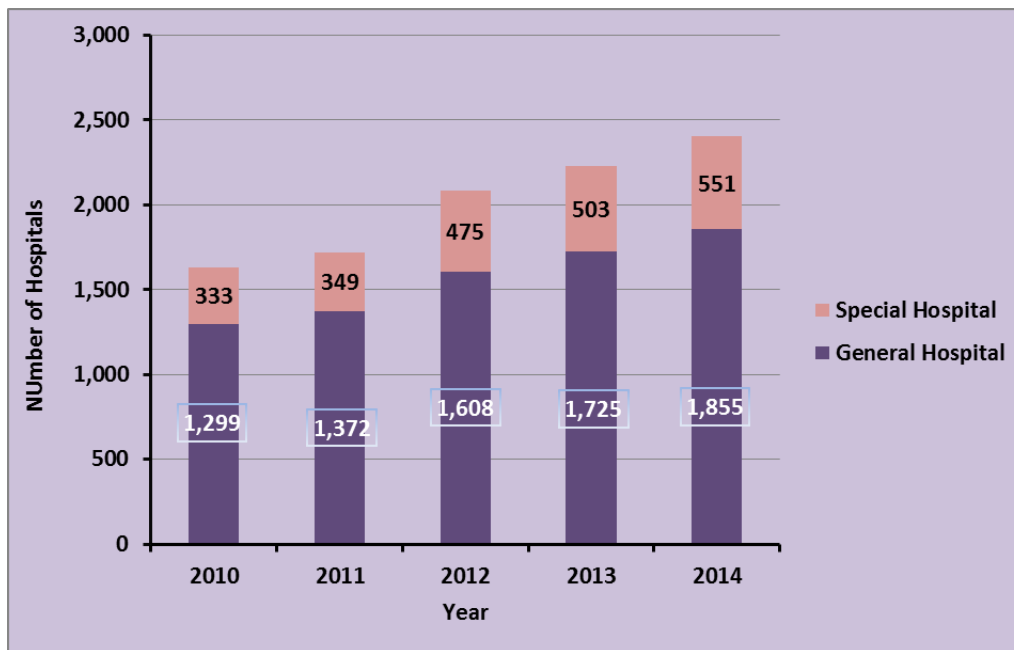
TABLE 2.1
TREND ON NUMBER OF HOSPITAL BY OWNERSHIP IN 2012 - 2014

No	Ownership	2012	2013	2014
1	Public			
	Ministry of Health and Local Government	656	676	687
	Army/Police	154	159	169
	Other Ministries	3	3	7
	Non-Profit Private	727	724	736
Public Total		1,406	1,540	1,599
2	Private			
	Government-owned enterprises	75	67	67
	Private	468	599	740
Private Total		315	543	807
Total		1,721	2,083	2,406

Source: Directorate General of Health Effort, Ministry of Health, Republic of Indonesia, 2015

Number of general hospitals and special hospitals in 2014 was 1,855 units and 551 units, respectively. This number is increased compared to the year 2013, which was 1,725 general and 503 specialty hospitals. The following figure illustrates the development of the number of general and specialty hospitals in the last five years.

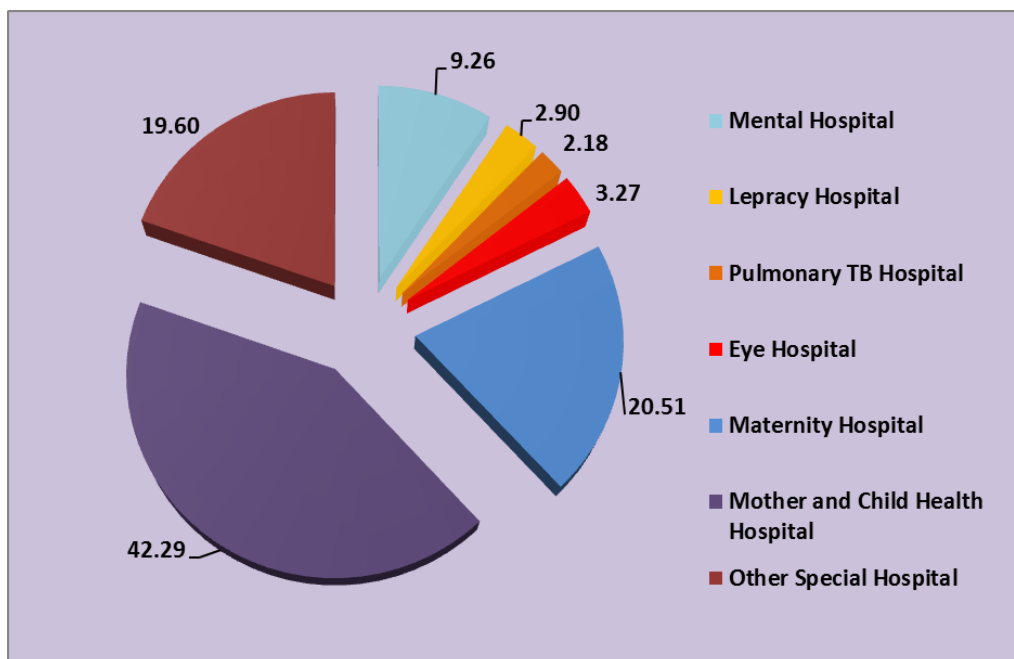
FIGURE 2.9
TREND ON NUMBER OF GENERAL DISTRICT HOSPITAL AND SPECIAL HOSPITAL IN 2010 – 2014



Source: Directorate General of Health Effort, Ministry of Health, Republic of Indonesia, 2015

Number of special hospitals in 2013 were mostly for mother and child hospital, which was 233 units with a percentage at 42.29%. The proportion of special hospitals in Indonesia 2014 were described in the following figure.

FIGURE 2.10
PERCENTAGE OF SPECIAL HOSPITAL BY TYPE IN 2014



Source: Directorate General of Health Effort, Ministry of Health, Republic of Indonesia, 2015

Figure 2.10 shows that most special hospitals are the Mother and Child Hospital. Percentage of maternity hospital also has a large proportion at 20.51%.

Ratio of beds to 1,000 populations can explain whether people's need for individual or referral care is fulfilled. The ratio of hospital beds in Indonesia in 2014 was 1.07 per 1,000 populations. This ratio is lower than in 2013, which was 1.12 per 1,000 populations. The ratio of hospital beds in Indonesia from 2010 to 2014 is shown in the figure 2.11.

Nationally, in 2014 it appeared to have sufficient number of beds, but there were still some provinces with the bed ratio less than 1 bed per 1,000 populations, which were 13 provinces.

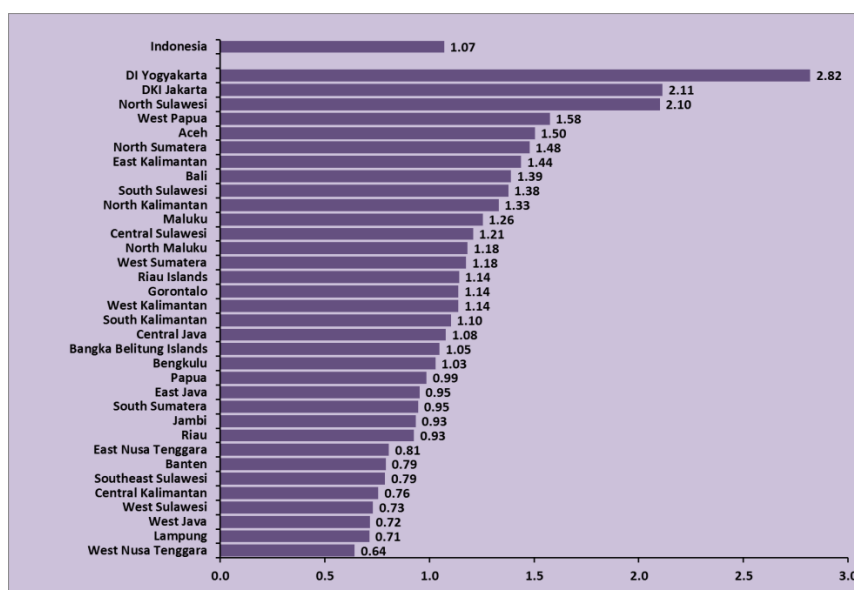
FIGURE 2.11
RATIO ON NUMBER OF HOSPITAL BED PER 1,000 POPULATIONS INDONESIA IN 2010 - 2014



Source: Directorate General of Health Effort, Ministry of Health, Republic of Indonesia, 2015

The highest ratio was in Yogyakarta with 2.82, Jakarta with 2.11, and North Sulawesi with 2.1. While the lowest ratio was West Nusa Tenggara with 0.64, Lampung with 0.71, and West Java with 0.72.

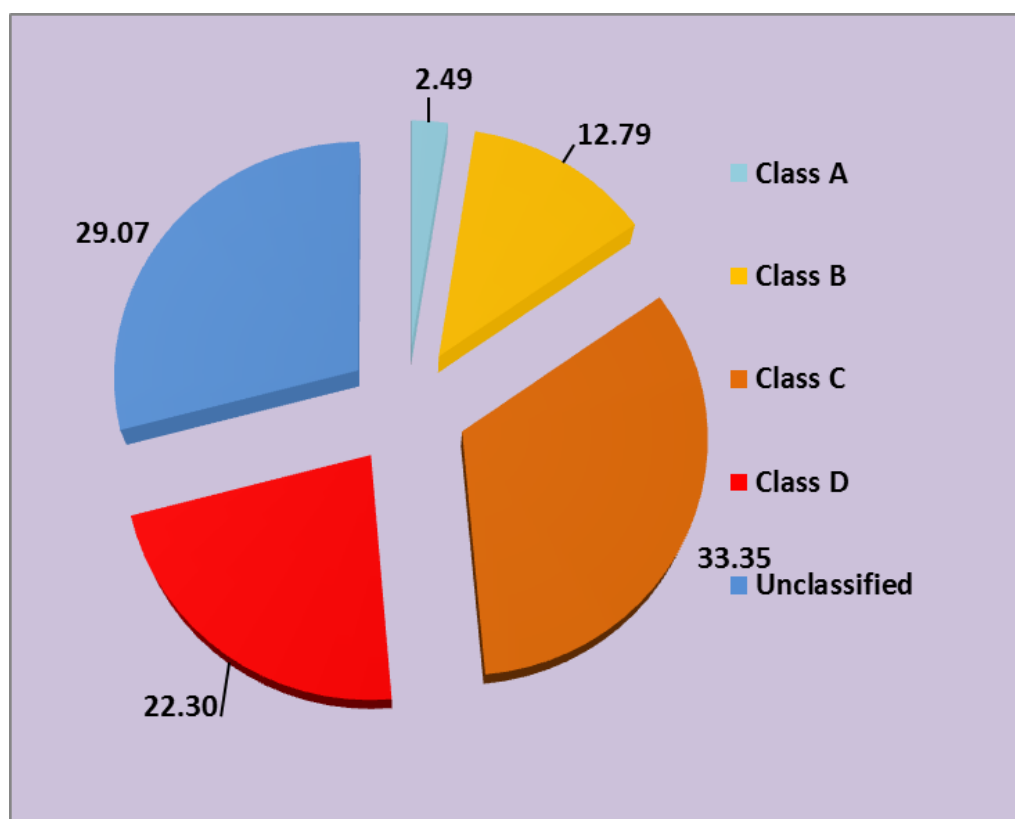
FIGURE 2.12
RATIO ON NUMBER OF HOSPITAL BED PER 1,000 POPULATIONS INDONESIA IN 2014



Source: Directorate General of Health Effort, Ministry of Health, Republic of Indonesia, 2015

The hospital is also classified based on facilities and service capabilities into Class A, Class B, Class C, and Class D. In 2014, there were 60 class A hospitals, 308 class B hospitals, 803 class C hospitals and 537 class D hospitals, and also 700 units of hospital which do not have established class.

FIGURE 2.13
PERCENTAGE OF HOSPITAL BY TYPE IN 2014



Source: Directorate General of Health Effort, Ministry of Health, Republic of Indonesia, 2015

Figure 2.13 shows that the class C hospital had the highest percentage of 33.35%. While the lowest was class A hospitals at 2.49%. More detailed information about hospitals by province are described in Annex 2.5, 2.6, 2.7, 2.8, and 2.9.

C. PHARMACEUTICAL RESOURCES AND MEDICAL DEVICES

1. Production and Distribution of Pharmaceutical Products and Medical Devices

Availability of pharmaceuticals and medical devices is significant in health care. Public access to drugs, especially essential drugs is one of human rights. Thus the provision of essential medicines is an obligation for the government and health care institutions, both public and private. As a special commodity, all the drugs in circulation should be guaranteed for safety, efficacy and quality in order to provide health benefits. Therefore, one of the efforts to ensure the quality of medicines to consumers is by providing storage of drugs and medical devices that can maintain physical security and also maintain the quality of the drugs, beside training to related personnel to manage those procedures.

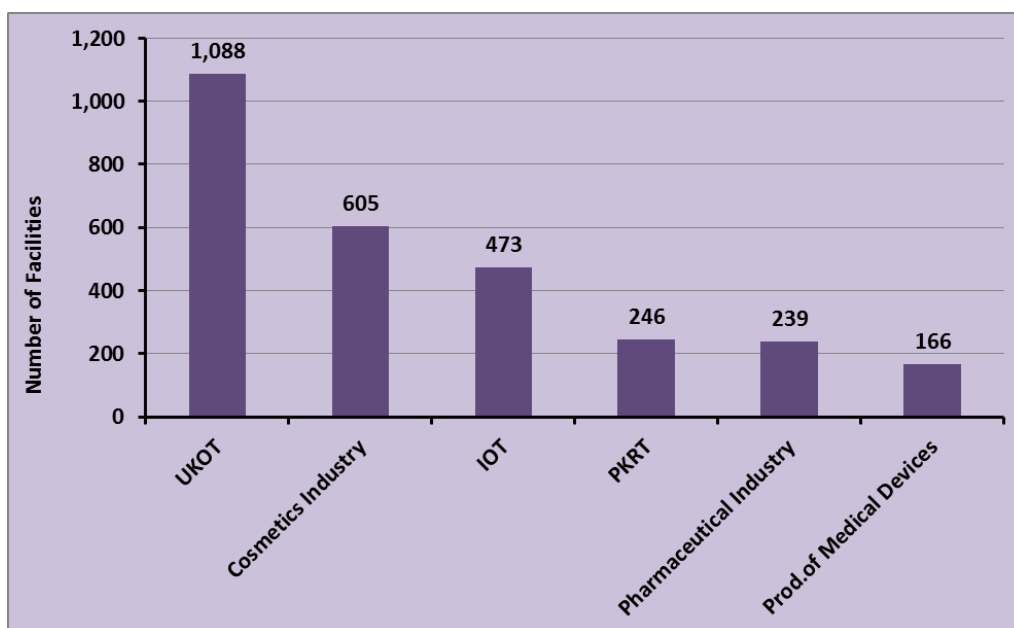
One policy of Drugs and Medical Supplies Program implementation is improving pharmaceutical preparations and medical devices that meet the standards and affordable by public in accordance duties and functions of Directorate General of Pharmaceutical and Medical

Devices, namely improving availability, equity, and affordability of drugs and medical devices as well as to ensure the safety, efficacy and quality of pharmaceutical, medical devices, and food. It aims to protect public from harm caused by the abuse of pharmaceutical preparations, incorrect/inaccurate use of medical devices. It also protects public from failing to meet the safety and quality of utilization since the process of production, distribution until the use in the community. The coverage of production facilities program illustrates the level of availability of health care facilities performing pharmaceutical and medical devices production. Pharmaceutical and medical devices production facilities, among others, are Pharmaceutical Industry, Traditional Medicine Industry (Ind: *IOT*), Industrial of Natural Ingredients Extracts (Ind: *IEBA*), Cosmetics Industry, Small Business of Traditional Medicine (Ind: *UKOT*), Micro Business of Traditional Medicine (Ind: *UMOT*), Medical Device Production Unit, Household Health Supply (Ind: *PKRT*), and Cosmetics Industry.

Production and distribution of medical devices in Indonesia still indicate disparity in distribution. Most of the production and distribution are located in western part of Indonesia, which are Sumatra and Java, with proportion at 94.7% of production facilities and 77.0% of distribution facilities. The availability is related to their resources and needs at local area. This condition can be used as a reference in the policy to develop the number of pharmaceutical and medical devices production and distribution in the central and eastern part of Indonesia, to create equal distribution of these facilities throughout Indonesia. It also aims to open affordable access to health facilities of pharmaceutical and medical devices.

The number of production facilities in 2014 was 2,817 facilities. In 2014, there were 11 provinces do not have all types of pharmaceutical and medical devices industries. The highest number was in West Java with 762 facilities. It was due to West Java province has a large population and vast territory. The number of production facilities of pharmaceutical and medical devices in the year 2014 are described in the following figure.

FIGURE 2.14
NUMBER OF PHARMACY AND HEALTH INSTRUMENTS PRODUCTION FACILITIES IN 2014

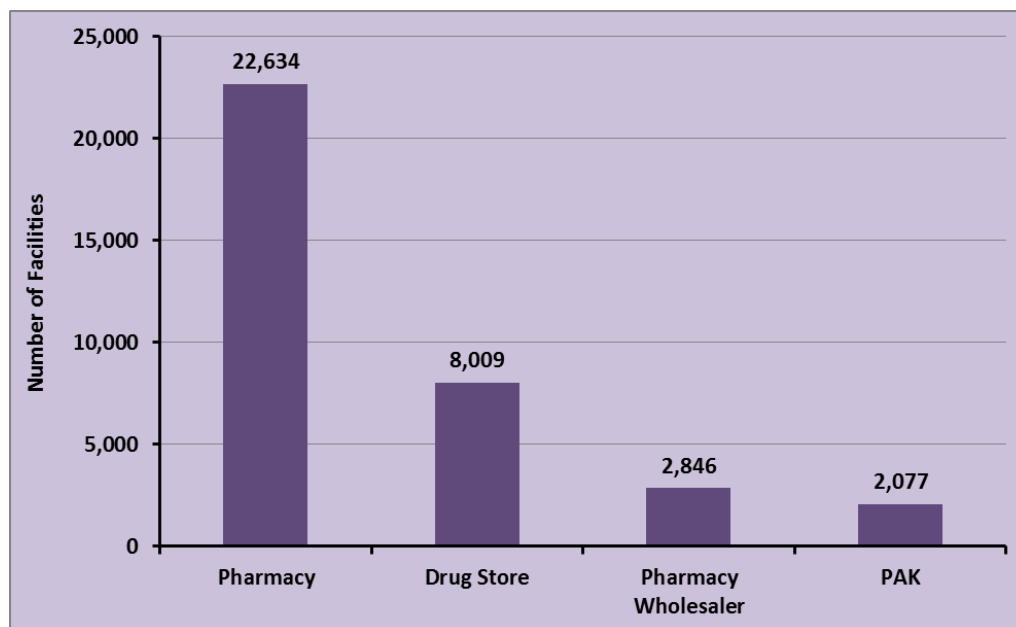


Source: DG. Of Pharmaceutical and Medical Devices, Ministry of Health, Republic of Indonesia, 2015

Distribution facilities of pharmaceutical and medical devices monitored by DG of Pharmaceutical and Medical Devices are Pharmacy Wholesalers (PBF), Pharmacies, Drug Stores and Medical Devices Agency (Ind: *PAK*). The number of distribution facilities of pharmaceutical

and medical devices in 2014 was 35,566 facilities. The number was greater than in 2013, which was 33,731 facilities. The following figure presents the number of pharmacy distribution facility in 2014 by province. More detailed data on the number of production facilities and pharmacy distribution are contained in Annex 2.18 and 2.19.

FIGURE 2.15
NUMBER OF PHARMACY AND HEALTH INSTRUMENTS DISTRIBUTION IN INDONESIA IN 2014



Source: DG. Of Pharmaceutical and Medical Devices, Ministry of Health, Republic of Indonesia, 2015

2. Availability of Medicines and Vaccines

In health care efforts, the availability of complete types and sufficient quantities of drug, making sure of safe, effective and quality of drug at affordable price and easily accessible is a mandatory goal. The Ministry of Health has set its 2010-2014 strategic plan indicators related programs of pharmaceutical and medical devices, which is increasing pharmaceutical preparations and medical devices that meet the standards and affordable by the community. Success indicator of these objectives is fulfillment of the percentage of drug and vaccine availability of 100% by 2014. In order to achieve these targets, one of the activities carried out is by increasing availability of essential generic medicines in primary health care facilities.

Drug availability monitoring is used to measure drug availability level in the various health facilities unit such as District/Municipality Pharmacy Installation (Ind: IFK) and health center. This activity is implemented to support the national and local governments in determining future health policy. In the era of regional autonomy, medication management is submitted to the district/municipality authority, therefore it is difficult for the central government to determine the availability of drugs in Indonesia. In the absence of periodic reports submitted by the province, it is relatively difficult for the central government to determine strategic steps that must be taken. Information of drugs availability in provincial or district/municipality will facilitate prioritization of aid and intervention programs in the future.

Monitoring of drugs and vaccines availability aimed to obtain the updated number of drug and vaccines in Indonesia. Drugs monitored are drugs for primary health care and for supporting certain health programs. The number of monitored drug items are 144 drugs and

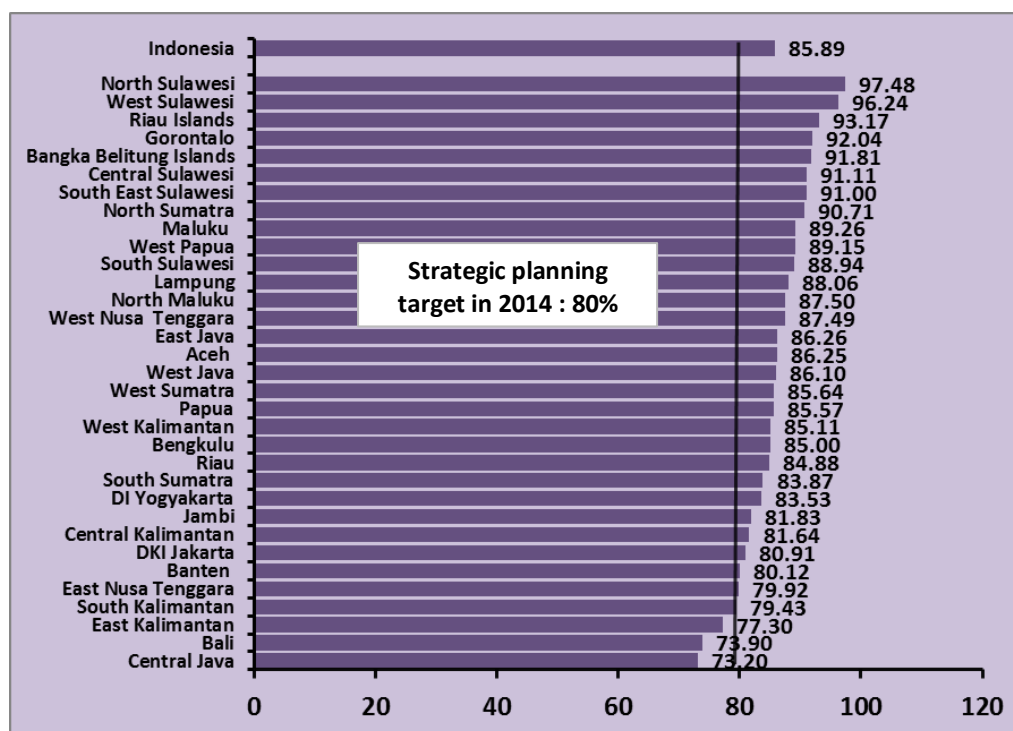
vaccines consisting of 135 drugs for primary health care and 9 types of vaccines for basic immunization.

Targeted indicator of availability of drugs and vaccines percentage in 2014 is at 100%. Based on calculations performed by the Directorate General of Pharmaceutical and Medical Devices, national average in 2014 was at 100.51%. Thus, when compared with a target of 2014, the achievement of availability of drugs and vaccines was at 100.51%. More detailed data and information about the availability of drugs and vaccines covering 144 items are described in Annex 2.20 and 2.21.

3. Generic Drugs Use in Health Care Facilities

The Ministry of Health Strategic Plan monitors generic drugs utilization through the indicators of percentage of generic drugs utilization in the health care facilities, such as health center and hospitals. Average use of generic drugs in health care facilities in 2014 was 85.89%. It has met the 2014 target, which is at 80%.

FIGURE 2.16
PERCENTAGE OF AVERAGE USE OF GENERIC DRUG AT HEALTH FACILITIES IN 2014



Source: DG. Of Pharmaceutical and Medical Devices, Ministry of Health, Republic of Indonesia, 2015

The figure above shows that almost all provinces have met the target at 80%, which were in 28 provinces (84.85%). Province with the highest utilization average was North Sulawesi with 97.48%, followed by West Sumatra with 96.24%, and Riau Islands with 93.17%. While the province with the lowest percentage is Central Java with 73.2%, followed by Bali with 73.9% and East Kalimantan with 77.3%. More detailed data and information on the use of generic drugs by province are in Annex 2.22.

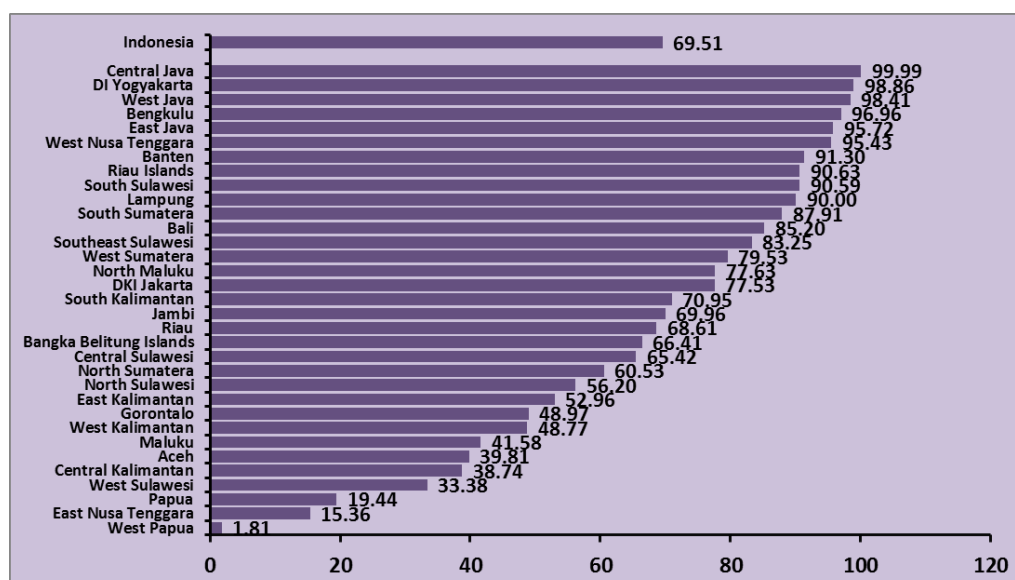
D. COMMUNITY BASED HEALTH PROGRAM

Health development to improve public health status at optimal level needs community involvement. Through UKBM concept, communities participate actively in the implementation of health programs. The forms of UKBM are posyandu, village health post (Ind: *Poskesdes*), and alert hamlet/village.

Alert hamlet/village is a village with poskesdes or other UKBM that opens every day and serves as a primary health care provider, emergency and disaster management, community based surveillance includes monitoring of growth (nutrition), disease, environment and behavior which allow community to implements Clean and Healthy Behaviors (Ind: *PHBS*).

In 2014, there were 58,849 alert hamlets/villages with a percentage compared to the number of all hamlets/villages of 69.51%. The highest percentage province are Central Java at 99.99%, followed by Yogyakarta at 98.86%, and West Java with 98.41%. While the lowest is the province of West Papua with 1.81%, followed by East Nusa Tenggara with 15.36%, and Papua at 19.44%.

FIGURE 2.17
PERCENTAGE OF ACTIVE AND RESPONSIVE VILLAGE IN 2014



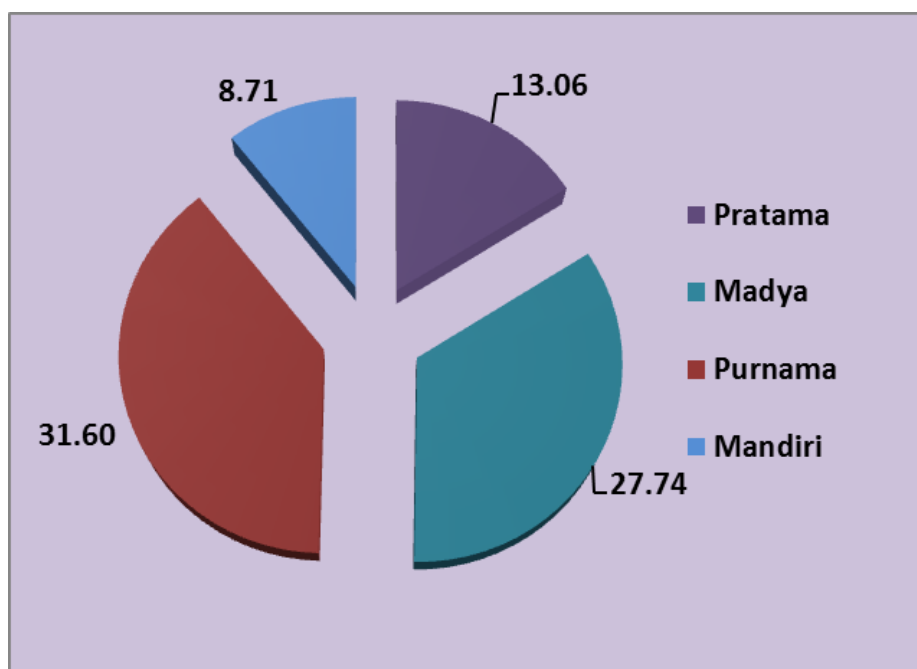
Source: Center for Health Promotion, Ministry of Health, Republic of Indonesia, 2015

Other type of community based health program is poskesdes, which formed in villages to bring primary health services closer to rural communities and also improve people's access to primary health services. The main activity of posyandu and poskesdes is health services for rural communities in the form of pregnancy health services, breastfeeding, child health services, observation and early warning (disease surveillance, nutritional surveillance, surveillance of risk behaviors, environmental surveillance and other health problems), and medical emergencies and disaster preparedness. Operating poskesdes in 2014 were 55,517 units. This number increased compared to 2013 which were 54,731 units.

One UKBM with significant role in empowering and improving community health is integrated health post/IHP (Ind: *Posyandu*). Posyandu is managed and organized by, for and within the community, to empower and provide convenience to the public in obtaining primary health care for people, especially mothers, infants and young children. Posyandu has 5 priority programs, which are maternal and child health, family planning, immunization, nutrition and the prevention and control of diarrhea.

There are 289,635 posyandu in Indonesia in 2014. Of these, posyandu *pratama* was 13.06%, *madya* was 27.74%, *purnama* was 31.6%, and *mandiri* was 8.71%.

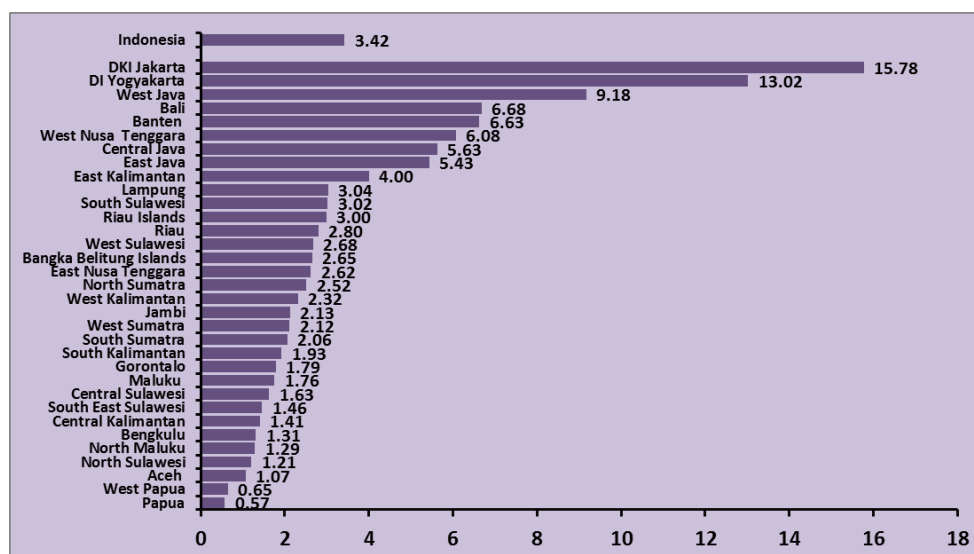
FIGURE 2.18
PERCENTAGE OF POSYANDU BY LEVEL IN 2014



Source: Center for Health Promotion, Ministry of Health, Republic of Indonesia, 2015

Figure above shows that the highest proportion is *purnama* posyandu and the lowest proportion was *mandiri* posyandu. Therefore, intensive efforts to increase the number of *mandiri* posyandu is highly required. It is also important to measure posyandu adequacy ratio to implement their function. In 2014, the ratio of posyandu to village was 3.42. Nationally, ratio of the number of posyandu per village seems sufficient which is more than one posyandu in each village. However, in provincial level, there were two provinces with ratio less than one, which were Papua and West Papua.

FIGURE 2.19
RATIO OF POSYANDU PER VILLAGE IN INDONESIA, 2014



Source: Center for Health Promotion, Ministry of Health, Republic of Indonesia, 2015

The figure 2.19 shows that DKI Jakarta has the highest ratio with 15.78. Papua and West Papua have ratio less than one, respectively at 0.57 and 0.65. Community empowerment in health also requires participation of cadres and community/religion leader. Until the year 2014, there were 567,477 cadres or community and religion leader were trained. More detailed information regarding the number of UKBM by province in 2014 described in Annex 2.11 and 2.12.

E. POLYTECHNIC OF HEALTH/EDUCATION INSTITUTIONS FOR HEALTH PERSONNEL (Ind: POLTEKKES)

1. Number of Poltekkes

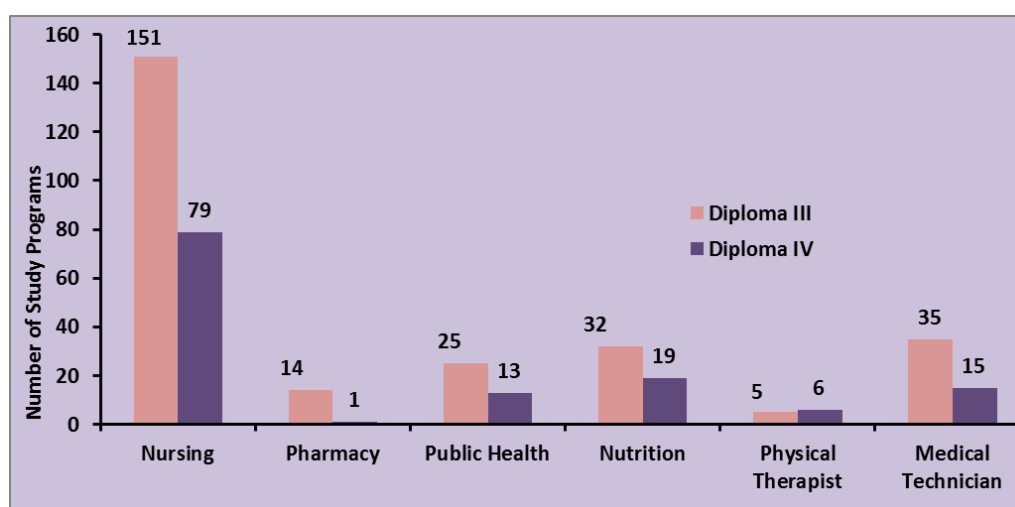
Sustainable health development requires adequate type, quantity and quality health personnel. To produce qualified health personnel, quality education is required. The Ministry of Health is the government institution plays a role in providing such qualified health personnel.

Health education institutions, besides medical personnel, consist of Health Polytechnic and Non Health Polytechnic (Ind: *Non Poltekkes*). Ministry of Health assists and supervise polytechnic institutions. By December 2014, there were 38 Poltekkes in Indonesia, consisted of 133 Diploma IV study programs and 262 Diploma III study programs.

There are 6 study programs in Poltekkes, which are:

1. Nursing consist of nursing, midwifery, and dental nursing
2. Pharmaceutical consist of pharmacy, pharmacy and food analyst, traditional herbs medicine
3. Public health consist of environmental health
4. Nutrition
5. Physical therapy study program, consist of physiotherapy, occupational therapy, speech therapy, and acupuncture
6. Medical technician consist of health analyst, dental technique, radiodiagnostics and radiotherapy technique, medical record technique, electromedic technique, orthotics and prosthetic.

FIGURE 2.20
NUMBER OF POLTEKKES STUDY PROGRAMS OF DIPLOMA III AND IV IN 2014



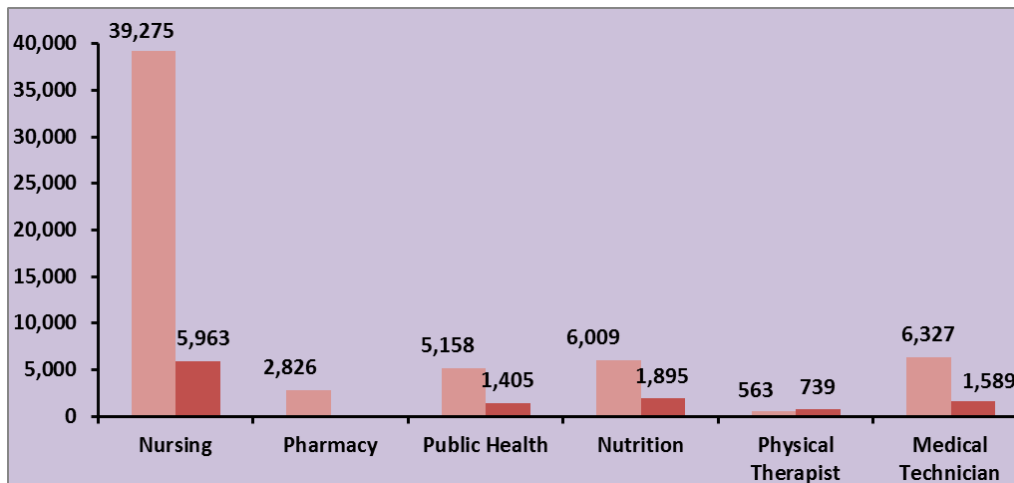
Source: The Agency for Development and Empowerment of Health Human Resources, Ministry of Health Republic of Indonesia, 2015

Figure 2.20 shows that the highest number of program study was nursing at 151 diploma III (57.6%) and 79 diploma IV study programs (59.4%). The study program of diploma III with the lowest number was physical therapy with 5 study programs (1.9%). Meanwhile the study program of diploma IV with the lowest number was pharmaceutical with 1 study program (0.8%).

2. Students

Diploma III students of polytechnic in Indonesia in 2014 consist of the first year students (academic year 2014/2015), the second year students (academic year 2013-2014), and the third year students (academic year 2012/2013) which were 60,158 people. The highest number was nursing study program with 39,275 students. While the lowest number of students was physical therapy with 563 students. The same condition occurred in Diploma IV program with the highest number of students was nursing study program with 5,963 students and the lowest was physical therapy with 739 students.

FIGURE 2.21
NUMBER OF DIPLOMA III AND DIPLOMA IV POLTEKKES STUDENTS IN 2014



Source: The Agency for Development and Empowerment of Health Human Resources, Ministry of Health Republic of Indonesia, 2015

More detailed data and information about the number of students in polytechnic institutions are contained in Annex 2.16 and 2.17.



III

HEALTH PERSONNEL



HEALTH PERSONNEL

Health personnel has an important role to maximize the quality of the population healthcare, in order to raise awareness, willingness, and ability to live a healthy life, so that the highest health standard is able to established as an investment for the development of human resources, who productive as socially and economically, as well as one element of the general welfare.

Based on Law No. 36/2014 on Health Personnel, health personnel are those who devoted to areas of health and have knowledge and/or skills through health education which is in certain conditions, it requires the authority to make health efforts.

Health personnel consist of health personnel and asistant health personnel. Health personnel are grouped into 13 types: medical personnel, clinical psychology personnel, nursing personnel, obstetrics personnel, pharmacy personnel, public health personnel, environmental health personnel, nutrition personnel, physical therapy personnel, medical technician personnel, biomedical technician personnel, traditional health personnel, and other health personnel.

A. NUMBER OF HEALTH PERSONNEL

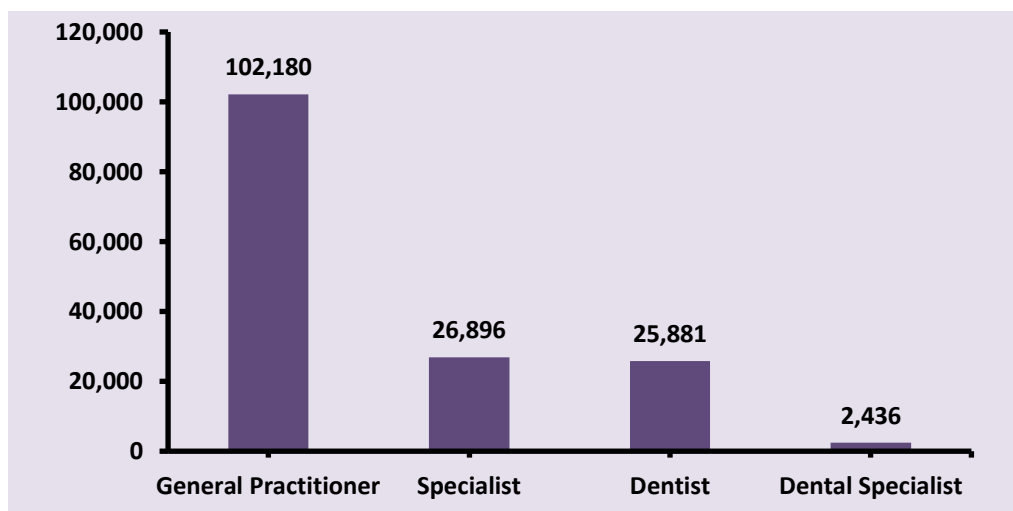
Based on Law No. 36/2014 on Health Personnel, the organization of health efforts should be done by health personnel who are responsible, have ethics and high morals, expertise, and have authority that continuously enhanced through continuous education and training, certification, registration, license, also guidance, supervision, and monitoring so that the implementation of health effort able to satisfy the sense of justice and humanity as well as in the development of science and health technologies.

Health personnel is the main key to the successful achievement of health development goal in Indonesia. To determine the availability of health personnel, the number of health personnel is needed. The number of health personnel data was collected from Indonesian Medical Council (Ind: *KKI*) data for medical personnel, National Pharmaceutical Commitee for pharmacy personnel, and Indonesian Health Personnel Assembly (Ind: *MTKI*) for other health professionals in addition to medical and pharmacy personnel.

Every health personnell who will do their job required to have a Certificate of Registration (Ind: *STR*). The registration of health personnel was regulated in the Minister of Health regulation No. 46/2013 on health personnel registration. Registration is the official record of health personnel who had the certificate of competence and other qualifications and legally established to carry out the practice and/or the work of its professionalism. STR is written evidence given by the Ministry of Health for health personnel who have been registered. To get the STR, health personel must have a diploma and a certificate of competence. STR is valid for five years and can be renewed every five years.

The documentation of health personnel was held by the Secretariat of the Indonesian Medical Council (*Ind: KKI*) using the total of medical personnel (doctors/specialists, dentists/dental specialists) who have STR method. Based on data from KKI, the number of medical personnel in Indonesia is shown in Figure 3.1.

FIGURE 3.1
NUMBER OF HEALTH PERSONNEL WHO HAVE LETTER OF REGISTRATION IN 2014



Source : Secretariat of Indonesia Medical Council, Ministry of Health, Republic of Indonesia, 2015

The number of medical personnel who have STR in 2014 in Indonesia was 157,393, spread across Indonesia. The number of general practitioners were 102,108, 26,896 specialist doctors, 2,436 dental specialists and 25,881 dentists spread across Indonesia. Further details about the number of specialist doctors, general practitioners, dentists and dental specialists who have STR can be seen in Annex 3.5.

The highest number of medical personnel was in DKI Jakarta with 27,721, West Java with 24,171 and East Java with 21,022 medical personnel. The least number of medical personnel was in West Sulawesi with 201, North Maluku with 253 and North Kalimantan with 285 medical personnel. Most general practitioner are located in DKI Jakarta with 16,092 general practitioners, second was in West Java with 15,892 general practitioners, and third in East Java with 12,738 general practitioners. While the least number of general practitioner was in West Sulawesi with 111 general practitioner, North Maluku and North Kalimantan with 181 of 189 general practitioner respectively.

The KKI Regulation Number 19/2014 on the Amendment of KKI regulation No. 1/KKI/PER/I/2010 on Registration of Internsip Doctor Program and The Minister of Health regulation No. 299/Menkes/PER/II/2010 on the Implementation of Internsip Program and Placement of Post Internsip Doctor, stated that the graduated doctors from competency based curriculum need to be further train to improve the quality of the fresh graduate doctors after obtaining the certificate of competence from the Indonesian College of Primary Physicians. Until the end of 2014, the number of Internsip STR published by KKI was 16,804, and 6,522 Internsip STR has been published in 2014 alone.

According to KKI Regulation No.21/2014 on the Registration of Medical Specialist Education Program (*Ind: PPDS*) and Dentist Specialist Education Program (*Ind: PPDGS*), stated that PPDS and PPDGS are the continuance program of doctor/dentist profession with independent and under supervision teaching methods to become a specialist and dentist specialist. The PPDS/PPDGS STR is written evidence given by KKI to the registrated doctor and

dentist on PPDS/PPDGS. Until the end of 2014, the number of PPDS/PPDGS STR published was 224.

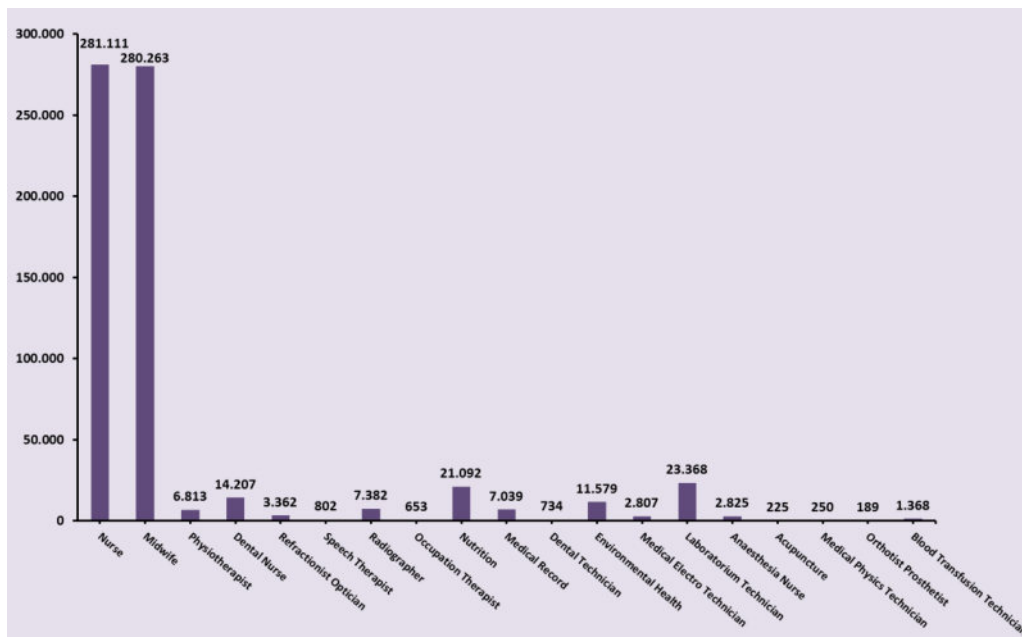
The KKI Regulation No.17/2013 on Temporary and Conditional Registration for Foreign Doctors and Dentists (Ind: *WNA*) stated that STR can temporarily given to the legally foreign doctors and dentists to carry out activities within the temporary framework of the education, training, research, health services in the field of medicine or dentistry in Indonesia. The conditional STR given to the legally foreign doctors and dentists who studied doctor specialist or dental specialist in Indonesia. During 2014, there was no foreign doctor and dentists STR published, (total of 8 STR since 2010) and one conditional STR published (total of 13 STR since 2010).

The registration of pharmacy personnel arranged in the Minister of Health regulation No. 889/MENKES/PER/V/2011 on Registration, Practice License and Pharmacy Personnel Work License. The pharmacy work are making and quality controlling of pharmaceutical supply, secure, supply, save, and distribution or drug delivery, drug management, drug services based on prescription, drug information services , as well as drug development, medicine materials, and traditional medicine. Pharmacy personnel are workers who do the work of pharmacy, consisting of pharmacists and pharmacy technical personnel. Pharmacy technical personnel are workers who assist the pharmacist in running the pharmacy work, which consists of undergraduate pharmacy, madya pharmaceutical, analyst pharmaceutical and intermediate pharmacy/pharmacy asistant.

Each pharmacy personnel who work at pharmacy shall have the registration letter, named the Pharmacists Registration Certificate (Ind: *STRA*) and Technical Workers of Pharmaceutical Services Registration Certificate (Ind: *STRTTK*). *STRA* is written evidence given by the minister to a registered pharmacist, while *STRTTK* is written evidence given by the minister to the pharmaceutical technical personnel who have been registered. Both of registration is valid for five years. Registration letter is also required for foreign pharmacists' graduates who will work in Indonesia, named the Pharmacists Registration Certificate Special (Special *STRA*). *STRA*, *STRTTK* and Special *STRA* issued by the National Pharmaceutical Committee.

The documentation of health personnel, in addition to medical and pharmaceutical personnel, organized by the Indonesian Health Personnel Assembly (Ind: *MTKI*), Ministry of Health, Republic of Indonesia. The documentation include nurses, midwives, physiotherapists, dental nurses, refractionist opticians, speech therapists, radiographers, occupation therapists, nutritionists, medical records, dental technicians, environmental healths, medical electro technicians, laboratorium technicians, anaesthesia nurse, accupuncture, medical physic technicians , orthotic prosthetist and blood transfusion technician. The data collection is done by using a number of health personnel who have had STR . The number of health personnel who have STR until 2014 shown in Figure 3.2 below.

FIGURE 3.2
NUMBER OF HEALTH PERSONNEL WHO HAVE LETTER OF REGISTRATION UNTIL 2014



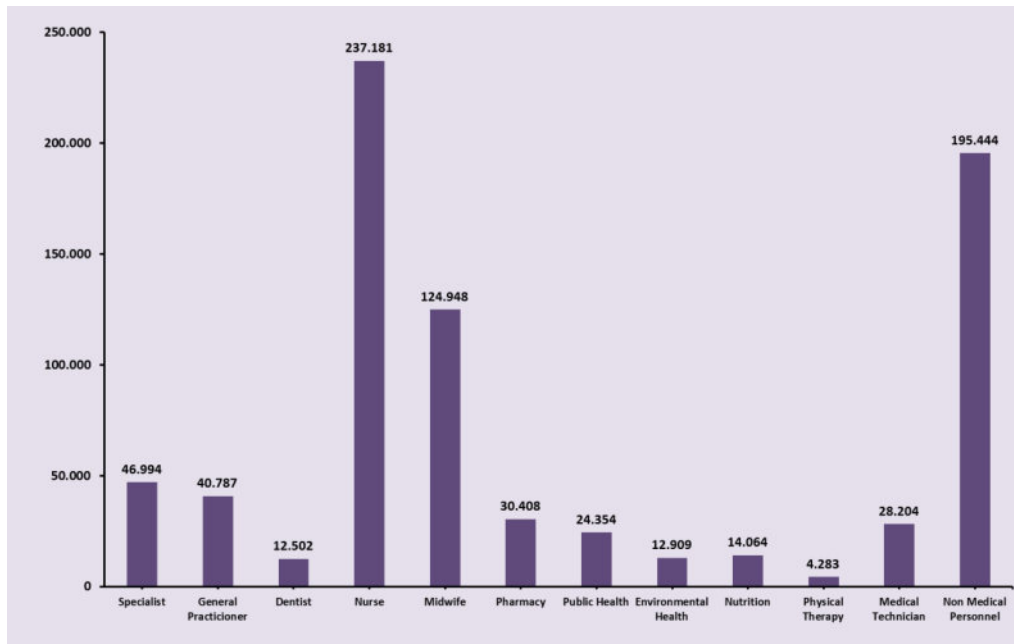
Source : Indonesian Health Personnel Assembly, Ministry of Health, Republic of Indonesia, 2015

The number of health personnel with STR based on data collection by MTKI until 2014 was 666,069 spread across Indonesia. The highest number of health personnel by type was nurses and midwives. Until 2014, the number of nurses who have STR in Indonesia was 281,111, midwife who has a STR was 280,263, and the nutritionist was 21,092. Details about the number of health personnel with STR can be seen in Annex 3.6.

The number of health personnel data was collected by the Agency for Development and Empowerment of Health Human Resources, Ministry of Health, Republic of Indonesia using the health personnel who carry out their duties approach. Based on it function, in 2014, the number of health human resources was 772,078 consist of 576,634 health personnel and 195,444 supporting staff (non-health personnel).

The largest numbers of health personnel in Indonesia were nurses and midwives. In Figure 3.3, the number of nurses in 2014 was 237,181 and the number of midwives was 124,948. The number of specialist doctors was 46,994, higher than the number of general practitioners with 40,787. The reason to this condition was because the general practitioners were doing their work not in accordance with its function, general practitioners were more on management activities, while specialist doctors doing their work in accordance with its function as a specialist. Details regarding the recapitulation of health human resources by health personnel type can be seen in Annex 3.1 .

FIGURE 3.3
NUMBER OF HEALTH PERSONNEL WHO WORK IN ACCORDANCE WITH THE FUNCTION IN 2014



Source: The Agency for Development and Empowerment of Health Human Resources, Ministry of Health, Republic of Indonesia, 2015

1. Health Personnel in Health Center

According to Minister of Health Regulation No. 75/2014, Health center as one of the primary health care facilities, had an important role in the national health system, especially in the health effort sub-system. Health center is a health care facility that provides the public and individual health care in the primary level, with more emphasis on promotive and preventive efforts, to achieve the optimal level of public health status in its working area.

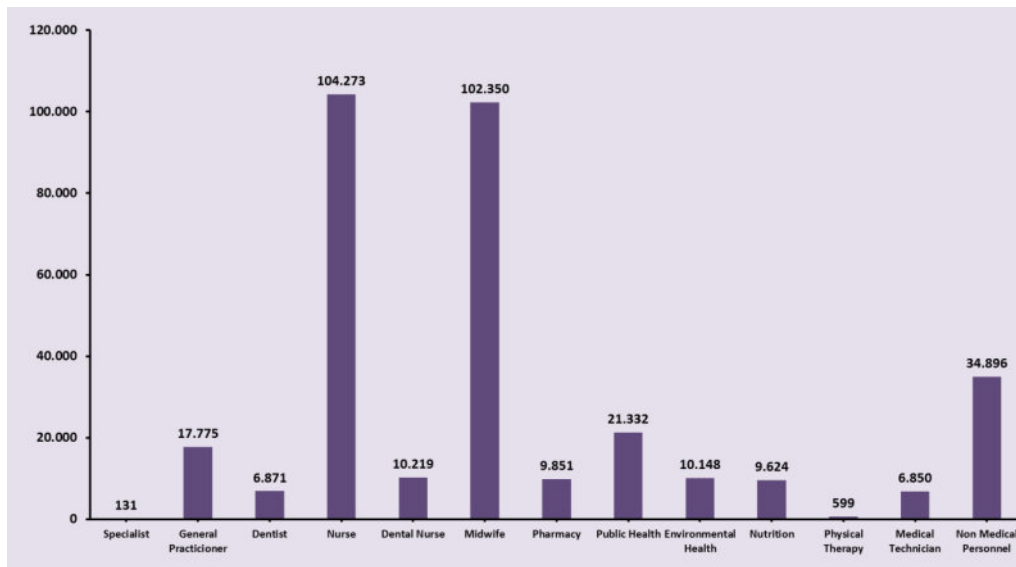
The human resources in health center consist of health professionals and supporting staff (non-health professionals). The type and number of health personnel and non-health personnel calculated based on workload analysis, by the consideration of the amount of service implemented, the number and distribution of population, the characteristics of the working area, spacious work areas, the availability of health care facilities on work areas, and the distribution of working time.

Type of health personnel in health center at least consist of: a doctor or primary care doctor, dentist, nurse, midwife, public health personnel, environmental health personnel, laboratory technicians, nutritionist and pharmacy personnel. Health personnel in health centers should work in accordance with professional standards, service standards, standard operating procedures, professional ethics, respect to the rights of patients, as well as the need and safety of patients with attention to their own safety and health at work.

The workforce standard of health center according to Health Minister Regulation No. 75/2014 for health center in urban areas, rural areas and remote/ very remote areas required for health center with beds with minimal of two doctors and health center without beds with minimal of one doctor. In 2014, the number of health center in Indonesia was 9,731. By using the number of health center and the number of health personnel, the ratio of health personnel to health center could be arranged. The ratio of general practitioners (GP) to the health center

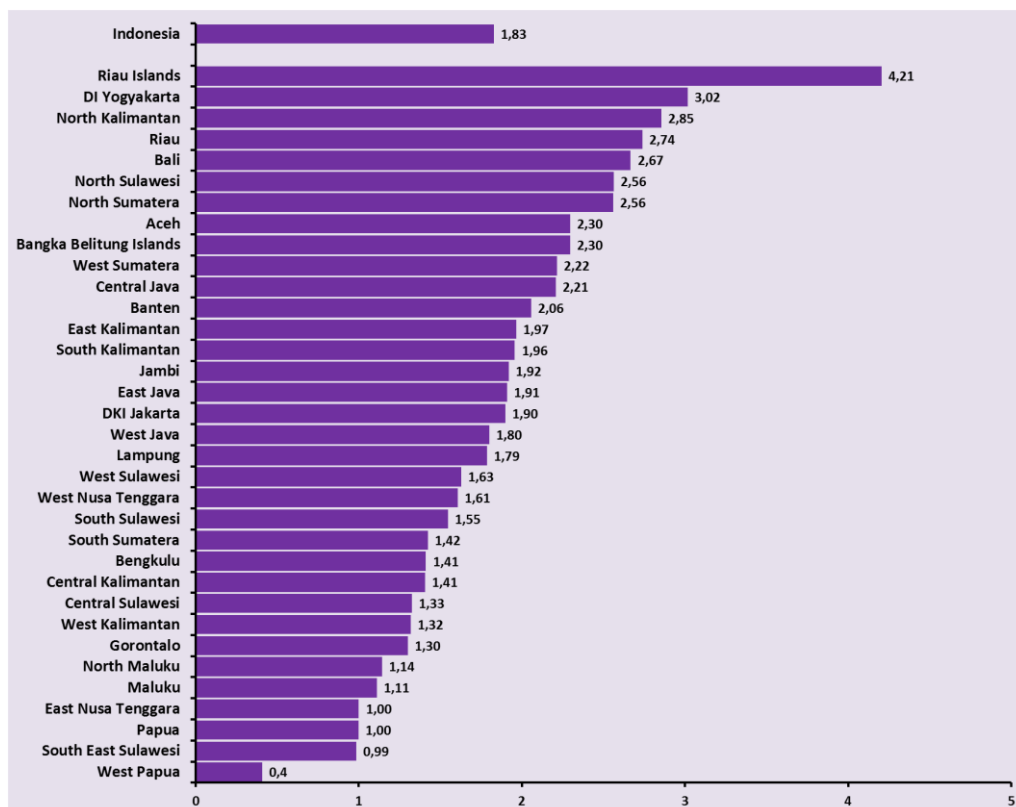
could be used to determine the availability of doctors in health center. The ratio of general practitioners to the number of health centers in 2014 by province can be seen in Figure 3.5.

FIGURE 3.4
NUMBER OF HEALTH PERSONNEL AT HEALTH CENTER BY TYPE IN 2014



Source: The Agency for Development and Empowerment of Health Human Resources, Ministry of Health, Republic of Indonesia, 2015

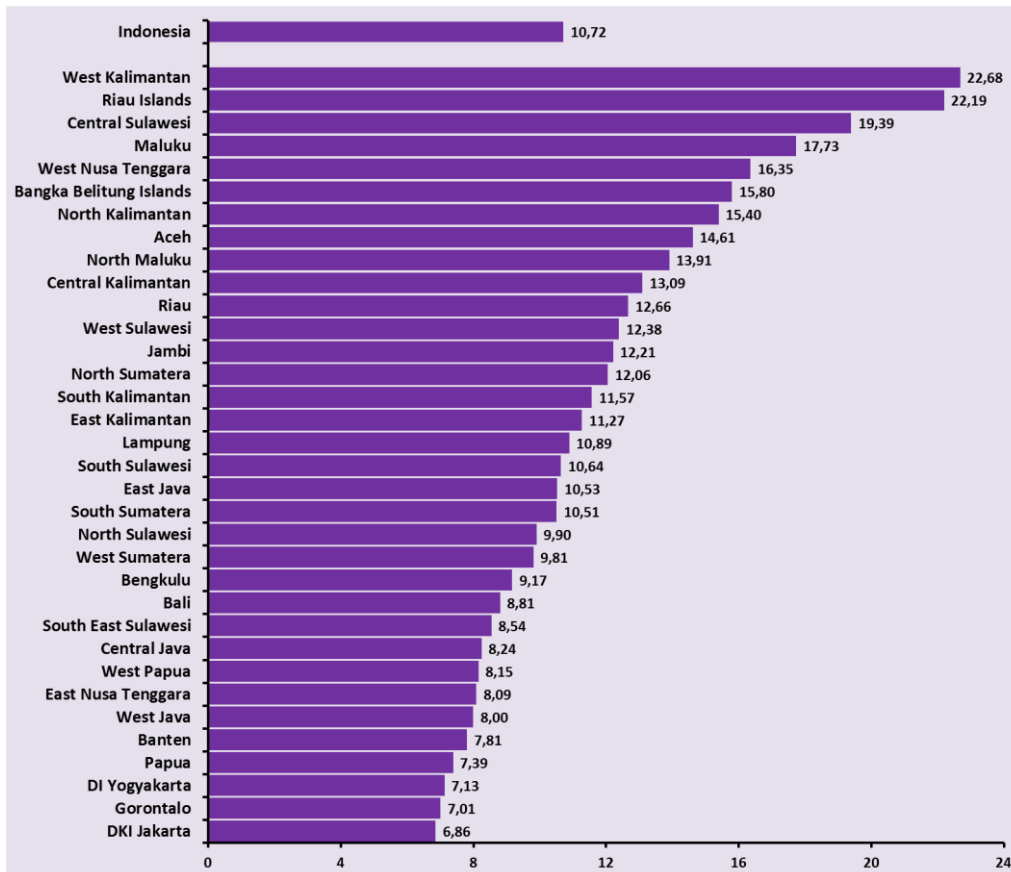
FIGURE 3.5
RATIO OF GENERAL PRACTICIONER TO NUMBER OF HEALTH CENTER IN 2014



Source: The Agency for Development and Empowerment of Health Human Resources, Ministry of Health, Republic of Indonesia, 2015; Center for Data and Information, Ministry of Health, Republic of Indonesia, 2014.

Ratio of nurse to the number of Health center could be used to determine the availability of nurse in health center. Ratio of nurse to the number of health center in 2014 by province can be seen in Figure 3.6.

FIGURE 3.6
RATIO OF NURSE TO NUMBER OF HEALTH CENTER IN 2014



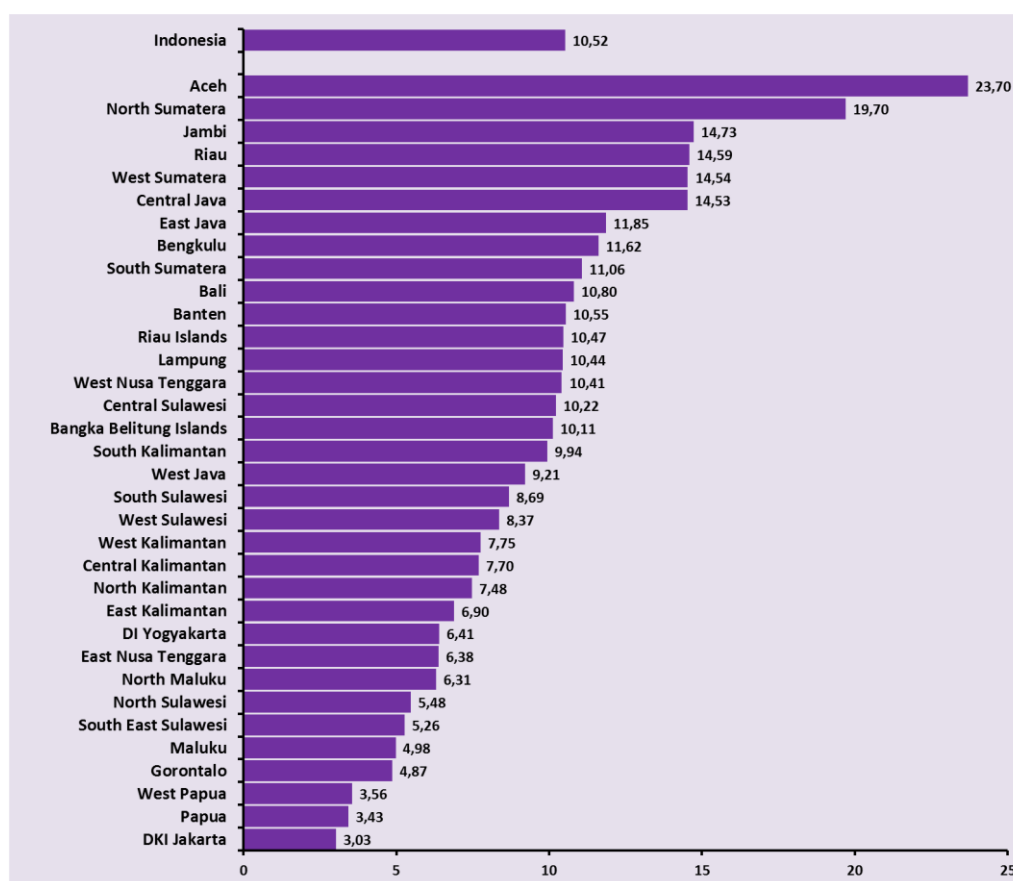
Source: The Agency for Development and Empowerment of Health Human Resources, Ministry of Health, Republic of Indonesia, 2015; Center for Data and Information, Ministry of Health, Republic of Indonesia, 2014.

The highest ratio of nurse to the number of health center was in West Kalimantan with 22.68 nurses per health center, Riau Islands with 22.19 nurses per health center and Central Sulawesi with 19.39 nurses per health center. The lowest ratio of nurse to the number of health center was in DKI Jakarta with 6.86 nurses per health center, Gorontalo with 7.01 nurses per health center, and DI Yogyakarta with 7.13 nurses per health center. Detailed ratio of nurse to the number of health center by province can be seen in Annex 3.3

The ratio of midwives to health center could be used to determine the availability of midwives in health center. The ratio of midwives to the number of health center in 2014 by province can be seen in Figure 3.7 below.

Based on Health Minister Regulation No. 75/2014, the minimum number of nurses were five nurses for health center without beds and eight nurses for health center with beds. The ratio of nurse to the number of health center in Indonesia in 2014 was 10.72 nurses per health center. Nationally, the number of nurses had reached the target, but the distribution per province was uneven.

FIGURE 3.7
RATIO OF MIDWIFE TO NUMBER OF HEALTH CENTER IN 2014



Source: The Agency for Development and Empowerment of Health Human Resources, Ministry of Health, Republic of Indonesia, 2015; Center for Data and Information, Ministry of Health, Republic of Indonesia, 2014

Based on Health Minister Regulation No. 75/ 2014, the minimum number of midwives was four midwives for health center without beds and seven midwives for health center with beds. The ratio of midwives to the number of health center in Indonesia in 2014 was 10.52 midwives per health center. Nationally, the number of midwives had reached the target, but the distribution per province was uneven.

The highest ratio of midwives to the number health center was in Aceh province with 23.70 midwives per health center, North Sumatra with 19.70 midwives per health center and Jambi with 14.73 midwives per health center. The lowest ratio of midwives to the number of health center was in DKI Jakarta with 3.03 midwives per health center, Papua with 3.43 midwives per health center, and West Papua at 3.56 midwives per health center. Details of the ratio of nurses to the number of health center by province can be seen in Annex 3.3.

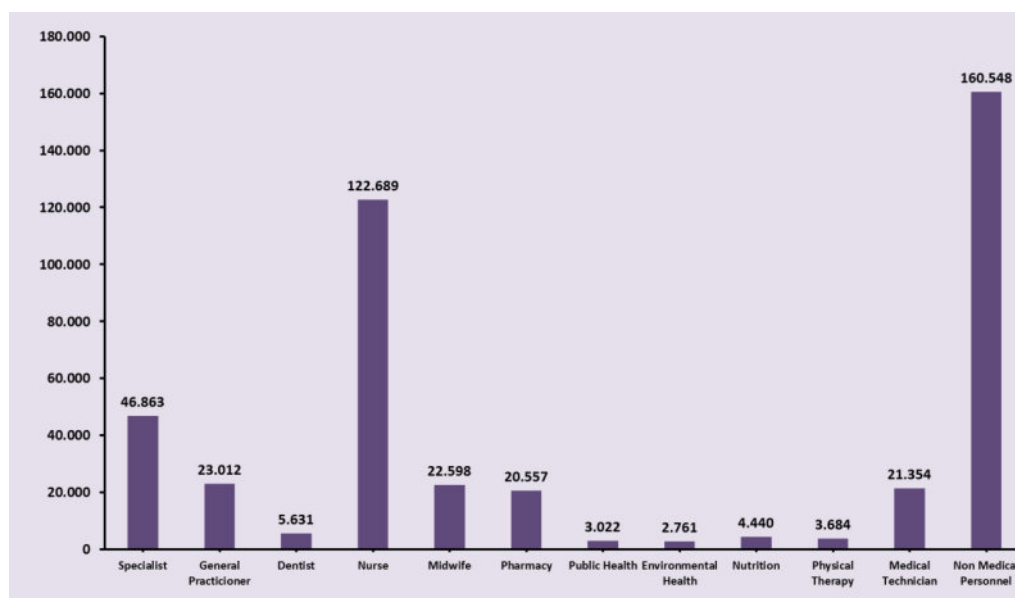
2. Health Personnel in Hospital

Based on the Health Minister Regulation No.56/2014 on Hospital Classification and Licensing, hospital is a health care institution that organizes complete individual health care and provides inpatient, outpatient and emergency department. Based on the type of services provided, hospital consists of public hospital and special hospital. Public hospitals are hospitals that provide health services in all areas and types of diseases, while special hospitals are

hospitals that provide primary care to one area or one particular type of disease based on disciplines, age groups, organs, types of diseases or other specialities.

Health human resources play an important role in health care in hospital. From data collected by the Agency for Development and Empowerment of Health Human Resources (Ind: *PPSDM*), the number of health personnel in hospital were 276,611 health personnel and 160,548 non-medical personnel. The number of health human resources at the hospital in 2014 can be seen in Figure 3.8 below.

FIGURE 3.8
NUMBER OF HEALTH PERSONNEL AT HOSPITAL IN 2014



Source: The Agency for Development and Empowerment of Health Human Resources, Ministry of Health, Republic of Indonesia, 2015

The number of hospitals in 2014 was 2,406. Highest number of health personnel was in the position of nurse and specialist. The number of specialist practitioner on duty at the hospital was 46,863. In comparison with the number of hospital, the average was 19 specialists per hospital. Number of general practitioner on duty at the hospital was 23,012, with an average of 10 GP per hospital, while dentist on duty at the hospital was 5,631 with an average of 2 dentists per hospital.

The number of nurses on duty at the hospital was 122,689, with an average of 51 nurses per hospital and the number of midwives on duty at the hospital was 22,598, with an average of 9 midwives per hospital. The number of supporting personnel (non-medical personnel) was 160,548, with an average of 67 supporting staff for each hospital. Details of the number of health human resources at the hospital in 2014 can be seen in Annex 3.4.

B. HEALTH PERSONNEL RATIO

Based on the number of health personnel who worked according to their duty and function, and the estimated population number, the health personnel ratio in Indonesia could be arranged. The number of health personnel used is the number of health personnel who worked according to function. This is considered better compared to the data of health personnel who only have Certificate of Registration (Ind: *STR*), because it reflects better data which is utilized according to duty, function and better reflects the location of health personnel. The ratio of

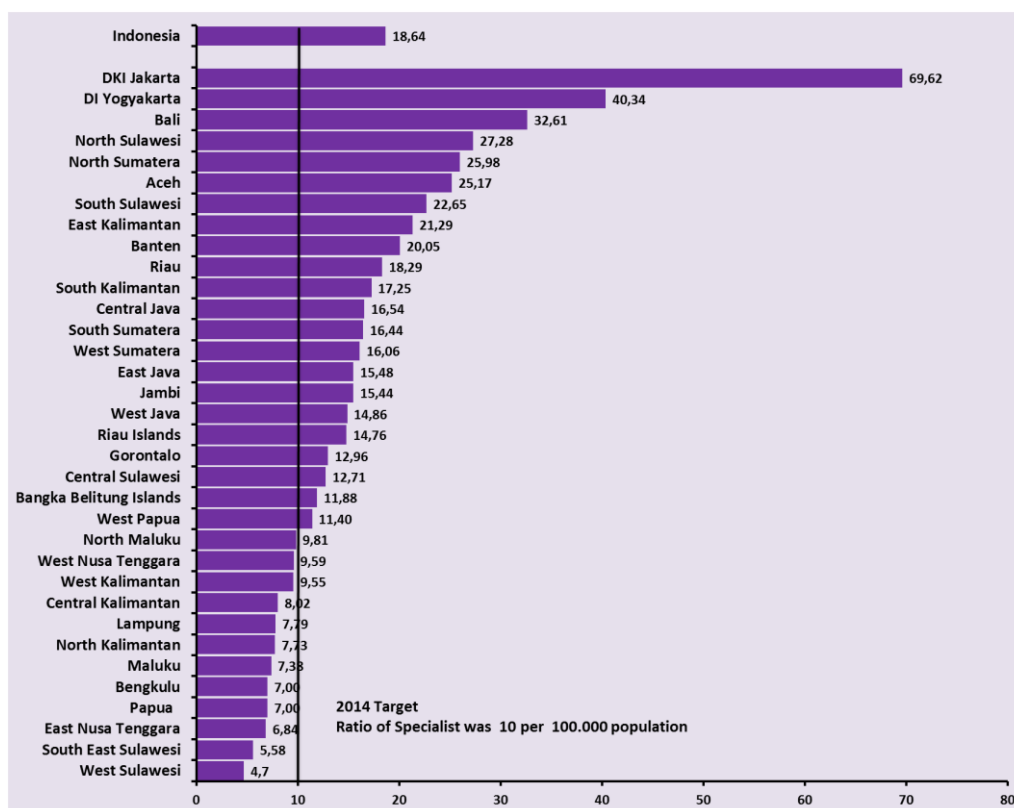
health personnel to population is used as an indicator to measure the availability of health personnel to achieve a specific health development target.

Based on the Decree of the Coordinating Minister of People’s Welfare No. 54/ 2013 on Health Personnel Development Plan for Year 2011-2025, had assigned a number of health personnel ratio target to population. In 2014, the ratio of specialists was set at 10 specialists per 100,000 populations, the ratio of general practitioners at 40 GP per 100,000 populations, the ratio of nurses at 158 nurses per 100,000 populations and the ratio of midwives at 100 midwives per 100,000 populations.

Figure 3.9 showed the ratio of specialists in Indonesia was 18.64 specialists per 100,000 populations, higher than the target in 2014. A total of 22 provinces in Indonesia have reached the target ratio of specialists to 100,000 populations and 12 other provinces have not yet reached the target. Figure 3.10 shows that the highest ratio of specialist was in DKI Jakarta, DI Yogyakarta and Bali. The ratio of specialists in DKI Jakarta was 69.92 per 100,000 populations, DI Yogyakarta with 40.34 per 100,000 populations and Bali with 32.61 per 100,000 populations.

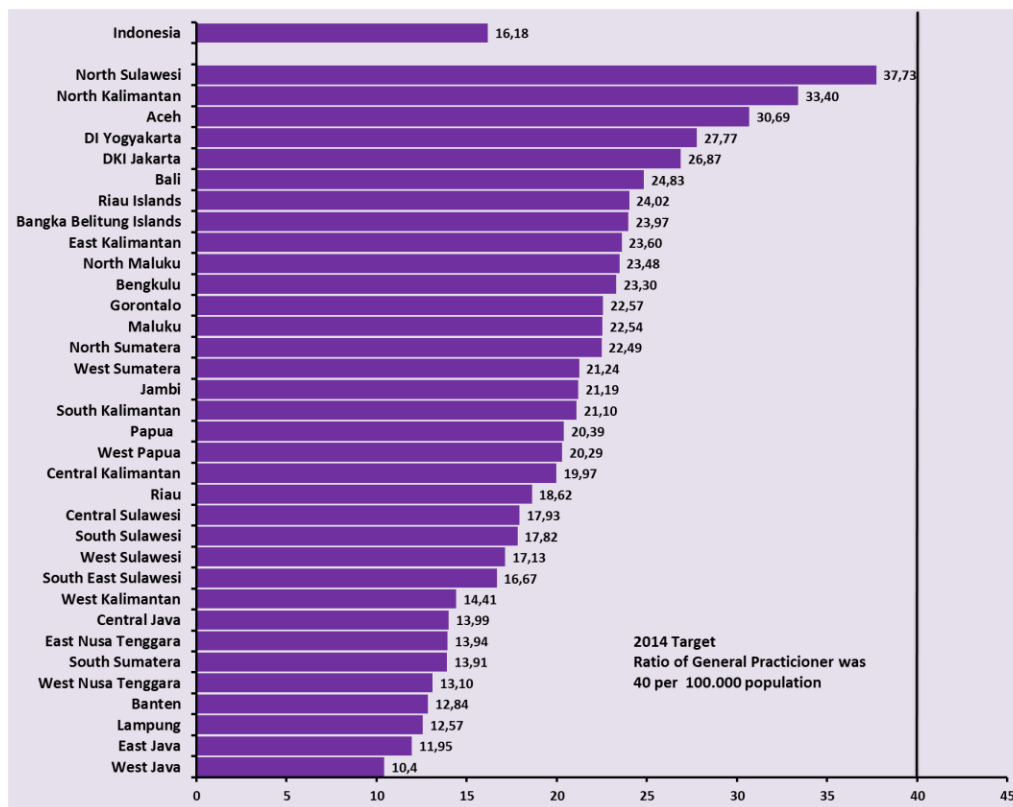
Based on the Health Minister Regulation No. 2052/ Menkes/ PER/ X/ 2011 on Practice License and Implementation of Medical Practice, doctors are graduated of medical education both domestic and abroad recognized by the Government of the Republic of Indonesia according to the law. The ratio of general practitioners to population is used as an indicator to measure the availability of GP to achieve the target of health development in a given year. Figure 3.10 shows the ratio of general practitioner per 100,000 populations in Indonesia.

FIGURE 3.9
RATIO OF SPECIALIST PER 100.000 POPULATION IN 2014



Source: The Agency for Development and Empowerment of Health Human Resources,
Ministry of Health, Republic of Indonesia, 2014

FIGURE 3.10
RATIO OF GENERAL PRACTITIONER PER 100.000 POPULATION IN 2014

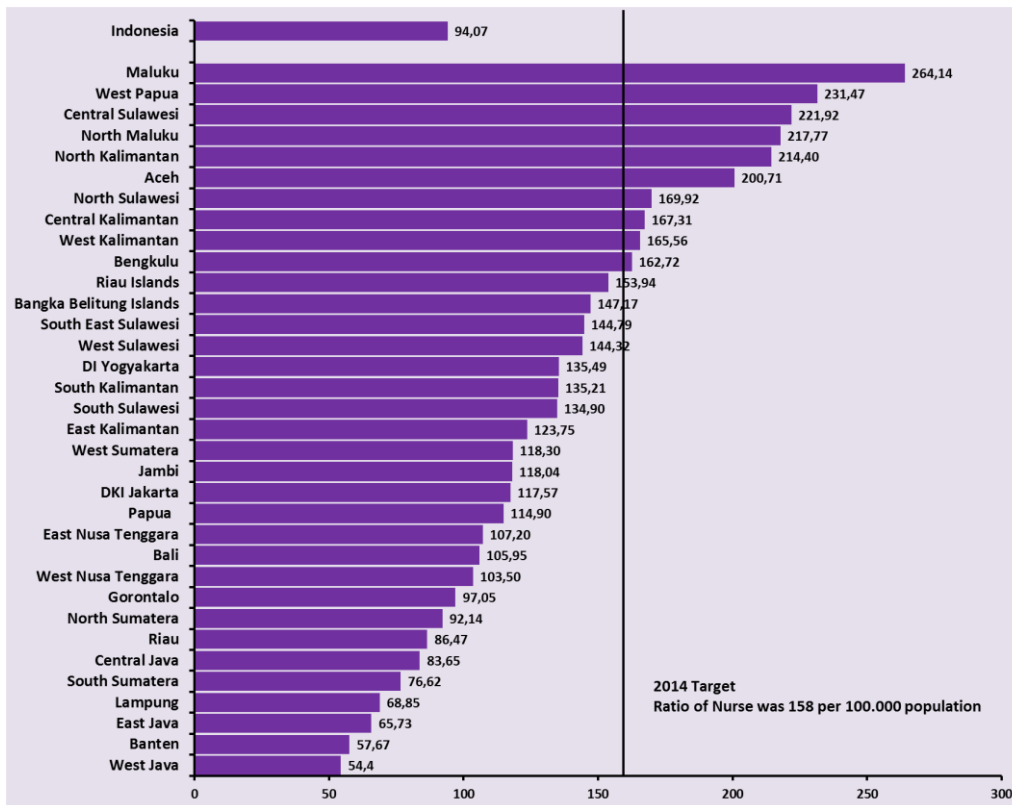


Source: The Agency for Development and Empowerment of Health Human Resources, Ministry of Health, Republic of Indonesia, 2015; Center for Data and Information, Ministry of Health, Republic of Indonesia, 2014

In 2014, the ratio of general practitioners was 16.18 per 100,000 population. This number was lower than the target arranged which was 40 GPs per 100,000 population. There was no province in Indonesia had met the targets set. Provinces with the highest ratio of GP to 100,000 population were in North Sulawesi, North Kalimantan and Aceh. The lowest ratio of GP to 100,000 population were in West Java, East Java and Lampung.

The next health personnel is nurse personnel, which consists of nurses. Based on the Health Minister Regulation No. HK.02.02/MENKES/148/I/2010 on License and Implementation of Nursing Practice, nurses are those who have graduated from nursing education institution, either in Indonesia or abroad, accredited by law and recognized by government. The ratio of nurses to population is used as an indicator to measure the availability of nurses to reach the target of health development in a given year.

FIGURE 3.11
RATIO OF NURSE PER 100,000 POPULATIONS IN 2014



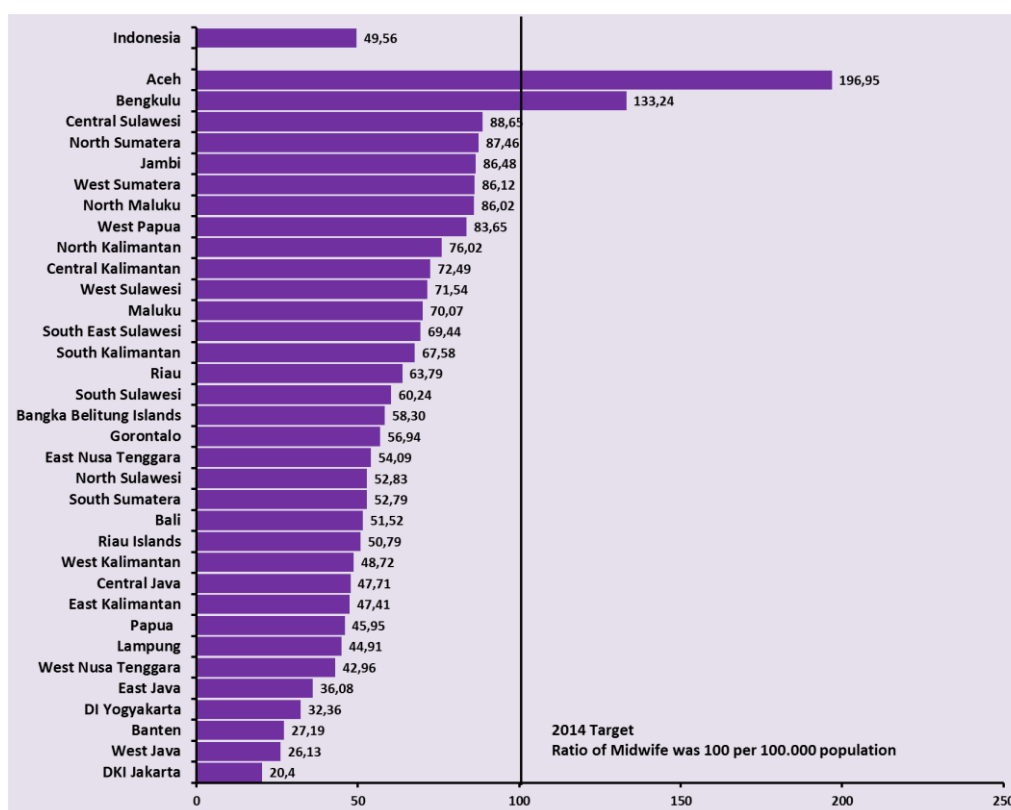
Source: The Agency for Development and Empowerment of Health Human Resources, Ministry of Health, Republic of Indonesia, 2015; Center for Data and Information, Ministry of Health, Republic of Indonesia, 2014

The ratio of nurses per population by provinces in 2014 can be seen in Figure 3.11. In 2014, the ratio of nurses was 94.07 nurses per 100,000 population. This was lower than the target set. Ten provinces had met the target ratio of nurses to population and 24 others not yet fulfilled the target.

Provinces with the highest ratio were in Maluku with 264.14 nurses per 100,000 population, West Papua with 231.47 nurses per 100,000 population, and Central Sulawesi with 221.77 nurses per 100,000 population. Provinces with the lowest ratio of nurses were in West Java with 54.4 nurses per 100,000 population, Banten with 57.67 nurses per 100,000 population and East Java with 65.73 nurses per 100,000 population.

Based on Health Minister Regulation No. 1464/MENKES/PER/X/2010 on License and Implementation of Midwifery Practice, midwife is a women graduated from midwifery education registered by the law. Midwives can run independent practice and/or working in health care facilities. The ratio of midwife to population is used as an indicator to measure the availability of midwife. The ratio of midwives to population by provinces in 2014 can be seen in Figure 3.12 below.

FIGURE 3.12
RATIO OF MIDWIFE PER 100,000 POPULATIONS IN 2014



Source: The Agency for Development and Empowerment of Health Human Resources, Ministry of Health, Republic of Indonesia, 2015; Center for Data and Information, Ministry of Health, Republic of Indonesia, 2014

In 2014, the ratio of midwives per population was 49.56, lower than the 2014 target of 100 midwives per 100,000 population. In 2014, only two provinces reached the ratio target of midwives per population, while 32 other provinces had not yet reached the target.

The highest ratio of midwives to population was in Aceh at 196.95; Bengkulu at 133.24 and Central Sulawesi at 88.66 midwives per 100,000 population. The lowest ratio was in DKI Jakarta at 20.4; West Java at 26.13; and Banten at 27.19 midwives per 100,000 population.

C. HEALTH PERSONNEL OF NON-PERMANENT EMPLOYEE (Ind: *PTT*)

Problem on the distribution of health personnel is still an issue in the health system of Indonesia. Indonesia has specific geographical characteristics and discrepancy of socioeconomic condition among regions. Yet, decentralization is still not effective in solving health personnel equity concerns, especially in Underdeveloped, Borders, and Islands Regions area.

Placement of doctor and midwives as non-permanent employees are regulated in the Health Minister Regulation No. 7/2013 on Guidelines for Appointment and Placement of Doctors and Midwives for Non-permanent Employees. Non-permanent employee (Ind: *PTT*) is an employee who was appointed for a certain period of time in order to carry out the government task and technical operations development and administration according to the needs and capabilities to organize. Appointment and placement of *PTT* by the government carried out by Ministry of Health through the secretariat general of bureau of personnel and the recruitment and placement of *PTT* by local governments conducted by the governor and regent/ mayor.

Appointment and placement of physicians as PTT is done to fulfill the health care needs in:

- Health care facilities with the criteria of regular, remote, very remote in underdeveloped, borders, islands regions, and health problems area;
- Health care facilities with the criteria of regular, remote, very remote in conflicted or potentially conflicted provinces and districts/ municipalities;
- Province hospital as disaster preparedness doctor with regular criteria;
- Port Health Office of Ministry of Health in the region of remote and very remote criteria.

The assignment length of PTT doctors consists of:

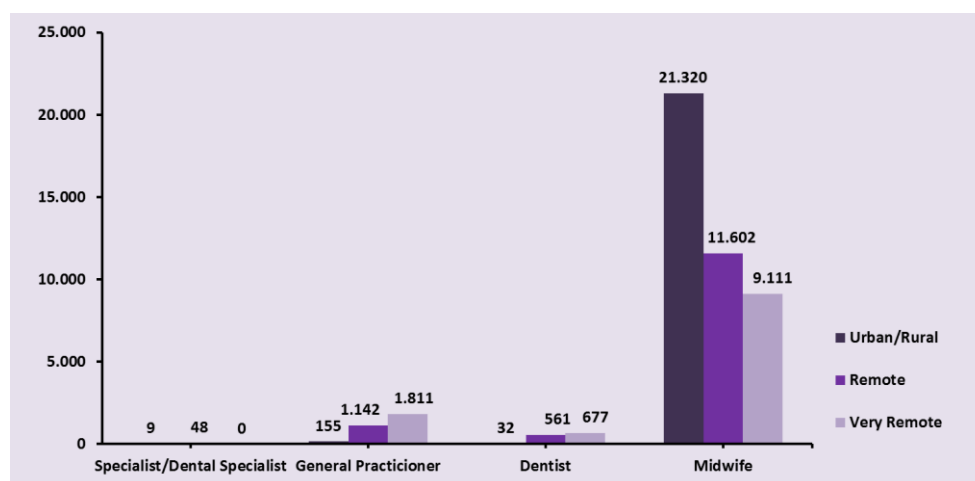
- One year for specialists or dental specialists assigned to health care facilities in remote or very remote criteria;
- Two years for general practitioners or dentists assigned to health care facilities in remote or very remote criteria;
- Three years for general practitioners, dentists, specialists and dental specialists assigned to health care facilities with regular criteria.

Ministry of Health may reappoint PTT doctors at most for one term assignment.

The appointment and placement of midwives as PTT can only be made to be placed in village with regular criteria, remote or very remote. The appointment of regular, remote or very remote village was done by the governor or regent/ mayor. The appointment of regular, remote or very remote village was based on the criteria of health care facilities in the village according to law. Midwives as PTT assigned for three years and could be reappointed by the Ministry of Health or extended at most for twice the period of the assignment.

Health personnel with PTT status consists of GP, dentists, specialists, dental specialists, and midwives.. Their contribution in improving the quality of health services is significant. By December 31st, 2013, there were 46,468 active, centrally assigned, non-permanent health personnel consisting of 57 specialists and specialist dentist, 3,108 GP; 1,270 dentists and 42,033 midwives.

FIGURE 3.13
NUMBER OF SPECIALIST DOCTOR/DENTIST, DOCTOR, DENTIST, AND MIDWIFE WHO ARE ELIGIBLE AS NON-PERMANENT EMPLOYEES BY REGIONAL CRITERIA IN INDONESIA AS OF DECEMBER 31, 2014



Source: Bureau of Personnel, Ministry of Health, Republic of Indonesia, 2015

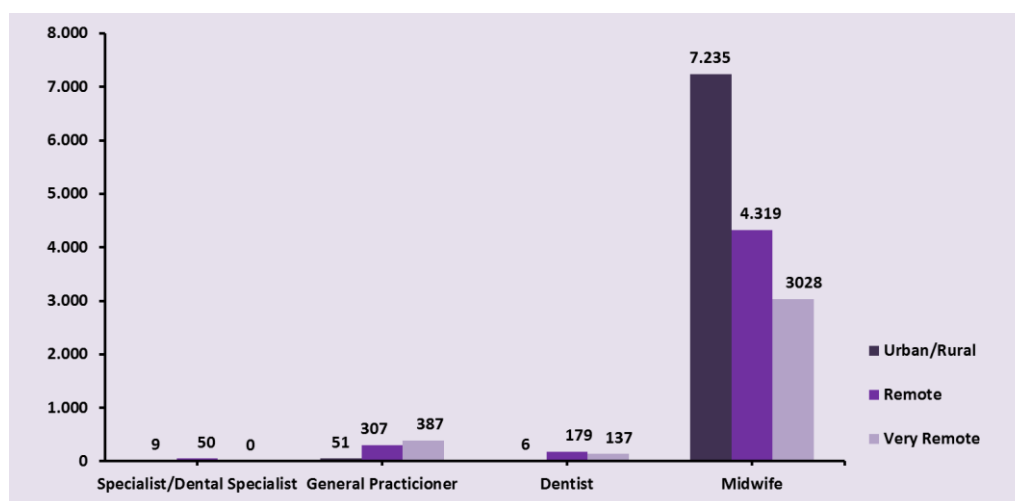
From figure 3.13 can be seen in 2014 the number of PTT health personnel especially for GP and dentists are the largest in the very remote and remote area. PTT doctors in a very remote

area were 1.81 and 1,142 in remote area, while PTT doctor in regular area was only 155. The number of active PTT dentists in very remote and remote area also higher when compared to regular area. Number of dentists in very remote areas was 677, remote area was 561, and while in regular area was only 32.

Meanwhile, different condition happen in an active PTT midwife. The number of midwives in the regular area was greater when compared to remote or very remote areas. The number of midwives in the regular area was 21,320, while the number of midwives in remote areas was 11,602 and very remote areas were 9,111. Details about the number of doctor/dentist specialist PTT, GP PTT, dentists PTT, active midwife PTT by regions and provinces in Indonesia until December 31, 2014 can be found in Annex 3.8 to 3.11.

In 2014, there were 14,582 health personnels appointed as PTT to regular, remote, very remote areas, lower than in 2013 with 15,931. The appointed specialist PTT and dentists specialists PTT was 59, 745 general practitioner PTT, 322 dentists PTT and 14,582 midwife PTT.

FIGURE 3.14
NUMBER OF SPECIALIST DOCTOR/DENTIST, GP, DENTIST, AND MIDWIFE WHO ARE RECRUITED AS NON-PERMANENT EMPLOYEES BY REGIONAL CRITERIA IN 2014



Source: Bureau of Personnel, Ministry of Health, Republic of Indonesia, 2015

Figure 3.14 showed the number of appointed health personnel PTT consists of specialist/dentist specialists, GP, dentists and midwives in the regular, remote and very remote areas in 2014. The number of the appointed specialist/dentist specialist in regular area was 9 and 50 in remote area. The number of appointed general practitioners and dentists was greater in very remote areas. On the appointed midwives, there was more in the regular are when compared to the remote and very remote areas. Further details regarding the amount of the appointed specialist/dentist specialists, GP, dentists and midwives in Annex 3.12 to 3.15.

D. HEALTH PERSONNEL WITH SPECIAL ASSIGNMENT STATUS

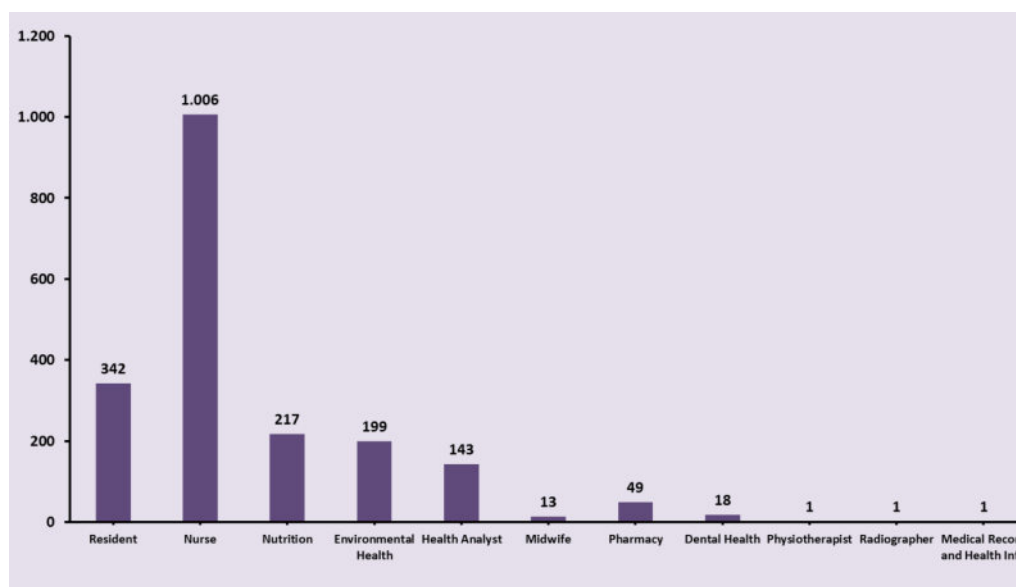
Based on the Minister of Health regulation No. 9/2013 about Health Personnel with Special Assignment, special assignment is specific empowerment of health personnel within a certain time in order to improve access and quality of health services at health care facilities in Under-developed, Borders and Islands Area (Ind: *DTPK*), Area with Health Problem (Ind: *DBK*) and also in Hospital Class C and D in districts requiring specialist medical services. The placement of health personnel was in the under develop area, with criteria of relatively less

develop district/municipality than the other national district/municipality on a national scale, area with relatively under develop population and area with certain health problem, which is a district/municipality with Public Health Development Index (Ind: *IPKM*) below average and the proportion of the poor population is higher than the districts/municipality mean with special health problems.

Assigned health personnels consist of resident and health personell with diploma III education. Resident is a doctor/dentist having specialist training or education. Health personnel with diploma III education consist of midwives, nurses, sanitarians, nutritionist, and health analysts. Health personnels are assigned to (1) Health center and networks, (2) Hospital Class C and Class D that has had medical equipment, medical supplies, pharmaceutical preparations and other facilities to perform specialist services (excluding Moving Hospitals), (3) Hospitals requiring certain specialist medical services.

Figure 3.15 showed the number of the active special assigned resident and Diploma III at *DTPK* and *DBK*.

FIGURE 3.15
NUMBER OF ACTIVE SPECIALIST RESIDENT AND SPECIAL ASSIGNMENT OF HEALTH DIPLOMA AT *DTPK* AND *DBK* PRIORITY DISTRICTS AS OF DECEMBER 31, 2014

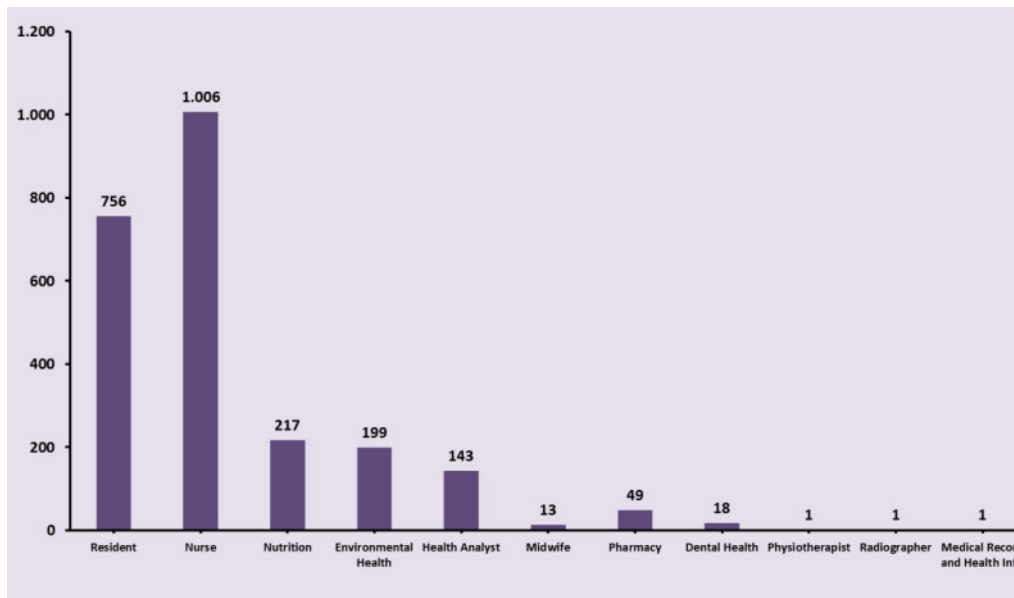


Source: Bureau of Personnel, Ministry of Health, Republic of Indonesia, 2015

Number of active resident and special assigned diploma III in *DTPK* and *DBK* until 2014 was 1,990 people, consisting of 342 residents, 1,006 nurses, 217 nutritionists, 199 environmental health personnel, 143 health analysts, 13 midwives, 49 pharmacist, 18 dental health professionals, 1 physiotherapist, 1 radiographer and 1 medical record and health informatics technician. Details of the number of active resident and special assigned Diploma III in *DBK* and *DTPK* until 2014 can be seen in Annex 3.16.

During the year 2014, special assignment has been implemented to 2,404 people, consisting of 756 residents, 1,006 nurses, 217 nutritionists, 199 environmental health personnel, 143 health analysts, 13 midwives, 49 pharmacist, 18 dental health professionals, 1 physiotherapist, 1 radiographer and 1 medical record and health informatics technician. Details are shown in figure 3.16.

FIGURE 3.16
NUMBER OF SPECIALIST RESIDENT AND SPECIAL ASSIGNMENT OF HEALTH DIPLOME
DTPK DAN DBK AT DTPK AND DBK PRIORITY DISCTRICTS IN 2014



Source: Bureau of Personnel, Ministry of Health, Republic of Indonesia, 2015

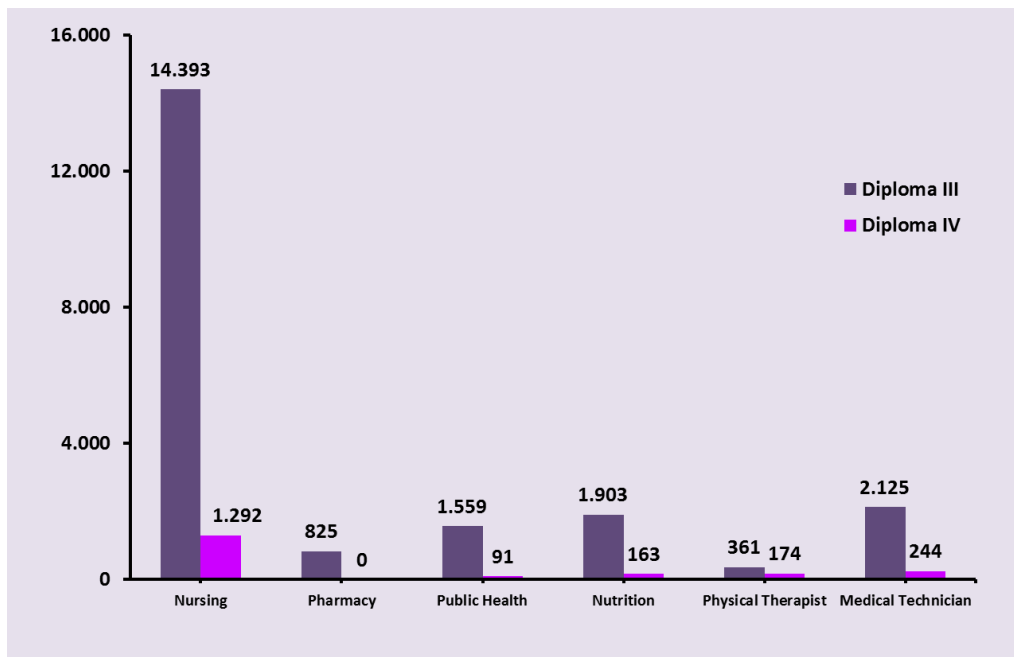
The highest special assignments were in Aceh with 290 people, Southeast Sulawesi with 311 people and East Nusa Tenggara with 255 people and Aceh with 251 people. Non-special assignment was in DKI Jakarta and DI Yogyakarta. Totally, the number of resident and other special assignments is described in Annex 3.17.

E. THE NUMBER OF GRADUATE HEALTH POLYTECHNIC

One of the way to fulfilled the needs of health personnel is by increasing the number of health perrsonnel by establishing Health Polytechnic (Ind: *Poltekkes*) as a Technical Implementation Unit of the Ministry of Health under the the Agency for Development and Empowerment of Health Human Resources.

Students who have completed education would be named as polytechnic graduates. The number of graduate Diploma III and Diploma IV in 2014 was 21,166 for Diploma III and 1,964 for Diploma IV.

FIGURE 3.17
NUMBER OF DIPLOMA III AND DIPLOMA IV POLTEKKES GRADUATES IN 2014



Source: The Agency for Development and Empowerment of Health Human Resources, Ministry of Health, Republic of Indonesia, 2015

According to the number of health polytechnic students, the highest number was nursing study program, and the same thing also happened in the number of polytechnic graduates, with the highest number of graduates was nursing with 14,393 for Diploma III graduates and 1,292 for Diploma IV graduates. The lowest number of polytechnic graduates was physical therapy program, with 361 graduates for Diploma III and public health program with 91 graduates for Diploma IV.

* * *

IV

HEALTH FINANCE

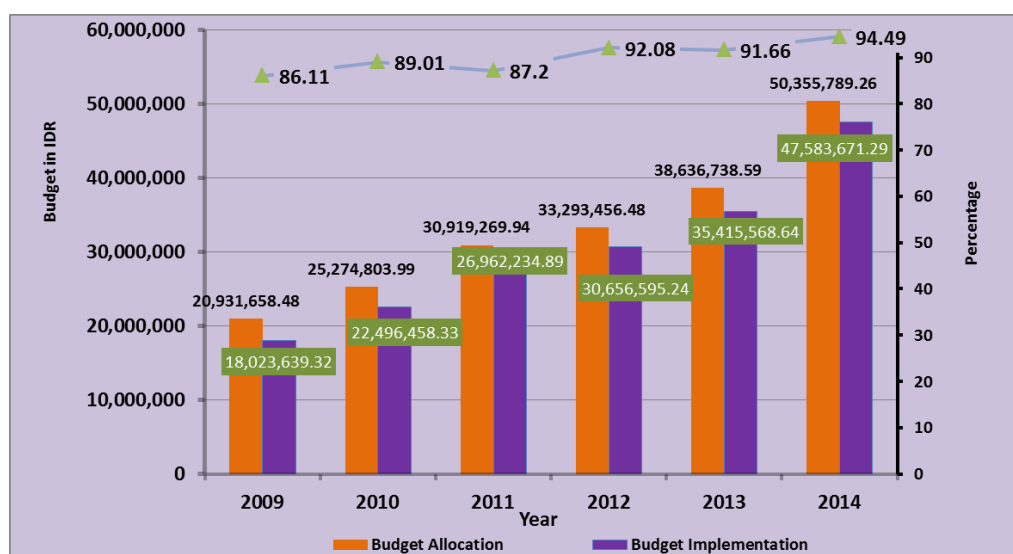
HEALTH FINANCE

Health financing involves managing the amount of money needed to organize and utilize various health care and services for individuals, families, groups, and communities. One of the sub-systems in Indonesia National Health System is health financing. The Law no. 36 year 2009 on Health states that national health financing system is developed to provide sustainable, sufficient, equally allocated and well utilized health financing. The source of health fund consists of government and community-based resources. This chapter discusses further government fund allocated for health.

A. MINISTRY'S HEALTH BUDGET

Health budget allocation managed by the Ministry of Health on 2014 was 50.35 trillion rupiahs, with implementation of 47.58 trillion rupiahs. Both budget allocation and implementation increased, compared to year 2013, which allocated 38.64 trillion rupiahs and implementation of 35.42 trillion rupiahs. In addition to the increase in budget allocation, the percentage of implementation also increased, from 91.66% in 2013 to 94.49% in 2014.

FIGURE 4.1
BUDGET ALLOCATION AND IMPLEMENTATION AT MINISTRY OF HEALTH, REPUBLIC OF INDONESIA
IN 2009 - 2014



Source: Bureau of Finance and State Owned Asset, Ministry of Health, 2015

Figure 4.1 shows the increasing budget allocation and implementation of the Ministry of Health in the past five years. In 2009, the Ministry of Health Republic of Indonesia allocated budget of 20.93 trillion rupiah with implementation of 18.05 trillion rupiah, which means the implementation percentage was 86.11%. The number increased in 2014, with allocated budget

of 50.35 trillion rupiahs and implementation of 47.58 trillion rupiahs, thus the implementation percentage was 95.49%.

The distribution of Health Ministry budget according to first echelon unit, showed that the largest allocation was for General Secretary (Ind: *Setjen*) in amount of 27.20 trillion rupiahs. Meanwhile the lowest allocation was for Inspectorate General in 92.92 million rupiahs. The first echelon unit with highest implementation percentage was General Directorate of Disease Control and Environmental Health (Ind: *Ditjen PPPL*) with 100.33%, while the lowest was Inspectorate General with 77.73%. Data and information about Ministry of Health budget allocation and implementation on 2014 are presented in Annex 4.1.

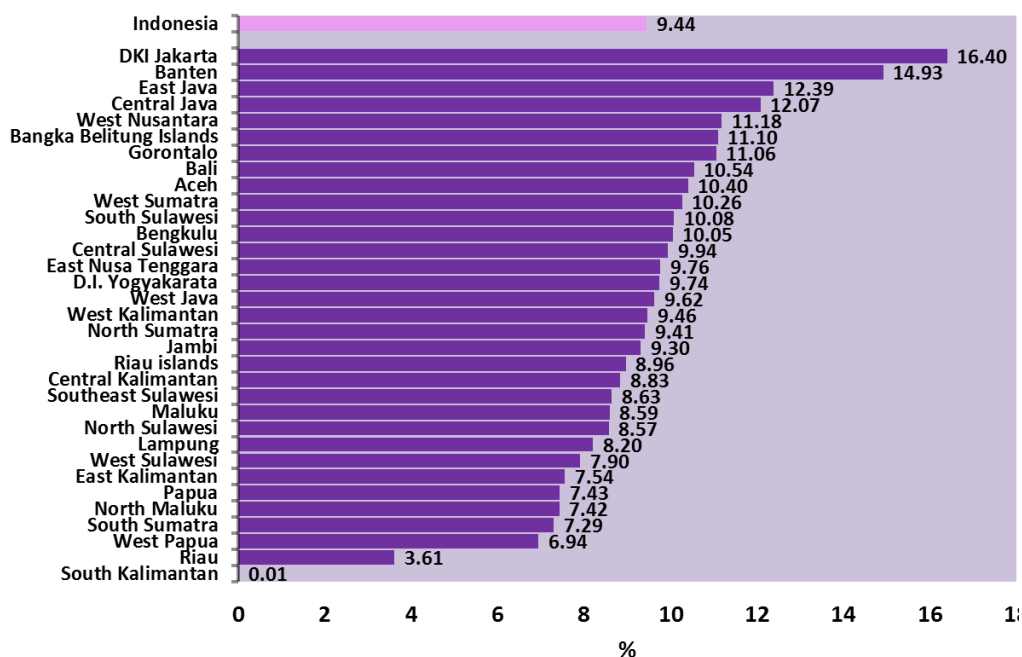
B. LOCAL GOVERNMENT BUDGET (Ind: *APBD*) ON HEALTH

Based on Law no. 17 year 2007, the Minister of Home Affairs' Regulation no. 27 year 2014 about Guidelines for Planning, Controlling and Evaluating Local Government Work Plan in 2015, states 9 sectors of development, including reformation of health development.

Health financing should ensure sustainable and sufficient fund, which is allocated equally and well-utilized in order to develop health sector and improve people's health. The fund resources consist of central government, local government, community, private sectors and other resources.

According to Law no. 36 year 2009 on Health, at least 10% of provincial and districts/municipalities total regional budget, excluding salary (personnel expenses), should be allocated for health financing. The percentage of the provincial health budget to the total provincial budget in 34 provinces in Indonesia is presented in figure 4.2 below.

FIGURE 4.2
PERCENTAGE OF HEALTH BUDGET TO APBD BY PROVINCE IN 2014



Source: Directorate General of Fiscal Balance, Ministry of Finance, through Bureau of Planning and Budget, Ministry of Health, Republic of Indonesia, 2014. Retrieved from <http://www.djpk.kemenkeu.go.id/data-series/data-keuangan-daerah/setelah-ta-2006>

The percentage of provincial health budget to total budget above included the employees' salary. The figure above shows 12 provinces with percentage exceed 10%. This number increased from year 2013, in which only 7 provinces with health budget over ten percent. The twelve provinces are Bengkulu, South Sulawesi, West Sumatra, Aceh, Bali, Gorontalo, Bangka Belitung Islands, West Nusa Tenggara, Central Java, East Java, Banten and DKI Jakarta. Meanwhile the other 22 provinces allocated health budget in total provincial budget for less than 10 percent. Detailed data and information about the provincial budget in 2014 are presented in Annex 4.6.

C. ALLOCATION AND IMPLEMENTATION OF DECONCENTRATION AND CO-ADMINISTRATION FUND IN 2014

According to Government Regulation no. 7 year 2008 about Deconcentration and Co-Administration Fund, and Minister of Finance regulation No. 156/PMK.07/2008 (and further enhanced with Minister of Finance regulation No. 248/PMK.07/2010), in order to delegate power and authority to district head funded by central government, to support achieving national focus/prioritized development, to enhance the role of provinces in good governance framework to oversee the implementation of ministry/institution program in the district, and to assure finance sustainability for the delegation of power, the central government through Ministry/Institution regulates deconcentration fund and the co-administration.

Deconcentration fund resourced from total regional budget managed by Governor as government's representative, including all incomes and expenditures of deconcentrating implementation, and not including fund allocated for central government's vertical instance in the region. Principally, deconcentration fund is used to execute Governor duties and authorities as representative of government in the region, for non-physical activities such as synchronization and coordination of planning, facilitation, technical guidance, training, education, supervision, research and survey, as well as controlling.

Co-administration is a delegation of task from central government to the head of local government, and the head of local government are obliged to report the accountability to the central government. The funding comes from central government budget, executed by district/villages, including all kinds of incomes and expenditures in executing the co-administrations. The funding for co-administration are allocated for activities that will increase/add fixed assets such as land acquisition, building, equipment and machinery, roads, irrigation and networks, as well as procurement of consumable goods like drugs, vaccination, provision of seeds and fertilizers.

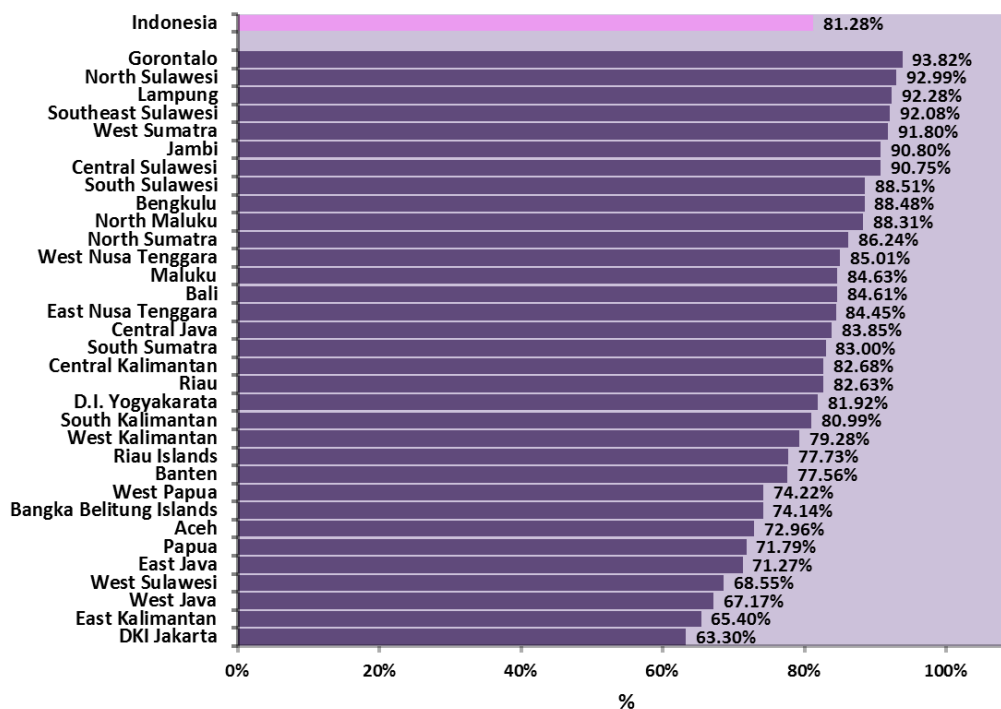
On fiscal year of 2014, the Ministry of Health budget was IDR. 50,355,789,266,000 and 1.82% of them (IDR. 913,526,447,000) was allocated for deconcentration fund in 33 provincial health office all over Indonesia in six programs. The 6 programs were: (1) Supporting Program for Management and Other Technical Task, (2) Program for Nutritional Support and Maternal and Child Health, (3) Program for Health Services, (4) Program for Disease Control and Environmental Health, (5) Program for Pharmaceutical and Medical Devices, and (6) Human Health Resources' Development and Empowerment Program. Deconcentration fund is allocated to achieve programs target which can be utilized for central and local government to synergize, coordinate and ensure sustainability of programs.

The Ministry of Health allocated 6.76% or IDR. 3,399,563,200,000 for Co-administration (Ind: *TP*) in 2014 for all regions in 3 programs: (1) Program for Nutritional Support and Maternal and Child Health, (2) Program for Health Services, and (3) Program for Diseases

Control and Environmental Health. Deconcentration fund is distributed to health offices in all provinces in Indonesia.

Implementation of Deconcentration fund according to provinces in 2014 is presented in the figure below:

FIGURE 4.3
IMPLEMENTATION OF DECONCENTRATION FUND
BY PROVINCE IN 2014



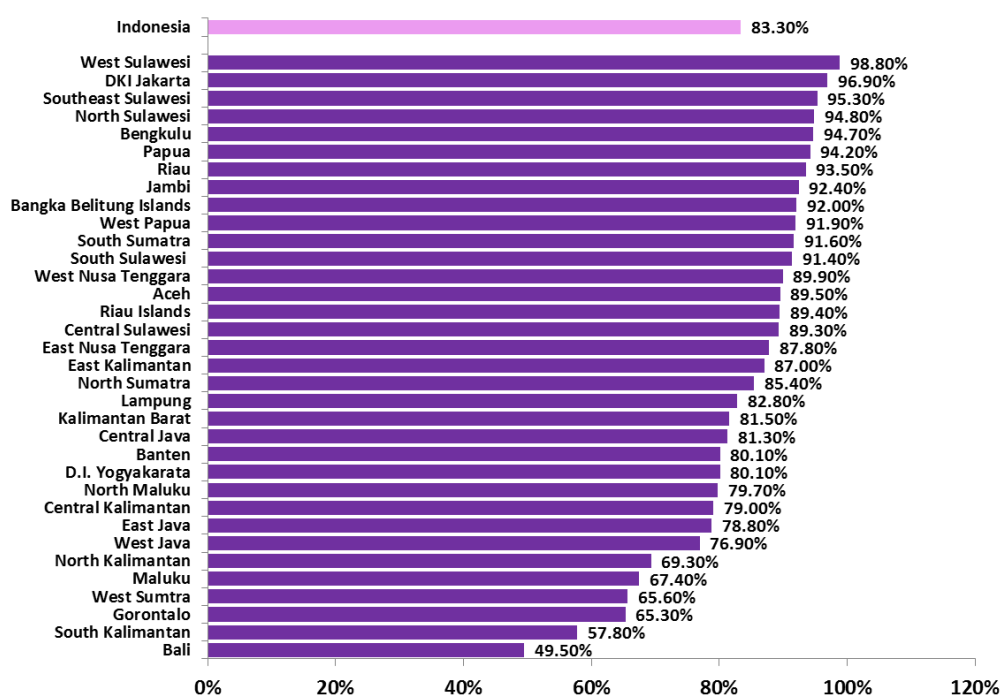
Source: Bureau of Planning and Budget, Ministry of Health, Republic of Indonesia, 2015

According to the graph above, DKI Jakarta province had the lowest implementation of deconcentration fund of 63.30%, while the province with highest percentage of implementation was Gorontalo with 93.82%. Evaluation and reward-punishment system are necessary for this program. For example, provinces which cannot effectively utilize deconcentration fund will be given punishment, for example budget reduction for the next year, while province which can utilize it effectively should be given reward.

Implementation of co-administration fund in the Ministry of Health was IDR 2,832,639,001,830 from total budget allocation of IDR. 3,399,563,200,000. Budget allocation of Ministry of Health for co-administration fund was distributed to all districts/municipalities in all provinces throughout Indonesia.

From the data presented below, the highest implementation of co-administration was in West Sulawesi with 98.80% and the lowest one was Bali province. One of the reason for this problem was, List of Budget Implementation (*Ind: DIPA*) for co-administration was distributed in the third quarter of the year, around October. In addition, some provinces often did administrative mistakes, thus the work unit (*Ind: Satker*) need to do revision in Directorate General of Treasury (*Ind: DJPB*) in Province's regional office or central Directorate General of Budget (*Ind: DJA*). The delayed decree (*Ind: SK*) from activity executing body by Authorized Budget User (*Ind: KPA*), bidding process that took long time, equipment availability (medical device procurement) which was not ready stock on tender execution, resulted in the low implementation of budget.

FIGURE 4.4
IMPLEMENTATION OF HEALTH CO-ADMINISTRATION FUND
BY PROVINCE IN 2014



Source: Bureau of Planning and Budget, Ministry of Health, Republic of Indonesia, 2015

D. NATIONAL HEALTH INSURANCE

To realize the global commitment in the 58th WHA resolution in 2005 at Geneva, which target all nations to develop Universal Health Coverage (UHC) for all their citizens, the government has responsibility to provide health insurance for the people through National Health Insurance.

The effort to provide UHC has been pioneered by Indonesia government by providing several social insurance for health, for example insurance for civil servants, retired employees, veterans of the army, and some private employees' through PT. Askes and PT. Jamsostek. For the poor and underprivileged, central government gave insurance through public health insurance scheme (*Ind: Jamkesmas*) and from local government through regional health insurance (*Ind: Jamkesda*). Even so, these schemes were fragmented, thus health cost and service quality were difficult to control.

To address this problem, Law no. 40 year 2004 about National Social Safety Net (*Ind: SJSN*) was passed. The Law No. 40 year 2004 mandate to provide compulsory social insurance for all Indonesia's citizens, including Health Insurance by Social Security Administrator (*Ind: BPJS*). BPJS was regulated by Law no. 24 year 2011 about Social Security Administrator. It is stated in the Law that BPJS consist of BPJS for Health (*Ind: BPJS Kesehatan*) and BPJS for Workforce (*Ind: BPJS Ketenagakerjaan*). Health Insurance program by BPJS Kesehatan has been implemented since January 1st 2014. This program is called National Health Insurance (*Ind: JKN*).

JKN is organized in order to provide health protection, to give health care service and fulfil the basic need of health for all the citizens, either who pay the premium by themselves or paid by the government. There are two types of JKN's benefit, medical and non-medical benefit.

Included in medical benefits are comprehensive health care (promotive, preventive, curative and rehabilitative) that are based on medical indication and not bounded with the amount of premium paid. The non-medical benefit covers accommodation in the hospital and transportation by ambulance. The benefit of accommodation for inpatient care will be differed according to the class of insurance in which the patient is registered to. Benefit for ambulance transport is only applicable for those with certain medical indications, according to physicians' recommendation.

The implementation of JKN program covers organization, participants and membership, healthcare, financing, organizing body and inter-institutional relationship, monitoring and evaluation, supervision, and complaints' handling.

According to the Minister of Health regulation No.28 about Implementation Guide of *JKN*, the participants of *JKN* consists of every citizens, including foreign nationality who has been working in Indonesia for at least 6 months, and have paid the insurance premium or paid by the government. Participants of *JKN* are classified into two groups, beneficiaries of donation (Ind: *PBI*) and non-*PBI*. *PBI* participants consist of those who are underprivileged. While non-*PBI* participants consist of wage-earning workers and the families, non wage-earning workers and the families, as well as non-workers and the families.

At the early stage of *JKN* implementation, the participants consist of *PBI* participants (from Jamkesmas program), the army members and civil servants of Ministry of Defense and their families, Polices and civil servants in Police and their families, participants of social insurance from PT. Askes and their failies, participants of Healthcare Insurance of PT. Jamsostek and their families, participants of regional health insurance (Jamkesda) who have been integrated, and independent participants (wage-earning employees and non wage-earning employees). For the next step until 2019, it is expected for all citizens of Indonesia to be registered as *JKN* participants.

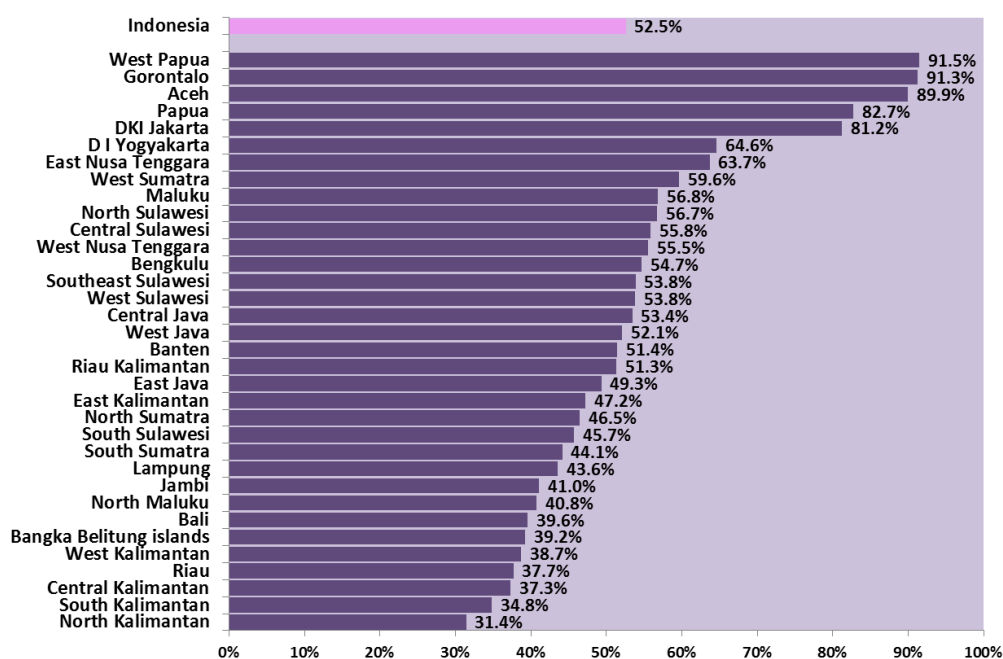
Up to December 2014, the number of *JKN* participants were 133,423,653 people, consisting of 95,167,229 *PBI* participants and 38,256,424 non-*PBI* participants. *PBI* participants supported by APBN were 86,400,000 people and 8,767,229 participants from APBD. The non-*PBI* participants consisted of 24,327,149 wage-earning employees, 9,052,859 non wage-earning participants, and 4,876,416 non-employee participants.

From the figure below, the membership coverage of *JKN* by December 2014 was 52.5%. The province with highest membership percentage was West Papua with 91.5%, while the lowest was North Kalimantan with 31.4%. Data and detailed information about *JKN* membership coverage in 2014 are presented in Annex 4.7.

Every participants of *JKN* has the right for healthcare, including Basic/First Level Outpatient service (Ind: *RJTP*) and Basic/First Level Hospitalization (Ind: *RITP*), Advanced outpatient service (Ind: *RJTL*) and Advanced Hospitalization (Ind: *RITL*), emergency care, and other healthcare determined by the Minister of Health.

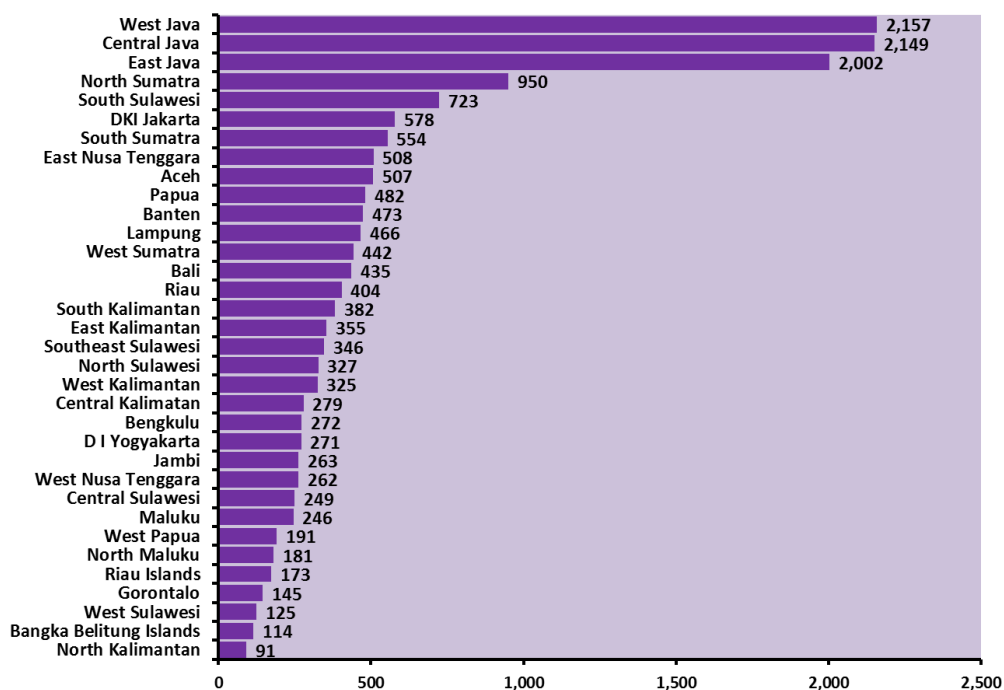
Healthcare services are organized in levels, starting from the basic/first level of care. Secondary level of care can only be accessed with referral from the first level of care, and tertiary level of care can only be accessed with referral from secondary or first level of care. Exceptions are given for emergency cases, patient with special cases, geographical consideration, and consideration of facilities availability. The next figure will present the number of primary health facilities (Ind: *FKTP*) which has collaborated with BPJS Kesehatan.

FIGURE 4.5
COVERAGE OF BPJS MEMBERSHIP AS OF 31 DECEMBER 2014



Source: BPJS Kesehatan, 2015

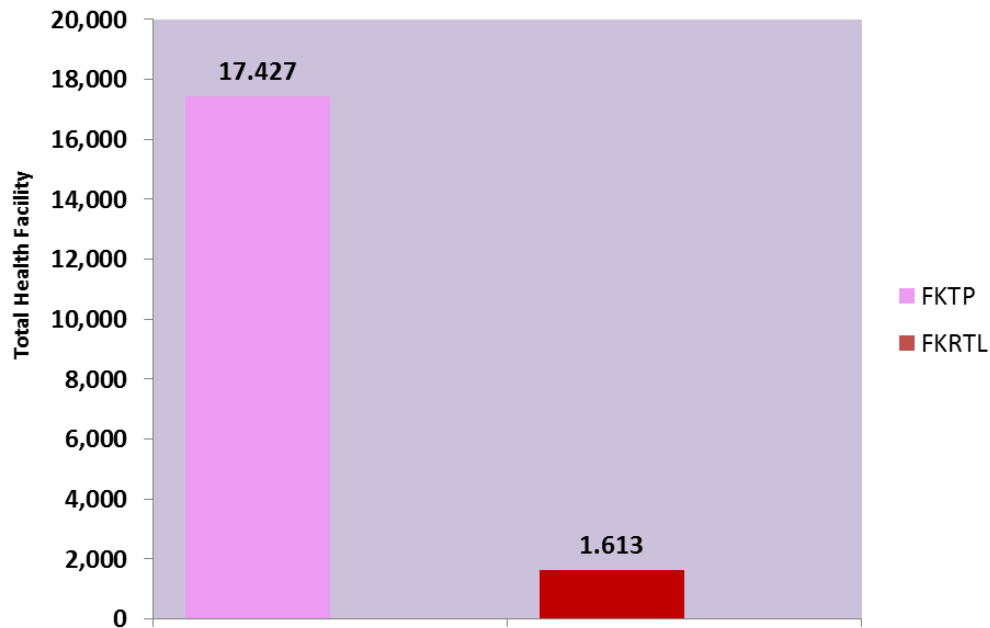
FIGURE 4.6
NUMBER OF PRIMARY HEALTH SERVICE FACILITIES THAT HAVE COOPERATION SCHEME WITH BPJS KESEHATAN AS OF DECEMBER 2014



Source: BPJS Kesehatan, 2015

The figure above shows that the highest number FKTP who cooperate with BPJS Kesehatan was West Java province with 2,157 facilities, while the lowest one was North Kalimantan with 91 facilities. Detailed data and information about FKTP that cooperate with BPJS Kesehatan in 2014 are presented in Annex 4.8.

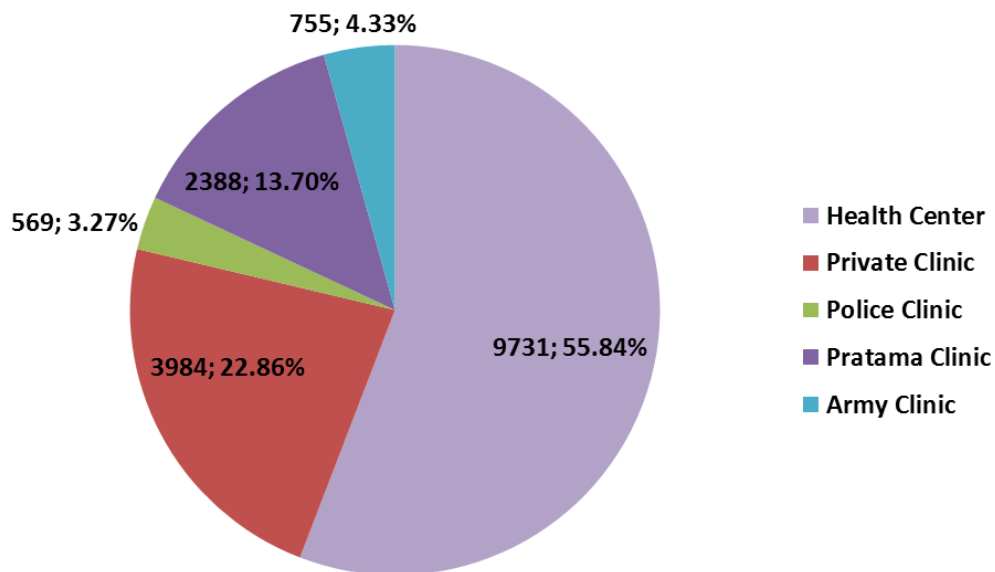
FIGURE 4.7
NUMBER OF FKTP AND FKRTL THAT HAVE COOPERATION
SCHEME WITH BPJS AS OF DECEMBER 2014



Source: BPJS Kesehatan, 2015

Figure 4.7 shows that there were 17,427 FKTP and 1,613 FKRTL that have been cooperating with BPJS Kesehatan.

FIGURE 4.8
NUMBER AND TYPE OF FKTP THAT HAVE COOPERATION WITH
BPJS AS OF DECEMBER 2014

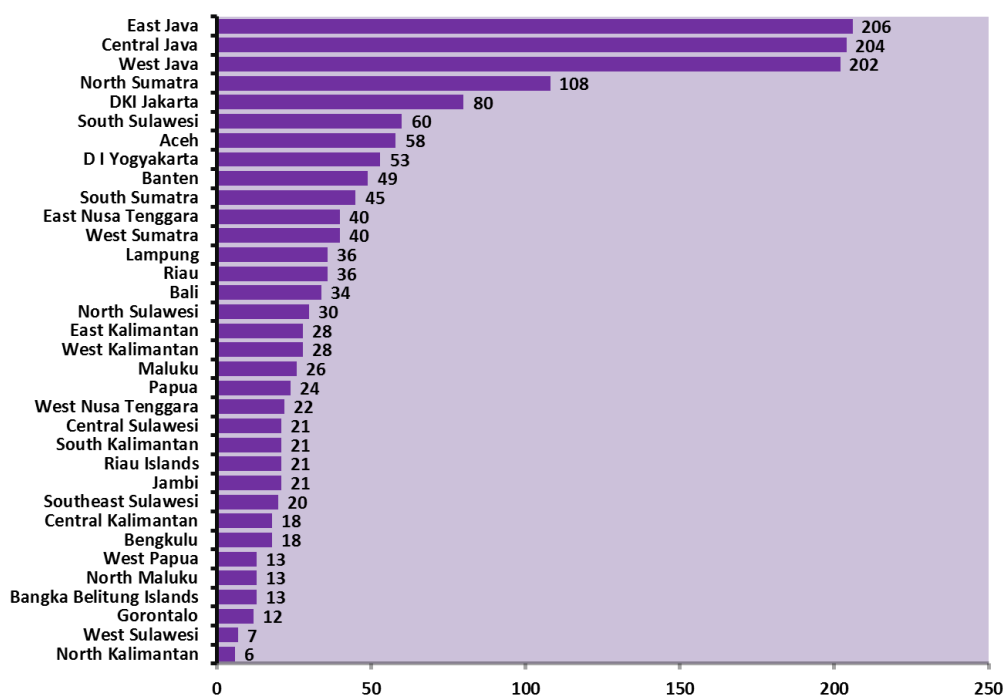


Source: BPJS Kesehatan, 2015

This figure shows that from FKTP that cooperate with BPJS, the largest number were health center with 9,731 facilities, followed by private practice physicians in 3,984 facilities. Following afterwards, 755 Indonesian Army's Clinics and 569 Police Clinics as the lowest.

When patients' condition is appropriate to be cared at FKTP, the FKRTL that accept referral should refer back the JKN's participants with expertise and follow up plan. The number of FKRTL that cooperate with BPJS Kesehatan are presented in the figure below.

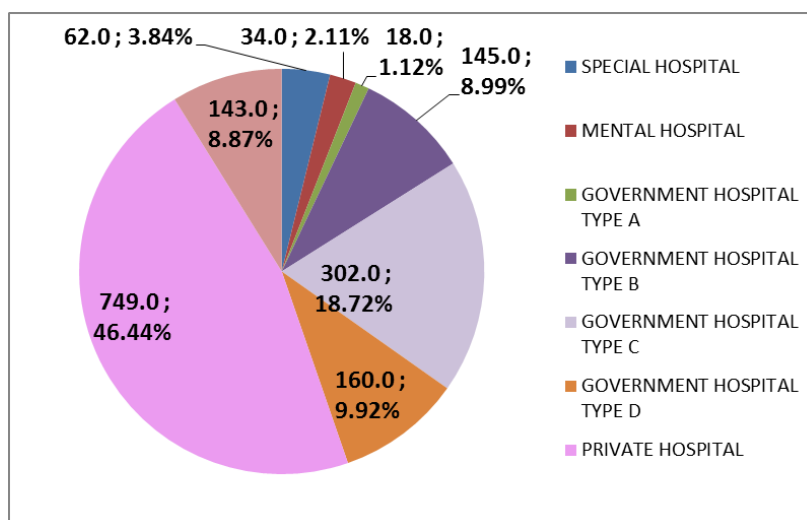
FIGURE 4.9
NUMBER OF FKRTL THAT HAVE COOPERATION SCHEME WITH BPJS
AS OF DECEMBER 2014



Source: BPJS Kesehatan, 2015

Figure 4.9 above presents that the highest number of FKRTL that cooperate with BPJS Kesehatan was in East Java province, and the lowest was in North Kalimantan with only 6 facilities. Further data and information regarding FKRTL that have cooperated with BPJS Kesehatan in 2014 are presented in Annex 4.9.

FIGURE 4.10
PERCENTAGE OF FKRTL THAT HAVE COOPERATION SCHEME
WITH BPJS AS OF DECEMBER 2014



Source: BPJS Kesehatan, 2015

The figure above shows that the type of facility that mostly cooperate with BPJS Kesehatan was private hospital with 46.44% and the lowest number were from Type A hospital.

The benefits of *JKN* cover preventive and curative care, including drugs and consumable medical materials according to necessity. In case of preventive and promotive care, *JKN*'s participants will receive health education at least for management of diseases' risk factors as well as hygiene and healthy behaviour, basic immunization (BCG, diphtheria, pertussis, tetanus, hepatitis B, polio and measles), family planning (counselling, basic contraception, vasectomy and tubectomy), selective health screening to detect certain diseases and to prevent further effect or certain diseases such as cancer, cardiac surgery and dialysis for renal failure.

E. HEALTH OPERATIONAL FUND

Health Operational Fund (Ind: BOK) is a grant from central government to local government to accelerate the achievement of MDGs in health for 2015, through improving the performance of health center and its network, Poskesdes and Village maternity lodge, Posyandu and other Community Based Health Services to provide promotive and preventive care. BOK is part of Ministry of Health budget channelled to district/municipality government through co-administration mechanism. In addition, this grant is expected to improve Health Center management, particularly in planning at health center level and health center mini workshops, and to enhance community empowerment effort in improving health status. It is also expected to improve health care coverage for promotive and preventive activities in health centers and their network, Poskesdes and Posyandu.

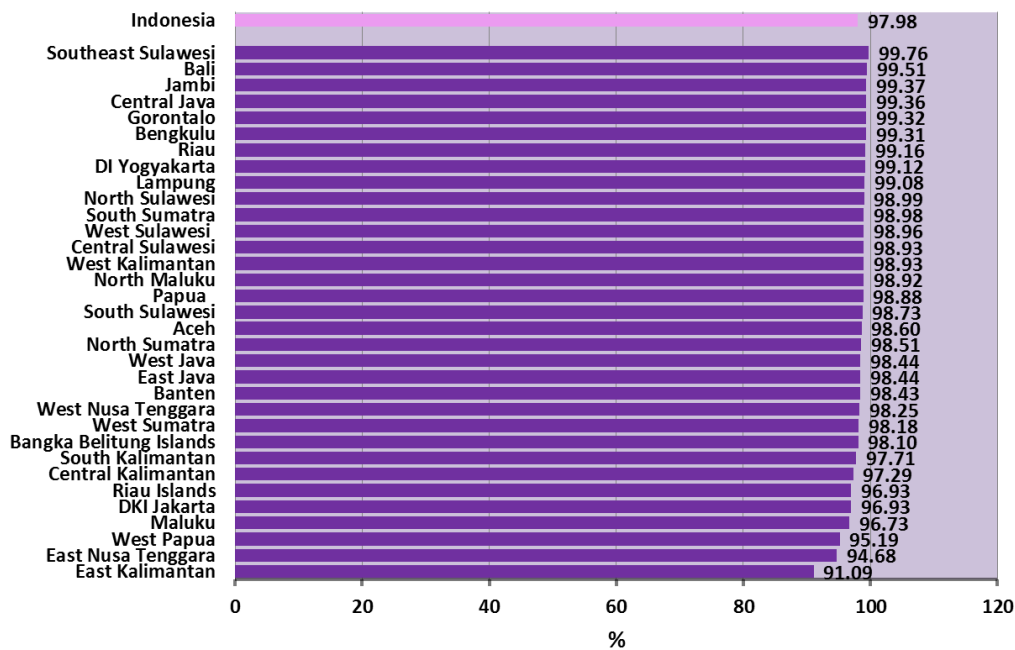
The utilization of BOK focuses on health promotion and prevention activities, including maternal and child health (MCH), family planning, immunization, improvement of public nutrition, health promotion, environmental health and disease control, and other health measures according to major health problems in the area, with reference to the achievement of targets Minimum Service Standards (Ind: *SPM*) and MDGs in health by 2015.

In the implementation, the distribution of BOK through co-administration fund had been through some improvement. The implementation of BOK in 2014 was IDR 1,147,963,867,391 from allocated budget of IDR 1,171,688,390,000 with implementation percentage at 97.98%. This number was lower compared to year 2013, with the implementation percentage of 98.45%.

The graph 4.11 presented below shows that the highest percentage of BOK implementation was Southeast Sulawesi with 99.76% and East Kalimantan as the lowest with implementation percentage of 91.09%. In 2014, there were 8 provinces with implementation percentage lower than national average. Data and information regarding allocation and implementation of BOK are presented in Annex 4.7.

The year 2014 was the fifth and the last year implementation of National Medium Term Development Plan (Ind: RPJMN) 2010 – 2014 in which BOK was one of indicators for Ministry of Health to assess health development. BOK as supplemental source for Health Center operational fund, is expected to support health center activities. Thus, contribute in achieving national indicator for health development. Provincial health office as the extension for Ministry of Health also play role in supervision and evaluation of BOK implementation in district/municipality. The existence of BOK is expected to diminish the difficulties faced by health providers to organize health-related activities in the community, and facilitate access to healthcare.

FIGURE 4.11
PERCENTAGE OF HEALTH OPERATIONAL FUND (BOK)
IMPLEMENTATION BY PROVINCE IN 2014



Source: DG of Nutrition and Maternal and Child Health, Ministry of Health, Republic of Indonesia, 2014

BOK was not the main source of health fund for health center and its networking, but only additional grant. Local government has the responsibility to allocate operational fund for health center.

In 2014, BOK was allocated in the amount of IDR. 1,171,688,390,000 for 9,655 health centers in 500 districts/municipalities (495 work units). Mechanism of BOK distribution in 2014 was still using the co-administration scheme.

The Ministry of Health budget from APBN, including BOK, can only be utilized after February 13th 2014, due to Ministry of Health's DIPA was just approved by the parliament at that day. Disbursement of BOK on February just reached 0.15%, started to increase by 11.58% on April and keep increasing to December. However, until the third quarter of the year, there were 6 work units that have not utilized BOK. According to Institutional Accounting System (Ind: SAI) data of February 18th, 2015, BOK fund implementation in 2014 was 97.98% (IDR. 1,147,963,867,391).

BOK contributes in improving the performance of health provider in Health Center, for promotive and preventive activities, especially for operational work in community. The majority of BOK fund in Health Center was used to support MCH programs, followed by nutrition, health promotion, immunization, disease prevention and environmental health. According to BOK technical guidance 2014, minimum 60% of BOK fund should be used to support national priority health program, particularly MDGs target. Evaluation in 2014 showed general improvement in achieving program indicator targets, particularly for MCH, Nutrition, Disease control (HIV/AIDS, TB and Malaria) and Environmental Health (particularly sanitation). The result of evaluation in some districts also showed improvement of program achievement compared to previous year.

The main problem in BOK implementation was the lack of financial officers and the ability of health center officer to prepare financial accountability report, the lack of motivation in organizing team in district/municipality health offices, lack of coordination among program in

health office to verify Plan of Action (POA) and financial accountability report, and non-optimum POA quality prepared by health center. Program's main problems are quantity distribution and quality of health human resources, and lack of facilities and medical devices to support program implementation. In addition, the lack of commitment from local government in providing operational fund for programs in health center should be getting attention. Generally, Health Center experience operational fund reduction since BOK fund available.

The effect of BOK in increasing health program improvement could be seen according to program achievement data by district/municipality health office from 2013 to 2014. For example in Cirebon city, after contribution from BOK, particularly for basic healthcare, such improvements were seen; complete neonates visit (Ind: *KN*) rates increased from 90.21% to 93.83%; visit for antenatal care at least four times during pregnancy (Ind: *K4*) rates increased from 89.38% (in 2013) to 90.51% (in 2014). In the North Lampung district, *K4* rates increased from 80.25% to 84.33%. In Central Lampung district, *KN* rates increased from 88.67% in 2013 to 95.33% in 2014.

Based on regions feedback on monitoring evaluation, problems in BOK implementation can be resolved with 3 keywords: proactive, faster verification, coordination among State Treasury Service Office (Ind: *KPPN*), health office, and health center both from program and finance sections.

* * *



FAMILY HEALTH



FAMILY HEALTH

According to Republic of Indonesia Law No. 52 year 2009 about Demographic and Family Development, family is defined as the smallest unit of society which consists of husband and wife, or husband, wife, and their child, or father and his child, or mother and her child.

Based on Republic of Indonesia Regulation No. 87 year 2014 about Demographic and Family Development, Family Planning and Family Information System, family development is carried out as an effort to create a qualified family living in a healthy environment. Apart from healthy environment, still based on the Government Regulation above, health condition of each family member also becomes a requirement for a qualified family.

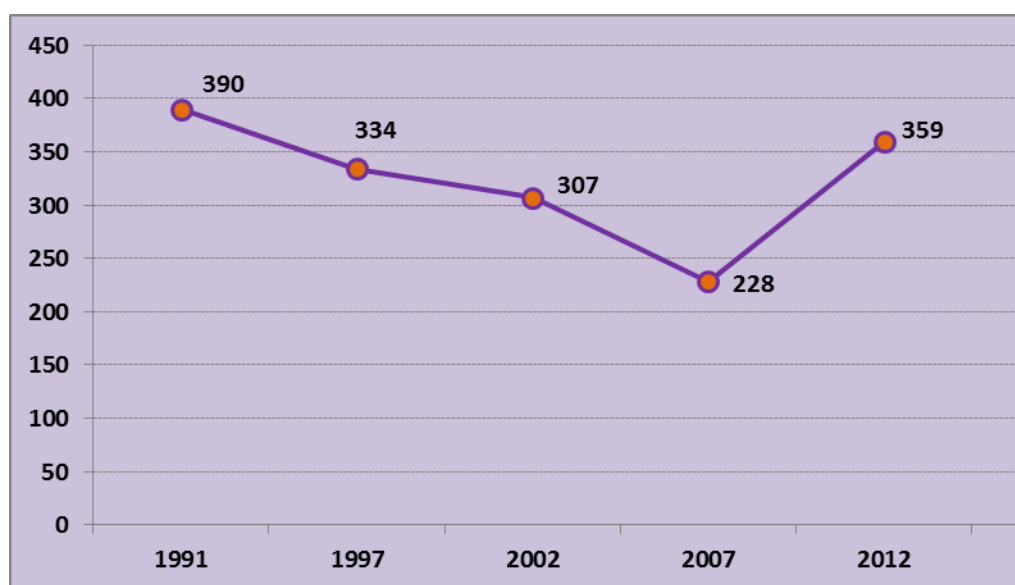
Family possesses a strategic function to influence the health status of its members. One of the family's functions in the social system is to fulfil the nutrition need and to protect its members' health. It is being carried out as a measure to optimize the growth, development, and productivity of all of its members.

Mother and child are two family members need to be prioritized in health service implementation, because they are more susceptible to family condition and its environment in general. Therefore, the assessment in health status and performance of maternal and child health efforts become important.

A. MATERNAL HEALTH

There are several indicators to measure maternal health status in a particular region, one of which is Maternal Mortality Rate (MMR). MMR is an indicator which is sensitive to health services' quality and accessibility of their facilities. As per Indonesia Demographic Health Survey (IDHS) in 2012, MMR (which is related to pregnancy, delivery, and puerperium) was accounted 359 per 100,000 live births. This number is considered high compared to other nations in ASEAN territory. In 2007, when MMR in Indonesia reached 228, MMR in Singapore was only 6 per 100,000 live births, Brunei was 33 per 100.000 live births, Philippine was 112 per 100,000 live births, Malaysia and Vietnam were in the same level at 160 per 100,000 live births. MMR's trend (tendency) in Indonesia from 1991 to 2012 based on IDHS result can be observed in the Figure 5.1 below.

FIGURE 5.1
MATERNAL MORTALITY RATE IN INDONESIA IN 1991 - 2012



Source: Statistics Indonesia, IDHS 1991 - 2012

From Figure 5.1 above, it can be observed that, in 1991 to 2007, MMR in Indonesia was lessened from 390 to 228 per 100,000 live births. Since 1990, the government have been implementing a strategic attempt in order to reduce the MMR with safe motherhood approach, which guarantees all women are able to accept the necessary treatment(s), so that they become safe and healthy during pregnancy and delivery. In Indonesia, Safe Motherhood Initiative was followed by the launching of Mother Friendly Movement (Ind: *Gerakan Sayang Ibu*) in 1996 by the president, involving various sectors of government aside from health sector. One of its major programs targeted to solve maternal death problem was the placement of midwives into villages which was done massively, it was intended to make health services for mother and infant become more accessible. In 2000 Indonesian Ministry of Health strengthened the strategic intervention of health sector to overcome maternal death issue, by implementing Making Pregnancy Safer strategy.

However in 2012, IDHS recorded a significant rise of MMR, from 228 to 359 of maternal mortality per 100,000 live births. Consequently, in 2012 Ministry of Health launched Expanding Maternal and Neonatal Survival (Ind: *EMAS*) program as an attempt to lessen the mortality rate of mother and neonates by 25%. This program was implemented in provinces and districts with high mortality rate of mother and neonates, namely North Sumatra, West Java, Central Java, East Java, and South Sulawesi. The provinces were selected because 52.6% of total maternal and neonatal mortality rate was contributed by those six provinces. Hopefully by reducing the maternal mortality rate in those provinces will significantly reduce the MMR in Indonesia.

Efforts to reduce maternal mortality and neonatal mortality through EMAS program were conducted in several ways:

- Improving the quality of emergency services for obstetric and new born care, at least at 150 hospitals (Comprehensive Emergency Obstetric and Neonatal Care; Ind: *PONEK*) and 300 Health center (Basic Emergency Obstetric and Neonatal Care; Ind: *PONED*).
- Strengthening the efficient and effective referral system between health center and hospitals.

Besides, the government and community are also responsible to guarantee that every mother has access to a qualified health service, during pregnancy, delivery assisted by skilled health personnel, postpartum care for mother and infant, specialized care and referral if complication occurs, obtain a maternity leave, and access to family planning. Furthermore, it is important to intervene more aggressively to the root group, which are teenagers and young adults, to accelerate the effort in reducing MMR.

Maternal health attempts include: (1) pregnancy health service, (2) delivery health service, (3) puerperium health service, (4) obstetric complications management/service, (5) contraception service.

1. Maternal Health Service

Maternal health service is implemented by the provision of antenatal care at least four times during pregnancy, with a distribution of at least 1 time in the first trimester (0-12 weeks gestation), at least once in the second trimester (12-24 weeks of gestational age), and at least twice in the third trimester (24 weeks of gestational age - born). This standard service period is recommended to ensure the protection of the pregnant woman and or foetus, in the form of early detection of risk factors, prevention and early treatment of complications of pregnancy.

Antenatal services performed are ensured to meet the quality standards, following:

1. Measurement of weight and height;
2. Measurement of blood pressure;
3. Measurement of Upper Arm Circumference (MUAC);
4. Measurement of peak of the uterus height (fundus uteri);
5. Determination of tetanus immunization status and administration of tetanus toxoid immunization appropriate to immunization status;
6. Iron tablet supplementation for at least 90 tablets during pregnancy;
7. Determination of foetal presentation and foetal heart rate (FHR);
8. Implementation of communication session (granting interpersonal communication and counselling, including family planning);
9. Simple laboratory test services, at least blood haemoglobin test (Hb), examination of urine protein and blood type (if it has not been done before), and
10. Case management.

The achievement of maternal health services can be assessed using coverage indicators of first visit (Ind: *K1*) and fourth visit (Ind: *K4*). Coverage of first visit is the number of pregnant women obtaining the first antenatal care by health personnel compared to the target number of pregnant women in the area during the period of one year. While the scope of fourth visit are the number of pregnant women obtaining antenatal care according to the standards of at least 4 times at the recommended schedule, compared to the target number of pregnant women in the area during the period of one year. The indicator demonstrates the access to health services to pregnant women and the compliance level of pregnant women to do antenatal check up by health personnel.

The trend of first visit and fourth visit coverage from 2004 to 2013 are presented in Figure 5.2.

FIGURE 5.2
COVERAGE OF FIRST VISIT AND FOURTH VISIT IN 2005 - 2014



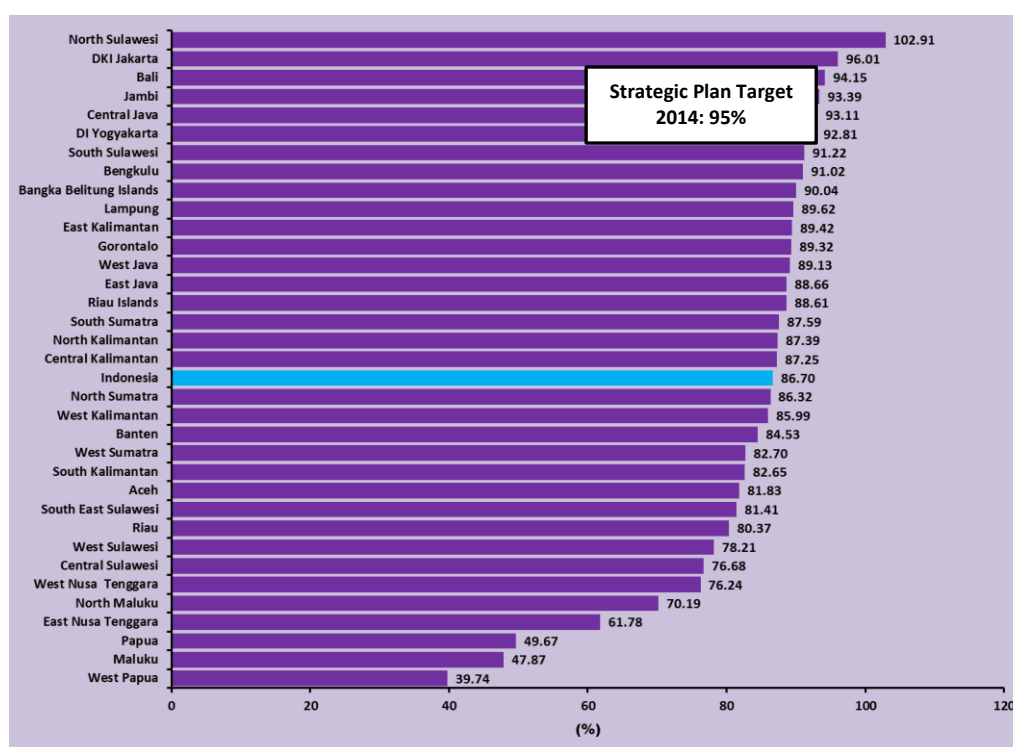
Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2014

Figure 5.2 above shows that the overall maternal health care coverage of first visit and fourth visit is increasing. In general, the increasing first visit and fourth visit coverage indicates the improvement of public access to maternal health services provided by health personnels. From the figure above, it can also be seen that the increase of first visit coverage from year to year is relatively more stable compared to fourth visit coverage. First visit coverage had always been increased, except in the last 2 years. It is different from fourth visit coverage which not always increases, although in the last 10 years it has a tendency of increasing in number.

Nationwide, performance indicator of maternal health care coverage fourth visit in 2014 has not been able to reach the target of the Strategic Plan (Ind: *Renstra*) of Ministry of Health in the same year, which is 95%. However, there are 2 provinces that have been able to achieve the target. Those provinces are North Sulawesi and DKI Jakarta. From Figure 5.3 we can also discover that there are 3 provinces which the maternal service fourth visit coverage are less than 50%, those are West Papua (39.75%), Maluku (47.87%), and Papua (49.67%). Nationwide, maternal health care fourth visit coverage in 2014 was 86.70%. Achievement of maternal health fourth visit service in 2014 in each province is shown in Figure 5.3.

Various programs and activities have been carried out by the Ministry of Health to improve access to qualified health services to the people up to remote villages, including improving the antenatal care coverage. In terms of health care facilities, until December 2014, there were 9,731 health centers throughout Indonesia. Hence the ratio of health center for 30,000 populations has already reached the ideal ratio of 1: 30,000 population, however the spread of which is still uneven. Similarly with Community Based Health Service such as Village Health Post (Ind: *Poskesdes*) and Integrated Health Post (Ind: *Posyandu*). Up to 2014, there were 55,517 operating *poskesdes* and 289,635 *posyandu* registered in Indonesia.

FIGURE 5.3
COVERAGE OF FOURTH VISIT BY PROVINCE IN 2014



Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

Effort to improve the coverage of antenatal care is also enhanced by the presence of Health Operational Assistance (Ind: *BOK*) since 2010 and the launching of Maternity Insurance (Ind: *Jampersal*) since 2011, which those two are synergistically enhance the effort to reduce MMR in Indonesia. Apart from being able to be used in health center, BOK can also be used for activities outside the building, such as data collection, posyandu services, home visits, drop out case sweeping, education, pregnant women class operation and strengthening partnerships between midwives and traditional birth attendant. Meanwhile Jampersal supports antenatal care package, including those which are carried out during home visits or sweeping, either in normal pregnancy or high risk pregnancy.

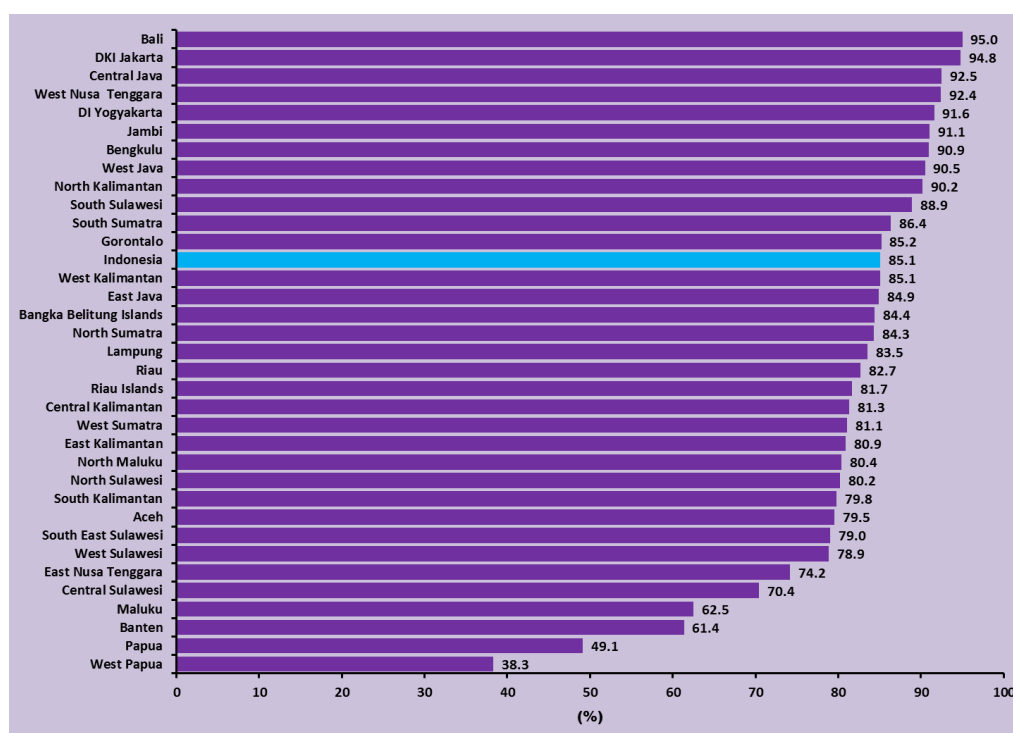
Stronger cooperation and synergy among various program undertaken by the Government, Local Government, and community including the private sector are expected to drive the achievement of the antenatal care coverage target, and in the same time reduce the MMR in Indonesia. Complete data showing first visit and fourth visit services for pregnant women are presented in Annex 5.1.

For pregnant women, iron has an important role in foetus' development. During pregnancy, iron intake should be added, because during this time, the volume of mother's blood increases. Therefore, to keep fulfilling the mother's need and to supply food and oxygen to the foetus, more abundant iron intake is necessary. Iron nutrient which delivered to the foetus from its mother through placenta will be utilised for its growth and development, including brain development, meanwhile it is stored in liver as a reservation until the baby ages 6 months old. Besides, iron also helps to accelerate wound healing, particularly wound during delivery process.

If it is not managed well, iron depletion which has been occurred since before the pregnancy can cause pregnant women to suffer from anaemia. This condition increases the risk of death during delivery, occurrence of low birth weight babies, foetus and mother become more susceptible to infection, miscarriage, and increases the risk of premature deliveries.

Nationwide, the coverage of pregnant women receiving the iron supplementation in 2014 was 85.1%, that result had not been achieved the target program of 95% coverage. Provinces in Indonesia with highest coverage for iron supplementation in 2014 were: Bali (95%), DKI Jakarta (94.8%), and Central Java (92.5%). In the other hand, the lowest coverages were occurred in West Papua (38.3%), Papua (49.1%), and Banten (61.4%). Data and information regarding the coverage of iron supplement tablets' distribution can be seen in Annex 5.2. In addition, picture of iron supplementation coverage in each province can be viewed in Figure 5.4.

FIGURE 5.4
COVERAGE OF ANTI ANAEMIC TABLET DISTRIBUTION TO PREGNANT WOMEN
(90 TABLETS OF FERROUS SULFATE) BY PROVINCE IN 2014



Source: Directorate General of Nutrition and MCH, Ministry of Health, Republic of Indonesia, 2015

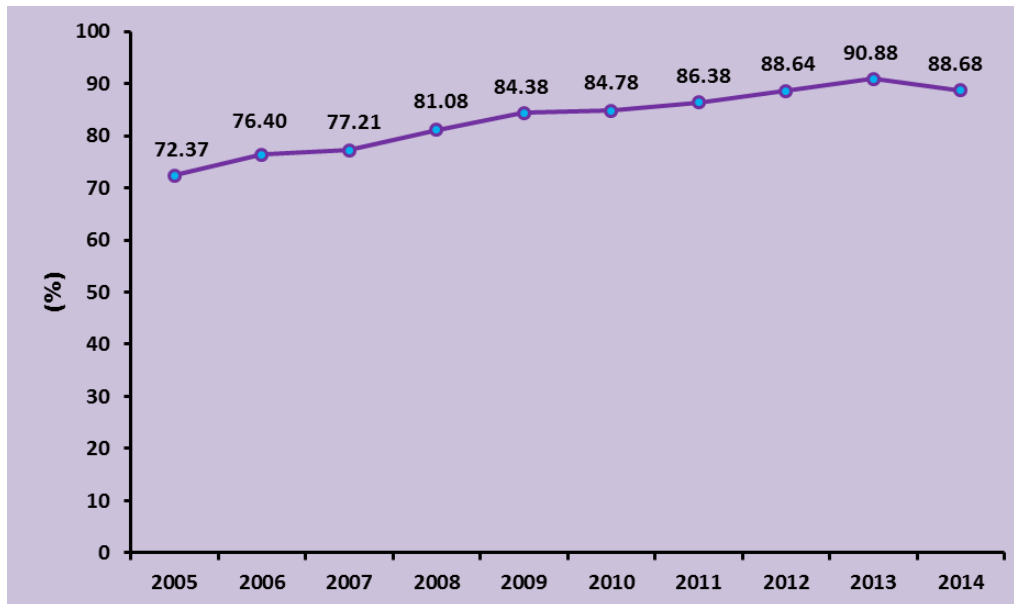
2. Maternity Health Service

Maternity health services are implemented in order to encourage every birth to be attended by skilled health personnels, such as obstetrics and gynaecology specialist (SpOG), general practitioners and midwives, and it is encouraged to be done in health care facilities as well. Maternity health services are services of delivery process started from the first stage until the fourth stage of labour. Achievement of maternity health services is measured with the indicator of percentage of births assisted by skilled health personnel (Ind: *Pn*). This indicator shows the government's ability to provide good quality maternity services assisted by skilled health personnel.

From Figure 5.5, it can be seen that the overall coverage of births assisted by health personnel in Indonesia increases every year. Nationwide coverage in 2014 was amounted 88.68%; this number has not been achieved the Strategic Plan of Indonesia Ministry of Health in 2014 which was 90%. However, in Indonesia, 14 provinces have achieved this strategic plan target, and the rest 20 provinces have not achieved this target. Three provinces with the highest coverage numbers were DI Yogyakarta (97.66%), Central Java (99.17%) and Bali (49.60%). In the contrary, 3 provinces with the lowest coverage are West Papua (44.73%), Maluku (56.90%),

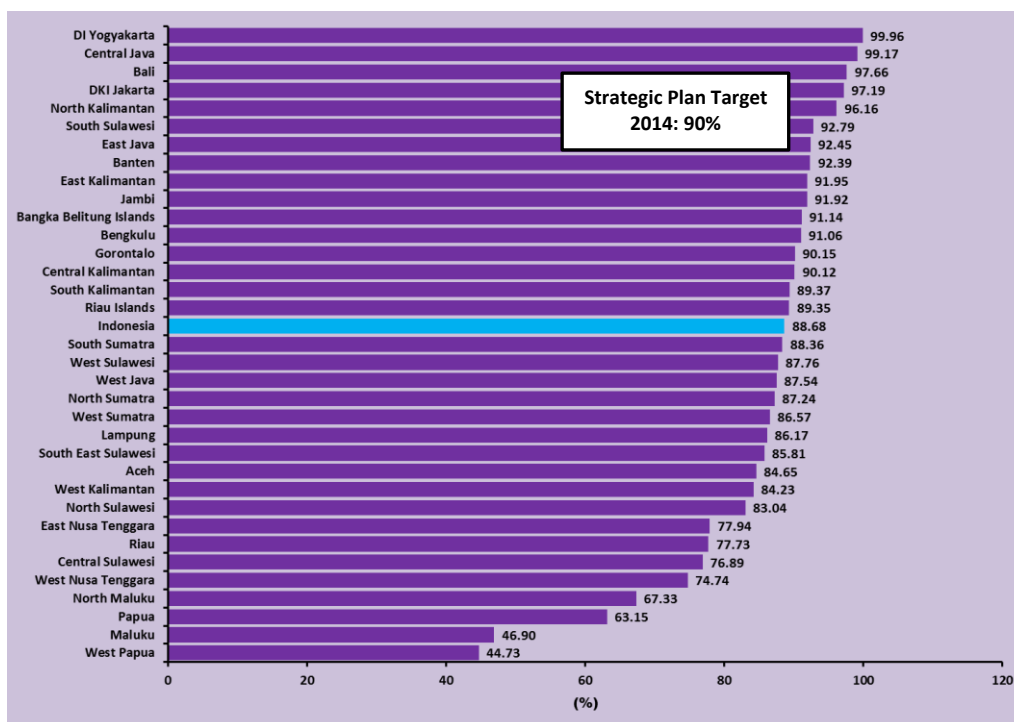
and Papua (63.15%). Complete information of coverage of delivery assisted by health personnel in each province is provided in Figure 5.6.

FIGURE 5.5
COVERAGE OF DELIVERY ASSISTED BY HEALTH PERSONNEL
IN 2005 - 2014



Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

FIGURE 5.6
COVERAGE OF DELIVERY ASSISTED BY HEALTH PERSONNEL BY PROVINCE
IN 2014



Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

Analysis of maternal mortality conducted by the Directorate of Maternal Health in 2010 proved that maternal mortality is closely related to birth attendants and delivery place or

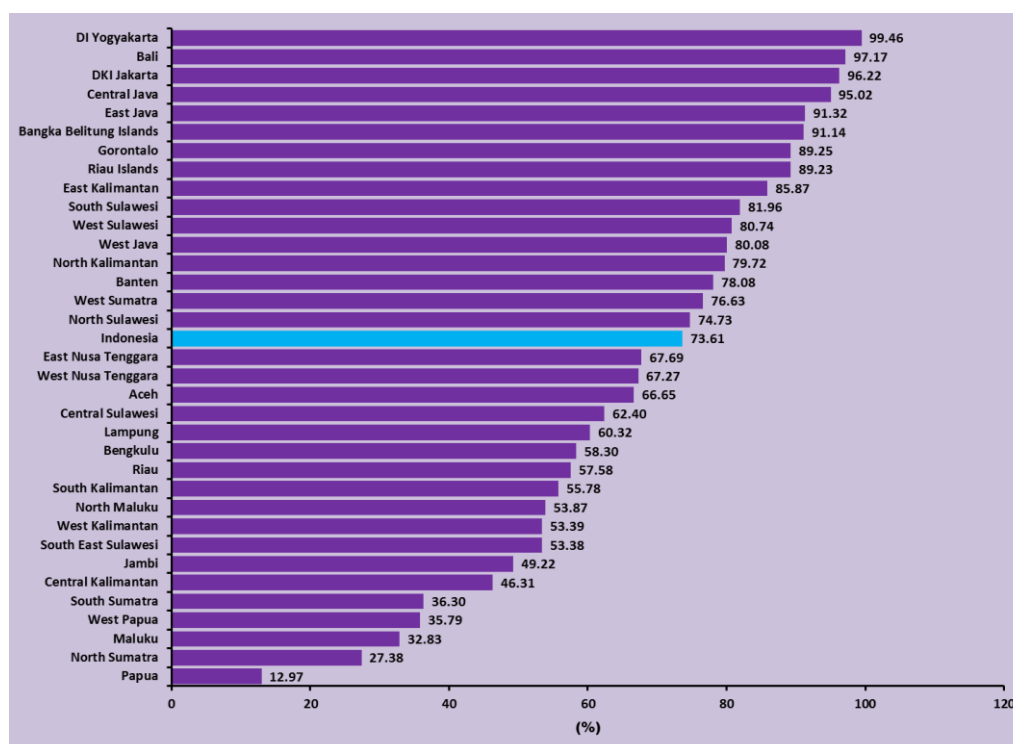
facilities. Deliveries attended by medical personnel are proved to have a contribution to the decline of maternal mortality rate. Similarly for the place/facility, if the delivery is conducted at a health care facility, it will reduce the risk of maternal death.

Hence, the Ministry of Health is remained consistent in applying policy that all deliveries should be assisted by health personnels and are encouraged to be done in health care facilities. Policy of Special Allocation Fund (Ind: *DAK*) for health sector outlined that health center development must be in the same package with the development of house for health personnel. It is similar with the construction of poskesdes which has to become the dwelling place for midwives as well. With the availability of residence, so the health personnels including midwives will standby at their bases and can provide delivery assistance any time.

For difficult access areas, the policy of the Ministry of Health is to develop a partnership program among Midwives and Traditional Birth Attendant (TBA) and Home for Birth Waiting. The TBAs are pursued to have partnership with midwives with clear rights and obligations. Prenatal care and delivery assistance is no longer done by a TBA, but referred to a midwife.

For pregnant women who live with no nearby midwife or live far away from health care facilities, on the day before the estimated delivery, she should attempt to come to a nearby health care facility, namely the Home for Birth Waiting. The home for birth waiting can be a special house which is developed independently by the society or relative's house close to health care facilities. The illustration of delivery assisted by health personnel in health care facilities can be seen in Figure 5.7 below.

FIGURE 5.7
DELIVERY ASSISTED BY HEALTH PERSONNEL AT HEALTHCARE FACILITIES
BY PROVINCE IN 2014

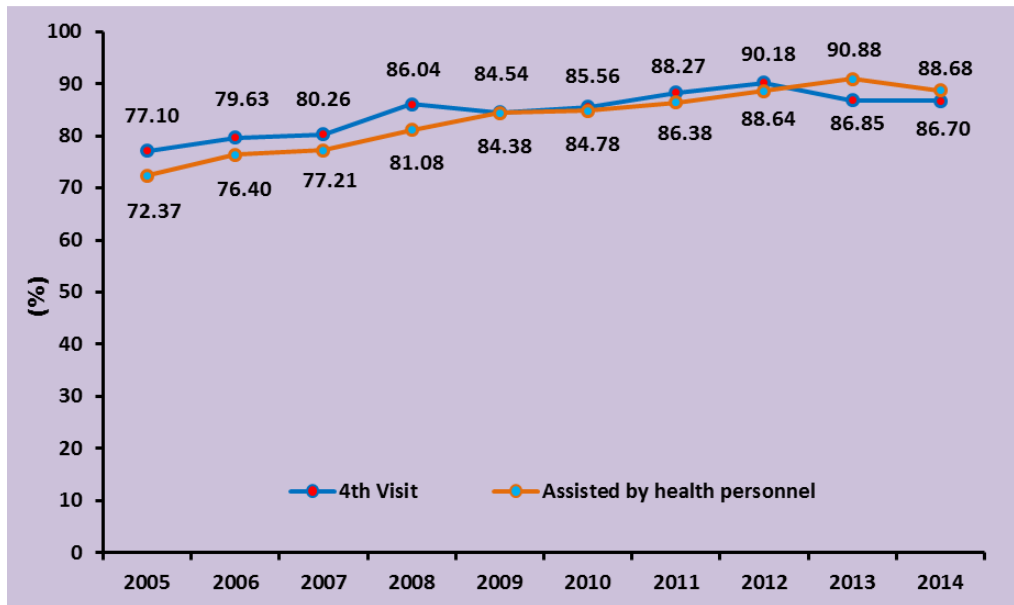


Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

As seen in Figure 5.7, it is understandable that in Indonesia 73.16% pregnant women have deliveries which attended by health personnel and done in health service facilities. DI Yogyakarta has the highest coverage (99.46%) whereas Papua have the lowest coverage

(12.97%) for the deliveries which are assisted by health personnel and done in health service facilities. Data and information regarding the coverage of delivery assisted by health personnel in health service facilities are presented in Annex 5.5.

FIGURE 5.8
COVERAGE OF ANC FOURTH VISIT AND DELIVERY ASSISTED BY HEALTH PERSONNEL IN INDONESIA
IN 2005 - 2014

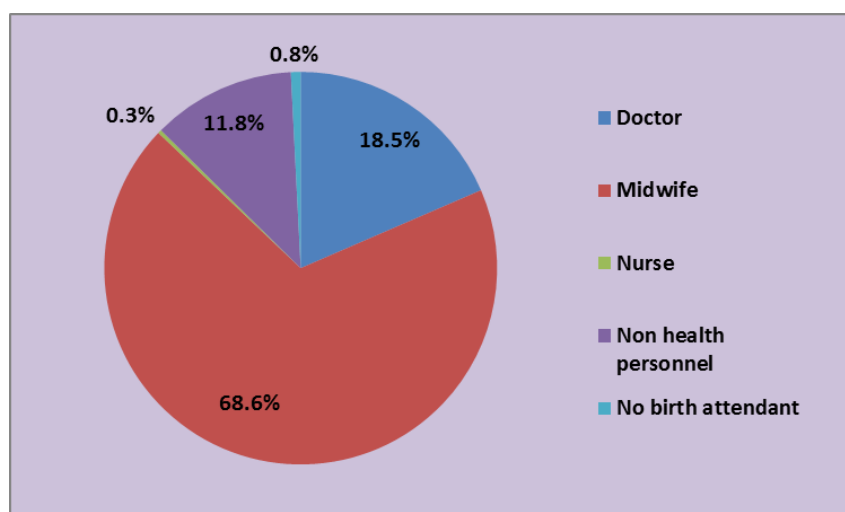


Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

Figure 5.8 shows that coverage of fourth visit services for pregnant women is not far different from coverage for deliveries assisted by health personnel. It can be assumed that pregnant women who receive fourth visit antenatal care, the deliveries are most likely will be assisted by health personnel. By increasing the coverage of fourth visit services for pregnant women, hopefully it will increase the coverage for deliveries which are assisted by health personnel as well.

In Basic Health Research analysis (Ind: *Riskesdas*), delivery assistants are described into: delivery assistant with the highest qualification and delivery assistant with the lowest qualification. Delivery assistant with the highest qualification is defined when there are more than one assistants present, so the assistant with the highest qualification is chosen. It goes the same way in the lowest qualification delivery assistant. In Figure 5.9, it can be seen that the delivery assistance are performed mostly by midwives (68.6%), followed by doctors (18.5%), then non-health personnel (11.8%). However 0.8% deliveries are conducted without a single assistance presents, and only 0.3% deliveries are assisted by nurses.

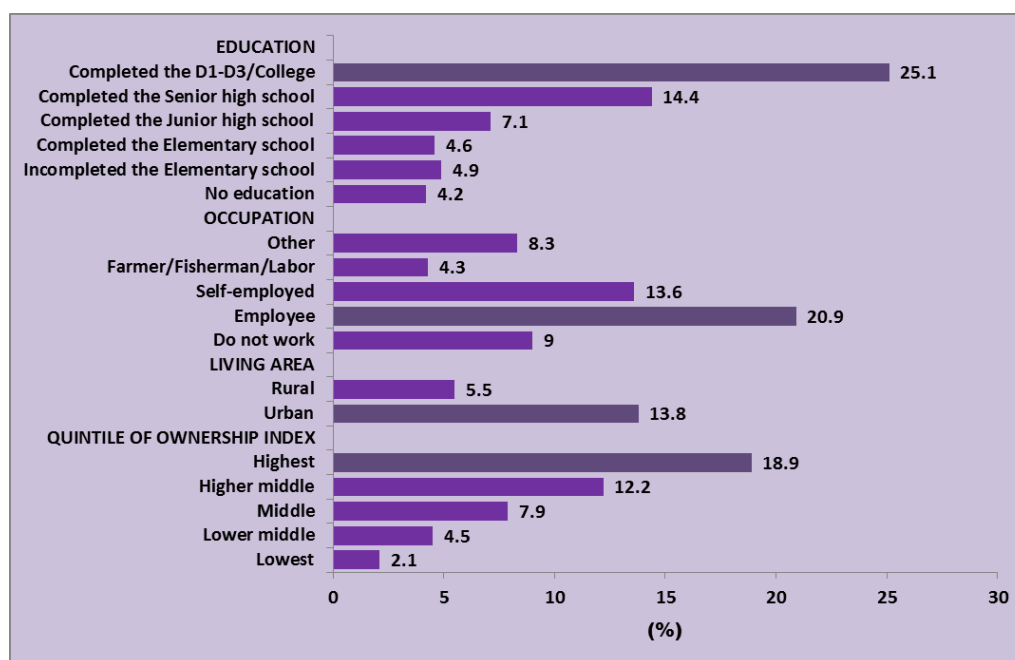
FIGURE 5.9
PROPORTION OF HEALTH PERSONNEL HAVING THE HIGHEST QUALIFICATION IN INDONESIA,
BASED ON RISKESDAS IN 2013



Source: Basic Health Research (Ind: Riskesdas) 2013, National Institute for Health Research and Development, Ministry of Health Republic of Indonesia 2013

Aside from normal labour, delivery can also be conducted by Caesarean surgery. In Basic Health Research 2013, respondents were asked about their labour experiences. Figure 5.10 presents the data regarding proportion of delivery with Caesarean surgery based on subjects' characteristics. From the figure, it can be seen that in general pattern, deliveries with Caesarean surgery were mostly undergone by mother who graduated from D1 – D3 or university (25.1%), whose jobs are employees (20.9%), live in cities (13.8%) and whose quintile index ownership are high (18,9%).

FIGURE 5.10
PROPORTION OF CAESAREAN SECTION AMONG ALL DELIVERIES IN INDONESIA
FROM 1 JANUARY 2010 TO THE TIME OF INTERVIEW, RISKESDAS 2013



Source: Riskesdas 2013, National Institute for Health Research and Development, Ministry of Health Republic of Indonesia 2013

3. Puerperium/Postpartum Care

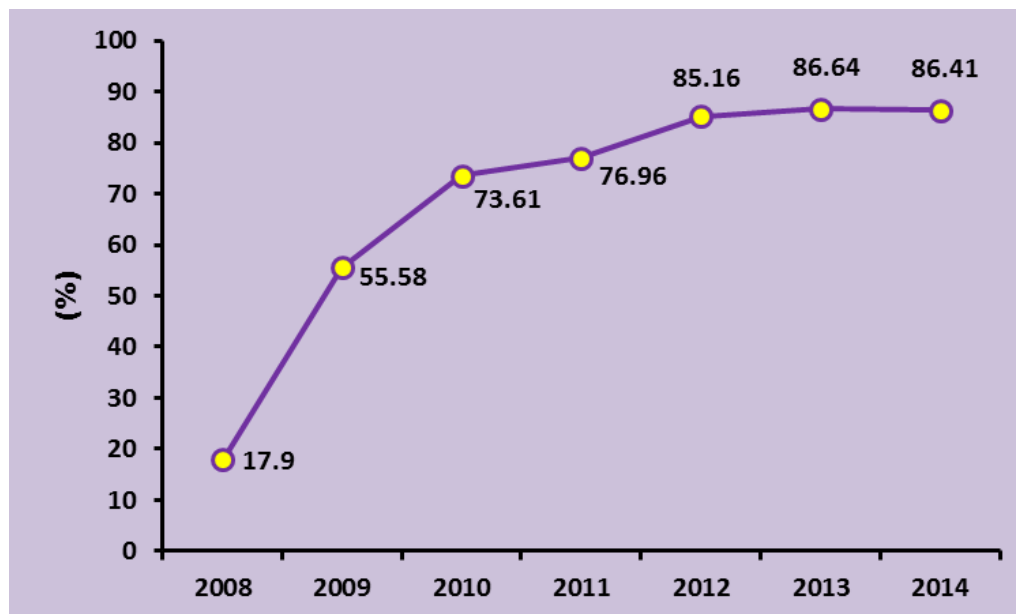
Puerperium is a period ranging from 6 hours to 42 days after delivery. Puerperium health care is a standardized health care for postpartum women, which is conducted at least three times as recommended schedule, i.e. at 6 hours to 3 days after the birth, on day 4 to day 28 postpartum, and on day 29 through day 42 postpartum.

Types of postpartum maternal health services provided including:

- a. Examination of vital signs (blood pressure, pulse, respiration and temperature);
- b. Examination of the apex of the uterus (fundus);
- c. Examination of lochia and other vaginal fluids;
- d. Breast examination and exclusive breastfeeding counselling;
- e. Provision of communication, information, education and communication (IEC) of postpartum maternal health and new born infants, including family planning;
- f. Postpartum family planning services

The success of puerperium health care was measured by coverage of postpartum health care indicator (Ind: *KF3* coverage). This indicator assesses the ability of the state to provide health care of postpartum mothers according to standard quality.

FIGURE 5.11
COVERAGE OF POST-PARTUM VISIT (KF3)
IN 2008 - 2014

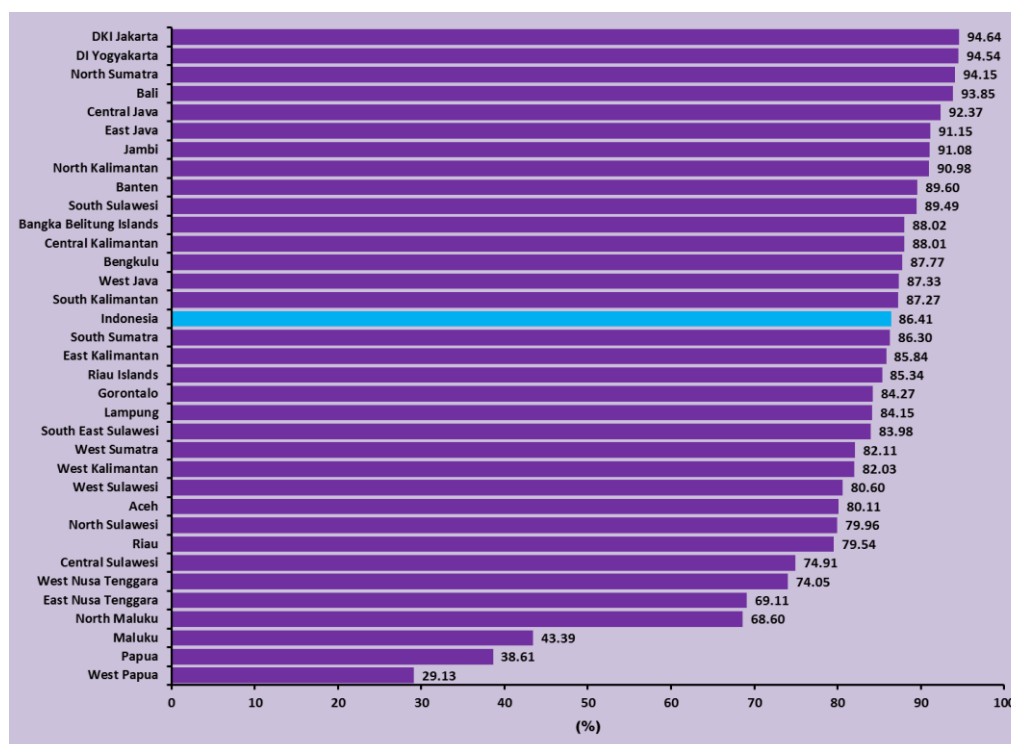


Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

From the figure 5.11 it can be seen that in general, the achievement of postpartum visits coverage (KF3) in Indonesia within the last 6 years has been increasing. Achievement of increased complete KF indicators in the last 7 years is the result of the efforts conducted by the Government and society, including private sector. Non-permanent Employee placement program (Ind: PTT) for doctors and midwives are continued to be implemented. In addition, with the launch of Health Operational Assistance since 2010, health center, poskesdes, and posyandu was further assisted in intensifying the implementation of health services including puerperal women health services. The service for puerperal women includes “sweeping” activities or home visits for those who do not come to healthcare facility. Government support further increased since the launch of Jampersal from 2011 to 2013, where benefits package secured by Jampersal

includes postpartum services. Complete data and information related to coverage of post-partum maternal health services are presented in Figure 5.12.

FIGURE 5.12
COVERAGE OF POST-PARTUM VISIT (KF3) BY PROVINCE
IN 2014

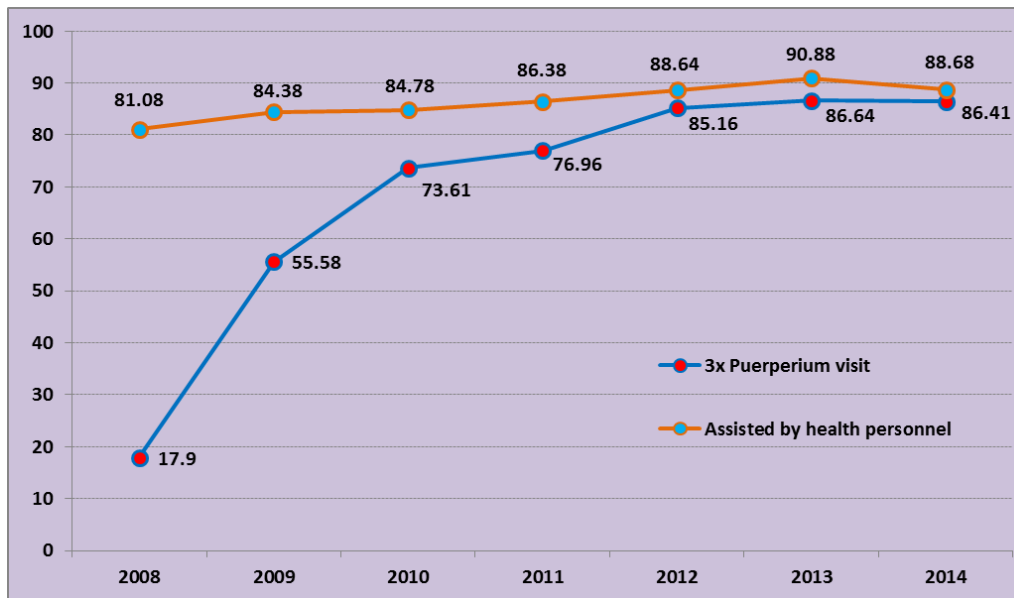


Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

Figure 5.12 presents 3 provinces with the highest coverage of complete postpartum visits are: DKI Jakarta (94.64%), DI Yogyakarta (94.54%), and North Sumatra (94.15%). Whereas 3 provinces with the lowest coverage of complete postpartum visits are: West Papua (29.13%), Papua (38.61%), and Maluku (43.39%).

Figure 5.13 shows that from 2008 until 2011 there was a significant difference between labour assisted by health personnel and postpartum visits. It implies that even though their labour processes were assisted by health personnels, many women did not pay postpartum visits to the health service facilities afterwards. However, since 2012 until 2014 the nationwide indicator coverage no longer displayed a significant difference. It indicated that most women whom their deliveries were helped by health personnels, also paid postpartum visits the health service facilities. The ability of health personnels to pool the maternal patients to accept postpartum health services is considered important.

FIGURE 5.13
COVERAGE OF POST-PARTUM VISIT (KF3) AND DELIVERY ASSISTED BY HEALTH PERSONNEL (PN)
IN 2008 – 2014



Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

4. Treatment/Management of Obstetrics Complications

Obstetric complications are several illnesses occur in pregnant women, maternity, postpartum mother or foetus in the womb, either directly or indirectly, including infectious and non-communicable diseases that can be life-threatening to the mother or foetus. Prevention and treatment of obstetric complications are services to women with obstetric complications to accept the protection/prevention means and standard definitive treatment by competent medical personnel at the level of basic or referral services.

Indicators used to measure the success of prevention and treatment of obstetric complications is coverage of obstetric complications management (Ind: *PK*). This indicator measures the ability of the state in organizing professional health care to mothers (pregnant, maternity, and postpartum) with complications.

Indicators of achievement for obstetric complications management in Indonesia from 2008 to 2014 are presented in the Figure 5.14.

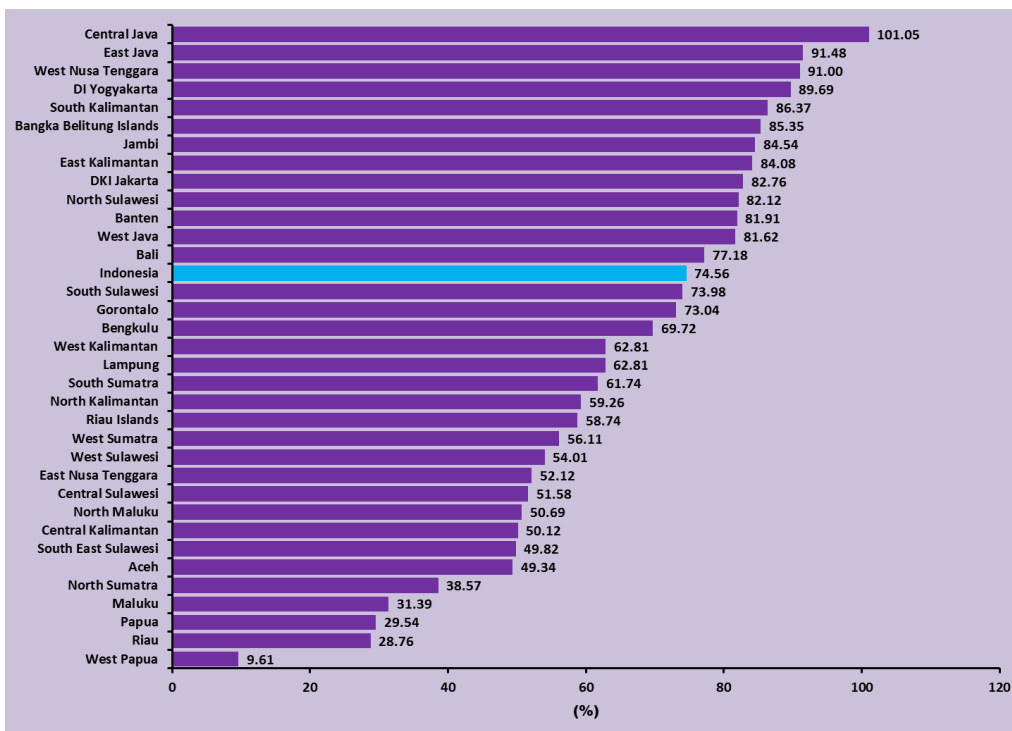
In this figure, it can be seen in general, coverage of obstetric complications management in Indonesia in the last 7 years has increased. National coverage of obstetric complications management in 2014 was amounted 74.56%. The illustration of coverage of obstetric complications management based on province can be seen in Figure 5.15.

FIGURE 5.14
COVERAGE OF MANAGEMENT OF OBSTETRIC COMPLICATIONS
IN 2008 – 2014



Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

FIGURE 5.15
COVERAGE OF MANAGEMENT OF OBSTETRIC COMPLICATIONS BY PROVINCE
IN 2014

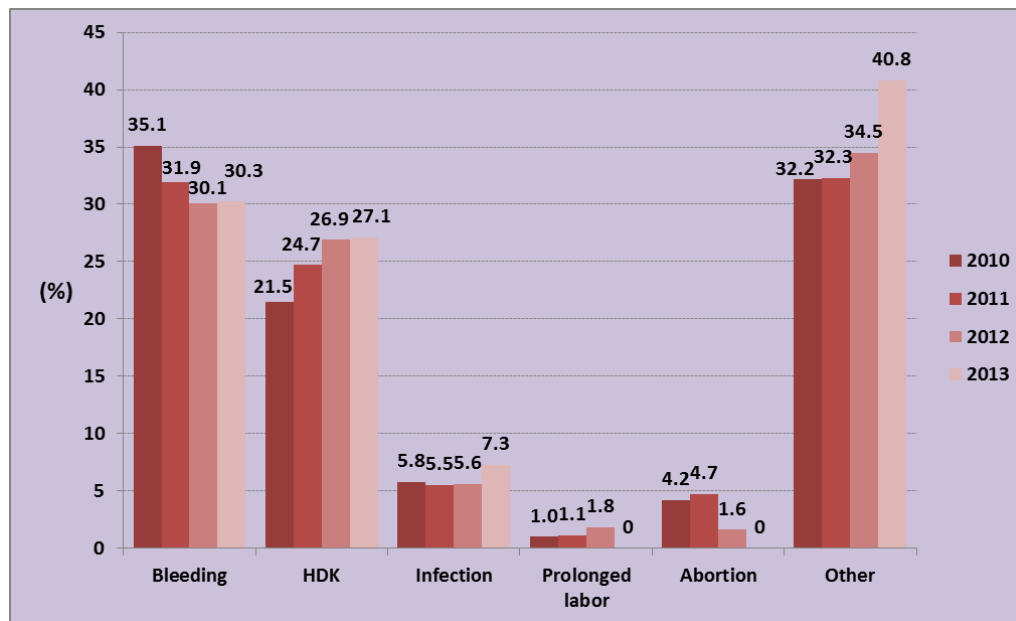


Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

Figure 5.15 shows that coverage for obstetrics complications management is highest in Central Java (101.05%), East Java (91.48%), and West Nusa Tenggara (91%). Otherwise, coverage for obstetrics complications management is lowest in West Papua (9.61%), Riau (28.76%), and Papua (29.54%). Data and information about coverage for obstetrics complications management are presented in Annex 5.6.

Five most common cause of maternal death are bleeding, hypertension in pregnancy (Ind: *HDK*), infections, prolonged labour and abortion. Maternal death in Indonesia is still dominated by 3 main causes which are bleeding, hypertension in pregnancy, and infections. However the proportion of which has changed, where bleeding and infections tend to decrease, whereas *HDK* proportion tends to increase. More than 25% maternal deaths in Indonesia occurred in 2013 were caused by *HDK*. For further information, see Figure 5.16 below.

FIGURE 5.16
CAUSE OF MATERNAL DEATH
IN 2010 - 2013



Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

About 20% of pregnancies are estimated to experience complications. Part of these complications can be life-threatening, but most of the complications can be prevented and treated if: 1) the mother immediately seek help from health personnels; 2) health personnel perform appropriate management procedures, including the use of partograph to monitor the progression of labour, and the implementation of active management of the third stage (Ind: *MAK III*) to prevent postpartum bleeding; 3) health personnel are able to identify early complications; 4) if complications occur, health personnel can provide first aid and stabilization measure to the patient before making a referral; 5) effective referral process; 6) quick and effective services in hospital.

There are three types of areas of intervention to reduce maternal and neonatal mortality and morbidity, through: 1) increase of antenatal care which is capable of detecting and handling high risk cases appropriately; 2) clean and safe delivery attendance and also postpartum health care by skilled health personnel, and 3) on time and accessible PONEC and PONEK for people who need them.

One of breakthrough efforts to decrease MMR and IMR in Indonesia is implemented through the Maternity Planning and Complications Prevention Program (Ind: *P4K*). This program emphasizes on family and social awareness and role in an effort to do early detection, prevent the risk of health in pregnant women as well as provision of access to PONEC in health center and PONEK in hospital. In the implementation, *P4K* is one element of the Alert Village. *P4K* was introduced in the year 2007 by the Minister of Health. Implementation of *P4K* in these villages should be ensured to assist family in making a good maternity planning and to improve

family readiness in facing of warning signs of pregnancy, maternity and post-partum, in order to take appropriate action.

Based on the Ministry of Health Strategic Plan 2010-2014, it is targeted that at the end of 2014, each district/municipality must have at least 4 (four) inpatient health centre which are capable to manage PONEK and 1 (one) Hospital capable to implement PONEK. Through PONEK and PONEK service management and PONEK, health center and hospitals are expected to be the leading institution in which cases of complications and referral can be addressed quickly and appropriately.

Standardization of PONEK for hospitals was conducted by the Directorate of Health Referral Efforts in collaboration with relevant professional organizations (Organization of Indonesian OBGYN – POGI, Indonesian Paediatricians – IDAI, and Indonesian Midwives – IBI) and Agency for Development and Empowerment of Health Human Resources – PPSDMKes. PONEK workshop was conducted in 5 days, including content of PONEK management and clinic. This event was then followed by PONEK on the job training to introduce how to perform technical guidance for performance improvement of hospital PONEK team. Based on the data from the Directorate General of Health Services, the number of PONEK ready hospitals in Indonesia until December 2014 was as many as 476 of the 771 state owned hospitals, while the number of health center PONEK up to December 2014 were 2,885 health centers. Data and more information on PONEK ready hospitals and PONEK ready health centers are presented in Annex 2.3.

Maternal Perinatal Audit (Ind: *AMP*) was also conducted, which is an effort to assess implementation and improvement of quality of health services for mothers and new born. This event was carried out through discussion of maternal or neonatal death cases, started from community level up to the health care facilities level. One of the results from the investigation was there were some constraints emerged in efforts to save the mother in the emergency aspect of maternal and new born case. The investigation also recommends an intervention to improve the quality of maternal new born health services in the future.

5. Contraception Services

According to Government Regulation No. 87/2014 Relating to Demographic Development and Family Development, Family Planning and Family Information System, family planning program (Ind: *KB*) is defined as a measure to control child birth, ideal space and age of delivery, to control pregnancy through promotion, protection, and assistance appropriate to reproduction right to create a qualified family.

In accordance with Government Regulation No. 87/2014 Relating to Demographic Development and Family Development, Family Planning and Family Information System, family planning program (FP) is one of strategies to reduce maternal death, particularly women with 4T conditions: too young to give birth (under age 20), too often to give birth, too close in spacing between births, and too old to give birth (over 35 years). In addition, FP also has an objective to improve the quality of family to nurture safety, peacefulness, and hope for better future in an attempt to gain physical welfare and mind happiness.

FP is one of the most effective ways to increase the resilience of family, health, and safety of mothers, children, and women. Family planning services provide information, education, and ways for men and women to be able to plan when to have children, how many children, how many years the distance of age between children, and when to stop having children.

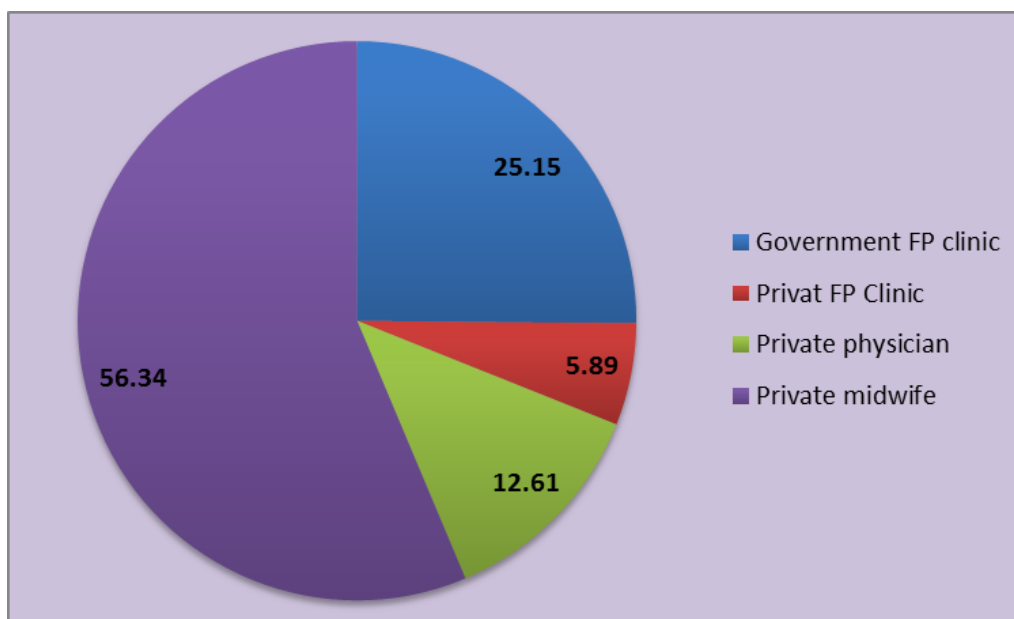
Both husband and wife have equal rights to determine how many children to have and when to have children. Through the stages of FP services counselling by health care workers,

couples of reproductive age (Ind: *PUS*) can determine the choice of contraception in accordance with the conditions and needs based on the information they have seen, including the advantages and disadvantages, and risks of contraceptive methods.

Family Planning (FP) carried out in order to regulate the number of births or delay birth. Targets of FP program are couples in reproductive age (Ind: *PUS*), more focused on Women at Reproductive Age (Ind: *WUS*) group, who is in the range of 15-49 years old.

According to Indonesia Law No. 36/2009 about Health, the government are obliged to guarantee the availability of safe, qualified, and accessible reproduction health services, including family planning. Reproduction health service in family planning is intended to control pregnancy for PUS to create healthy and smart future generation. PUS can receive contraception service in particular places serving FP program. The illustration about FP service facilities can be viewed in Figure 5.17 below.

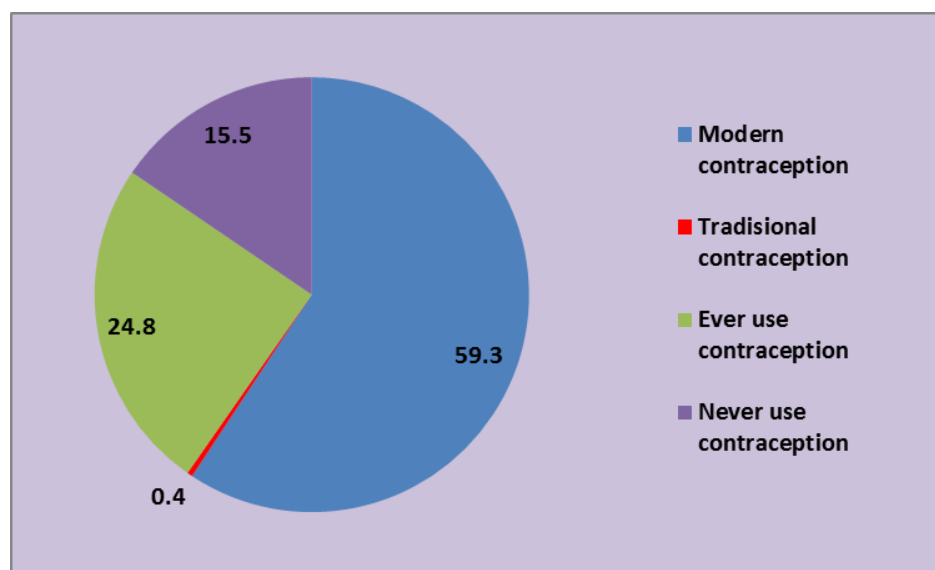
FIGURE 5.17
PERCENTAGE OF FAMILY PLANNING SERVICE FACILITIES
IN 2014



Source: National Population and Family Planning Board, 2015

Nowadays, FP service facilities in Indonesia are dominated by private midwives (56.34%). The following most excessive FP facilities are state owned FP clinics (25.15%) and private general practitioners (12.61%). In the contrary, the least amount on FP facilities was private FP clinics (5.89%). Data and information regarding contraception service facilities in Indonesia can be seen in Annex 5.11.

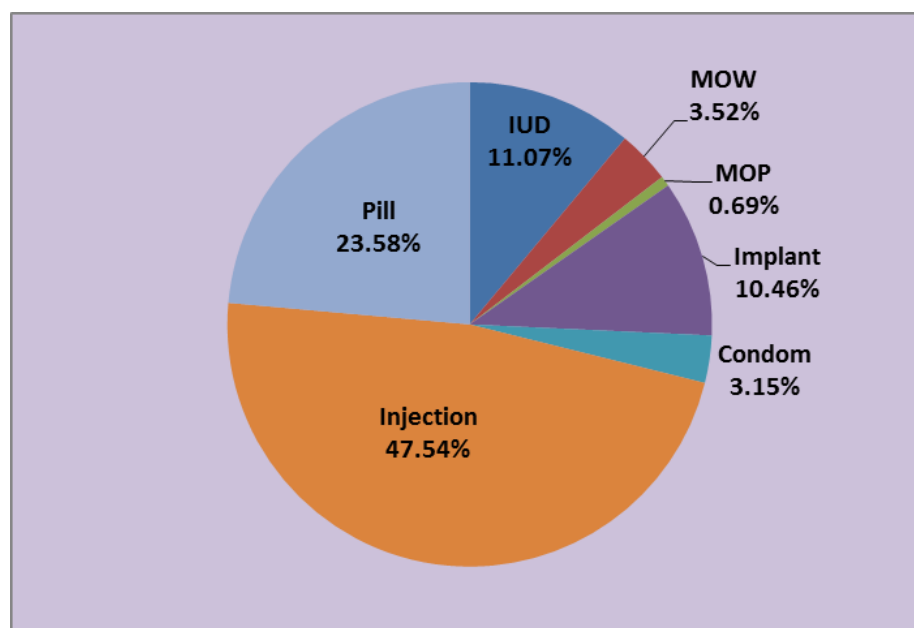
FIGURE 5.18
PERCENTAGE OF CONTRACEPTION METHOD IN MARRIED FERTILE
WOMEN (15-49 YEARS OLD), RISKESDAS 2013



Source: Riskesdas 2013, National Institute for Health Research and Development, Ministry of Health Republic of Indonesia 2013

From figure 5.18 we can see that as many as 59.7% of the WUS were using contraception. As many as 59.3% of the WUS was using modern contraception, and only 0.4% of them were using contraception in traditional way. In addition, it is also shown that 24.8% of WUS admitted to use contraception in the past, although currently they no longer use it. Whereas 15.5% of the WUS admitted never use contraception.

FIGURE 5.19
PERCENTAGE OF FAMILY PLANNING ACTIVE PARTICIPANTS BY METHOD OF CONTRACEPTION
IN 2014



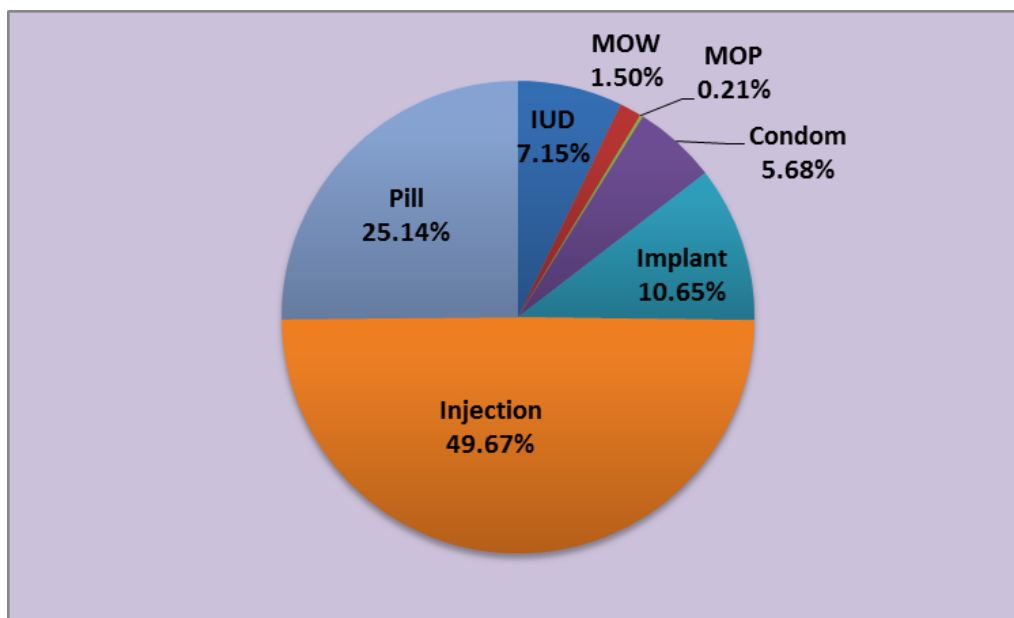
Source: National Population and Family Planning Board, 2015

Couples of reproductive age are couples who are officially married, the wife ages from 15 until 49 years old. Active participants of FP are PUS who currently uses one of the contraception methods, without being interrupted by pregnancy. New participants of FP are PUS who return using the contraception method for the second (or more) time and/or return using contraception after delivery or miscarriage.

As seen in Figure 5.19, it is known that contraception methods mostly used by FP participants are injection (47.54%), and the second most are pill (23.58%). While the method least chosen by active FP participants are Male Surgery Method (Ind: MOP) amounted 0.69%, followed by condoms, amounted 3.15%. Data and information regarding active FP in Indonesia in 2014 are presented in Annex 5.9.

Meanwhile, among new FP participants, most contraception method used is injection (49.67%). The second method most used is pill, amounted 25.14%. The least used methods chosen by new FP participants are Male Surgery Method amounted 0.21%, followed by Female Surgery Method (Ind: MOW) amounted 1.50% and condom (5.68%). Complete illustration about percentage contraception method used in new FP participants in 2014 is shown in Figure 5.20.

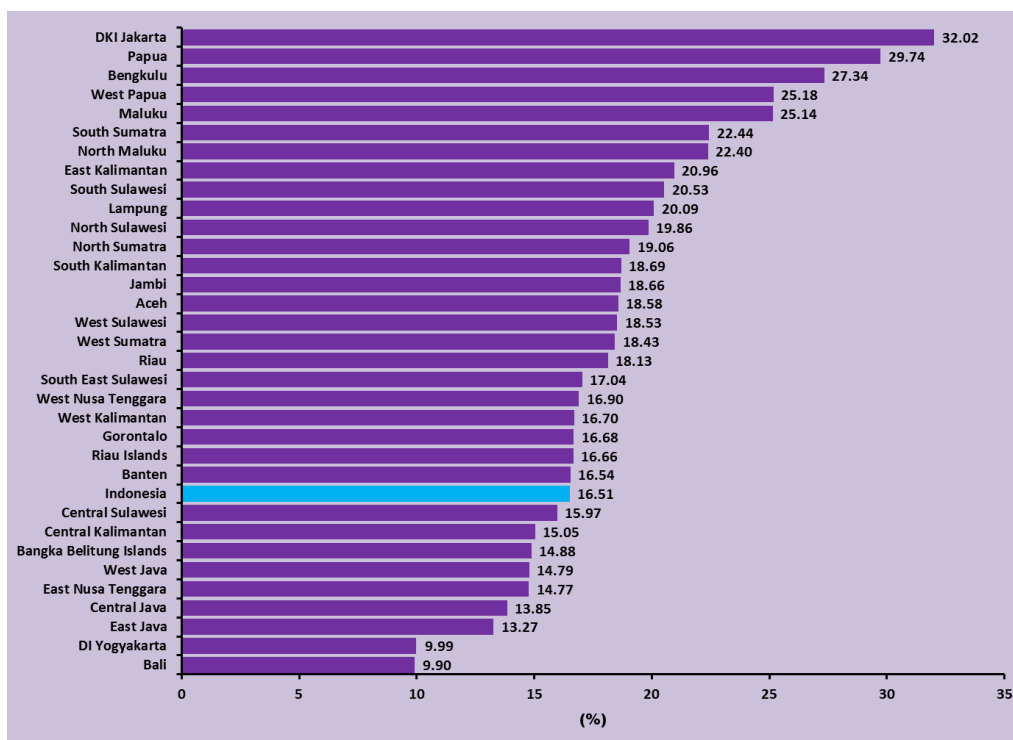
FIGURE 5.20
PERCENTAGE OF NEW FP PARTICIPANTS BY CONTRACEPTION METHOD
IN 2014



Source: National Population and Family Planning Board, 2015

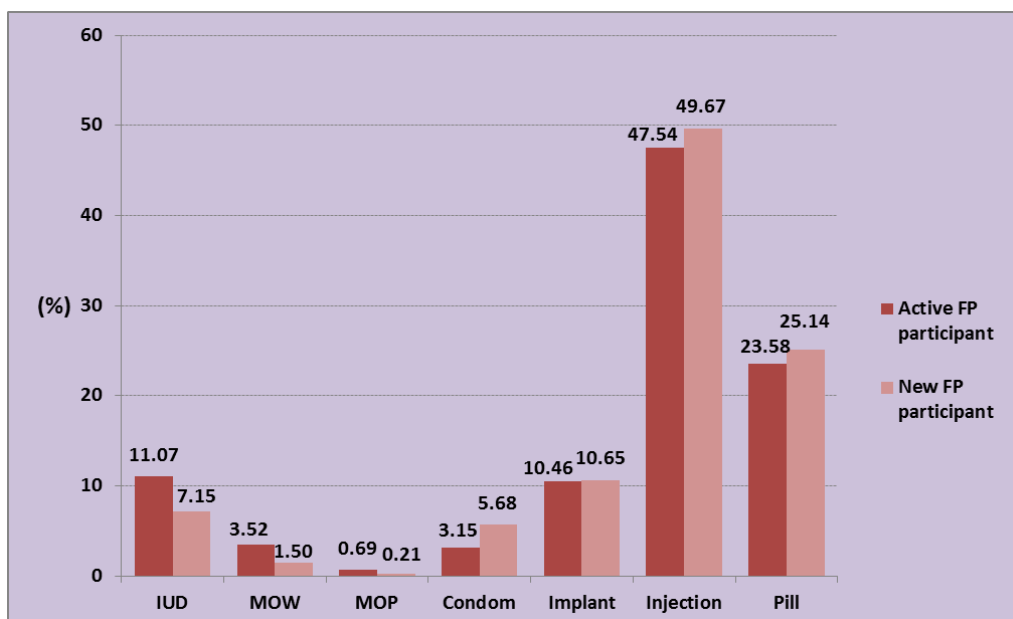
Figure 5.21 displays that provinces with the most percentage of new FP participants are DKI Jakarta (32.02%), followed by Papua (29.74%), and Bengkulu (27.34%). Whereas provinces with least new FP participants are Bali (9.90%), DI Yogyakarta (9.99%), and East Java (13.27%). Nationwide, percentage of new participants in 2014 is amounted 16.51%. Data and information about new FP participants in Indonesia in 2014 can be viewed in Annex 5.8.

FIGURE 5.21
PERCENTAGE OF NEW FP PARTICIPANTS BY CONTRACEPTION METHOD
IN 2014



Source: National Population and Family Planning Board, 2015

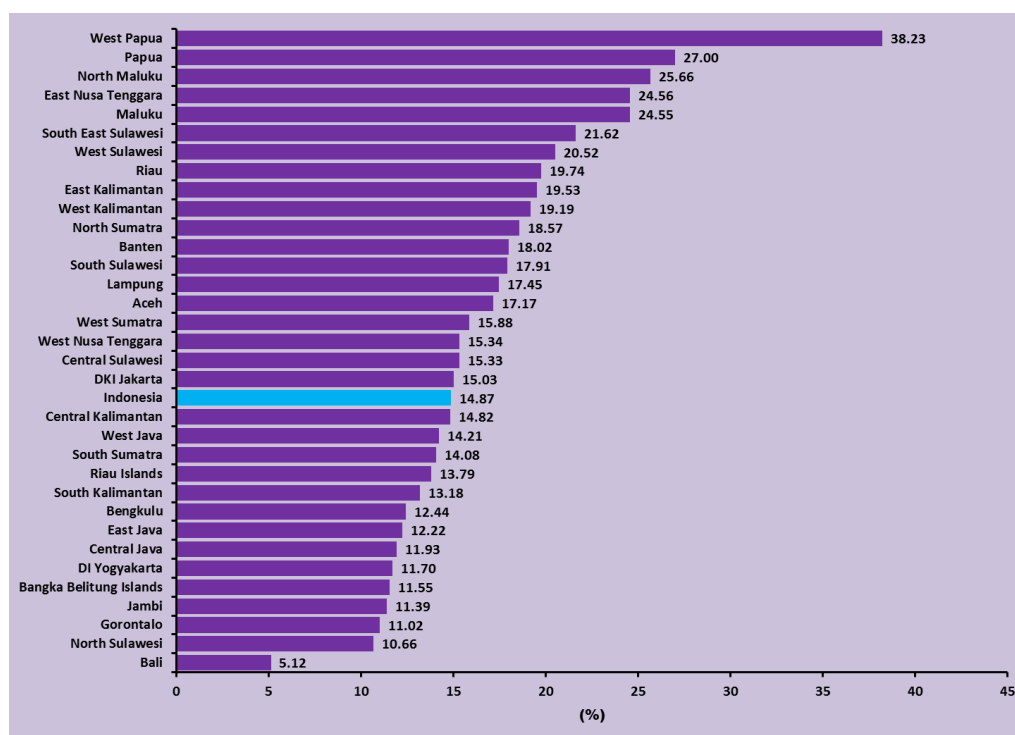
FIGURE 5.22
COVERAGE OF NEW AND ACTIVE FP PARTICIPANTS BY CONTRACEPTION METHOD
IN 2014



Source: National Population and Family Planning Board, 2015

Figure 5.22 shows that there are 3 contraception methods with low percentage of new participants compared to active FP participants, namely intrauterine device (IUD), MOW, and MOP. While other methods have more new participants than active FP participants.

FIGURE 5.23
PERCENTAGE OF UNMET NEED BY PROVINCE, FAMILY DATA COLLECTION
IN 2014



Source: National Population and Family Planning Board, 2015

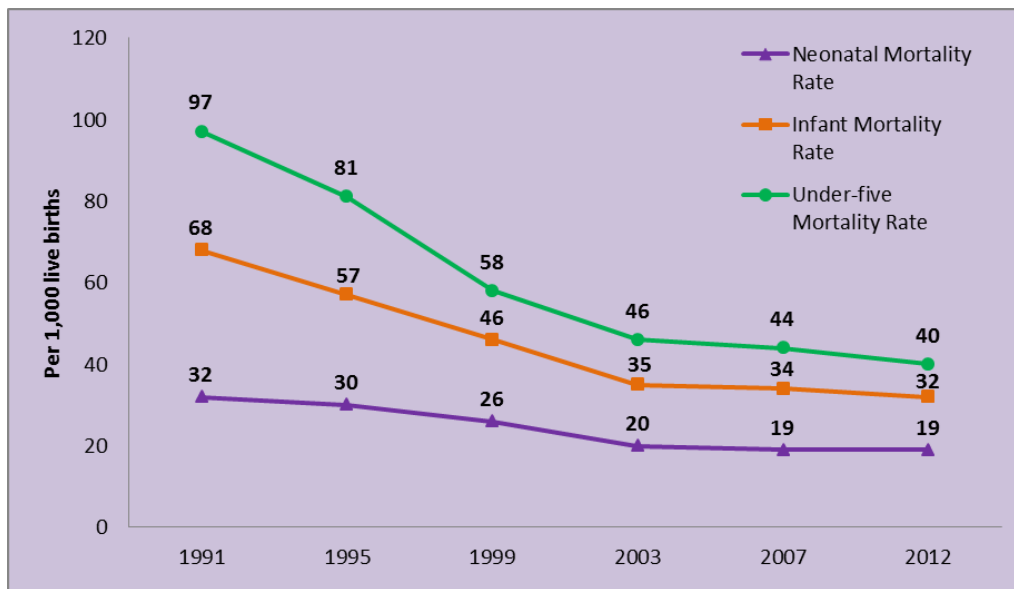
Unmet need is defined as females who do not want to bear child anymore however they do not use contraception method. In Indonesia, unmet need is identified as couples in reproductive age who are not FP participants. Currently, the highest percentage of unmet need in Indonesia is in West Papua, amounted 38.23%. Meanwhile province with the least percentage of unmet need is Bali, amounted 5.12%. Nationwide percentage of unmet need in 2014 was 14.87%. As many as 7.13% PUS do not use contraception utility however they want to delay having another child. Data and information about the situation of contraception service in Indonesia can be accessed completely in Annex 5.7 to Annex 5.13.

B. CHILD HEALTH

Efforts in maintaining infant and child health must be addressed to prepare healthy, intelligent, and good quality future generations and to reduce infant mortality and child. The efforts are conducted since the foetus was still in the womb, birth, after birth, and until the age of 18 (eighteen) years.

Child health efforts are expected to reduce child mortality. Indicators related to child-related mortality is Neonatal Mortality Rate (Ind: *AKN*), Infant Mortality Rate (IMR), and the Under-five Children Mortality Rate (Ind: *AKABA*). Specific attention in efforts to reduce neonatal mortality rate (ages 0 – 28 days old) plays an important role, because the *AKN* contributes about 59% of infant deaths. Based on the results of Indonesia Demographic and Health Survey (IDHS) in 2012, Neonates Mortality rate in 2012 was 19 per 1,000 live births, decreased from 20 per 1,000 live births in 2007 and 23 per 1,000 live births in 2002.

FIGURE 5.24
TREND ON NEONATAL, INFANT, AND UNDER-FIVE DEATH



Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

To achieve the MDGs target of reducing infant mortality in 2015 to 23 per 1,000 live births, the top priority is to improve the accessibility and quality of care for the new born (neonatal). Global commitment in the MDGs set targets related child deaths, which is to reduce child mortality by two-thirds in the period 1990-2015.

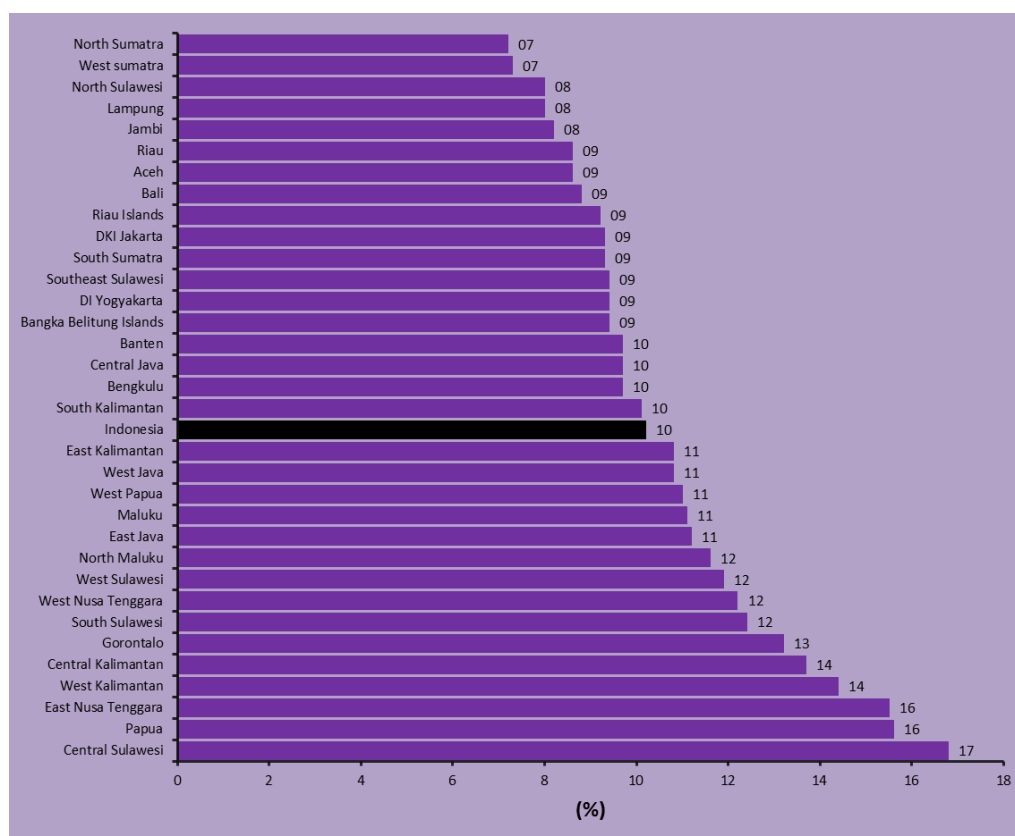
The data and information that presented below describes the child health indicators covering prevalence of low birth weight (LBW), treatment of neonatal complications, neonatal visits, infant health care, early initiation of breastfeeding, exclusive breastfeeding, vitamin A supplementation, child weighing in posyandu, basic immunizations, under-five children health services, student health services at the elementary/same level, adolescent health care, health care in cases of child abuse, and health care of abandoned children and street children in the orphanage.

1. Infant Birth Weight

Birth weight is defined as the weight of the baby which is weighed within 1 hour after birth. Based on gestational age at birth, birth of a baby can be classified as: preterm infants (premature), who are born with gestation (pregnancy) period less than 37 weeks (<259 days), term infants, who are born with between 37-42 weeks gestation (259-293 days); and post-term infants, who are born with gestation period more than 42 weeks (>294 days).

Low birth weight (LBW) is defined as birth weight which is less than 2,500 grams. LBW does not only occur in premature infants, but also in term infants whose growth was disturbed during pregnancy. The percentage of LBW is presented in Figure 5.25.

FIGURE 5.25
PERCENTAGE OF LOW BIRTHWEIGHT BABY BY PROVINCE,
RISKESDAS 2013



Source: National Institute for Health Research Development (NHRD), Ministry of Health RI, Riskesdas, 2013

Basic Health Research 2013 stated that the percentage of under-five children (0-59 months) with LBW was 10.2%. The percentage of LBW was highest in of Central Sulawesi (16.8%) and lowest in North Sumatra (7.2%).

Problems in infants with low birth weight (LBW) occur primarily in premature due to the immaturity of organ systems. Low birth weight babies have a tendency toward increase of infections and prone to complications. The problems that often occur in LBW are a disorder of the respiratory system, central nervous system, cardiovascular, hematologic, gastrointestinal, kidney and thermoregulation.

2. Management of Neonatal Complication

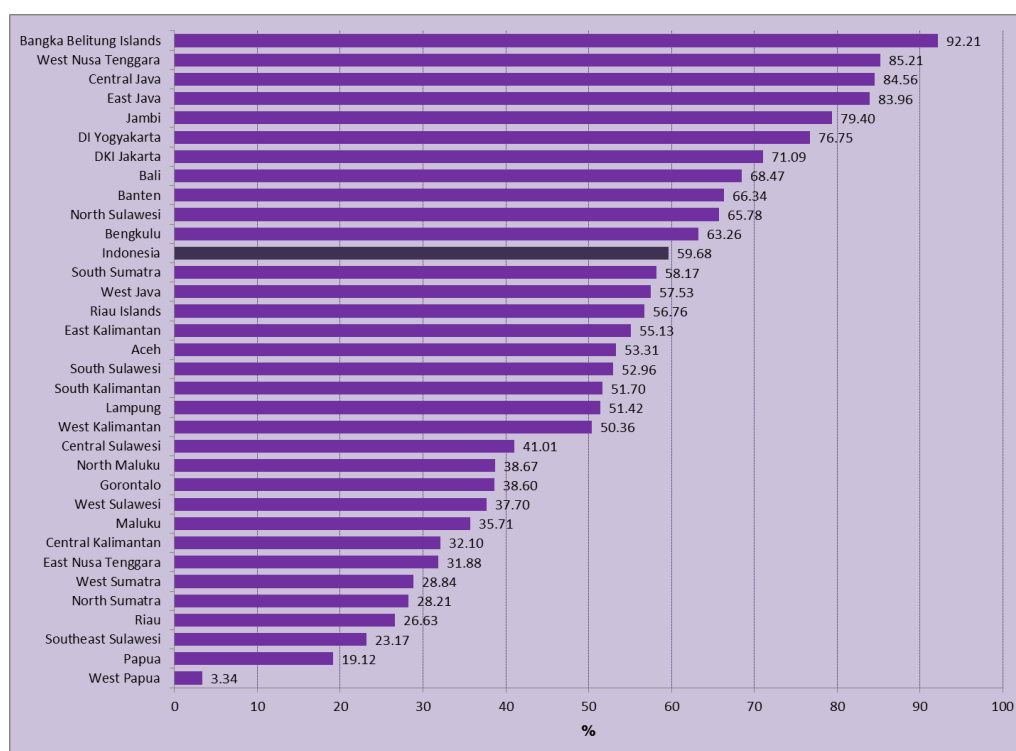
Neonates with complications are neonates with disease or disorder that can lead to disability and/or death, such as asphyxia, jaundice, hypothermia, neonatal tetanus, infection/sepsis, birth trauma, low birth weight, respiratory disorder syndrome, and congenital abnormalities included in yellow and red classification based on Integrated Management of Young Infants assessment.

The most fatal complications are asphyxia, low birth weight and infection (Riskesdas, 2007). These complications can actually be prevented and treated, however it was constrained by limited access to health care, the ability of health personnel, socioeconomic circumstances, inappropriate referral system, delays in early detection and awareness of parents to seek medical care.

Management of neonates with complications is defined as the standardized care for handling neonatal illness and or neonatal abnormalities/complications/emergencies, by skilled health personnel (doctor, midwife or nurse) who were trained well. This care can be done either at home, basic health care facilities or referral health care facilities. Among standardized care are standard MTBM, new born asphyxia management, management of low birth weight babies, essential neonatal care guidelines in primary health care level, PONEK, PONEK or other services' standard operational procedure.

The following figure presents overview coverage of neonatal with complication treatment by province in 2014.

FIGURE 5.26
COVERAGE OF MANAGEMENT OF NEONATAL COMPLICATION BY PROVINCE IN 2014



Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

Achievement of neonatal complications management has increased from 2013 which amounted 51.47% to 59.68% in 2014. Despite of increase of percentage, there are still sizable disparities among provinces. The highest achievements are in Bangka Belitung Islands with a total amount 92.21% followed by West Nusa Tenggara amounted 85.21%, then Central Java of 84.56%. Three provinces with the lowest achievement are West Papua (3.34%), Papua (19.12%), and South-east Sulawesi (23.17%). More detailed information about the neonatal complications management by province are presented in Annex 5.16.

3. Neonatal Health Services

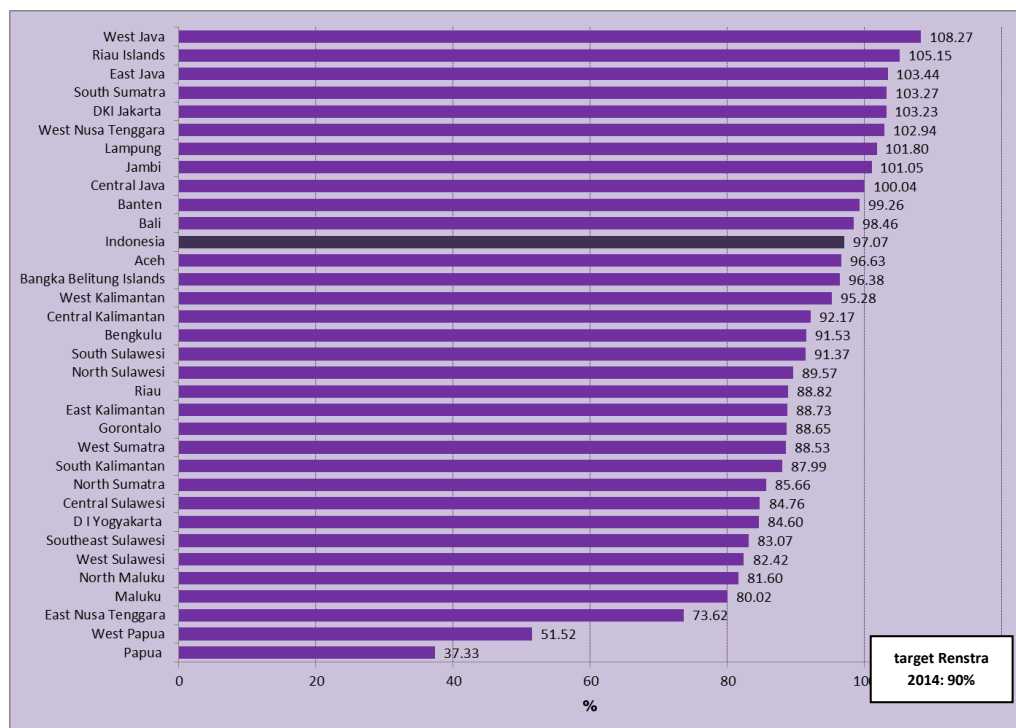
Neonates are new born ages up to 28 days. During the time, there are significant changes from life inside to outside of the womb. At this time, organ maturation occurs in nearly all systems. Infants' ages less than one month are in the highest risk of health problems, when any kind of health problems can arise. Thus without proper treatment, health problem in neonates can be fatal. Several attempts are made to control health risks in this group, includes

encouraging delivery process to be attended by health personnels and to be done at health facilities; also ensuring the availability of standardized health care for neonates visit.

The highest mortality rate of infants and toddlers are occurred in the neonatal period. Riskesdas 2007 showed that 78.5% of neonatal deaths occur in the age of 0-6 days. Since the highest risk of mortality and complications are most frequently occurs in the first week of life, therefore every new born should get more frequent inspection, at least 2 times in the first week. This step is carried out to find any early signs of disease or danger in neonates, so that medical help can be given to prevent more severe and fatal disease. Neonate visit is one intervention to reduce neonatal mortality.

According to that matter, in 2008 change of policy was implemented for neonatal visit regulation, from 2 times (once in the first week and once in 8-28 days) to 3 times (two times the first week and once in 8-28 days). Hence neonatal visit schedule is currently implemented at the age of 6-48 hours, age 3-7 days and age 8-28 days. This indicator measures the ability of Maternal and Child Health (MCH) program management in conducting a comprehensive neonatal service.

FIGURE 5.27
COVERAGE OF FIRST NEONATAL VISIT (KN1) BY PROVINCE
IN 2014



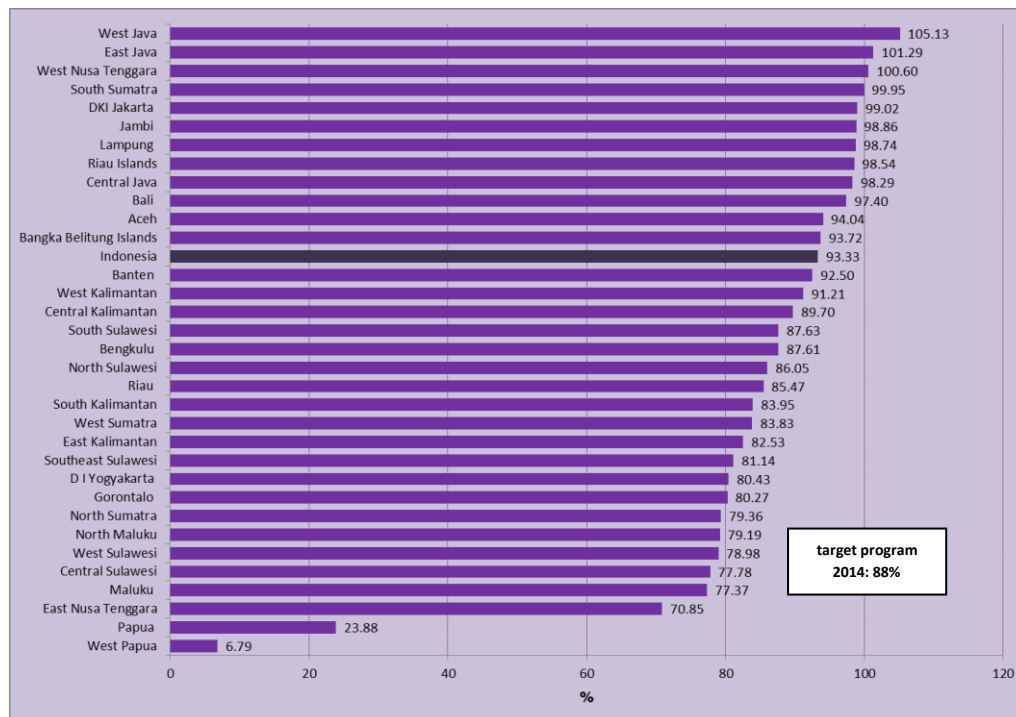
Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

The first neonatal visit (KN1) is a health care service for new born (age 6 hours - 48 hours) in certain area and time period, and provided based on standard by skilled health personnel throughout health care facilities. Health care provided is based on standard of Integrated Management of Young Infants and new born care counselling, including exclusive breastfeeding and umbilical cord care. At the first neonatal visit, new born get vitamin injection and hepatitis B0 immunization if they were not given at birth. Coverage of first neonatal visit by province indicator is illustrated in Figure 5.27.

Indonesia's achievement of KN1 in 2014 was 97.07%. This achievement surpassed the Strategic Plan target in 2014 which amounted 90%. There were 17 provinces which have achieved that target.

Besides KN1, indicator describing health care for the new born is Complete Neonatal Visit (Ind: *KN lengkap*), which requires every new born to obtain neonatal service visits at least 3 times according to the standard per working area in one year. Illustration of complete neonatal visits' coverage by province in Indonesia is described in Figure 5.28 below.

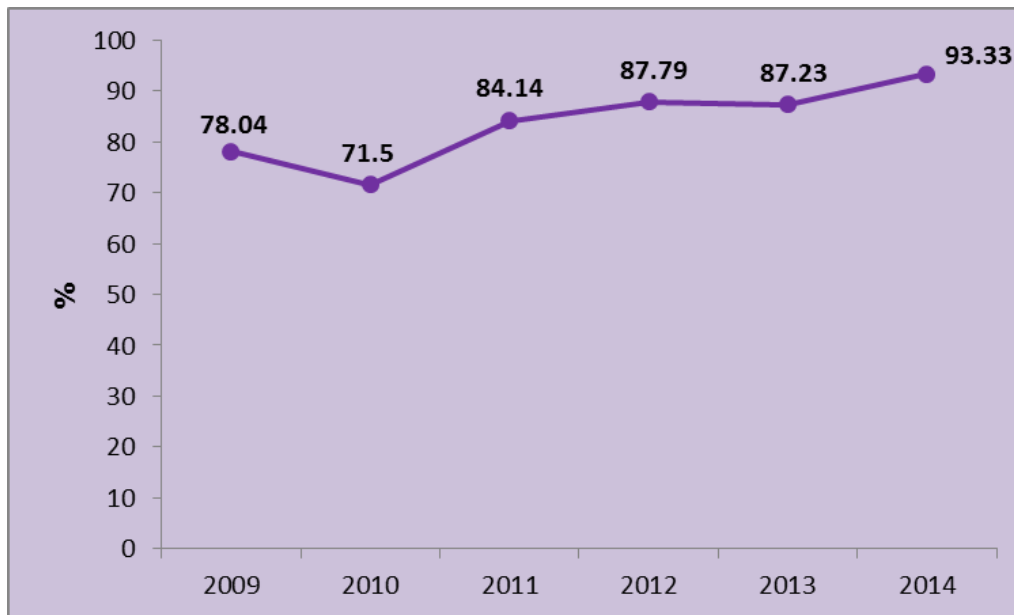
FIGURE 5.28
COVERAGE OF COMPLETE NEONATAL VISIT BY PROVINCE
IN 2014



Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

In Indonesia, complete neonatal visits' achievement in 2014 was 93.33%. The figure above shows that achievement of complete neonatal visits indicator in Indonesia was fairly good, which can be seen by high percentage of achievement in most provinces. There were 16 provinces met the 2014 target program which was 88%, where the highest achievement was in West Java province, followed by East Java and West Nusa Tenggara. Meanwhile the 2 provinces with lowest percentage were West Papua (6.79%) and Papua (23.88%). The figure below shows the trend of complete KN coverage from 2009 to 2014.

FIGURE 5.29
COVERAGE OF COMPLETE NEONATAL VISIT
IN 2009-2014



Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

Within the last 6 years, coverage of complete neonatal visits shows increasing tendencies, from 78.04% in 2009 to 93.33% in 2014. Further information about complete neonatal visits is presented in Annex 5.15.

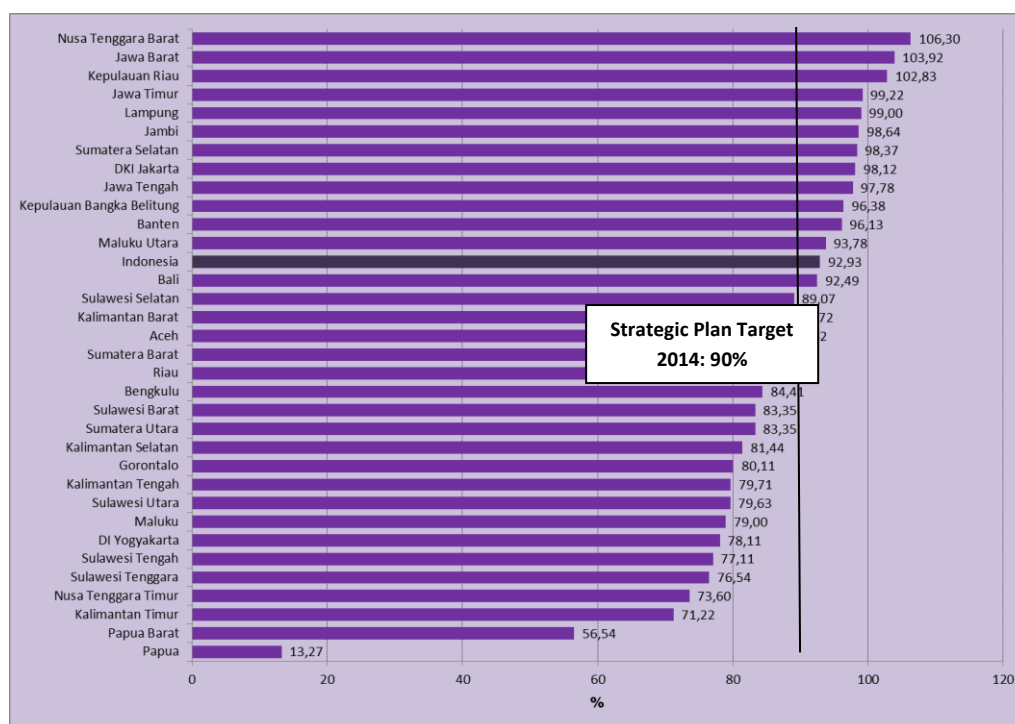
4. Infant Health Care

The health of infants and toddlers should always be closely monitored to ensure that their conditions are optimum. Infant health care is one of several indicators measuring the successfulness of efforts in improving infant and toddlers' health. Infant health care aims at infants aged 29 days to 11 months, it provides standardized health services given by health personnels who have clinical competence (doctors, midwives, and nurses), at least 4 times, first at 29 days - 2 months, then at 3 - 5 months, 6-8 months and 9-12 months based on standards in an area at a certain time.

This service consists of weighing, provision of basic immunizations (BCG, DPT / HB1-3, 1-4 Polio, and Measles), Stimulation-Early Detection-Intervention of Infant Growth (Ind: *SDIDTK*), provision of vitamin A to infants, infant health care education, exclusive breastfeeding counselling, and provision of complementary feeding (Ind: *MP-ASI*), etc.

Coverage of infant health care describes government's efforts in increasing access for the infants to the basic health care services, detecting disease or abnormality at early stage, health maintenance and disease prevention as well as improving the babies' quality of life. Overview of these indicator achievements in 33 provinces shows that 13 provinces (39.39%) have met strategic plan target by 2014 which is 90%, as shown in the figure below.

FIGURE 5.30
COVERAGE OF INFANT VISIT BY PROVINCE
IN 2014



Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

Three provinces with highest achievement are: West Nusa Tenggara, West Java, and Riau Islands. Whereas two provinces with the lowest achievements are Papua (13.27%) and West Papua (56.54%). More detailed information of infant health services by province in 2014 is explained in Annex 5.20.

5. Exclusive Breastfeeding

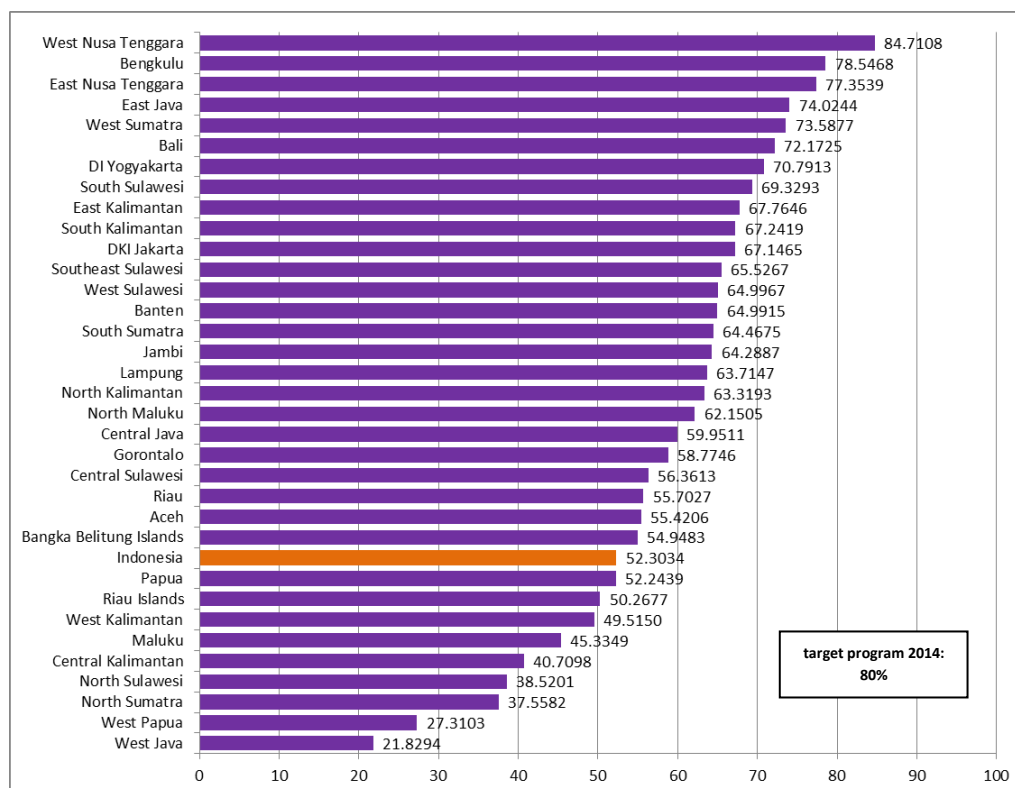
According to Government Regulation No 33 Year 2012, exclusive breastmilk (Ind: *ASI*) is defined as breastmilk which is provided to infant since birth to age six months without the addition and or substitution of other foods or drinks (except medicines, vitamins and minerals). This regulation aims for:

- Ensuring the babies' right to receive exclusive breastmilk since they are born until they reach age six month old to be fulfilled, as well as monitoring their growth and development.
- Protecting mothers in providing exclusive breastmilk for their babies; and
- Improving role and support from family, society, local government, and government towards exclusive breastfeeding

Breastmilk contains colostrum which is rich in antibodies, because it contains high amount of proteins for immunity and bacteria-killing agents, therefore exclusive breastmilk can decrease the risk of infant death. The yellowish-coloured colostrum is produced in first to third day of birth. From fourth to tenth day, breastmilk contains immunoglobulins, proteins, and lactose amounted less than the colostrum. However, this whitish-coloured breastmilk contains higher fat and calories. Besides from nutrients of food, breastmilk also contains specific absorbing agent in a form of special enzyme which does not disturb the enzymes in infant's bowel. In the contrary, formulated milk does not contain that special enzyme, hence the absorption depends on the enzymes contained in infant's bowel.

Based on program target in 2014 which was 80%, the coverage of exclusive breastfeeding provision which amounted 52.3%, nationwide had not met the target. By province, only one province achieved the target, which is West Nusa Tenggara, amounted 84.7%. West Java, West Papua, and North Sumatra were three provinces with the lowest achievement.

FIGURE 5.31
COVERAGE OF EXCLUSIVE BREASTFEEDING IN INFANT 0-6 MONTH OLD
BY PROVINCE IN 2014



Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

Complete description about the coverage of exclusive breastfeeding in infants' age 0 – 6 months are presented in Annex 5.23.

6. Coverage of Vitamin A Capsules Supplementation in Under-five Children (age 6 – 59 months old)

Vitamin A is one of essential nutrients solved in fat, stored in liver, and cannot be produced by body itself, so that it should be provided from outside the body.

The benefits of vitamin A includes: (1) boosting bodies' immunity against illnesses and infections such as measles and diarrhoea, (2) assisting dark adaptation from light environment in sight mechanism, (3) preventing abnormality of epithelial cells, including eyes mucous, (4) preventing metaplasia of epithelial cells which can interrupt the glands from producing liquid and causing dryness for eyes, (5) preventing eyes from getting the illnesses which can lead to blindness, (6) vitamin A is essential for supporting growth process.

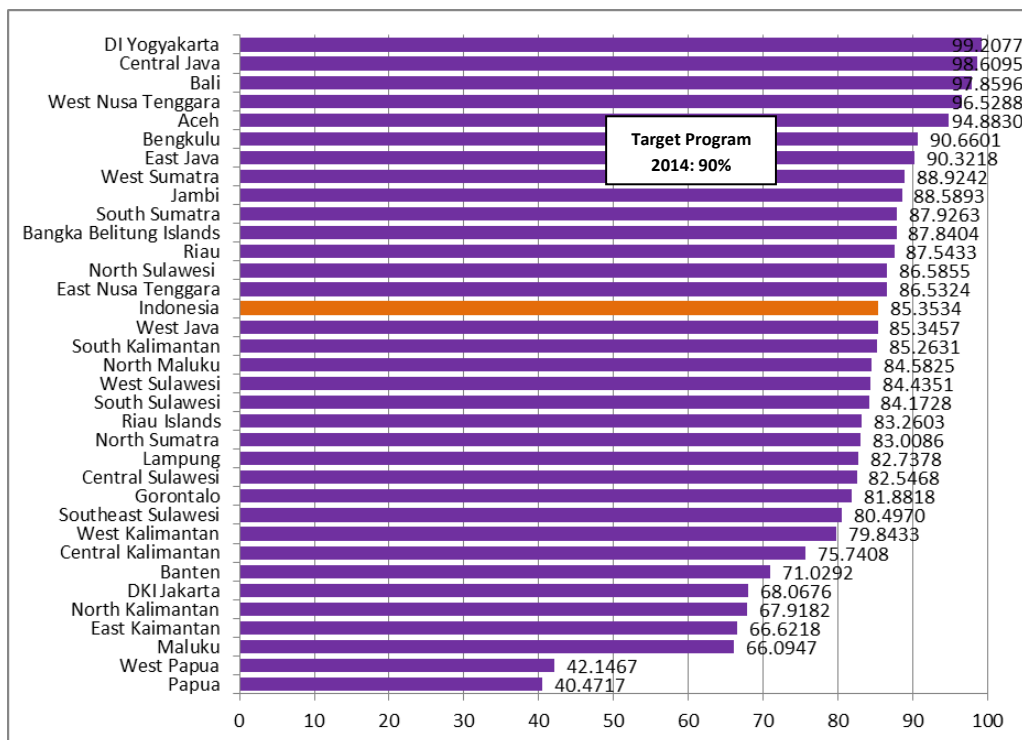
Supplementation of vitamin A capsule in under-five children (age 6 – 69 months old) aims not only to prevent blindness but also to overcome Vitamin A Deficiency (VAD), condition of which the storage of vitamin A inside the body depletes. It can lead to abnormal condition of the eyes generally experienced by children age 6 months until 4 years old, the main cause of blindness. VADs are commonly seen in children with energy-protein malnutrition or severe

malnutrition; however they can also be caused by the disturbance of absorption process in bowel. Early stage of VAD is characterized by night blindness or night vision disturbance, or decreasing retinol serum in blood. Later on, some abnormalities of epithelial cells can be seen in lungs, intestines, skin, and eyes.

Countermeasures of VAD problem in under-five children have been conducted since 1970s, by distributing vitamin A capsules in posyandu within 6 months interval (in February and August) and intensifying the promotion to consume foods rich in vitamin A. There are 2 kinds of vitamin A capsules given, the blue ones (100,000 IU) for 6 – 11 months old infants, and the red ones (200,000 IU) for 12 – 59 months old children.

Based on the 2014 program target which amounted 90%, conclusively the coverage of vitamin A provision has not met the target. However, there were 7 provinces achieved the target, namely DI Yogyakarta, Central Java, Bali, West Nusa Tenggara, Aceh, Bengkulu, and East Java. Province with the highest Vitamin A supplementation coverage was DI Yogyakarta, amounted 99.2% whereas the lowest was Papua, amounted 40.5%, which can be seen in Figure 5.32 below.

FIGURE 5.32
PERCENTAGE OF VITAMIN A CAPSULE DISTRIBUTION IN CHILDREN AGED 6-59 MONTH OLD BY PROVINCE IN 2014



Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

Vast coverage of vitamin A supplementation is caused by geographic condition and the accessibility to the posyandu in the process of vitamin A distribution. Provinces which the coverage of vitamin A is high, the coverages of toddlers weighing are high as well. In the contrary, provinces which the coverages of vitamin A are low such as Papua and West Papua, affected by the low amount of the people participating to weigh their children in posyandu (D/S), also low because of geographic difficulties.

Vitamin A supplementation coverage in infants and toddlers by province is explained more detailed in Annex 5.22.

7. Coverage of Under-five Children Weighing in Posyandu

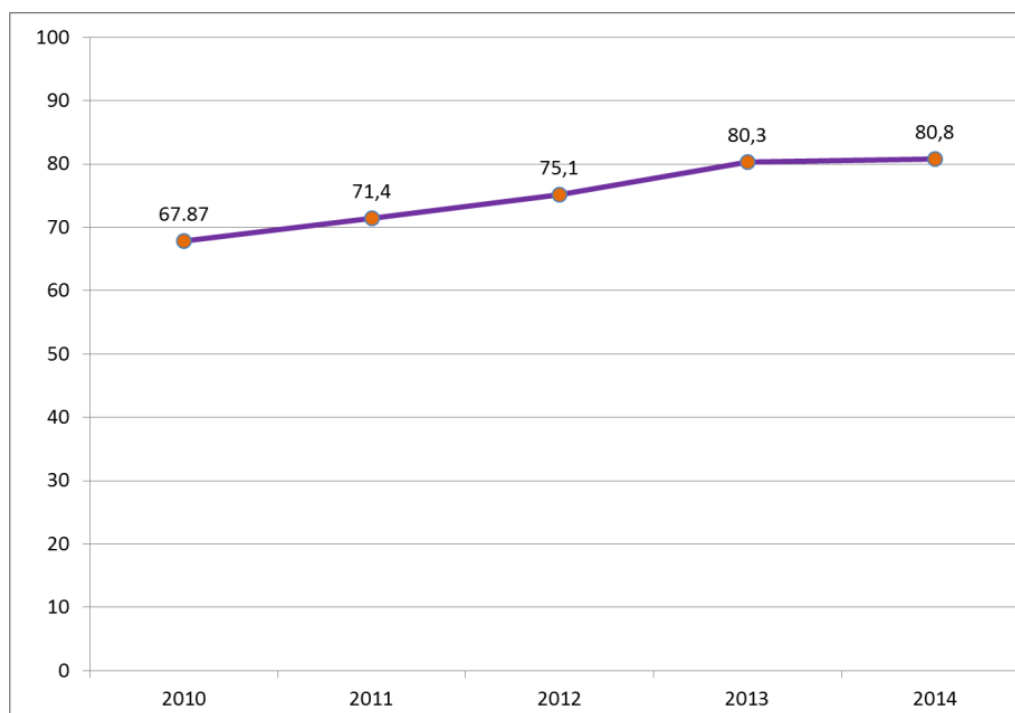
Coverage of activities of a child weighing in posyandu (D/S) is the entire amount of under-five children weighed in posyandu which report in working area in a specific period divided by entire amount of under-five children in posyandu which report in working area in a specific period.

Several benefits of children weighing includes: (1) to determine their health status, (2) to assess and prevent development disturbances, (3) to determine if a child is sick or the weight does not improve in last 2 months, or the weight is under the red line in health card (Ind: *KMS*), (4) to recognize if a child suffers from malnutrition so that he can be referred to health center, (5) to assess immunization completion status, and (6) to receive education regarding nutrition knowledge. Besides educations, the follow up measures from weighing activities are provision of food supplement and nutrition supplement.

Malnutrition state can lower children's immunity, so that they are prone to illnesses that can lead to deaths. Severe malnutrition can occur in all age group; however special attention should be addressed to group of infants and under-five children. Age 0 – 2 years old is a golden period for development, particularly in foetus, so if there is a disturbance in this period, a catch up effort cannot be done in later period, and will negatively affect the quality of next generations.

More under-five children weighed in posyandu, it becomes easier to detect children with malnutrition or severe malnutrition, and specific countermeasures can be done earlier.

FIGURE 5.33
TREND OF UNDERFIVE WEIGHING (D/S)
IN 2010-2014



Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

Child weighing coverage since 2010 to 2014 in Indonesia seems increased. Child weighing coverage in Indonesia was amounted 80.8% in 2014. Since 2010 to 2013, the coverage of child weighing have met strategic plan 2010 – 2014, however in 2014, strategic plan target which amounted 85% has not achieved.

The highest coverage was achieved by West Nusa Tenggara which amounted 91.2% and West Java, amounted 90.2%, while the lowest coverage of child weighing are in Papua and West Papua. More detailed information about child weighing coverage in posyandu can be seen Annex 5.24.

8. Immunization

Annually, over 1.4 million children in the world die from diseases that supposed to be preventable by immunization. Immunization is an attempt to actively produce or to raise one's immunity against specific disease(s), so if he is exposed to the disease, he will not suffer from the disease or just suffers from mild disease. Some infectious diseases are grouped as Immunization Preventable Diseases (Ind: *PD3I*) include: Tuberculosis, Diphtheria, Tetanus, Hepatitis B, Pertussis, Measles, Polio, Meningitis, and Pneumonia. Children who have been vaccinated will be protected from these dangerous diseases, which may lead to disability or death.

Course of the disease process begins when the virus/ bacteria/ protozoa/ fungus, enters the body. Every microorganism enters the human body will be considered a foreign object by the body or the so-called antigens. Naturally, immune system will form a substance called antibody to immobilize the antigen. The first time antibody interacts with the antigen, the response is not too strong. This is because the antibody does not recognize antigen. In the second or later antibody-antigen interactions, the immune system already has a memory to recognize antigens, so it will produce more antibodies even faster.

Antibody formation process to fight antigens in natural way is called natural immunization. Whereas immunization with the use of vaccine is an effort to stimulate the immune system to produce the antibody in order to fight against disease, by disabling the weakened antigens from vaccine.

The immunization program is an effort to protect the population against certain diseases. The immunization program is provided to vulnerable populations to infectious diseases, ie. infants, school-aged children, women of reproductive age, and pregnant women.

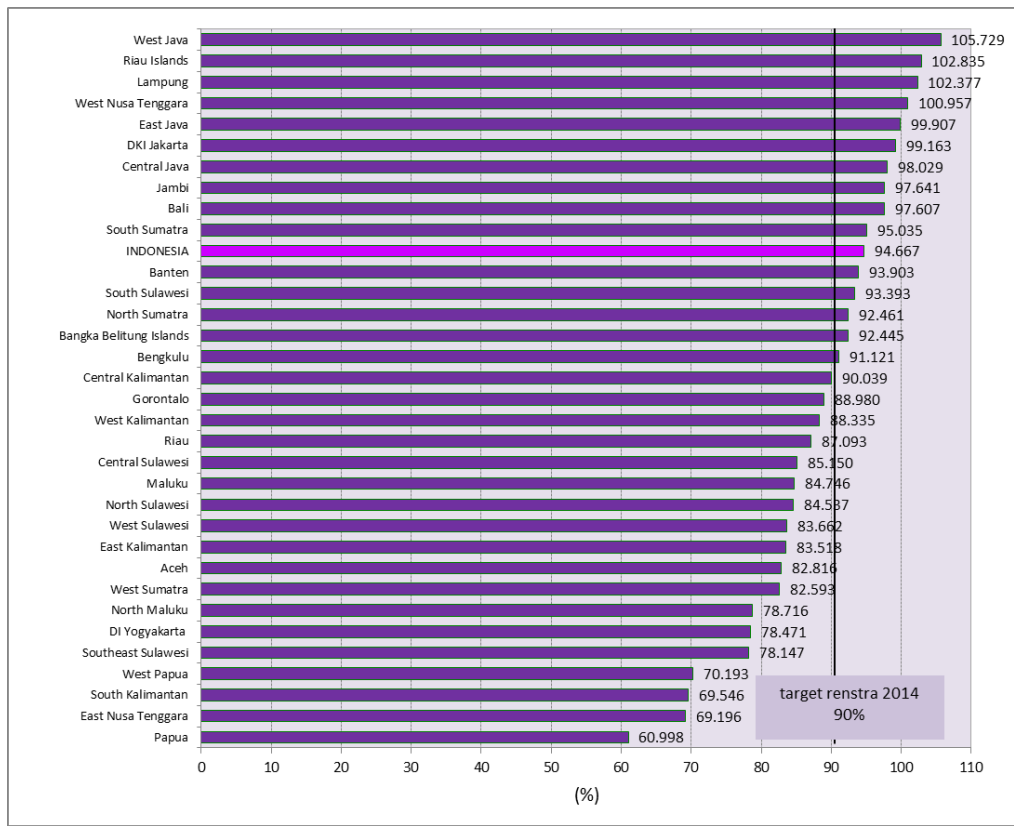
a. Basic Immunization in Infants

Immunizations protect children against some Immunization Preventable Diseases (PD3I). Immunization was given to child through injection or drip through the mouth.

As one of the groups which become immunization program target, every infants should be provided by complete basic immunization, consists of: 1 dose of BCG, 3 doses of DPT-HB and or DPT-HiB, 4 doses polio, and 1 dose measles. Among the complete basic immunization, measles is an immunization which received more attention. This is according Indonesia's commitment to maintain the high and even coverage of measles immunization, which is 90%. This is regarding to the reality that measles is one of the main cause of deaths in under-five children. Therefore the prevention of measles plays a significant role in reducing under-five children death rate.

Indonesia achieved coverage for measles immunization of 94.76% in 2014. It meant that the national target of 90% had been met. By province, there were 16 provinces met the target 90%, as seen in Figure 5.34 below.

FIGURE 5.34
PERCENTAGE OF MEASLES IMMUNIZATION COVERAGE BY PROVINCE
IN 2014



Source: Source: Secretariat of Disease Control and Environmental Health, Ministry of Health RI, 2015

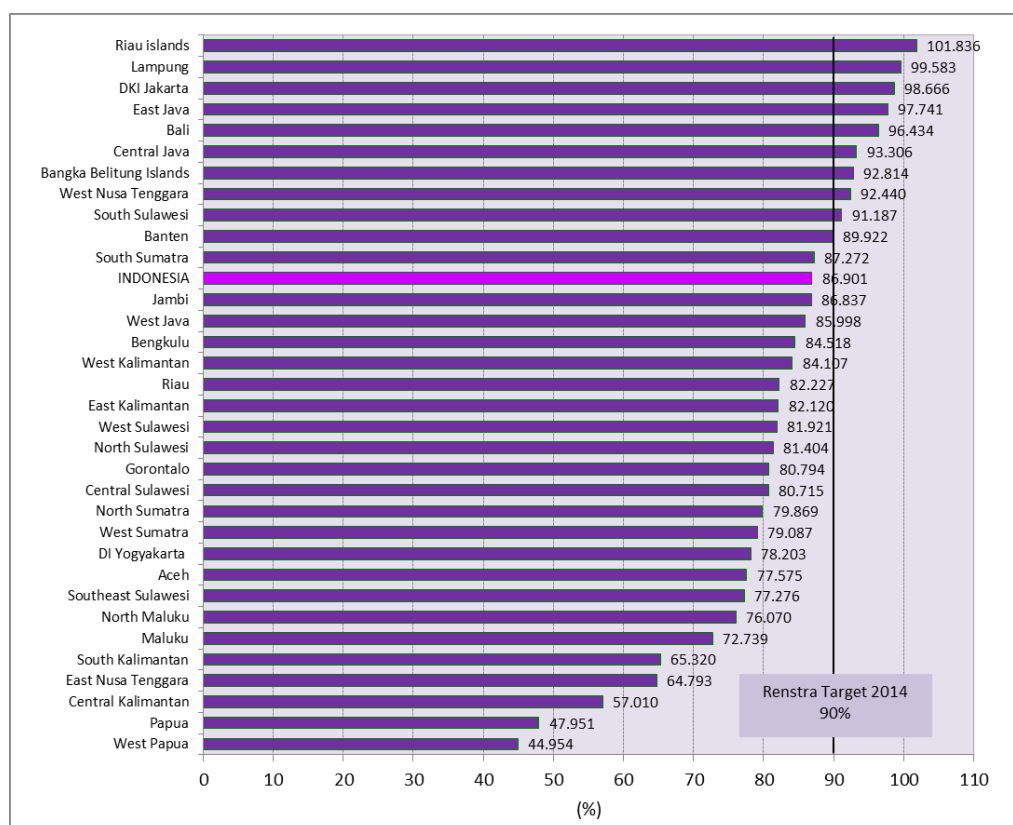
From the figure above, we can see that all infants in West Java, Riau Islands, Lampung, and West Nusa Tenggara have been received measles immunization. Whereas the lowest coverages of measles immunization occur in Papua, amounted 61%, followed by East Nusa Tenggara, amounted 69.20% and South Kalimantan, amounted 69.55%.

Meanwhile, according to Riskesdas 2013, the percentage of the national measles immunization in children aged 12-23 months was 82.1%. These achievements had not met the nationwide target of 90%. According to Riskesdas2013, at the provincial level, only 8 provinces that have managed to reach the target of 90%, namely DI Yogyakarta, Gorontalo, North Sulawesi, Bali, Central Java, Riau Islands, West Nusa Tenggara, and Bengkulu.

b. Complete Immunization in Infants

Immunization program in infants expects that every infant receives basic immunization completely. The achievement of an infant in receiving basic immunization is measured by complete basic immunization indicator. In Indonesia, the achievement of this indicator in 2014 was set 86.9%. This amount had not met the Strategic Plan in 2014, which was 90%. Meanwhile, by province, there were 9 provinces (27.27%) which achieved the strategic plan target in 2014.

FIGURE 5.35
COMPLETE BASIC IMMUNIZATION COVERAGE BY PROVINCE
IN 2014



Source: Secretariat of Disease Control and Environmental Health, Ministry of Health RI, 2015

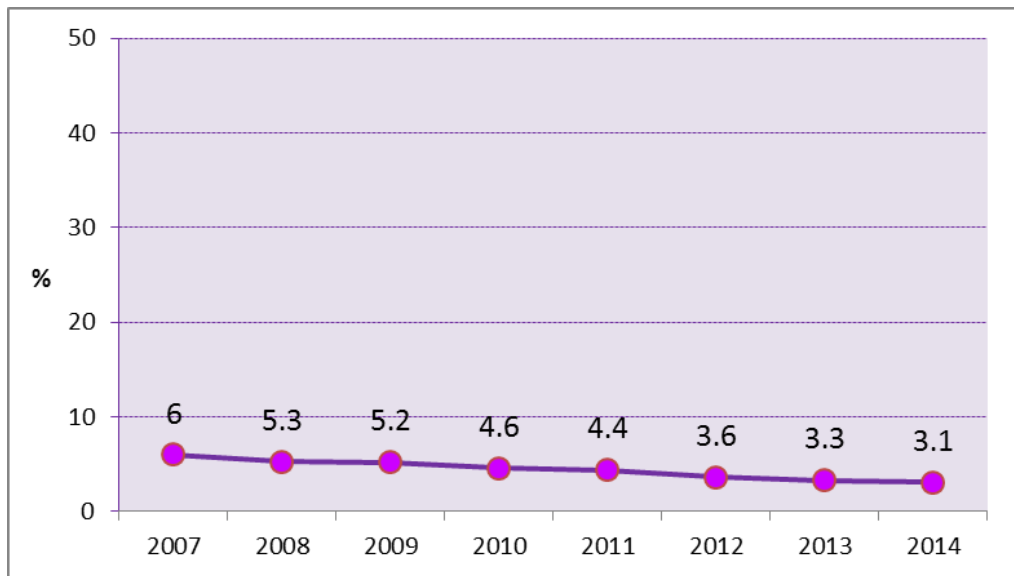
Three provinces with the highest achievement in complete basic immunization in 2014 were: Riau Islands, Lampung, and DKI Jakarta, while the three provinces with lowest achievement were West Papua of 44.94%, followed by Papua of 47.95% and Central Kalimantan of 57.01%. Data and information regarding basic immunization in infants sorted by province in 2014 are presented in Annex 5.17.

c. Dropout Rate of Immunization Coverage DPT/HB1-Measles

Basic immunization in infants should be given timely according to their age. In this condition, immune system is expected to work optimally. However, in certain circumstances some babies do not get complete basic immunization. This group is called the drop-out (DO) immunization. Infants who received DPT/HB1 at the beginning of immunization, but not vaccinated for measles, were called the Dropout Rate/HB1- Measles. This indicator is obtained by calculating the difference in reduction of measles immunization coverage to DPT/HB1 immunization.

Dropout Rate of DPT / HB1-Measles immunization in 2014 was 3.1%. This achievement was lower than in 2012 which amounted 3.3%. DO Rate of DPT/HB1-Measles showed a declining tendency from 2007 to 2014, which is assumed that the amount of babies who do not get the complete basic immunization have been decreasing. The downward trend is explained in the following figure.

FIGURE 5.36
DROPOUT RATE OF DPT/HB1 – MEASLES IMMUNIZATION IN INFANT
IN 2007-2014



Source: Secretariat of Disease Control and Environmental Health, Ministry of Health RI, 2015

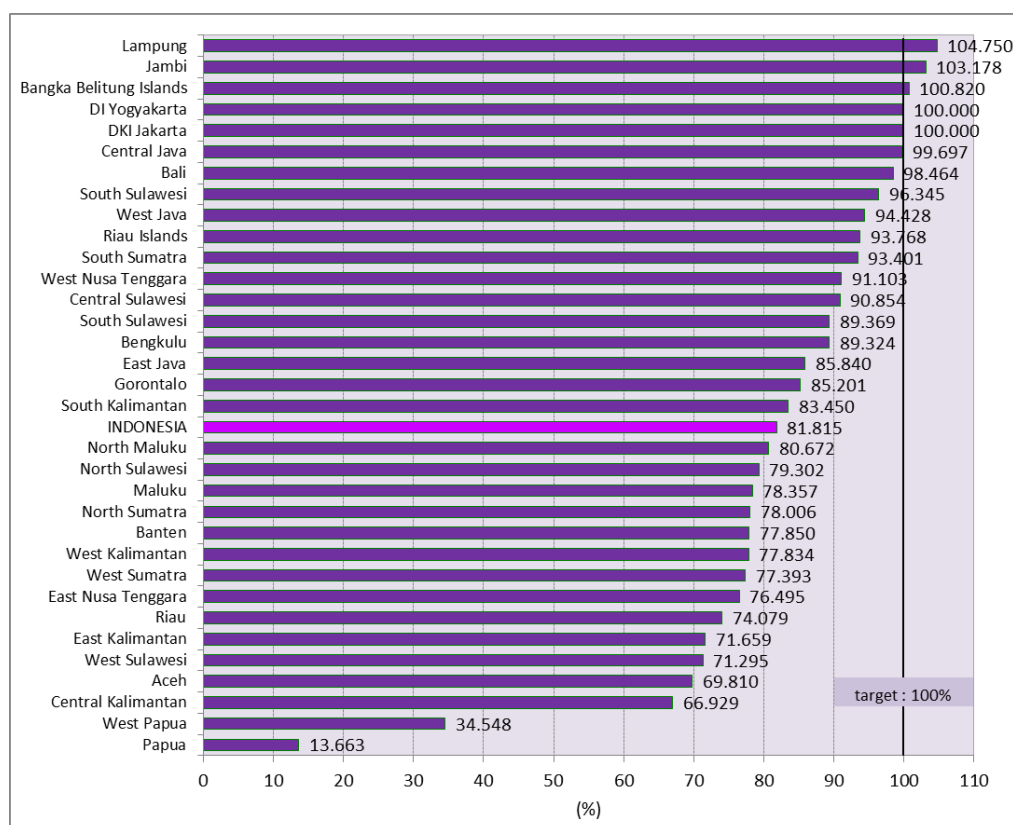
DO rate of DPT/HB1-Measles is expected not to exceed 5%. That maximum rate has been fulfilled since 2010 until 2014. More detailed data and information about DO amount from coverage of DPT/HB1-measles immunization and DPT/HB(1) – DPT/HB(3) in 2012 – 2014 are presented in Annex 5.18.

d. Village with Universal Child Immunization (UCI)

Other indicator to measure successful implementation of immunization is the Universal Child Immunization or UCI. UCI describe a village where $\geq 80\%$ of infants (0-11 months) in the village have received a complete basic immunization. Target of UCI in Strategic Plan 2014 was 100%. Whereas in 2014 the coverage of UCI was 81.82%, meant that the target set was not achieved. Coverage of village UCI sorted by province is described in Figure 5.37.

In 2014, there were 5 provinces which achievement was 100% which meant they exceed the strategic plan target 2014. The provinces are: Lampung, Jambi, Bangka Belitung Islands, DI Yogyakarta, and DKI Jakarta. Papua had the lowest achievement of 13.66%, followed by West Papua of 34.55%, and Central Kalimantan of 66.9%. Information regarding the achievement of village UCI in 2011- 2013 by province is listed in Annex 5.19.

FIGURE 5.37
COVERAGE OF UCI VILLAGE BY PROVINCE
IN 2014



Source: Secretariat of Disease Control and Environmental Health, Ministry of Health RI, 2015

9. Under-five Children Healthcare

The life of a child under the age of five years is a very important phase. This phase is a foundation of the future health, happiness, growth, development, and learning outcomes of children in school, family, community and social life in general.

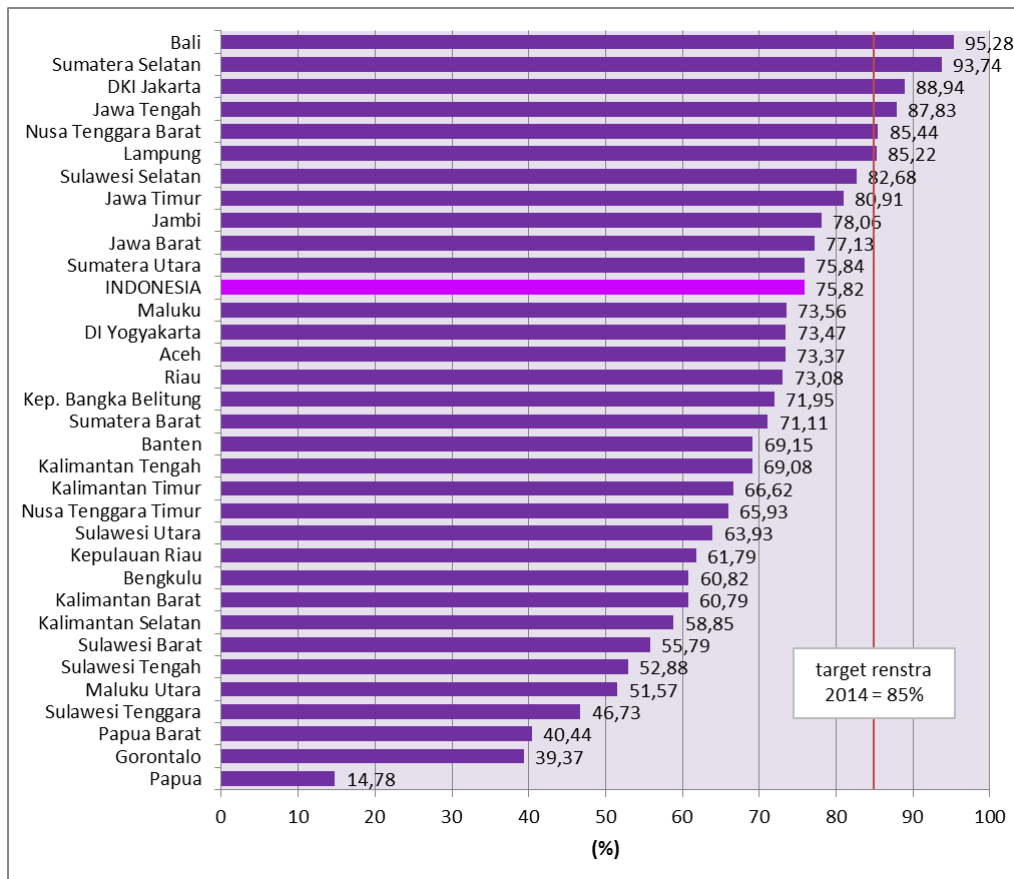
The health of infants and underfive children should be monitored to ensure that it is always at its optimum condition. Therefore, underfive children health care is one of indicators to monitor improvement of overall children health care. This indicator limit children age from 12 until 59 months.

Under-five children health care is conducted by health personnel to perform:

1. Growth monitoring service at least 8 times a year (weighing and height measurements at least 8 times a year).
2. Vitamin A supplementation twice a year in every February and August
3. Stimulation Detection and Early Intervention Developmental to under-five at least 2 times a year.
4. Health Care according to standard of the Integrated Management of underfive children with Illness (Ind: *MTBS*).

Achievement of health services in underfive children indicator in 2014 was 75.82% so it did not meet the target of the Strategic Plan in 2014 of 85%. However, it was higher compared to 2013 which was 70.12%. Achievement indicators by province also showed that most of the provinces in Indonesia were less than 85% as shown in the following figure.

FIGURE 5.38
COVERAGE OF UNDERFIVE HEALTH SERVICE BY PROVINCE
IN 2014



Source: National Institute for Health Research Development (NHRD), Ministry of Health RI, 2015

In 2014 there were 6 provinces which achieved the target of 85%, namely Bali, South Sumatra, Central Java, West Nusa Tenggara, and Lampung; this can be seen in Figure 5.38 above. Bali achieved the highest amount which was 95.28%, while province with lowest achievement was Papua with achievement of 14.78%. Data and information regarding under-five children health care sorted by province is presented in Annex 5.20.

10. School Health Program for Elementary School Level

Going to school is important stages of child development. Many health issues can occur in school-age children, such as the implementation of the Clean and Healthy Behaviours (Ind: *PHBS*) like brushing teeth properly, hand washing with soap, dental caries, worm infections, refractive errors/visual acuity and nutritional problems. Health services also include health intervention in children at school age.

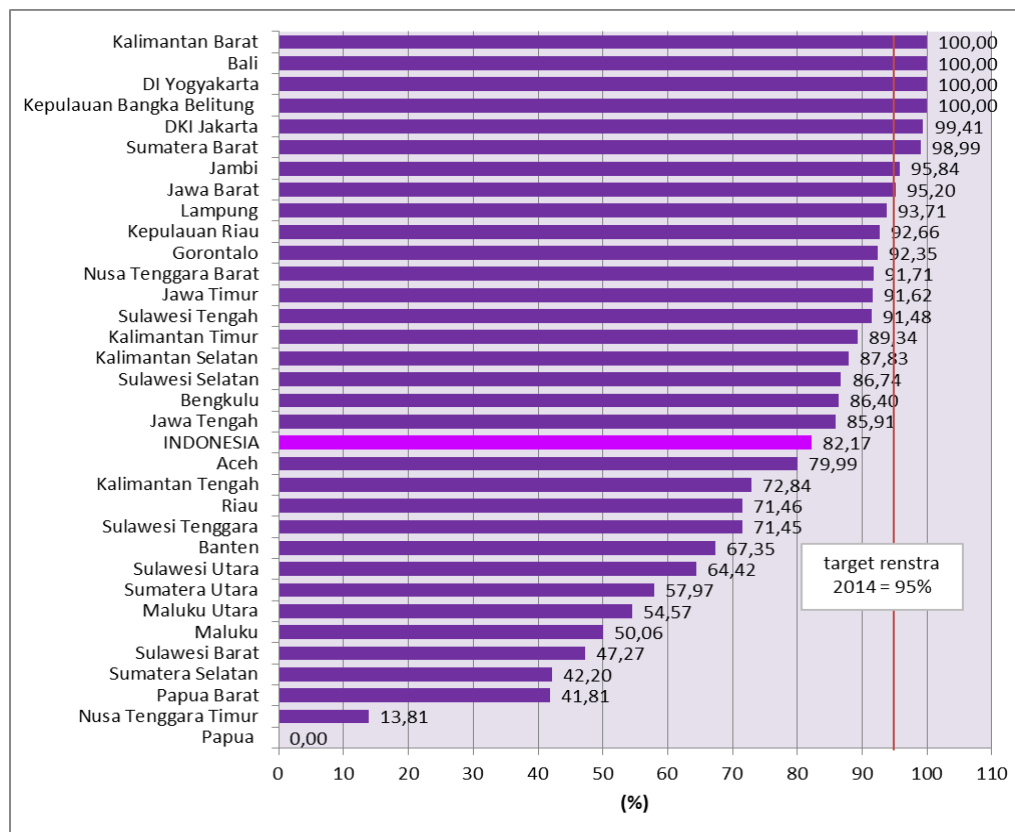
School-age children are strategic target for health programs implementation, because they are large in numbers and also accessible because they are well organized. The objective of this activity is mainly for 1st year students in elementary school. Medical examination carried out by health personnels with other trained personnel. Health personnel here are medical personnel, nurses or other clinic staff who had been trained as a specialised personnel for Health School Program (Ind: *UKS*)/Dental Health School Program (Ind: *UKGS*). *UKS/UKGS* Teachers are classroom teachers or teacher appointed to guide *UKS/UKGS* development in school and have been trained for it. Young doctors (Ind: *Dokter Kecil*) are the fourth and fifth year students who have been trained to do first aid and health education.

All of those approaches aim to provide education about hygiene and dental health at early age. It is expected to increase the students' knowledge of the importance of maintaining oral health and physical health particularly and the environment health in general.

Health screening for 1st year student is typical effort of school health program that also becomes one indicator, which the success is evaluated by Ministry of Health Strategic Plan. Health screening activities is conducted, besides for early detection of health problems of school children therefore the prevention of worse situation can be immediately initiated, it is for obtaining information in assessing child development as well. The result will be taken into consideration into planning, monitoring and evaluation activities of the school health program .

Health screening is measured by counting the percentage of elementary schools (SD)/Islamic Primary Schools (Ind: *MI*) which conduct health screening, compared to all SD and MI which is the screening target. Coverage of SD/MI in Indonesia carrying out health screening for first-grader in 2014 were 82.17%, increased compare to the coverage in 2013 which was 73.19%. However, the strategic plan target of 95% had not been achieved yet.

FIGURE 5.39
COVERAGE OF ELEMENTARY SCHOOL THAT CONDUCT HEALTH SCREENING FOR FIRST YEAR STUDENT BY PROVINCE IN 2014



Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

Figure 5.39 shows that most provinces have not met the 2014 strategic plan target of 95%, and only 8 provinces who have achieved it. There are 4 provinces with 100% achievement: West Kalimantan, Bali, DI Yogyakarta, and Bangka Belitung Islands. The lowest achievement was in Papua at 0%, followed by East Nusa Tenggara at 13.51%, and West Papua at 41.81%.

The difficulty to achieve the target of health screening in SD/MI can be caused by several circumstances. The main problem frequently seen in district is the lack of personnel in the health center to cover the numbers of elementary schools, so health screening takes longer time. Aside

from that, report management has not been well integrated. Although health networking activities have been carried out in health center but in some provinces, the managers of school health program come from different organizational structure so that compromising the coordination of recording and reporting. Data and information on the coverage of health screening for 1st year student elementary school by province are in Annex 5.29.

11. Adolescence Healthcare (Ind: PKPR)

Adolescence Health Care at the health center is one of child health effort established through Presidential Instruction. This program was developed in 2003 to improve the knowledge and skills of adolescents about reproductive health, healthy behaviours and to provide a high quality health care to adolescents.

Health center with PKPR provides services both indoor and outdoor services in school-based or community youth group. It is done to reach all groups of adolescents (10-18 years). Criteria established for health center with good PKPR are:

1. Conduct training at least in 1 school (public schools, religion-based schools) by carrying Information, Education and Communication (IEC) activities in monitored schools at least 2 times a year;
2. Training Youth Health Cadres in school at least covering 10% of students in monitored schools; and
3. Provide counselling services to all adolescents who require counselling by PKPR officers.

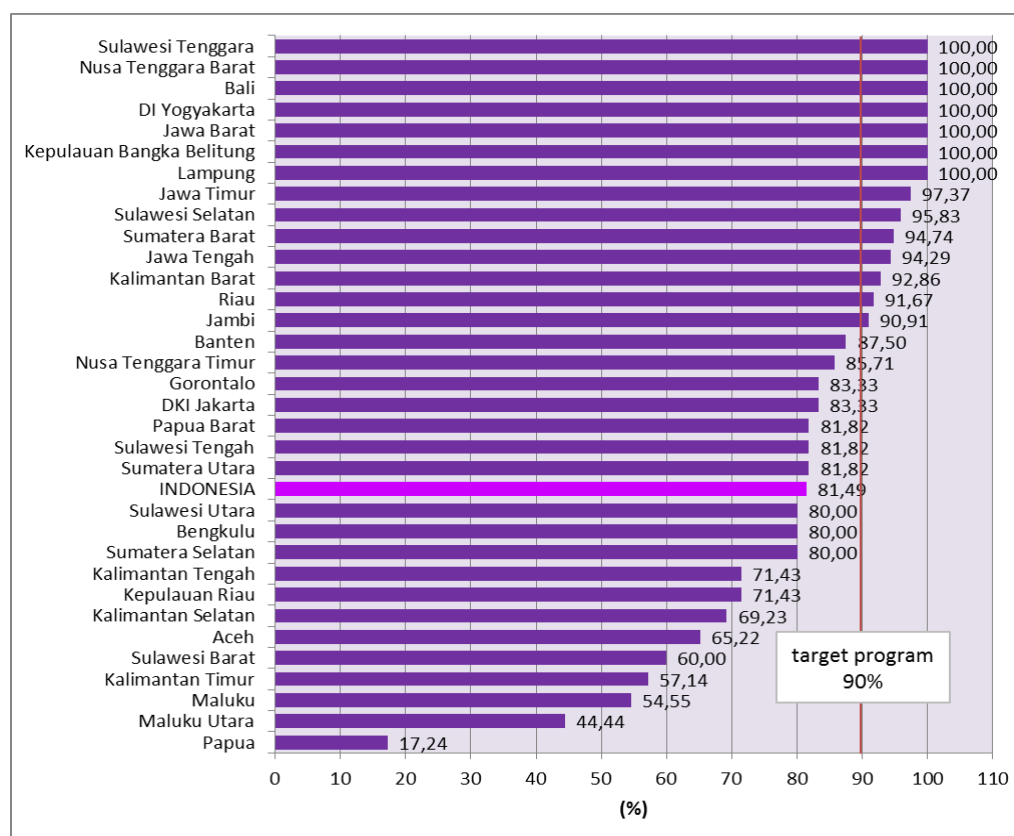
Adolescence Health Services is a comprehensive approach which emphasizes promotive/preventive actions through health debriefing and psychosocial skill improvement in Healthy Life Skills Education Program (Ind: PKHS). Counselling is a characteristic in PKPR since youth problems are not only physical, but also psychosocial problems. Outreach efforts to youth groups are also conducted through Information, Education and Communication (IEC), Focus Group Discussion (FGD), and outreach to schools and other youth groups.

Peer groups phenomenon also becomes a concern on PKPR program. Therefore, this program also empowers youth as peer counsellors who are expected to become agent of change in the group. The peer counsellors are highly potential, due to tendency in adolescents to choose peers as a resource to discuss and as reference.

Aside from provides information, education, and activities previously described, youth health care also includes health and intellectual development examination, immunization, early detection of possible diseases, simple medical treatments, first aid and referral for unmanageable cases in school.

The percentage of districts/municipalities with minimum 4 health centers with good PKPR governance in 2014 is illustrated in figure 5.40.

FIGURE 5.40
PERCENTAGE OF DISTRICT/MUNICIPALITY WITH AT LEAST 4 HEALTH CENTERS THAT CAN CONDUCT PKPR PROGRAM BY PROVINCE IN 2014



Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

There were 14 provinces (42.4%) achieved the program target in 2014 which amounted 90%. Percentage of districts/municipalities with at least 4 health centers conducting good PKPR governance in Indonesia 2014 was 81.49%, slightly decreased compared to 2013 which was 81.6%.

Figure above shows 81.69% of districts/municipalities in Indonesia have 4 health centers with good PKPR governance. In the year 2013, there were 11 provinces 100% achievement, better than only 10 provinces in 2012. The 100% achievement means that

Number of districts in the province which have at least 4 health centers with good PKPR in 2014 were 405 districts/city. In addition, the number of health centers with PKPR in 2014 was 2,995 which were spread in 33 provinces in Indonesia. More detailed data and information related to percentage of district/municipality with health center that can conduct PKPR program are presented in Annex 5.27.

12. Health Services on Violence against the Children (Ind: KtA)

According to Law No. 23 Year 2002 about Children Protection, the definition of child is a person who has not turned 18 years old, including foetus that is still in the womb. All children have the right for protection. Child protection is all activities to ensure and protect children and their rights in order to live, grow, develop and participates, as well as to protect them from violence and discrimination.

Among millions of children in the world who do not have full protection, many of those are involved in the violence, being abandoned, neglected, used as workers, neglected and abused.

Various forms of violence limits the opportunities for children to survive, grow, develop and realize their dreams.

According to National Committee (Ind: *KOMNAS*) of Child Protection (2006), triggers of violence against children includes: 1) Domestic violence, such as family violence involving the father, mother and other relatives. Children are often being the target of parental anger, 2) family dysfunction, the role of parents is not running as it should. There are dysfunction of role of the father as the leader of the family and the mother as the guiding and loving figure, 3) economic factors, which violence arises because of economic pressures. 4) Mistaken perception about the position of children in the family. Parents assume that the child is a person who does not know anything. Thus, parents have a right to implement any kind of parenting to children. In addition, child abuse is inspired by the shows of television and other media that spread within the community.

The World Health Organization (WHO) defines violence against child as all forms of action/treatment of painful physical or emotional, sexual abuse, neglect, exploitation, commercial or otherwise, that result in injury/ loss of actual or potential impact on child health, child survival, growth development of the child or the child's dignity, which is done in the context of a relationship of responsibility.

In the health sector, the government intervened in the form of provision of access to health services for victims of child abuse which consists of services at the primary level through health center. The approach of health care of violence against children in health center is done through 3 aspects: medical aspect (physical examination, supporting examination), medicolegal (*visum et repertum*) and psychosocial (safe house). The case management is a multidisciplinary effort involving health service institutes, children protection institutes, legal aid institutions, law enforcement officers, and others social organization which form a networking mechanism.

Health care is more focused in promotive and preventive measures such as education regarding the effect of violence against children in children development, not only in physical aspect but also in psychological aspect, through UKS program, and in society setting, providing education to Family Guidance Welfare (Ind: *PKK*) activists, etc. Apart from that, health center also provides curative services such as medical emergency management, rehabilitative service by giving counselling, medicolegal and psychosocial referral service.

Violence against child program geared to provide access to comprehensive health services at the primary level and referral services. Health center managing violence against child program target is: each district/municipalities has at least 2 health centers which are able to provide management of violence against child. The criteria is to own trained personnel in managing violence against child cases, among doctors or dentist and a nurse or midwife and trained to do violence against child referral service.

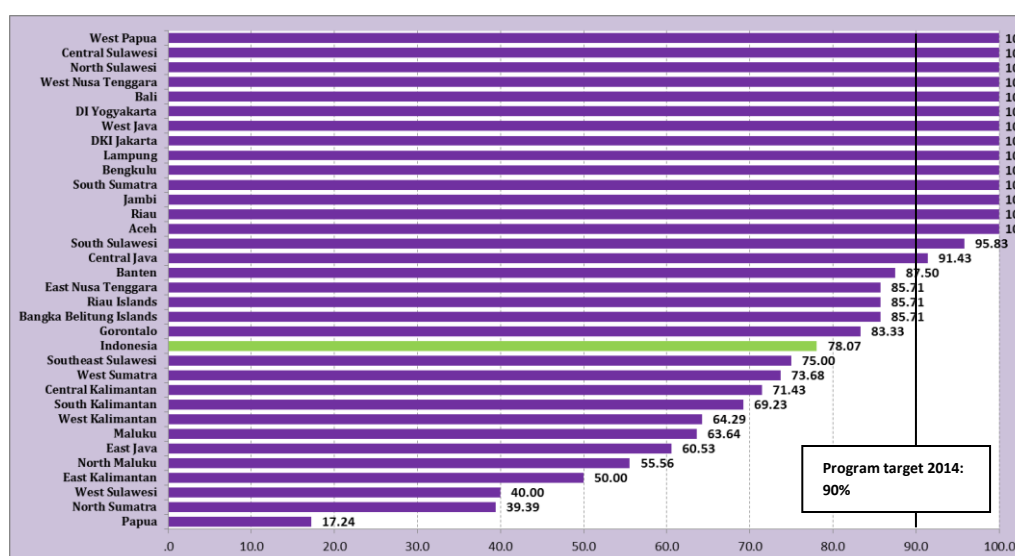
Efforts to improve access and quality of health services are conducted through the preparation of national and local facilitators and service providers in the health center personnel who conducted the training (TOT) in phases, in order to provide health center managing violence against child using national budget (Ind: *APBN*) and deconcentration funds. In addition, in the year 2012 - 2013, strengthening of referral services at the hospital has been implemented. Number of health center managing violence against child in 2014 was 1,694 health centers. Percentage of districts/municipalities which own at least 2 health centers conduct violence against child program was 78.07%, the number increased compared to 2013 which was amounted 76.26%. Currently, 71 general or police hospitals are available in 28 provinces provide PPT/PKT (as Integrated Services Centre for child domestic violence victim) and 34

hospitals in 22 provinces managing emergency service of child domestic violence by a trained health personnel.

In 2014, the target of children health protection program was having health center providing violence against child management with the indicator that each district/municipality owns at least 2 health centers with the ability to manage violence against child. The targets of 90% have not been achieved. This was because that program did not become priority. Consequently, the support and commitment of local government in violence against child program seems lack. This can be seen from the lack of budget, and most health personnels, especially doctors, whom had been trained violence against child management, were being mutated.

The Act of Criminal Procedure Article 108 verse (3) states that every government employee knowing events that constitute a criminal offense shall immediately report it to the investigators. To that end, Minister of Health Regulation no.68/2013 on Liability of Health Service Providers to provide information on any suspected child abuse was created. It was expected that with this Ministry of Health Regulation, health personnels can do the work more professionally.

FIGURE 5.41
PERCENTAGE OF DISTRICT/MUNICIPALITY WITH AT LEAST 2 HEALTH CENTERS THAT CAN CONDUCT VIOLENCE AGAINST CHILD (KtA) PROGRAM BY PROVINCE IN 2014



Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2015

Figure 5.38 above shows that in 2014, there were 78.07% of districts/municipalities in Indonesia which has had 2 health center managing violence against child. In the year 2014 there were 14 provinces with 100% percentage, meant that entire health centers in those districts/municipalities own at least 2 health centers managing violence against child. Compared to 2013, there were 6 provinces which experienced declining in percentage amount from 100% which were Bangka Belitung Islands, Banten, South Kalimantan, East Kalimantan, Southeast Sulawesi, and Maluku. This declining was due to the lack of budget support as a consequence of efficiency.

As many as 16 provinces have met the program target in 2014, which was 90%. More detailed data and information related to the percentage of districts/municipalities with health center managing violence against child by province is presented in Annex 5.26.

13. Health Services at Orphanage for Neglected and Street Children

Child health efforts are also created to reach marginalized groups like neglected children and street children. Adolescent age group (aged 14-18 years) is the largest part of street children group. Health problems faced by street children are related to a clean and healthy living behaviour. This is not apart from the fact that the condition of street children who do not have a healthy living. Street children spend most of their time on the streets that increase their vulnerability to health problems such as respiratory infections, diarrhoea, skin etc.

Psychologically, street children have a negative self-concept, without or lack of confidence, irritability, dependence on others, and emotionally unstable. These conditions cause them to be easily influenced by others and tend to do antisocial behaviours (fighting, stealing, robbery, drug use and run the drug business, and free sex). In addition, children may experience various forms of violence, whether physical, psychological and sexual. They also may experience physical and sexual exploitation, especially by adults, and sometimes risk their lives by causing reproductive health problems such as Sexually Transmitted Infections (STI/STDs) and HIV/AIDS.

Health efforts for neglected children performed on target groups ie. in a neglected children/street children nursing home (Ind: *LKSA*), shelters and others. Efforts were made to cover all aspects of health such as promotive, preventive, curative and rehabilitative care. Health personnels in health center is in charge, cooperating with the relevant sector and NGOs, and providing health services for neglected children and street children.

Health center provides health care for infants, toddlers, school-age children and adolescents in orphanage or nursing home (*LKSA*) based on service packages adjusted to the need of those specific age groups, includes: infants health care, under-five children health care, school-age children and adolescents health care. Activities include medication, immunization services, nutrition services, health promotion, environmental health, disease control, mental health, and inspection and maintenance of personal hygiene.

In 2014 there were 3,315 neglected children house which are located in 1,738 health centers' working area. In average, each health center owns 2 neglected children house in its working area. Among the entire health center which own neglected children house, there were 1,370 (78.83%) health centers supervision neglected children houses.

Target of orphanage health services is that each health center provides monitoring to orphanage in its working area and conducts referral to hospital as needed. Efforts to improve access to and quality of health services in 2014 are through the coordination meeting for child protection cross programs/sectors in DKI Jakarta, meeting of improvement of health service access for children against the law, orphanage and street children in province and sector's health institution, health center monitoring orphanage, cross sectors, professional organizations and NGOs. Data and information related to health center provides guidance to neglected children can be seen in Annex 5.28.

14. Health Service for Disabled Children (Ind: ADD)

In accordance with Law No. 23/2001 about Children Protection, children with disabilities are part of Indonesian children whom need attention and prevention from government, society, and family.

Protective effort for children with disabilities is equal to the other children, such as efforts to meet the basic needs of children, so that they can live, grow and develop optimally and participate according to his ability. The children's basic needs are including stimulating, loving

and caring (Ind: *Asah, Asih, Asuh*) obtained through education, as well as health and social care. As one of the countries ratified the convention on the rights of persons with disabilities (Convention on the Rights of Persons with Disabilities/CRPD) through Law No. 19/2011, Indonesia obliged, protect, fulfil, and promote the rights of person with disabilities. Therefore, Indonesia should report the development of health program for persons with disabilities by the Ministry of Health, through Ministry of Foreign Affairs in international level.

The general principle of the Convention is to promote the fulfilment of the rights of persons with disabilities, including in terms of accessibility to health services. Related to children with disabilities, the government through the Ministry of Health has made efforts including early detection, stimulation and child development interventions, congenital hypothyroidism screening, and involving children with disabilities to become health volunteers in school for person with disabilities through the school health program.

Program conducted for disabled children was done not only through school health program in special schools, but also family based disabled children health supervision. Family based disabled children health supervision are developed, given that most of disabled children are in the community so it is necessary to raise public awareness (community awareness) about the rights of children with disabilities and community/family/parents empowerment, in order to make the proper parenting for children with disabilities. It is expected that this program can develop self-reliance of the parents/families to be able to guide and train the child in daily activities such as toilet training, personal hygiene including brushing the teeth by themselves, monitoring child development by providing adequate nutrition, recognizing the signs of the disease and its prevention efforts, and also providing simple exercises for children to reach their optimum capability.

The target of special school supervision by health center is to do 1 or more health services through health unit in special school, such as counselling on child health, health education about the environment, health screening, mosquito nets eradication, immunization, treatment, and others.

The target of health supervision conducted by health center through health unit in special schools was implemented in 27 provinces; which 22 provinces in 2013 added with 5 new developed provinces which were East Nusa Tenggara, Aceh, Bengkulu, Central Sulawesi, and North Maluku. The supervision in later provinces had been carried out in 4 provinces with the achievement of 100%, while in East Nusa Tenggara; the supervision had not been carried out.

In 2014, achievements of the National Action Plan for Human Rights (Ind: *RAN HAM*) for the development of child health in the special school (Ind: *SLB*) which was targeted to be done in 27 provinces, only 18 provinces achieved 100%. Among 501 health centers owning special schools in their working area, only 89.62% (449 health centers) which monitor health services in special schools. This amount was considered declining if compared to 2013, which amounted 498 health centers. This declining achievement and the failure of implementation of this program in West Nusa Tenggara was due to the program was not a priority, so that the socialization and supervision performed was still lack. Therefore coordination and socialization related to the RANHAM should be improved. Some activities carried out in 2014 are: Coordination Meeting of Children's Health Protection Services cross program/cross sector at National Level, Integrated Assist of Children Protection Health Services and guideline of orientation health services for children with disabilities (for officers and family members) and guideline of reproductive health services for teenagers with disabilities.

15. Health Service for Children against the Law (Ind: ABH)

Based on the annual report, approximately 5,000 – 7,000 children fight against the law are in children or adult prisons. Mostly, they are teenagers (12 – 18 years old) with various health problems. The main reason causing the children serving for criminal sentence in prisons, related to narcotics (Ind: NAPZA), immoral behaviour (adultery, rape), and others criminal issues (i.e robbery, murder). Children against the law with adultery and narcotics case are closely related reproductive health problems in teenagers; this can lead to physical and psychological disturbances. Health problems in children against the law includes skin infections (scabies), respiratory tract disease (upper respiratory tract infections, tuberculosis), reproductive health problems in teenager (sexually transmitted disease such as HIV and AIDS), narcotics (NAPZA, includes cigarettes), and health problems caused by the poor quality of sanitation in prisons.

Policies and strategies in the health program for children against the law are developed based to the indicators on President Instruction No. 3/2010-2011 continued in 2012-2014 which is through health supervision for children against the law in prisons/detention and referral Hospital. Activities include counselling and health behaviour, child health, environmental health education and health screening, mosquito nets eradication, immunization, treatment, and others.

Target programs are for health center monitoring prisons were to develop health center which conduct health services in 1 or more prisons. In 2014 this National Action Plan on Human Rights achievements has been implemented in 29 provinces. Among those 29 provinces, there were 4 provinces which were new developed provinces, such as East Kalimantan, DI Yogyakarta, Gorontalo, and North Maluku. The supervision of health care services by health center to children against the law in prisons in 4 new provinces was only implemented in Gorontalo with the achievement of 100%, whereas in East Kalimantan, DI Yogyakarta, and North Maluku, the supervision had not been established. Based on the report from program manager in 3 health institutions, this was due to the less priority given to this program, so that the socialization and the supervision carried out was still lack and the coordination and internal socialization regarding National Action Plan on Human Rights had to be improved.

Activities performed in 2014 includes meeting to improve accessibility of children against the law, orphan and street children health services, and integrated assistance in protection of children's health. This involved children protection program manager in health institution in province level, districts/municipality level, cross sector, professional organization, and NGOs.

* * *



VI

DISEASE CONTROL



DISEASE CONTROL

Disease morbidity and mortality are indicators in assessing the health status of populations. To reduce the number of disease morbidity and mortality, the disease control effort is needed. Disease control that are discussed in this chapter, namely the control of infectious diseases, include directly infectious diseases and animal -borne diseases.

In addition to discussing the disease control that become the priority on national health development, in this section are also discussed control of the disease in the tropics, one of which is caused by mosquito, and neglected diseases such as Filariasis disease.

A. TUBERCULOSIS

Tuberculosis is an infectious disease caused by *Mycobacterium tuberculosis* infection. It spreads through droplets of people infected with tuberculosis bacilli.

The burdens caused by tuberculosis are measured with Case Notification Rate (CNR) and the prevalence (defined as the number of cases of tuberculosis at a given point of time) and mortality (defined as the number of deaths from tuberculosis in a given period).

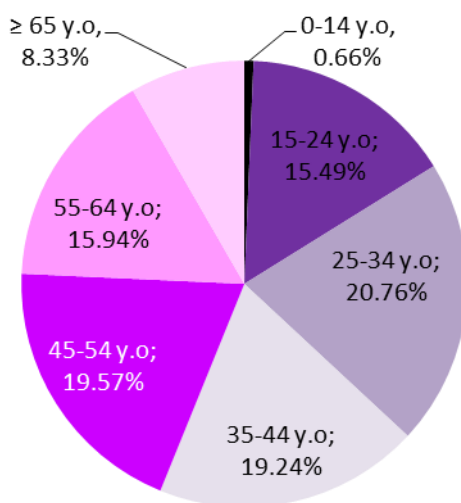
1. New Cases of Positive AFB

In 2014, number of new cases of positive smear (AFB +) was 176,677 cases; it decreased when compared to the number of cases in 2013, which was 196,310 cases. The highest number of cases was reported in the province with a large population, such as West Java, East Java and Central Java. AFB + new cases in those provinces were almost 40% of the total number of new cases in Indonesia.

By sex, AFB + cases in men are higher than women, almost 1.5 times higher. It also occurred in each province where AFB+ was more common in men than women. The highest disparity occurred in Bangka Belitung Island, where male cases doubled women cases.

By age group, new cases are found mostly in age group of 25-34 years old at 20.76%, followed by group of 45-54 years old at 19.57%, and group of 35-44 years old at 19.24%. The proportion of AFB + cases by age group can be seen in Figure 6.1 below.

FIGURE 6.1
PROPORTION OF POSITIVE ACID BACILLUS NEW CASE BY AGE GROUP IN 2014



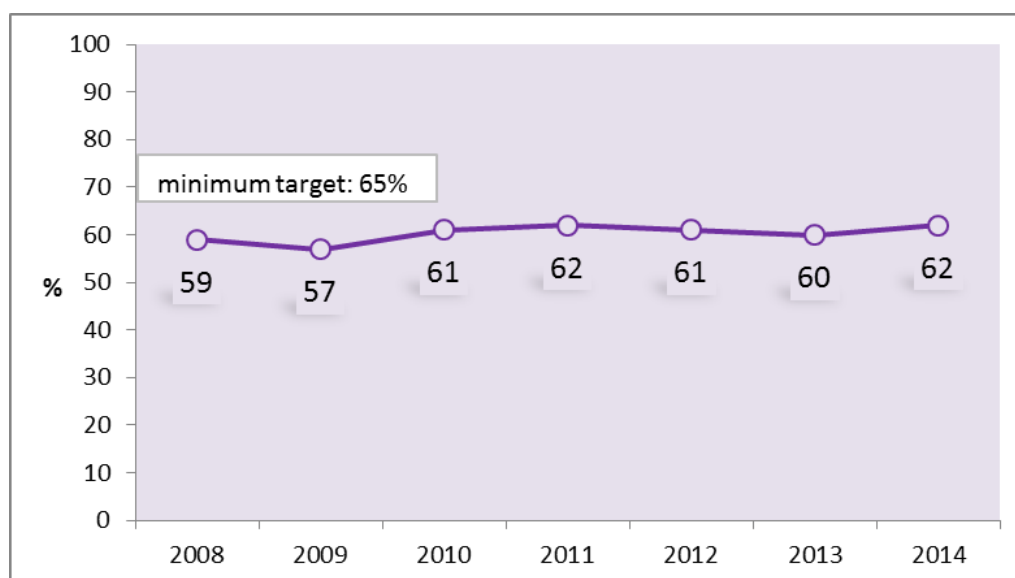
Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

The new case of AFB + in the age group of 0-14 years are the lowest proportion. Moreover, it appears that tuberculosis cases mostly occur in adults.

2. Proportion of new smear positive patients among all cases of TB

The proportion of new AFB positive patients among all TB cases indicates case finding priorities especially those who transmit the infections among all treated pulmonary tuberculosis patients. This proportion is expected not to be less than 65%. If the proportion of new cases of AFB + patients were lower than 65% then it shows a low diagnosis quality and less priority to find infectious patients (AFB+ patients).

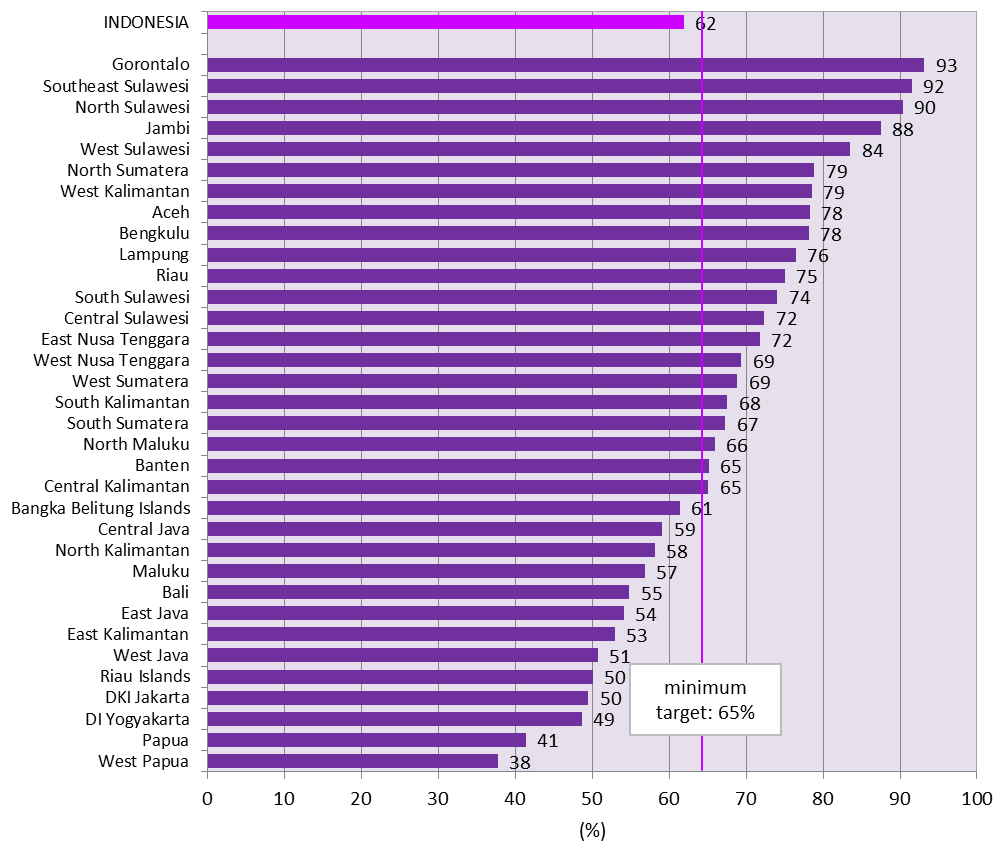
FIGURE 6.2
PROPORTION OF POSITIVE ACID BACILLUS AMONG ALL LUNG TB CASES IN 2008-2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

Figure 6.2 shows that until 2014, the proportion of new smear + patients among the entire cases has not reached the expected target yet. This indicates a lack of priority to find AFB+ cases. However, as much as 54.55% province have reached the target. West Papua is the lowest cases of new smear + patients which proportion was 38%.

FIGURE 6.3
PROPORTION OF POSITIVE ACID BACILLUS AMONG ALL LUNG TB CASES BY PROVINCE IN 2014



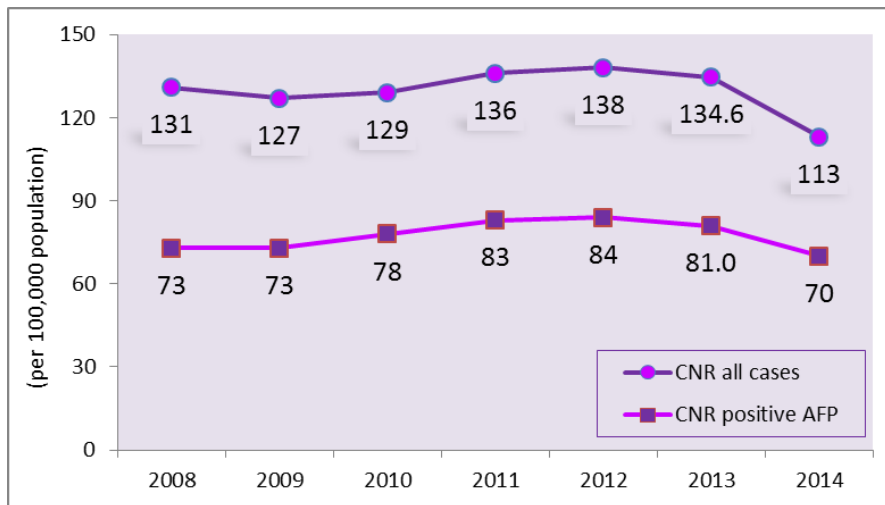
Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

3. Case notification rate (CNR)

Case Notification Rate is the number of new patients found and recorded among the 100,000 population in a certain region. If collected serially, it will illustrate the tendency of the cases findings from year to year in that region. This figure is useful to show increase or decrease trend of patient findings in the region.

Figure 6.4 shows CNR of new case of AFB+ pulmonary tuberculosis and notification rate of all tuberculosis case per 100,000 populations from 2008-2013. Notification rate of AFB + cases in Indonesia in 2014 was 70 per 100,000 populations, decrease compared to 2013, which was 81 per 100,000 populations. The decreasing number also happened in the notification rate of all TB cases per 100,000 populations, which was 113 per 100,000 populations compared to the previous year.

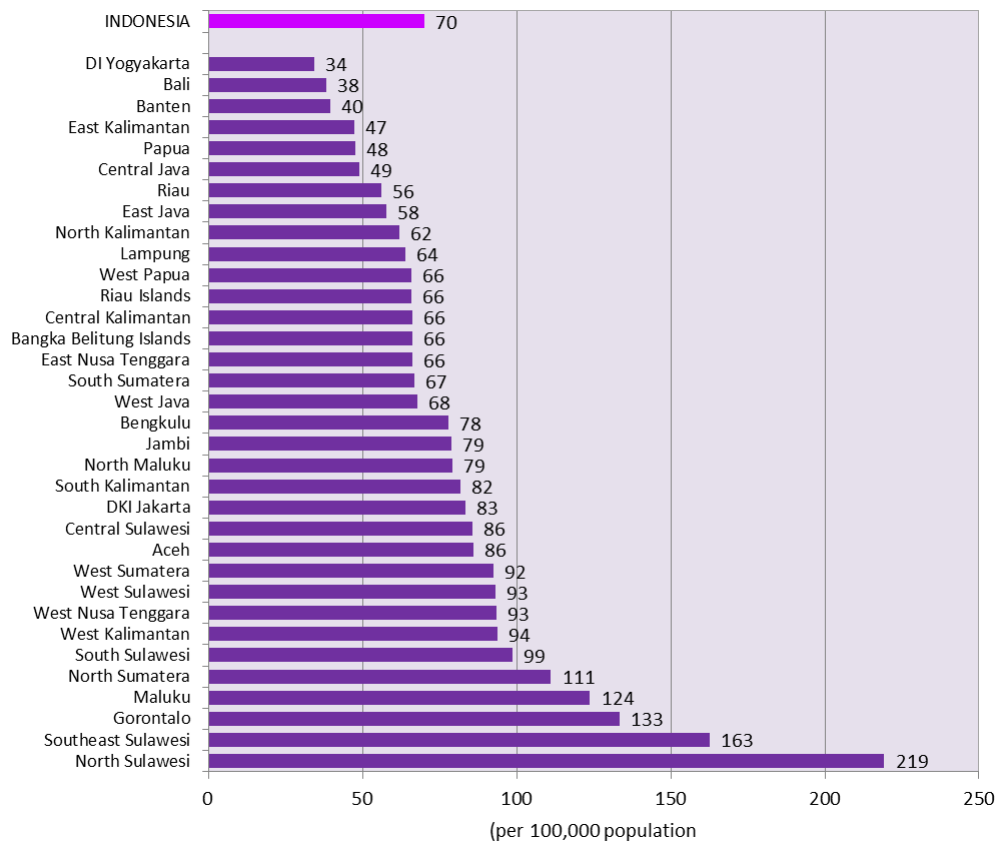
FIGURE 6.4
NOTIFICATION RATE OF POSITIVE ACID BACILLUS AND ALL CASES
PER 100.000 POPULATION IN 2008-2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

Following figure 6.5 shows number of notification rate or CNR AFB+ by province in the year 2014.

FIGURE 6.5
NOTIFICATION RATE OF POSITIVE ACID BACILLUS LUNG TB CASES PER 100.000 POPULATIONS
BY PROVINCE IN 2014



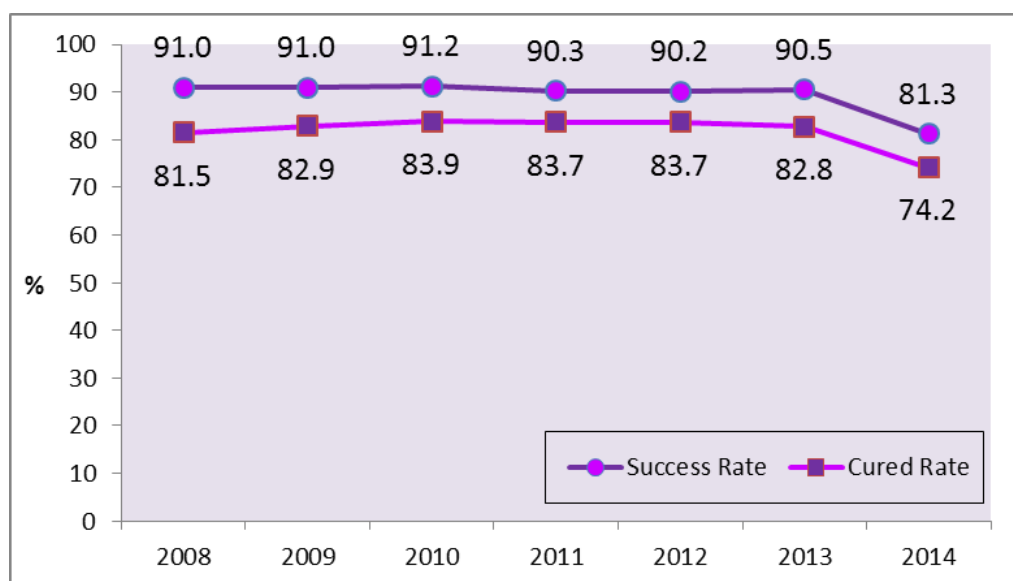
Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

The Highest CNR AFB+province was in North Sulawesi (219), Southeast Sulawesi (163), and Gorontalo (133). Meanwhile, the lowest were in DI Yogyakarta (34), Bali (38), and Banten (40). CNR is considered good if there was an increase of at least 5 % compared to the previous.

4. Treatment success rate

One of the efforts to control TB is by medication. Indicators evaluating medication is the treatment success rate. The treatment success rate is calculated from the cure rate and complete treatment rates. The following figure shows the cure and treatment success rate in 2008-2013.

FIGURE 6.6
CURE RATE AND SUCCESS RATE OF POSITIVE ACID BACILLUS TB IN 2008-2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

Figure 6.6 shows decrease of the treatment success rate in 2014 compared to the previous 6 years. In 2014 the treatment success rate in Indonesia was 81.3%. WHO standard set for the treatment success rate was 85%. It means in 2014, Indonesia has not yet achieved the standard set by WHO.

Meanwhile, the Ministry of Health sets at least 88% of the treatment success rate in 2014 on the Strategic Plan. Based on that, the achievement of treatment success rate in 2014 that reached 81.3% also not covered the strategic plan targets.

5. Prevalance of tuberculosis

According to Riskesdas 2013, the prevalence of TB based on diagnosis is 0.4% of the population. Provinces with the highest diagnosis on prevalence of pulmonary tuberculosis are West Java at 0.7%, DKI Jakarta and Papua which was 0.6% respectively. Meanwhile, the province of Riau, Lampung, and Bali are the provinces with the lowest diagnosis on prevalence of pulmonary tuberculosis, which was nearly at 0.1%.

Meanwhile, according to the Global Tuberculosis Control, the estimated incidence of all types of tuberculosis in 2013 which amounted to be 183 per 100,000 population has decreased compared to 1990 which amounted be 343 per 100,000 population. So are with TB prevalence and mortality decreased in 2013 as shown in Table 6.1 . It shows that the TB control program in Indonesia has been successful in reducing the incidence, prevalence, and mortality from TB disease.

TABLE 6.1
ESTIMATE ON TB INCIDENCE, PREVALENCE, AND MORTALITY PER 100,000 POPULATION
IN 1990 AND 2013

TB Cases	1990	2013
Tuberculosis Incidence	343	183
Tuberculosis Prevalance	423	272
Mortality	51	25

Source: Global Tuberculosis Control WHO Report

Based on the sex, the prevalence of pulmonary tuberculosis in male, which was 0.4%, was higher than female, which was 0.3%. Meanwhile, based on area type, the prevalence of pulmonary tuberculosis in urban population was 0.4%, higher than the rural population, which was 0.3%.

The detail information about tuberculosis based on indicator, sex and province can be seen at annex 6.1 – 6.4.

B. HIV & AIDS

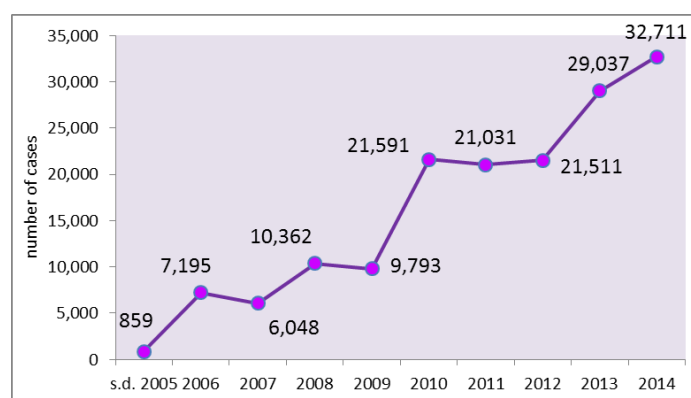
HIV/AIDS is an infectious disease caused by the human immunodeficiency virus that attacks the immune system. The infection decreases the patient's immunity, so that he is susceptible to be infected by a wide range of other diseases.

Before entering the phase of AIDS, patients are first expressed as HIV positive. The number of HIV-positive in the community can be seen through 3 methods, namely the Voluntary service, Counseling, and Testing (VCT), sero surveys, and Integrated Biological and Behavioral Survey.

1. Number of positive HIV and AIDS

After three consecutive years (2010-2012) being stable, the number of new HIV positive cases in 2013 and 2014 increased significantly. The situation of HIV-positive until 2014 is presented in Figure 6.7 below.

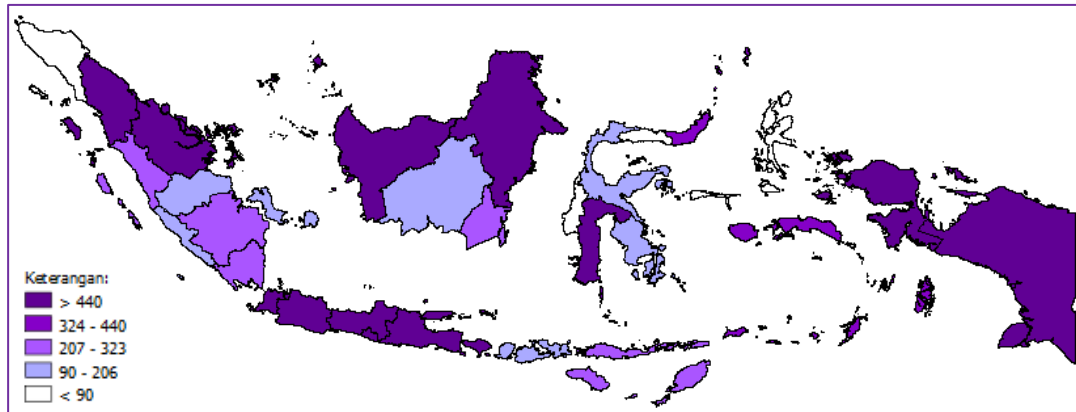
FIGURE 6.7
NUMBER OF POSITIVE HIV NEW CASES UNTIL 2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

The distribution of the HIV epidemic in Indonesia is divided into five categories, which are <90 cases, 90-206 cases, 207-323 cases, 324-440 cases, and >440 cases. Figure 6.8 below shows the distribution of HIV in Indonesia.

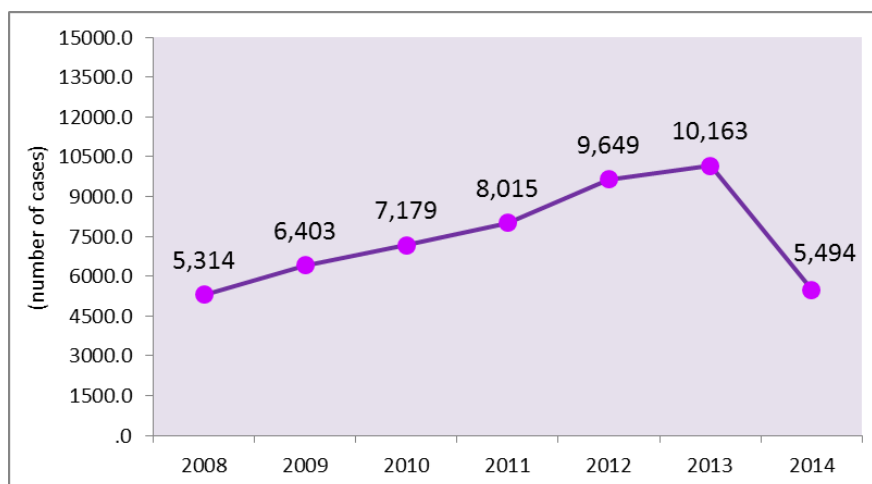
FIGURE 6.8
THE DISTRIBUTION OF HIV EPIDEMIC IN 2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

Based on figure 6.8 above, fifteen provinces in Indonesia have HIV cases >440. Those provinces are in the island of Papua, Java and Bali as well as some provinces in Sumatra (North Sumatra and Riau), Kalimantan (West Kalimantan and East Kalimantan), and Sulawesi (South Sulawesi). The number of HIV cases in that group contribute nearly 90% of the total number of HIV cases in Indonesia. Provinces with the highest number of HIV cases are DKI Jakarta, East Java and West Java. There are 4 provinces with HIV cases less than 90 cases, namely Gorontalo, West Sulawesi, Aceh and North Maluku. Figure 6.9 shows the case of new AIDS that occurred until 2014.

FIGURE 6.9
NUMBER OF NEW AIDS CASES UNTIL 2014

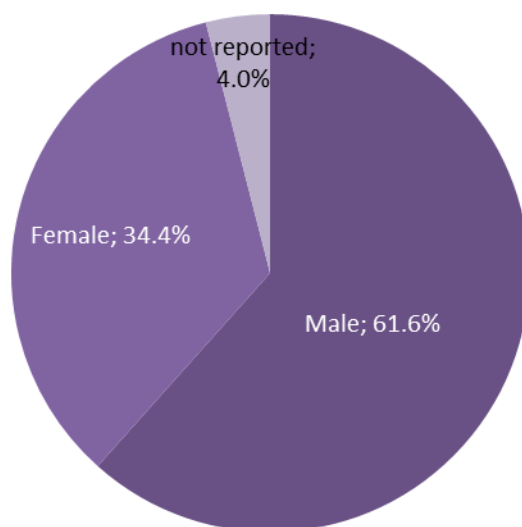


Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

Figure 6.9 above shows an increasing trend of new case finding until 2013. Yet, in 2014, there was a decline of new AIDS cases at 5,494 cases. Approximately the declining number of cases occur due to the low number of the region reporting the AIDS cases. Cumulatively, AIDS cases until 2014 were 65,790 cases.

By sex in 2014, the percentage of new AIDS cases in male was 1.8 times greater than female, as described below.

FIGURE 6.10
PROPORTION OF NEW AIDS CASES BY SEX IN 2014

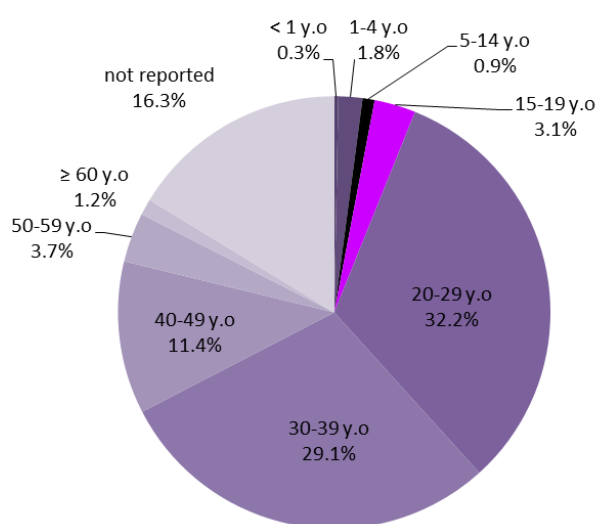


Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

Patients with AIDS in male were 61.6% and in female were 34.4%. Meanwhile, 4% of AIDS patients sex were unknown. DKI Jakarta and West Papua were provinces that did not report the sex of people with AIDS.

Figure 6.11 below presents a summary of AIDS patients by age group.

FIGURE 6.11
PERCENTAGE OF AIDS NEW CASES BY AGE GROUP IN 2014

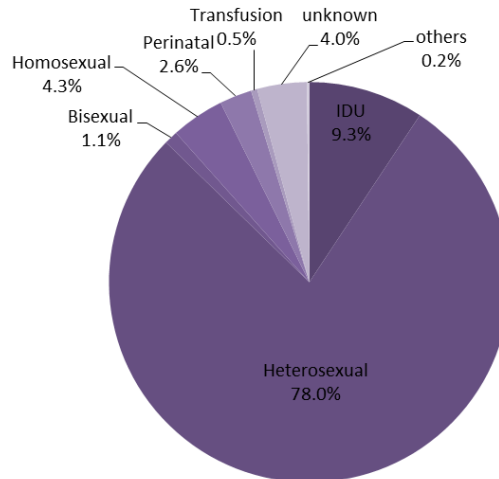


Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

Overview from AIDS patients by age group shows the majority of new AIDS cases are in the age of 20-29 years, 30-39 years, and 40-49 years. Those groups are categorized as sexually active productive age group and also using drug injection.

HIV/AIDS can be transmitted through multiple methods of transmission: heterosexual intercourse, male sex to male (MSM), sharing use of drug injection, blood transfusion and mother to child transmission. The following figure shows the percentage of AIDS cases by various methods of transmission.

FIGURE 6.12
PERCENTAGE OF AIDS CASES BY RISK FACTORS IN 2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

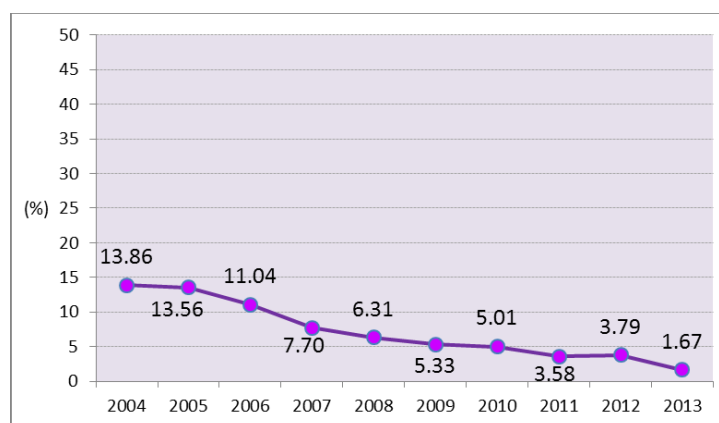
Figure above shows that heterosexual intercourse becomes the highest percentage of AIDS transmission at 81.3%, followed by homosexual at 5.1% and mother to child transmission at 3.5%. Meanwhile, sharing use of drug injection, which are usually the second highest AIDS transmission case, in 2014 dropped significantly to 3.3% compared to 2013, which amounted to 9.3%.

AIDS were reported along with comorbidities. In 2014, candidiasis, tuberculosis and diarrhea are the highest AIDS comorbidities, each for 1,316 cases, 1,085 cases and 1,036 cases.

2. Mortality Rate due to AIDS

The Case Fatality Rate of AIDS since 2004 tends to decrease as seen on the following Figure 6.13. In 2014 CFR AIDS in Indonesia was 1.22%.

FIGURE 6.13
MORTALITY RATE DUE TO AIDS REPORTED IN 2004-2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

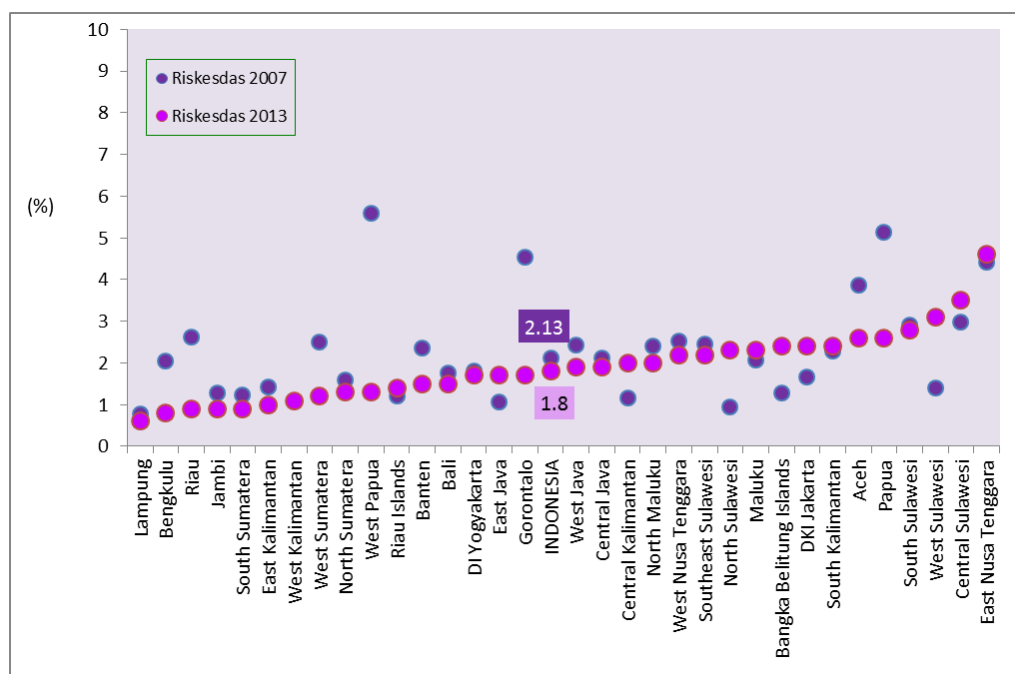
C. PNEUMONIA

Pneumonia is a disease caused by the bacteria *pneumococcus*, *staphylococcus*, *streptococcus*, and viruses. Symptoms of pneumonia are chills, fever, headache, productive cough, and shortness of breath. Susceptible populations to pneumonia are children less than 2 years old, the elderly over 65 years and people who have health problems (malnutrition, immunological disorders).

According to Riskesdas 2013, the period prevalence of pneumonia based on diagnosis for 1 month prior to the interview was 0.2%, while based on diagnosis/symptoms was 1.8%.

Compared to Riskesdas 2007, the period prevalence of pneumonia decreased from 2.13% to 1.8% in 2013. In under-five children, the period prevalence based on diagnosis was 2.4 per 1,000 and based on diagnosis/symptoms was 18.5 per 1,000 under-five children.

FIGURE 6.14
PERIOD PREVALENCE OF PNEUMONIA BY PROVINCE, RISKESDAS 2007 AND 2013



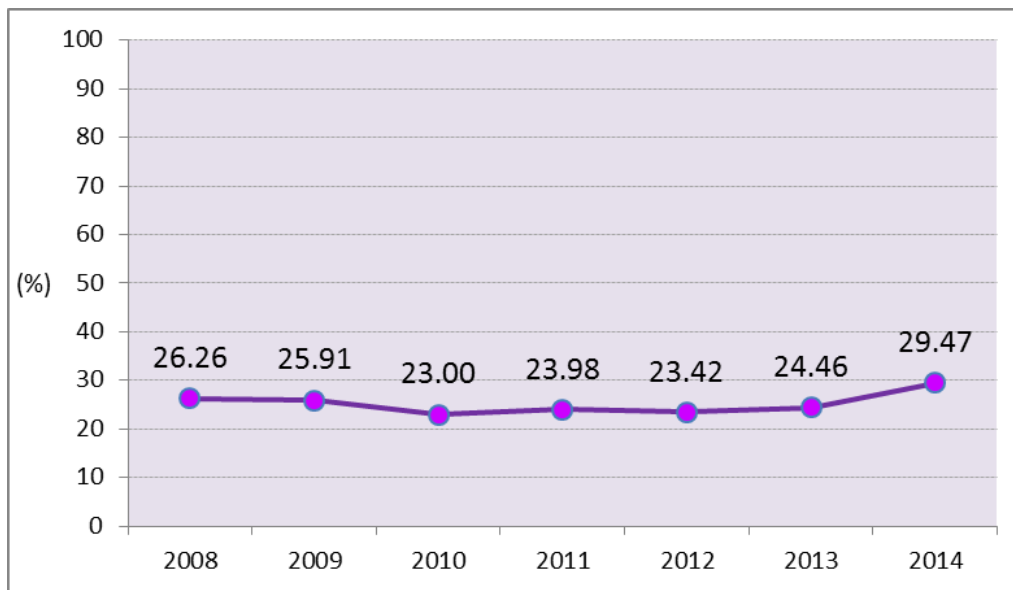
Source: National Institute for Health Research and Development, Ministry of Health, Republic of Indonesia, Riskesdas 2007 and 2013

Figure 6.14 shows that more provinces experienced a decline on pneumonia period prevalence in 2013 than in 2007. There were 11 provinces (33.3%) with increased pneumonia period prevalence in 2013.

Based on age, the highest period prevalence of pneumonia especially occurred on under-five children aged <1 year. Meanwhile, according to residence area, period prevalence of pneumonia in rural (2.0%) is higher than in urban areas (1.6%). Moreover, according to the economic status using index ownership quintile, it showed that the lower index ownership quintile, the higher period prevalence of pneumonia.

One of the efforts made to control the disease was to improve the detection of pneumonia on infants. Estimated pneumonia cases on under-five children in an area was 10% of total children. Here is an overview related to pneumonia findings on under-five children in 2008-2014.

FIGURE 6.15
COVERAGE OF PNEUMONIA DETECTION IN UNDERFIVE IN 2008-2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

Until 2014, the coverage of pneumonia case finding in under-five children did not show any significant development and ranged between 23% -27%. Over the last few years, the coverage of pneumonia case finding have not achieved national targets yet, include 80% targets in 2014.

Pneumonia death rate on infants was 0.08%, lower than in 2013, which amounted to 1.19 %. In infant, mortality was higher (0.11%) than age group of 1-4 years age (0.06%). Coverage of pneumonia case finding and death rate by province and age groups can be seen on Annex 6.9 and 6.10.

D. LEPROSY

Leprosy is also called Hansen's disease, caused by *Mycobacterium leprae*. These bacteria replicated in 2-3 weeks. Leprosy bacteria can survive for 9 days outside the human body. The bacteria incubation period can reach 2-5 years or even more. Poor case management will lead to progressive case, causing permanent damage to the skin, nerves, limbs and eyes.

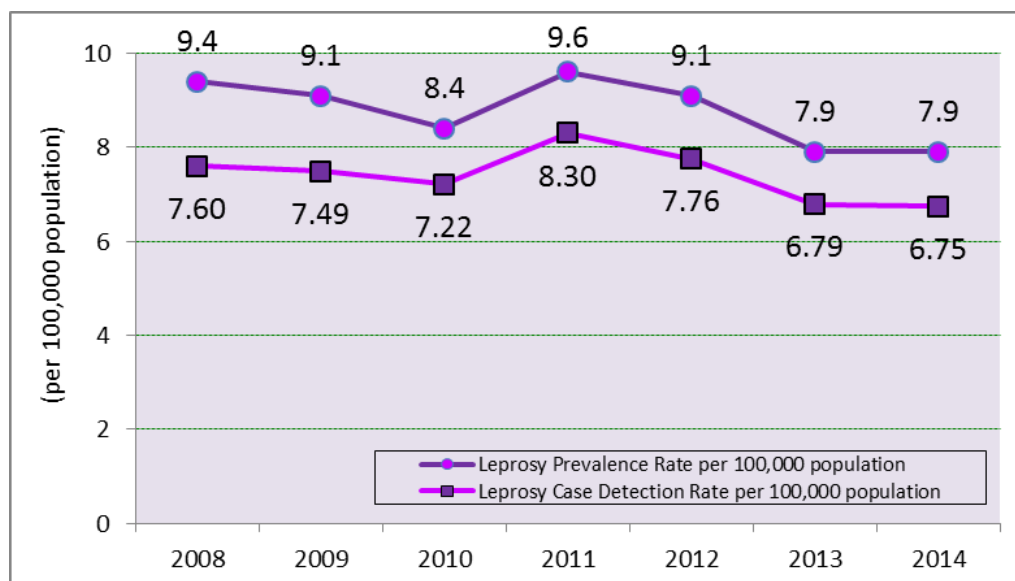
1. Prevalance of Leprosy and Number of New Cases

Since the achievement of leprosy elimination status in 2000, the situation of leprosy in Indonesia showed a relatively static condition. It can be seen from the discovery of leprosy new cases for more than twelve years, which shows the range between six to eight per 100,000 populations and the prevalence that ranges between eight and ten per 100,000 populations per year. However, from 2012 to 2014 the prevalence have been decreasing.

The leprosy prevalance target is <1 per 10,000 populations (<10 per 100,000 populations). This situation can be seen in Figure 6.16. Thus, in 2014, the prevalence of leprosy in Indonesia, which was at 0.79 per 10,000 populations, has reached the program target.

There were 17,025 new cases of leprosy reported in 2014 with most of the cases (83.5%) were multi-baciller type. Meanwhile, according to the sex, 62.6 % of new cases of leprosy were male and 37.4 % was female.

FIGURE 6.16
PREVALENCE RATE AND NEW CASE DETECTION RATE (NCDR) OF LEPROSY
IN 2008-2014

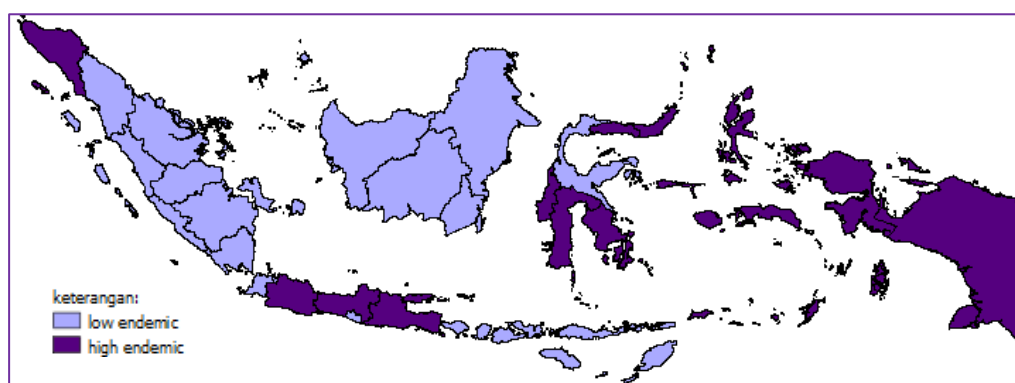


Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

Based on the leprosy burden, provinces in Indonesia are divided into 2 groups: high and low burden. A high Burden province is when NCDR (New Case Detection Rate) >10 per 100,000 population or the new case number more than 1,000. Meanwhile, it is low burden province if NCDR <10 per 100,000 population and the number of new cases less than 1,000 cases.

Figure 6.17 shows that among 33 provinces, 14 provinces (39.4%) were high burden. Meanwhile, 20 other provinces (60.6%) were low burden. Almost all provinces in eastern Indonesia are high burden leprosy area.

FIGURE 6.17
NEW CASE DETECTION RATE (NCDR) OF LEPROSY PER 100.000 POPULATIONS
BY PROVINCE IN 2013



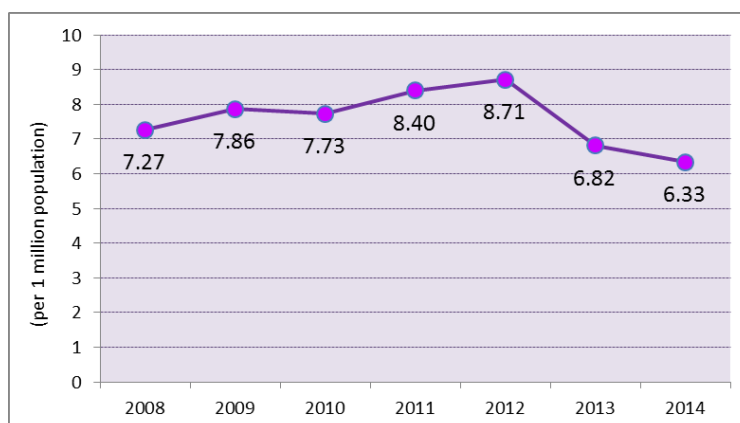
Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

In West Java and Central Java Provinces, the number of new cases exceeds the 1,000 cases despite having NCDR < 10 per 100,000 populations, therefore it categorized as areas with high leprosy burden.

2. Leprosy disability level II

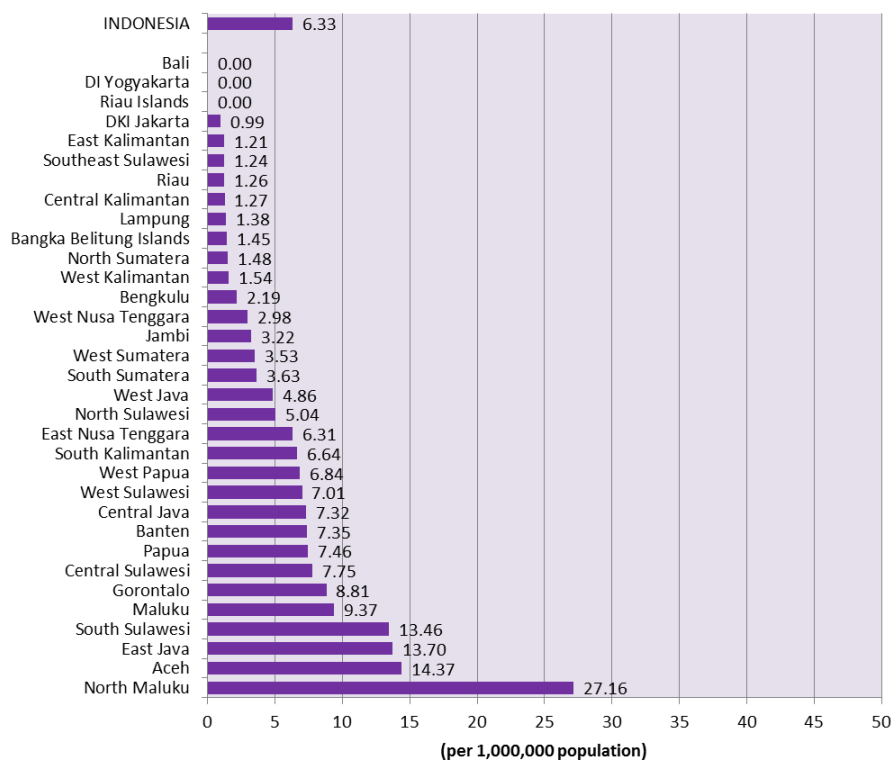
Leprosy control program is conducted among others by increasing early detection cases. The indicator used to demonstrate success of new cases detection is leprosy disability level II. The number of leprosy disability level II in 2014 was 6.33 per 1 million populations, it was decreasing compared to the previous year at 6.82 per 1 million populations. The following chart describes level 2 disability rate for the last seven years.

FIGURE 6.18
LEPROSY CRIPPLE RATE GRADE II PER 1.000.000 POPULATION
IN 2008-2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

FIGURE 6.19
LEPROSY CRIPPLE RATE LEVEL II PER 1.000.000 POPULATION
BY PROVINCE IN 2014



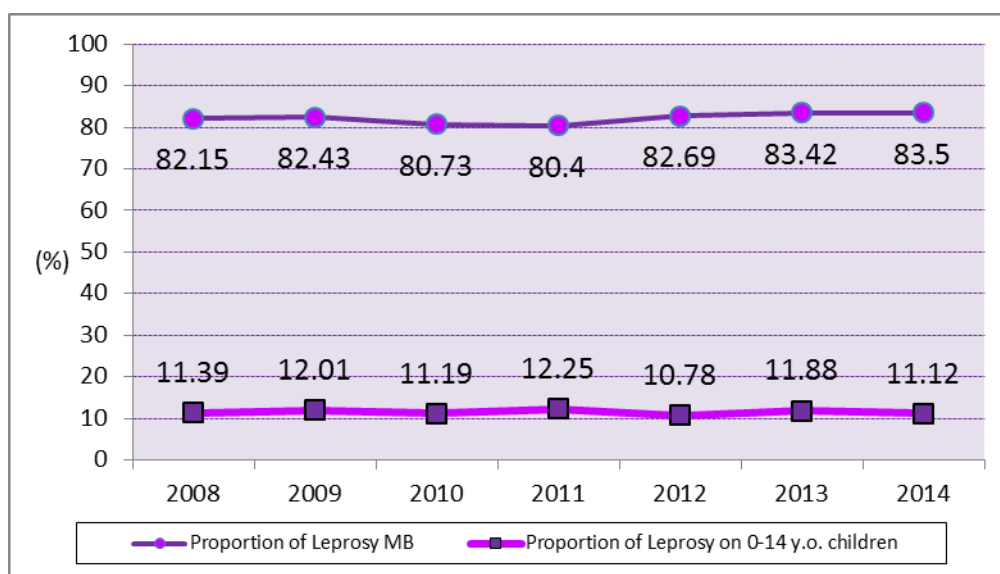
Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

Provinces among the highest level II disability per 1 million population in year 2014 were North Maluku (27,16), Aceh (14,37), and East Java (13,7). That achievement showed low capacity of new case detection rate in those provinces.

3. Proportion of MB Leprosy and children Leprosy

Other indicator for leprosy program is proportion of MB patient and child (0-14 year old) patient among new cases, which shows main source and level of transmission in community. The proportion of MB leprosy and children leprosy patient in 2008-2014 period are shown on the following figure.

FIGURE 6.20
PROPORTION OF MB LEPROSY AND PROPORTION OF LEPROSY
IN CHILDREN IN 2008-2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

The proportion of MB leprosy from 2008 to 2014 is relatively statics between 80 % - 84%. Provinces with the highest proportion of MB leprosy in 2014 were Bengkulu (100 %), East Kalimantan (95.7 %), and South Kalimantan (95.1 %).

Whereas the proportion of leprosy in children from 2008 to 2014 is between 10 % -13%. Provinces with the highest proportion of leprosy in children were West Papua (33.49%), Papua (24.6%) and Riau Island (23.53%). The information related to leprosy by province are clearly described in Annex 6.12 to 6.14.

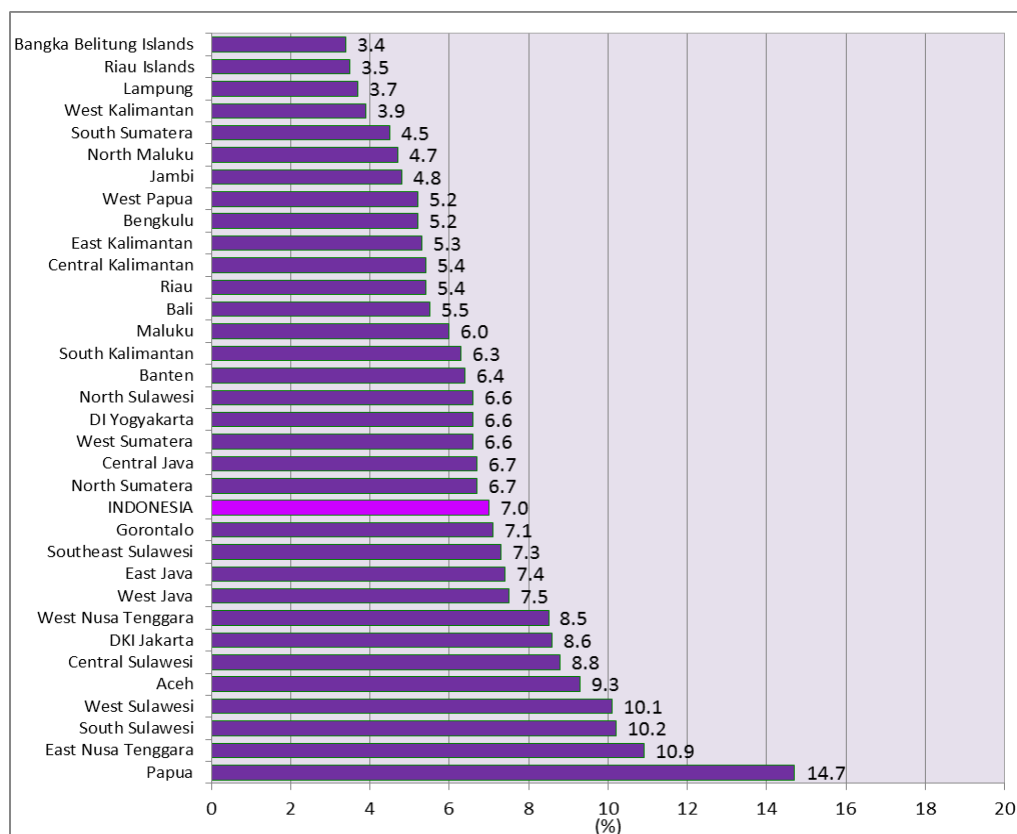
E. DIARRHEA

Diarrhea is an endemic disease in Indonesia and also potentially becomes disease outbreaks and fatal. Based on Riskesdas results in 2007, diarrhea was the first cause of death on infants (31.4%) and on under-five children (25.2%). In all age groups, it became the fourth rank (13.2%). In 2012 the morbidity of diarrhea in all age amounted to 214 per 1,000 populations and the morbidity number of diarrhea in under-five children is 900 per 1,000 populations (Diarrhea Morbidity Study 2012).

According Riskesdas 2013, the incidence of diarrhea (\leq 2 weeks prior to the interview) based on symptoms in all age groups was 3.5% (approximately 1.6% - 6.3%by province) and in under-five children was 6.7% (approximate range was 3.3% -10.2% by province). While the

period prevalence of diarrhea in all age groups (>2 weeks-1 month prior to the interview) based on symptoms was 7% and in infants was 10.2%. Figure 6.21 illustrates the period prevalence of diarrhea by province.

FIGURE 6.21
PERIOD PREVALENCE OF DIARRHEAE (>2WEEKS-1 MONTH PRIOR TO INTERVIEW)
BY SYMPTOM, RISKESDAS 2013



Source: National Institute for Health Research and Development, Ministry of Health, Republic of Indonesia, Riskesdas 2013

In 2013, 8 outbreaks occurred and spread in over 6 Provinces, 8 districts with the number of patient was 646 people and 7 deaths (CFR 1.08 %). Meanwhile in 2014, 6 outbreaks occurred and spread across five provinces, six districts/municipalities with the number of patients were 2,549 people and 29 deaths (CFR 1.14 %).

TABLE 6.2
DIARRHEA OUTBREAK IN 2014

No	Province	District	Case	Death	CFR (%)
1	North Sumatra	South Tapanuli	79	2	3,57
		North Padang Lawas	78	2	0,00
2	South Sulawesi	Enrekang	44	1	0,00
3	Lampung	Pesawaran	1	1	100
4	East Nusa Tenggara	South Timor Tengah	2.089	23	1,10
5	East Java	Pasuruan	258	0	0,00
TOTAL			2.549	29	1,14

Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

Nationally, case fatality rate in the diarrhea outbreak in 2014 was 1.14%. Since it was targeted to be <1%, therefore the CFR of diarrhea outbreaks has not reach national program targets.

F. PREVENTABLE DISEASES BY IMMUNIZATION (Ind: PD3I)

1. Neonatal Tetanus

Neonatal tetanus is caused by the bacillus *Clostridium tetani*, which enters the body through wounds. This disease infects newborns, one of the ways is caused by cutting the umbilical cord with unsterile equipment. Neonatal tetanus cases are found in developing countries, especially when coverage of births assisted by skilled health personnel is low.

In 2014, there were 84 reported cases of neonatal tetanus from 15 provinces with 54 cases died. Thus, Case Fatality Rate (CFR) of Neonatal tetanus in 2014 was 64.3%, an increase compared to 2013 which was 53.8%.

Case analysis on immunization risk factors showed that the majority of diseases occur in neonatal who is not immunized with 54 cases (74%). Totally, 51 cases (68.5%) had prenatal care by doctor/midwife/nurse. However, based on birth attendant factor, 50 cases (68.5%) assisted by traditional birth attendants, such as a *paraji*. For cutting the umbilical cord, the majority of cases was carried using scissors, which was 46 cases (59%). Details about neonatal tetanus and percentage of cases by risk factors and province are explained in Annex 6.15.

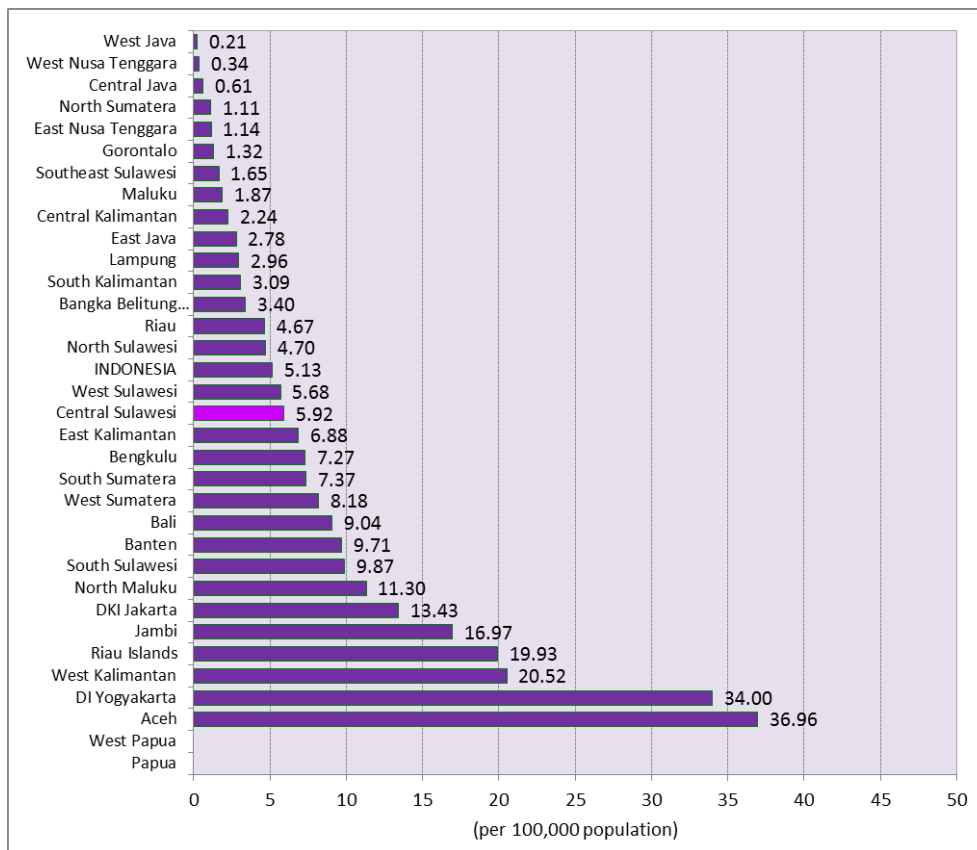
2. Measles

Measles is caused by the measles virus, *paramyxovirus* group. Transmission can occur through the air contaminated by droplets (spit) of infected person. Most of measles cases was found in pre-school and primary school aged children. If someone has had measles, then he will get immunity against the disease for the rest of his life.

In 2014, there were 12,943 measles cases reported; higher than 11,521 cases in 2013. Death caused by measles were 8 cases, from 5 provinces, there are Riau, Jambi, South Sumatra, Riau Island and East Kalimantan. Incidence rate of measles in 2014 was 5.13 per 100,000 population, increase than 4.64 per 100,000 population in 2013.

Figure 6.22 shows incidence rate of measles by province. West Java, West Nusa Tenggara, and Central Java were provinces with the lowest incidence rate of measles. Meanwhile, Aceh, DI Yogyakarta and West Kalimantan were provinces with the highest measles incidence rate.

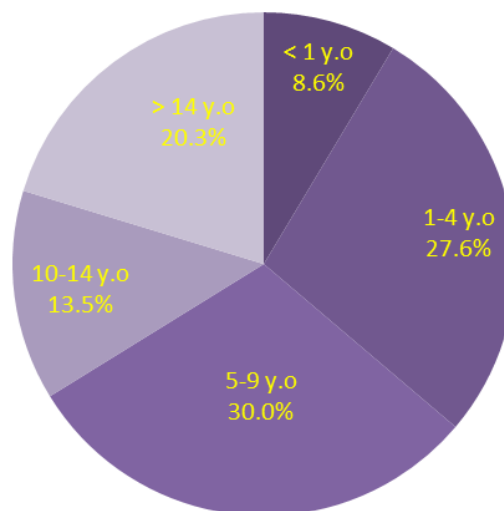
FIGURE 6.22
INCIDENCE RATE (IR) OF MEASLES PER 100.000 POPULATION BY PROVINCE IN INDONESIA IN 2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

By age group, cases of measles in the age group of 5-9 years and 1-4 years were the largest, respectively by 30% and 27.6%. However, based on age average of single measles cases, the highest cases were in infants <1 year, with 1,117 cases (8.6%). Figure 6.23 shows the proportion of measles cases per age group.

FIGURE 6.23
PROPORTION OF MEASLES CASES BY AGE GROUP IN 2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

Measles outbreak declared when there are 5 or more clinical cases within 4 weeks in a row, occurred in cluster and showing epidemiological relationship. In 2014, the number of measles outbreaks was 173 outbreaks with total 2,104 cases.

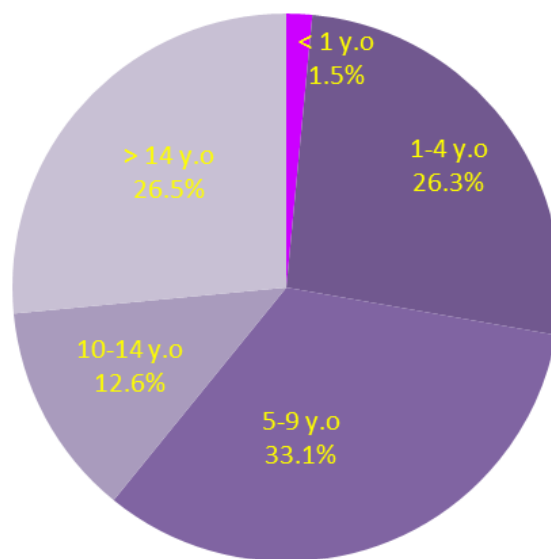
The highest frequency of outbreaks occurred in East Java, which were 41 events with 187 cases. Followed by Banten with 18 outbreaks, Jambi and South Sumatra with 14 outbreak. However, the highest number of cases occurred in Maluku at 326 cases. Number of fatal cases in the measles outbreak was 21 cases, reported from East Java and South Sumatra, increase greatly from last year (2013), which was only reported one fatal case.

3. Diphtheria

Diphtheria is caused by *Corynebacterium diphtheriae* that infects upper respiratory system. Diphtheria usually infects children aged 1-10 years.

The number of Diphtheria cases in 2014 was 396 cases with a total of 16 cases died of Diphtheria cases, so that the CFR was 4.04%. Of the 22 provinces had reported diphtheria case, cases in East Java was the most at 295 cases (74%). The number of Diphtheria cases in East Java in 2014 decreased by half from the year 2013 which was 610 cases. Of all these cases, 37% occurred in patients who did not receive DPT vaccine.

FIGURE 6.24
PROPORTION OF DIPHTHERI BY AGE GROUP IN 2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

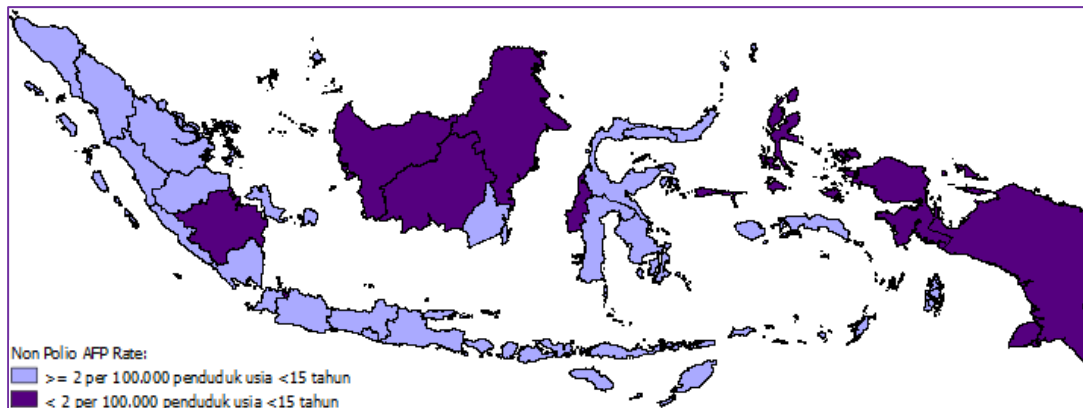
Case overview based on age group in 2014 shows that the highest cases occurred in group 5-9 years, > 14 years and 1-4 years. However, the age group ≥ 14 years have a long life span compared to other age groups so if calculated based on single age, this group has a low number of cases.

4. Polio dan AFP (Acute Flaccid Paralysis)

Polio is caused by a viral infection that attacks the nervous system so that the patient is paralyzed. Disease which primarily affects children aged 0-3 years is characterized by the appearance of fever, fatigue, headache, nausea, stiff neck, and pain in the limbs.

AFP is a flaccid paralysis causing limp or paralyzed (not rigid), or declining muscle strength, and occurs in acute (sudden). While non AFP polio cases are suspected polio cases until proven by laboratory examination not polio. The Ministry of Health set non polio AFP rate in at least 2/100,000 children aged <15 years. In 2014, a national non-polio AFP rate was 2.38/100,000 children aged <15 years which have attained a minimum standard of case finding.

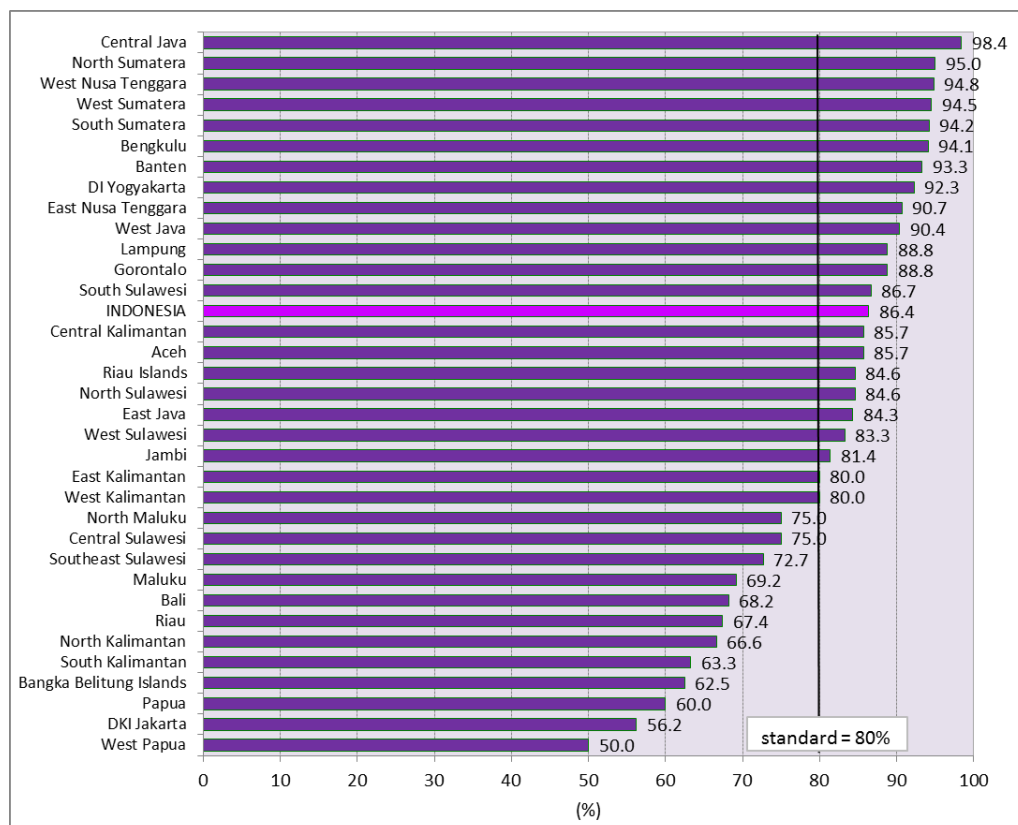
FIGURE 6.25
NON POLIO AFP RATE PER 100.000 CHILDREN <15 Y.O. IN 2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

Among the 34 provinces, 24 provinces (70.6%) have achieved non-polio AFP rate target at > 2 per 100,000 inhabitants in last 15 years in 2014.

FIGURE 6.26
PERCENTAGE OF AFP ADEQUATE SPECIMENTS BY PROVINCE IN 2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

Each AFP cases found in more intense surveillance would have faeces examination to determine the presence of wild poliovirus. It is necessary to have adequate specimens fulfilling requirements of ≤ 14 days after paralysis and maintaining temperature $0^{\circ}\text{C} - 8^{\circ}\text{C}$ during transport to laboratory.

The adequate specimen standard is $\geq 80\%$. Adequate specimen in 2014 in Indonesia was 86.4%. Therefore, adequate specimen has met national standard.

Total of 22 provinces (64.7%) has met national standard of adequate specimen in 2014. More detailed information about the disease that can be prevented by immunization by province and age groups can be seen in Annex 6.15 to 6.21.

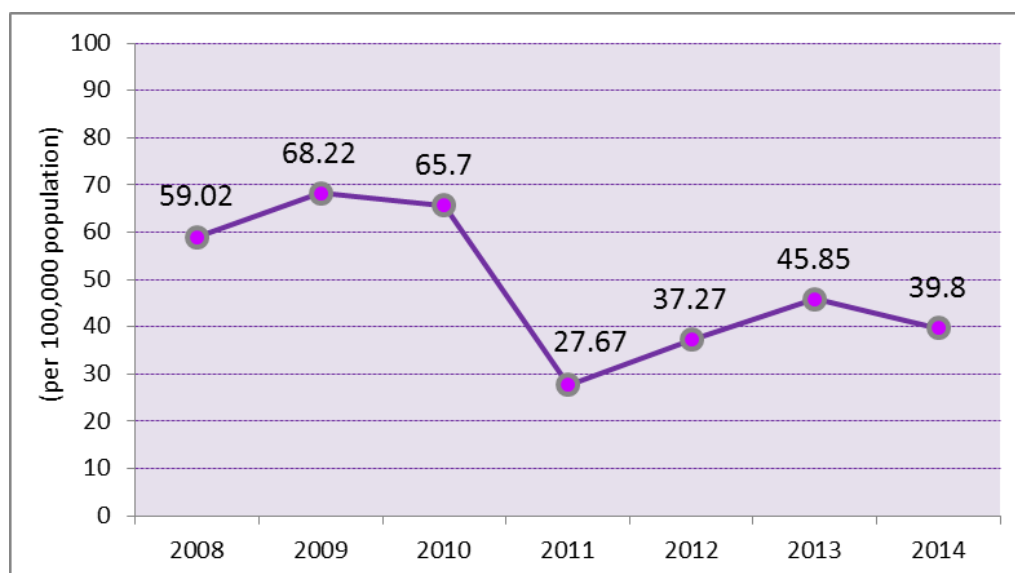
G. DENGUE HEMORRHAGIC FEVER (DHF)

1. Incidence Rate and Case Fatality Rate

Dengue Hemorrhagic Fever (DHF) is a disease caused by the dengue virus, an *Arthropod-Borne Virus* belonging to *Flavivirus* genus, and *Flaviviridae* family. DHF spread by the bite of mosquitoes from the *Aedes* genus, such as *Aedes aegypti* or *Aedes albopictus*. DHF may arise throughout the year and can affect all age groups. The disease is associated with the environment and people's behavior.

In 2014, the number of dengue fever cases reported were 100,347 cases with 907 deaths (IR= 39.8 per 100,000 populations and the CFR = 0.9%). The number of cases was decreasing with 112,511 cases (IR 45.85) in 2013. This finding had met Ministry of Health Strategic Plan, which target for DHF incidence rate in 2014 was ≤ 51 per 100,000 populations. The following figure is dengue fever trend during 2008-2014.

FIGURE 6.27
MORBIDITY RATE OF DENGUE HEMORRHAGIC FEVER
PER 100.000 POPULATION IN 2008-2014

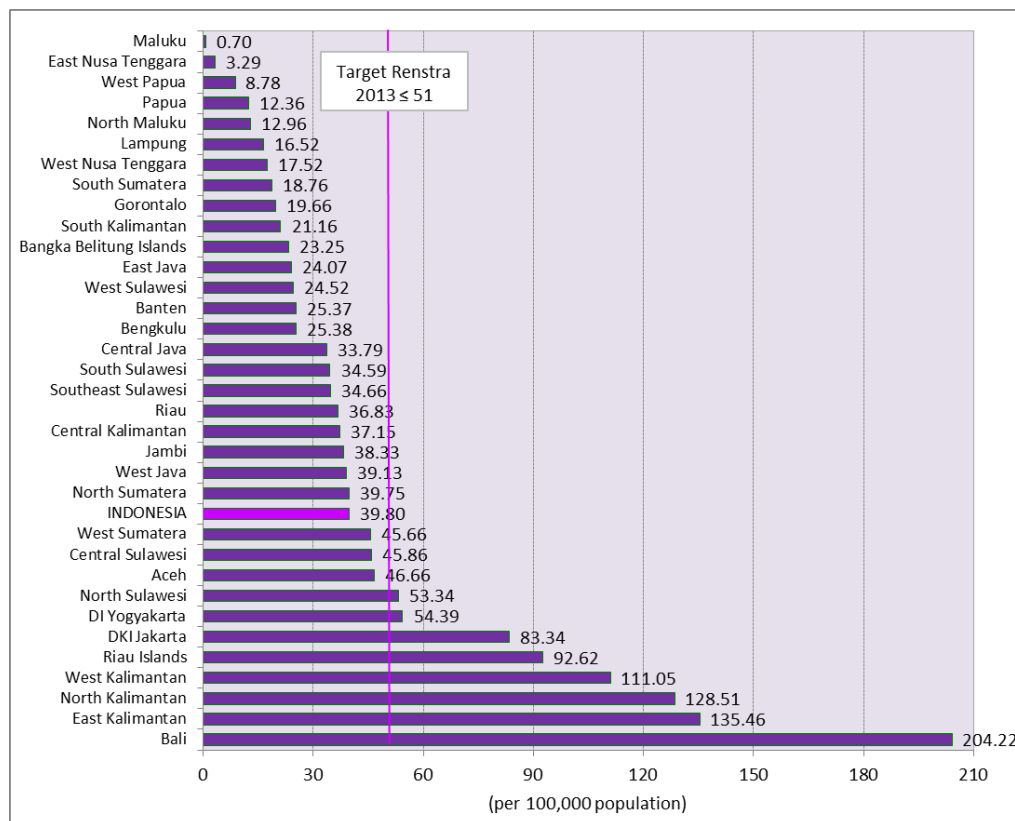


Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

Description of DHF Incidence by province in 2014 is explained in Figure 6.28. In 2014 there were 26 provinces (76.5%) have achieved 2014 target. The highest IR per 100,000

populations in 2014 was 204.22 in Bali; 135.46 in East Kalimantan; and 128.51 in North Kalimantan.

FIGURE 6.28
MORBIDITY RATE OF DENGUE HEMMORRHAGIC FEVER PER 100,000 POPULATIONS
BY PROVINCE IN 2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

In 2014, there were 7 districts/ municipalities in 5 provinces reported outbreak of DHF including Dumai district (Riau Province), Belitung and West Bangka district (Bangka Belitung Province), Karimun district (Riau Islands Province), Sintang and Ketapang district (West Kalimantan Province), and Morowali district (Central Sulawesi Province).

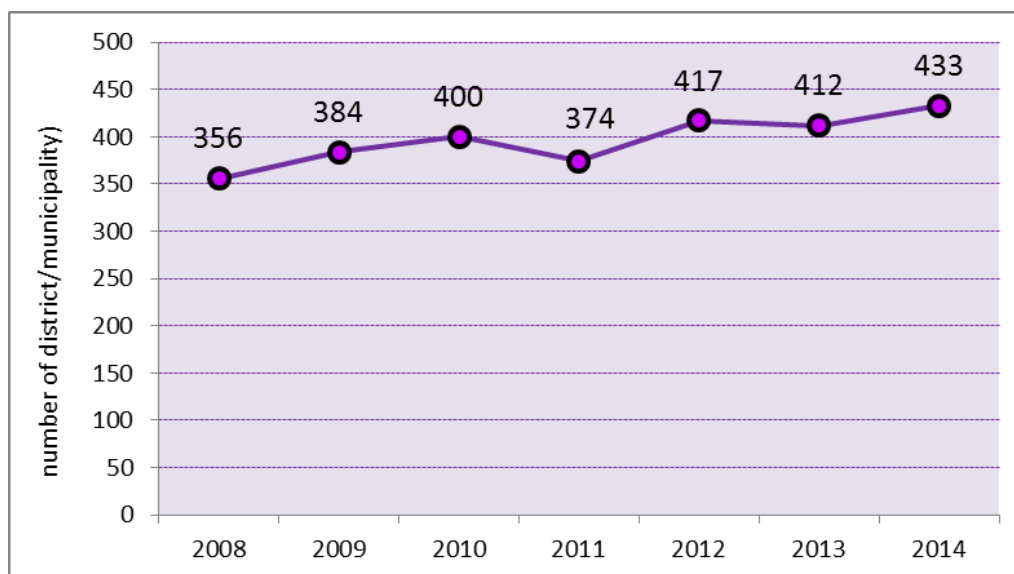
Death cases due to dengue was categorized as high if the CFR > 2%. Thus in 2014, five provinces have high CFR were Bengkulu Province, Bangka Belitung Islands, South Kalimantan, Gorontalo, and Maluku. Those provinces still needs efforts to improve the quality of health services and human resources in hospitals and health centers (doctors, nurses, etc.), including increase facilities supporting diagnostic and management for patients in health care.

However, based on number of death, the highest number of death was in West Java with 178 deaths, followed by Central Java (159 deaths), and East Java (107 deaths).

2. Districts/ municipalities affected by DHF

In 2014, the morbidity rate was decreased compared to previous year. On contrary, the number of districts/municipalities affected by dengue in 2014 has increased from 412 (82.9%) in 2013 to 433 districts/ municipalities (84.74%). The following figure describes number of infected districts/municipalities in 2008-2014. It shows that number of districts/municipalities affected by dengue is likely to increase.

FIGURE 6.29
NUMBER OF DISTRICT/MUNICIPALITY INFECTED
BY DHF IN 2008-2014

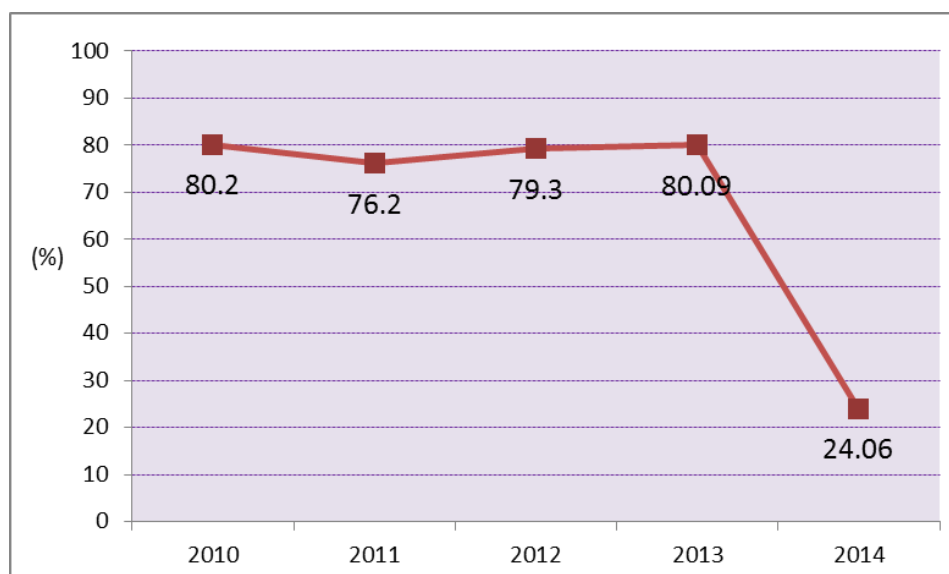


Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

3. Larvae Free Index

One of the indicators used for the dengue disease control efforts is larvae free index. Nationally until 2014, number of larva free rate area has not met the target of $\geq 95\%$.

FIGURE 6.30
LARVAE FREE RATE IN 2010-2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

In 2014 Larvae free index (Ind: *ABJ*) in Indonesia was 24.06 %. It decreased significantly compared with the average achievements during the previous 4 years. However, the validity of the data above cannot be the exact measure to describe the density of larvae nationally. That is because the data reporting *ABJ* did not cover all districts/municipalities in Indonesia. Most health centers do not carry out periodic larvae monitoring (Ind: *PJB*) on a regular basis, in

addition to the activities of Larvae Monitoring Technician (Ind: *Jumantik*) can not be conducted in most areas due to limited budget allocations in the area for both activities.

More detailed information associated with DHF by province are described in Annex 6.24 and 6.25.

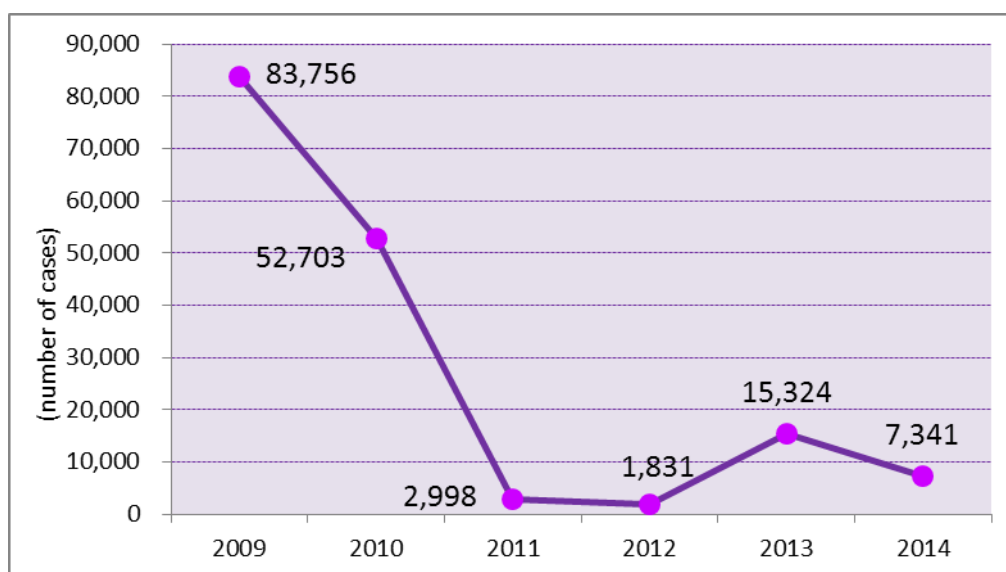
H. CHIKUNGUNYA

Chikungunya fever (chik fever) is a major infectious disease with symptoms of sudden fever, pain in the joints, especially the knee joints, ankles, toes and hands and spine, as well as a skin rash. Chik fever is transmitted by mosquitoes *Aedes albopictus* and *Aedes aegypti* which is also vector for dengue hemorrhagic fever (DHF).

Chik fever found primarily in tropical/subtropical area and often cause epidemics. Several factors triggering Chik fever are low immune status and population density which appropriate to grow breeding places for mosquitoes that usually occurs in the rainy season.

During 2014, there were eight districts/municipalities from four provinces reported outbreaks of Chikungunya. Those are Tulungagung district, Pamekasan district, Ngawi district (East Java Province), South Tapanuli district (North Sumatra Province), Banggai district (Central Sulawesi Province), Bolang Mongondow district, Bolaang East Mongondow district, Kotamogabu (North Sulawesi Province). In 2014 the outbreak happened in 3 islands. It is higher than in 2013, which was happen in 2 districts/municipalities from one province.

FIGURE 6.31
NUMBER OF CHIKUNGUNYA CASES IN 2010-2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

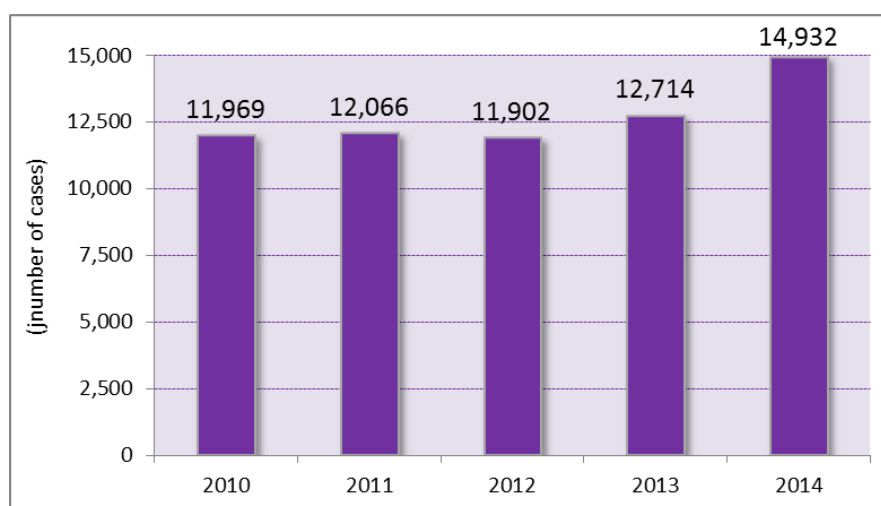
Chikungunya fever cases decreased significantly in 2009-2012, increased again in 2013 and decreased more than half of it in 2014. Until now, there have been no death cases reported due to Chikungunya. Factors causing the decline were the relatively dry with low rainfall weather conditions, immunity in areas that once infected, some of areas did not report the case, and other factors.

I. FILARIASIS

Filariasis is a chronic infectious disease caused by a filarial worm parasite, consists of three species, namely *Wuchereria bancrofti*, *Brugia malayi* and *Brugia timori*. The disease infects lymphoid tissue (lymph nodes). Filariasis is transmitted through mosquito bites containing filarial worms in the body. In the human body, the worms grow into adult worms and settled in the lymph tissue, causing swelling in the feet, legs, breasts, arms and the genital organs.

WHO set a global agreement to eliminate filariasis in 2020 (The Global Goal of Elimination of Lymphatic Filariasis as a Public Health problem by the Year 2020). There are 1.3 billion people in the world at risk affected by elephantiasis in more than 83 countries and 60 % of cases are in Southeast Asia. In Indonesia, in 2014 there were 14,932 cases of filariasis. The following figure illustrates the increase in cases of filariasis in Indonesia since 2010.

FIGURE 6.32
NUMBER OF FILARIASIS CLINICAL CASE IN 2010 - 2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

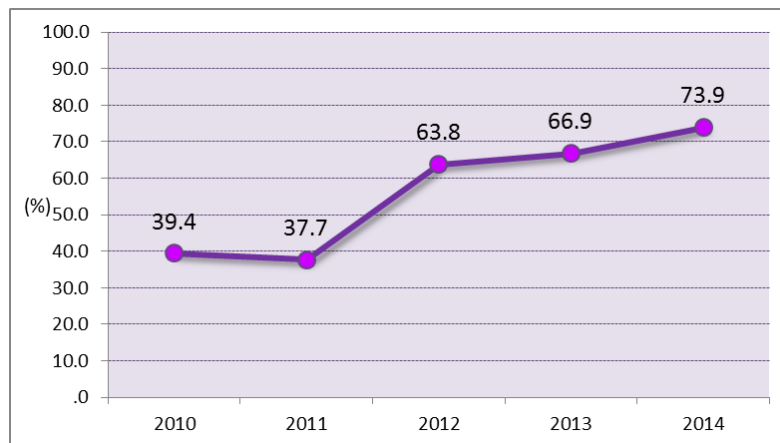
Province with the highest clinical cases of filariasis in 2014 were East Nusa Tenggara (3,175 cases), Aceh (2,375 cases), and West Papua (1,765 cases).

Indonesia eradicate filariasis as part of the global filariasis elimination through two pillars of activity: 1. Break the chain of transmission of filariasis with Mass Drug Prevention (Ind: POPM) in endemic areas once a year for five consecutive years; 2. Prevent and limit disabilities with independent management of filariasis cases.

Until 2014, based on blood from fingers survey, there were 235 endemic filariasis districts/municipalities. Of these only 142 districts/municipalities carried out filariasis Mass Drug Prevention. There were 42 districts/municipalities have completed POMP filariasis for five consecutive years with the medication coverage above 65%.

Coverage of POPM Filariasis over the last four years continued to increase, from 37.7 % in 2011 to 73.9 % in 2014 as shown in Figure 6:33.

FIGURE 6.33
COVERAGE OF POPM FILARIASIS IN 2010-2014



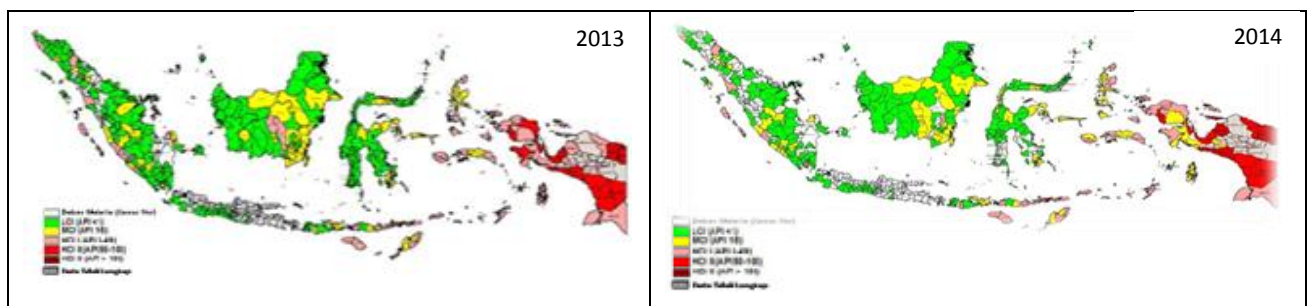
Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

To increase the coverage, it is necessary to socialize the importance of taking filariasis preventive medication once a year in endemic areas.

J. MALARIA

Malaria is an infectious disease caused by the parasite *Plasmodium* that live and breed in human red blood cells. Malaria is transmitted by female mosquitoes (*Anopheles*), which can attack everyone both men and women in all age groups from infants, children and adults. Below an overview map of malaria endemicity by districts/municipalities in Indonesia in 2013 and 2014.

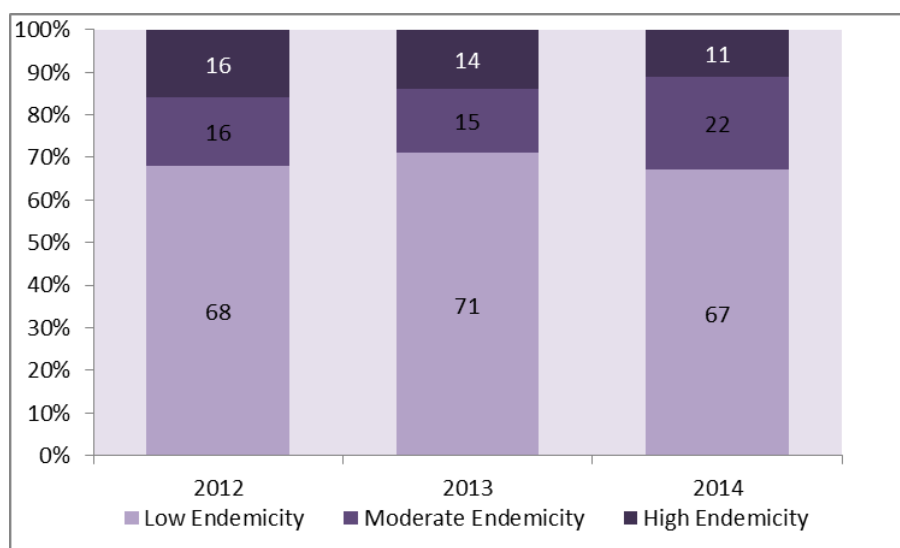
FIGURE 6.34
MAP OF MALARIA ENDEMI IN 2013 AND 2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

From the overview map and table of malaria endemicity in the district/municipalities, it shows decreasing number of highly endemic areas, which was 16% in 2012, then became 11% in 2014. The percentage of districts/municipalities with low endemicity had decreased from 68% in 2012 to 67% in 2014. Figure 6.35 shows the percentage in malaria endemicity 2012-2014.

FIGURE 6.35
PERCENTAGE OF DISTRICT/MUNICIPALITY BY LEVEL OF ENDEMI IN 2012-2014

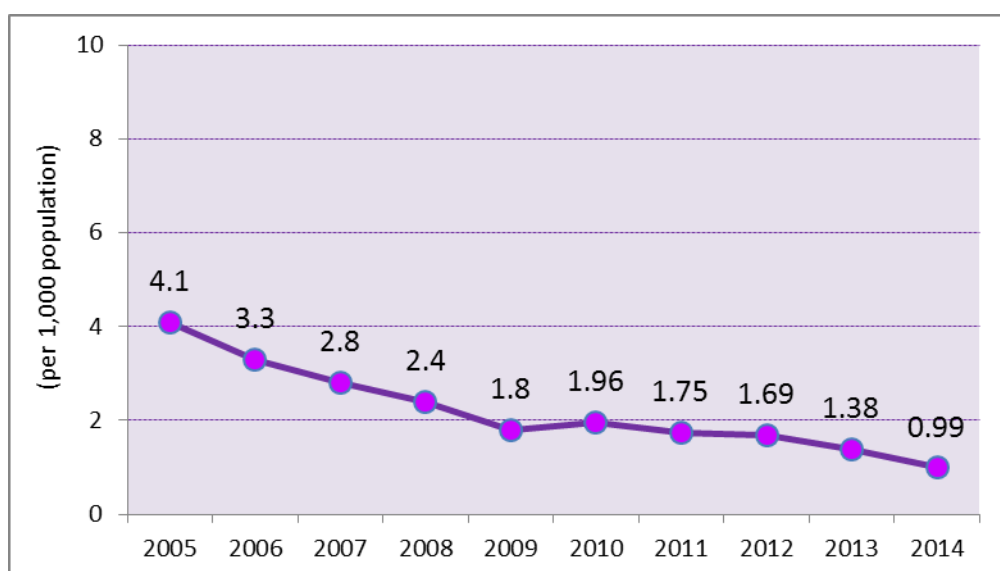


Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

1. Malaria morbidity rate

Nationally, malaria morbidity rate during 2005-2014 was decline from 4.1 in 2005 to 0.99 per 1,000 population at risk in 2014. Meanwhile the targets for malaria morbidity (API/Annual Parasite Incidence) set by Ministry of Health Strategic Plan in 2014 was <1 per 1,000 population. Therefore, the API coverage meet 2014 Strategic Plan target. The API trend can be seen in the figure below.

FIGURE 6.36
MALARIA MORBIDITY RATE (ANNUAL PARACITE INCIDENCE /API) PER 1.000 RISKED POPULATION IN 2005-2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

The three provinces with the highest API were Papua (29.57), West Papua (20.85) and East Nusa Tenggara (12.81), while provinces with the lowest API were Jakarta, Banten, and Bali

with 0.00 respectively. As much as 80% of cases came from East Nusa Tenggara, Maluku, North Maluku, West Papua, and Papua.

Nationally, 84% blood specimens were tested by microscopic examination and 16% were tested with the Rapid Diagnostic Test. Only in Central Kalimantan, Rapid Diagnostic Test proportion higher than microscopic examination. Detailed information regarding the number of malaria cases and types of tests of blood preparations by province can be seen in Annex 6.22 and the Annex 6.23.

Based on Riskesdas 2013, the incidence of malaria based on the diagnosis was 0.35%, or 3.5 per 1,000 populations. In this survey, three provinces with the highest incidence were Papua (6.1%), West Papua (4.5%), and East Nusa Tenggara (2.6%). While the incidence of malaria based on diagnosis and symptoms was 1.9%, or 19 per 1,000 populations.

2. Treatment of Malaria

Malaria treatment should be manage effectively. Giving the appropriate drug and timely consuming based on guideline of malaria control programs are important. Effective treatment is administration of ACT (*Artemicin-based Combination Therapy*) in the first 24 hours when patients is having fever and medication should be taken out in 3 days. Riskesdas 2013 stated that proportion of effective treatment Indonesian was 45.5%. The Highest five provinces effectively treat malaria were Bangka Belitung (59.2%), North Sumatra (55.7%), Bengkulu (53.6%), Central Kalimantan (50.5%), and Papua (50.0%).

K. RABIES

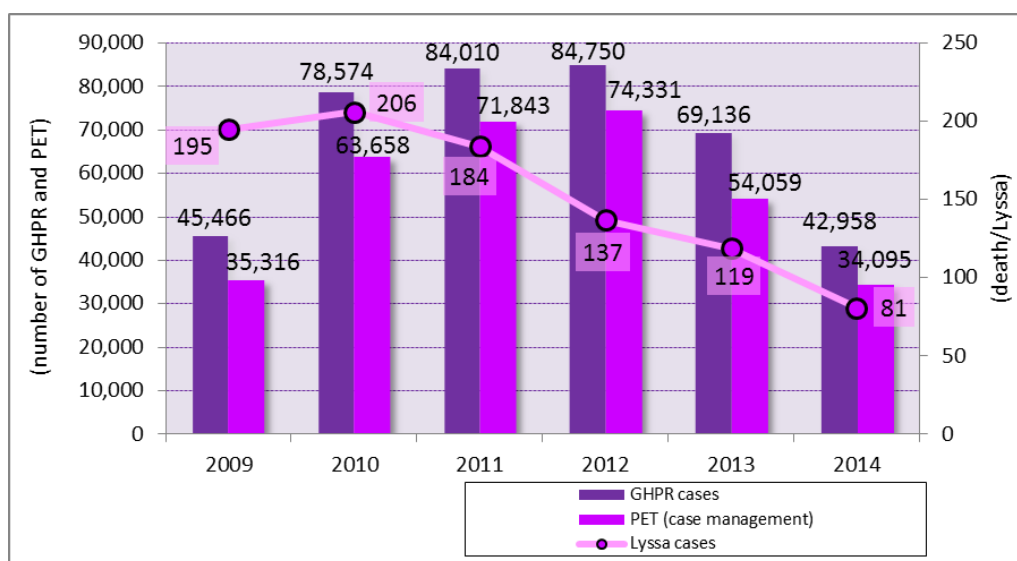
Rabies is a disease caused by a viral infection (group *Rabdovirus*) which is transmitted through the bites of animals such as dogs, cats, bats, monkeys, raccoons and wolves which their body contains the virus.

There are several indicators used in monitoring efforts to control rabies, such as: GHPR (Animal transmitting rabies bites cases), PET / *Post Exposure Treatment*, and positive rabies cases and death cased based on Lyssa test.

In 2014, there were 25 provinces from 34 provinces in Indonesia had rabies transmission (according to Ministry of Agriculture). There were nine rabies-free provinces, which five of them are having no history of rabies (Papua, West Papua, Bangka Belitung, Riau Islands, and West Nusa Tenggara). Meanwhile, four other provinces have released from rabies (Central Java, DI Yogyakarta, East Java, and DKI Jakarta).

Deaths due to rabies (*Lyssa*) in 2014 significantly decreased from 195 cases in 2009 to 81 *Lyssa* cases in 2014. Likewise, the number of GHPR in 2014 has decreased compared to the last three years. Figure 6.37 shows the increase of PET from 78.5% in 2013 to 79.4% in 2014.

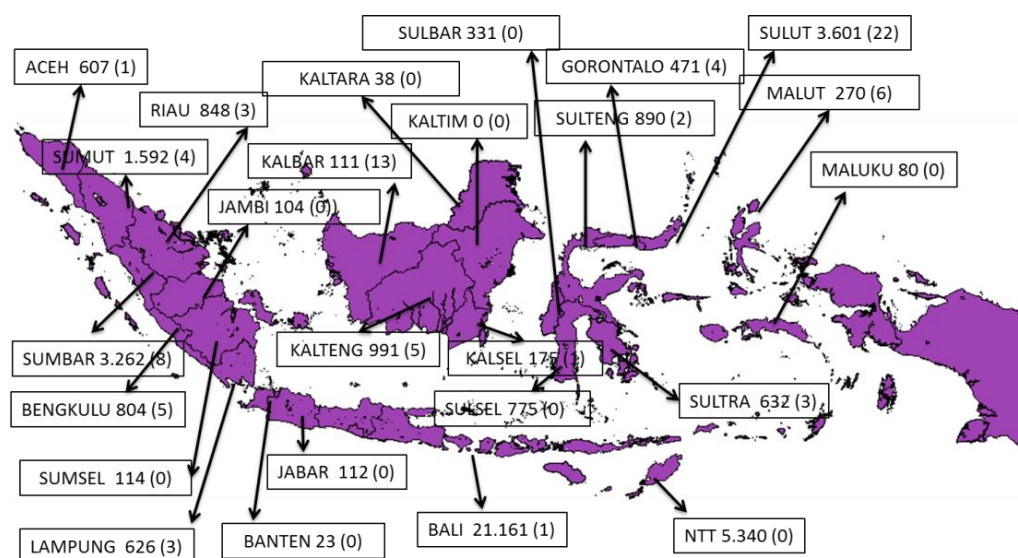
FIGURE 6.37
RABIES CONDITION IN 2009-2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

Following figure 6.38 described the distribution of rabies case in Indonesia during 2014.

FIGURE 6.38
DISTRIBUTION OF GHPR CASES AND MORTALITY CAUSED BY RABIES (LYSSA) IN 2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

In 2014, there were 42,958 cases of animal bites. Most GHPR cases occurred in Bali with 21,161 cases include one death case based on a positive test lyssa. The next most cases was 5,340 bite cases in East Nusa Tenggara, and North Sulawesi with 3,601 bite cases and 22 positive for rabies. There were 16 provinces with positive for rabies spread in 50 districts/ municipalities.

L. LEPTOSPIROSIS

Leptospirosis is a disease caused by the bacteria *Leptospira sp.* Source of infection is usually caused by direct or indirect contact with urine of infected animals. This disease is seasonal. In moderate climate zones, peak incidence of leptospira observed in summer and autumn because the temperature is a factor that affects the survival of *Leptospira*, while the highest incidence in the tropics during the rainy season. However, due to the difficulty of clinical diagnosis and the high cost of laboratory tests, many cases of leptospirosis remain unreported.

There were four provinces reported cases leptospirosis in 2014 were Jakarta, Central Java, Yogyakarta, and East Java.

Compared to 2013, there was decrease of cases from 640 cases to 519 cases in 2014. Significant decline in cases of leptospirosis occurred in East Java with a decrease of approximately two-thirds compared to the previous year. However, in DKI Jakarta and Central Java, there was an increase cases which was the highest case of the two provinces in the last five years.

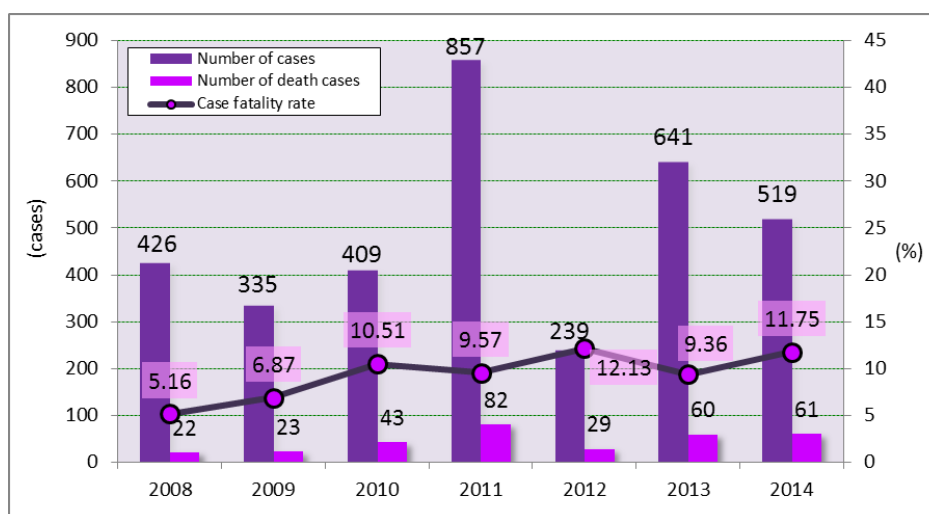
TABLE 6.3
DISTRIBUTION OF LEPTOSPIROSIS CASES IN 6 PROVINCES IN 2005-2014

Province	Year					
	2009	2010	2011	2012	2013	2014
South Sumatra	0	0	0	0	1	0
DKI Jakarta	8	15	11	10	66	106
West Java	0	1	29	0	1	0
Central Java	232	133	184	129	156	198
DI Yogyakarta	95	230	626	72	163	154
East Java	0	19	5	28	244	61
Banten	0	0	0	0	10	0
East Kalimantan	0	0	2	0	0	0
South Sulawesi	0	11	0	0	0	0
Total	335	409	857	239	641	519

Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

The highest mortality due to leptospirosis was in Jakarta with CFR 16.98%. Number of cases and mortality due to leptospirosis during the last seven years can be seen in Figure 6.39.

FIGURE 6.39
LEPTOSPIROSIS CONDITION IN 2008-2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

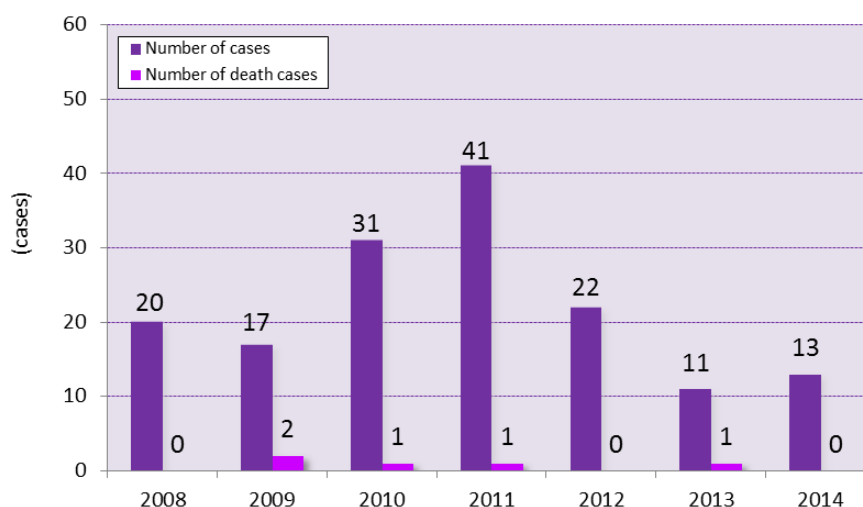
Although the case numbers in 2014 decreased compared to 2013, but case fatality rate / CFR due to leptospirosis increased from 9.36% in 2013 to 11.75% in 2014.

The leptospirosis outbreak control efforts aimed at early detection and treatment of patients immediately to prevent death, environmental interventions to prevent hideaway place for mice, and pet vaccination against *Leptospira*.

M. ANTRAKS

The disease is caused by germs anthrax (*Bacillus anthracis*). The bacteria can form spores that are resistant to environmental changes and can survive for a long period in the soil, making it difficult to be destroyed. Source of transmission of anthrax is domesticated animals such as a cow, buffalo, goat and sheep infected with *Bacillus anthracis*.

FIGURE 6.40
ANTHRAX NUMBER OF CASES AND CFR IN 2008-2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

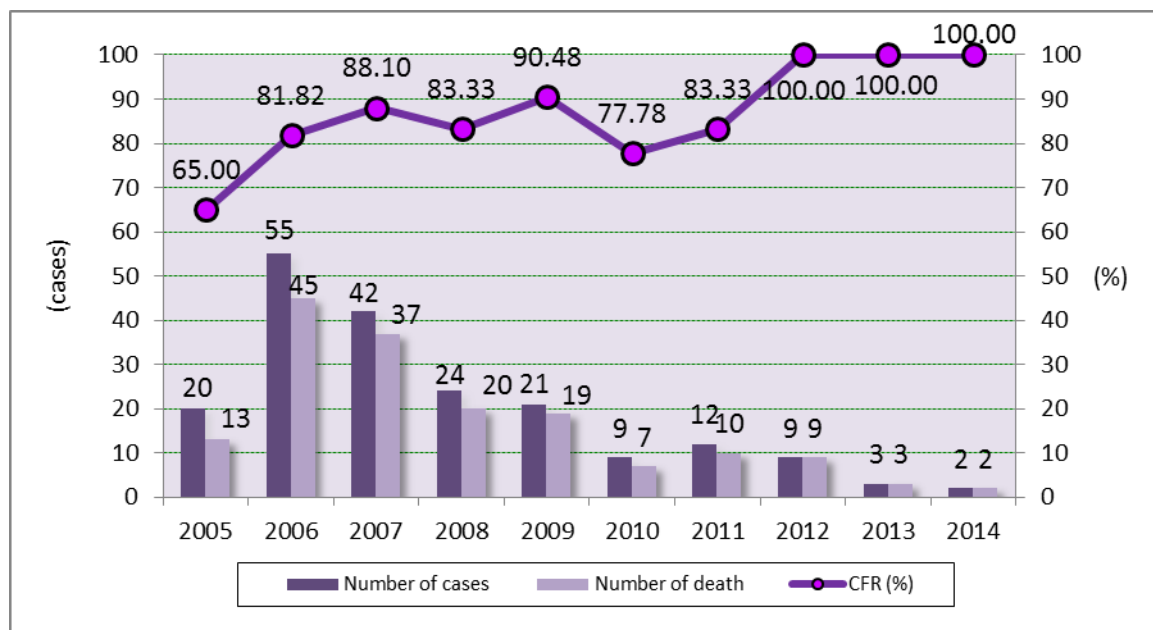
In 2014, 13 cases of anthrax were reported from Maros district in the South Sulawesi province without death case (CFR = 0%). From the situation of anthrax cases in 2008-2014, the following figure shows distribution of anthrax cases during the last seven years.

Case management of *anthrax* are implemented with increasing intensive surveillance in endemic or other vulnerable areas. Surveillance activities are intensified on a religious celebration days like Eid al-Fitri, Eid al-Adha, Christmas or other holidays and also when increased meat consumption is possible.

N. AVIAN INFLUENZA

Integrated control of avian influenza in 2014 has significantly decreasing the number of confirmed cases of H5N1 avian influenza in Indonesia. Since the first emerge of avian influenza in 2005, the number of cases continued to decline in 2006 to 2014 from 55 cases in 2006 to two cases in 2014. However, all of confirmed cases of avian influenza in 2014 were found dead (CFR 100%). The confirmed cases trend of H5N1 avian influenza can be seen in the following figure.

FIGURE 6.41
AVIAN INFLUENZA NUMBER OF CASES, MORTALITY, AND CASE FATALITY RATE (CFR) IN 2005-2014



Source: DG of Disease Control and Environmental Health (PP&PL), Ministry of Health, Republic of Indonesia, 2015

Since the first reported case in 2005, the spread of H5N1 avian influenza cases in humans have occurred in fifteen provinces in Indonesia. There were North Sumatra, West Sumatra, Riau, South Sumatra, Bengkulu, Lampung, DKI Jakarta, West Java, Central Java, DI Yogyakarta, East Java, Banten, Bali, West Nusa Tenggara and South Sulawesi. Cumulatively, the highest number of cases was in DKI Jakarta with 52 cases, West Java with 51 cases, Banten with 32 cases.

Based on epidemiology investigations conducted by the Integrated Team (Directorate General of Disease Control and Environmental Health and National Institute for Health Research and Development), factors that affect high CFR in 2014 were:

1. Late diagnosis;
2. Delayed administration of Oseltamivir;
3. Viral virulence factors and host.

4. Health personnel became less alert to the symptoms of Avian influenza due to several cases that have history of indirect contact with the risk factors.

* * *

VIII

ENVIRONMENTAL HEALTH



ENVIRONMENTAL HEALTH

The government's regulation no.66 of 2014 regarding environmental health stated that environmental health is an effort to prevent disease and/or medical problems from environmental risk factors to achieve a healthy environment that encompasses all physical, chemical, biological, and social factors. Whereas according to WHO, environmental health covers all physical, chemical, and biological factors outside the human body, and all the factors that affect human behaviour. The condition and control of environmental health had potential to influence health.

The law no.36/2009 regarding health stated that efforts for environmental health are made towards creating a healthy physical, chemical, biological and social environment that would allow the achievement of highest health status. A healthy environment would encompass residence, working environment, recreations and public facilities that is free from harmful factors such as waste (liquid, solid or gas), garbage that are not processed accordingly, disease vectors, dangerous chemical substances, loud sounds that surpass the normal limit, radiation and contaminated water, air and food.

A. COMMUNITY BASED TOTAL SANITATION (IND: STBM)

Based on the Minister of health regulation number 3/2014 regarding Community Based Total Sanitation, it is an approach to change hygiene and sanitation behavior through community empowerment by initiation. The STBM is intended to create independent healthy and sanitary behavior to increase the community health status as high as possible.

Conduction of STBM is based on five main principles, which includes:

1. Stop open defecation
2. Hand washing with soap
3. Household's drinking water and food handling
4. Household's liquid waste management, and
5. Household's solid waste management.

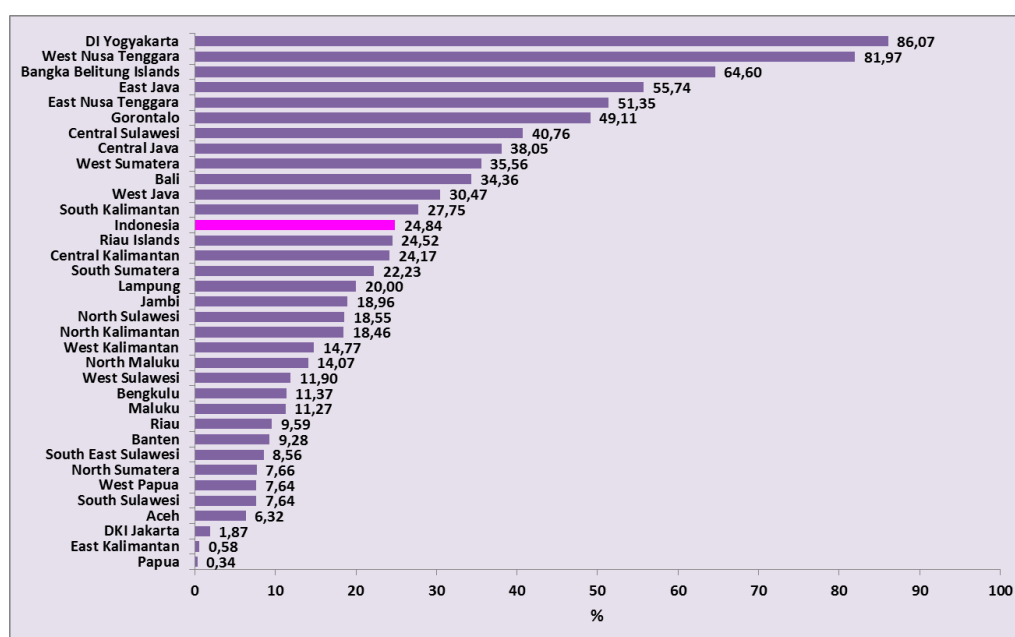
A village that has achieved STBM is a village that had successfully stop open defecation in at least one county, had a natural leader or STBM team leader with appropriate STBM working plans and follow up plans. The number of villages that has achieved STBM increased every year. In 2012 the number of STBM villages was 11,165, and it increased to 16,228 in 2013. In 2014 the number of STBM villages was 20,497 villages, which had surpassed the Ministry of Health's 2014 Strategic Plan that had only planned 20,000 villages. By number of villages, province with highest number of STBM village was the East Java Province with 4,737 villages, followed by Central Java, West Java and East Nusa Tenggara.

The achievements of provinces mentioned above as provinces with most STBM villages is due to the fact that those provinces are included in the prioritized thirteen provinces, along with

West Sumatra, Riau, South Sumatra, West Nusa Tenggara, West Kalimantan, South Kalimantan, Central Kalimantan, and South Sulawesi. All these provinces had high number of population and classified as easy in area and population mapping. The support of local government also becomes a factor in achieving this success. The examples of these support include the release of East Java's governor letter No 440/11841/031/2013 on 21st of June 2013 regarding the conduction of STBM program that is followed by regent instruction in East Java, and the release of West Nusa Tenggara governor regulation on no open defecation (Ind: *BASNO*), and others.

Comparing to total number of villages in each province, the highest percentage of STBM villages were in DI Yogyakarta province (86.07%) and West Nusa Tenggara (81.97%), while the lowest percentage were in the province of Papua (0.34%) and East Kalimantan (0.58%) (Figure 7.1). Details regarding the percentage of villages in each province that had conducted STBM in 2014 can be seen in Annex 7.1.

FIGURE 7.1
PERCENTAGE OF VILLAGES THAT CONDUCTED COMMUNITY-BASED TOTAL SANITATION IN 2014



Source: DG of Disease Control and Environmental Health, Ministry of Health, Republic of Indonesia, 2015

There are several problems presents in STBM villages in each provinces, such as behavior change and gap of achievement between villages that had conducted STBM. The process of behaviour change takes a relatively long time and can not be done instantly. Due to such matters, continuous monitoring and guidance from officials are needed, so that communities are willing to consistently change their behavior to a healthy one. Gap in achievements between STBM villages is caused by the fact that not all officials had reported the results of activities that is done in their areas. From a total of 9,738 of registered sanitarian, only 4,285 (44%) of them conducted monitoring of STBM related activities until 2014.

There are a few steps to manage such problems, includes conducting advocating and socialization between programs and other sectors with related partners (Center of Health Promotion, Polytechnic of Health, BAPPENAS, Ministry of Internal Affairs and Ministry of Public Work and Housing) in matters of programs internalization in provinces and district/municipality, increasing and strengthening of partnership strategies between the government and private companies to increase effectiveness in interventions activities, and

strengthening of STBM's monitoring and evaluation system through web based monitoring and evaluation and SMS gateway in national scale.

B. CLEAN AND HEALTHY BEHAVIOR (IND: PHBS)

During the efforts of increasing the community's health status, the Health Ministry through Center of Health Promotion had conducted the Clean and Healthy Behavior program. PHBS consist of a set of behaviors that is being practiced based on realization from a learning process that would make an individuals, family, groups and communities independent in health, whilst actively playing a role in creating a healthy community. PHBS is also a mean of prevention so that communities are spared from diseases and health problems.

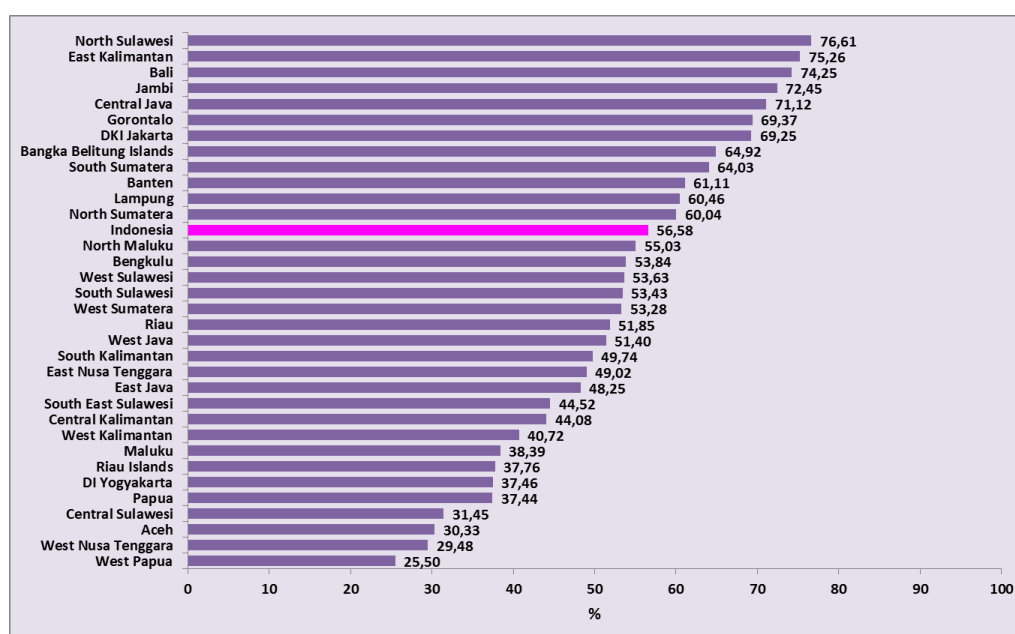
PHBS can be conducted in different levels of societies; it can be conducted in the household levels, school levels, working place level or in public facilities level. PHBS in household level are means of utilizing household members, so that each of them would want to know, willing and able to conduct and practice healthy and clean living behavior while also being actively involved in the community's health activities.

To achieve a household with PHBS, there are ten efforts that need to be done, includes:

1. Delivery attended by health personnel
2. Exclusive breastfeeding
3. Monthly weighing of children under five
4. Usage of clean water
5. Washing hands with clean water and soap
6. Using a clean toilet
7. Elimination of mosquitoes larvae once a week
8. Consumption of vegetables and fruits every day
9. Conducting physical activities every day
10. Cessation of smoking indoor

According to Figure 7.2, the national percentage of household with PHBS according to the achievement of household with PHBS in 2014 is 56.58%. Highest percentage of household with PHBS was province of North Sulawesi with 76.61%, followed by province of East Kalimantan with 75.26%. The lowest percentage was province of West Papua with 25.50% followed by the province of West Nusa Tenggara with 29.48%.

FIGURE 7.2
NUMBER OF HOUSEHOLD THAT PRACTICE CLEAN AND HEALTHY BEHAVIOUR (PHBS) IN 2014



Source: Center of Health Promotion Ministry of Health, Republic of Indonesia, 2015

C. IMPLEMENTATION OF HEALTHY DISTRICT/MUNICIPALITY

Healthy District/Municipality (Ind: *Kabupaten/Kota Sehat* or *KKS*) is one of the indicators in implementations of environmental health activities in the RPJMN and 2010-2014 strategic plans. In the joint regulation number 34 in 2005 and regulation number 1138/Menkes/PB/VIII/2005 by the Ministry of Home Affairs and the Ministry of Health regarding the implementation of Healthy District/Municipality, it is stated that KKS is a condition in which a district/municipality is clean, comfortable, safe and healthy to be inhabited by its inhabitant which can be achieved by conducting planning and arrangements with integrated activity that is agreed by the people and district/municipality government.

District/municipality that conducted KKS is a district/municipality that had owned and formed a healthy district/municipality forum (communication forum in the district level and working groups in district/municipality level) and district/municipality supervisor team. The team is assigned by local government that conform with criteria of *Swasti Saba* classification, that are *Padapa*, *Wiwirda* and *Wistara*.

Conditions evaluated in the KKS include mandatory and optional condition. The mandatory condition includes:

1. Housing area and public facilities and services
2. Independent healthy life in the community

While the optional condition includes:

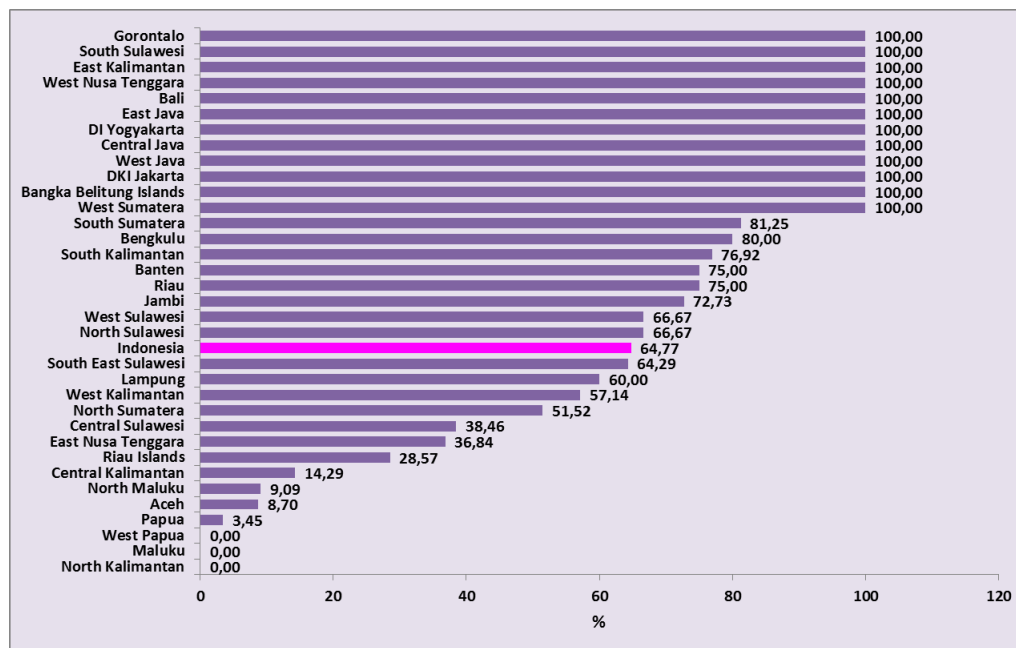
1. Well-ordered traffic area and transportation services
2. Healthy mining area
3. Healthy forest area
4. Healthy industries and offices area
5. Healthy tourism area

6. Food and nutrition area
7. Healthy social life

The *Swasti Saba* awards with *Padapa*, *Wiwerda* and *Wistara* as its categories are the highest achievement for district/municipality that conducted KKS. The *Padapa* categories were given to district/municipality that had accomplished two mandatory conditions, The *Wiwerda* were given to district/municipality that had accomplished three to four condition while the *Wistara* categories were given to district/municipality that had accomplished five or more conditions (two of the mandatory condition and three to seven optional condition). This award mechanism started in 2005 and conducted every two years.

In 2014, there are 331 districts/municipalities that had conducted the KKS program, in which 12 provinces reached 100% in their KKS achievements. There are currently 3 provinces (North Kalimantan, Maluku and West Papua) with districts/municipalities that had not achieved KKS. The details of number of districts/municipalities that had conducted KKS in 2014 can be seen on Annex 7.3.

FIGURE 7.3
PERCENTAGE OF DISTRICT/MUNICIPALITY THAT IMPLEMENT HEALTHY DISTRICT/MUNICIPALITY (Ind: KKS) IN 2014



Source: DG of Disease Control and Environmental Health, Ministry of Health, Republic of Indonesia, 2015

During the implementation of KKS activities, there are still problems that need to be faced, such as flaws in indicators for activities implementation in each KKS planning, problems in cross-sectors coordination between related ministry/organizations in respond to cooperation work from the Ministry of Health to achieve KKS, lack of socialization and commitment from the local government in making decisions due to the high turnover rate in local government official, guidance teams that is not yet optimally efficient in central, provincial, or district/municipality level, and lack of advocacy and socialization in area-wide health activities that includes KKS, healthy market, healthy port and DTPK in every provinces.

D. DRINKING WATER

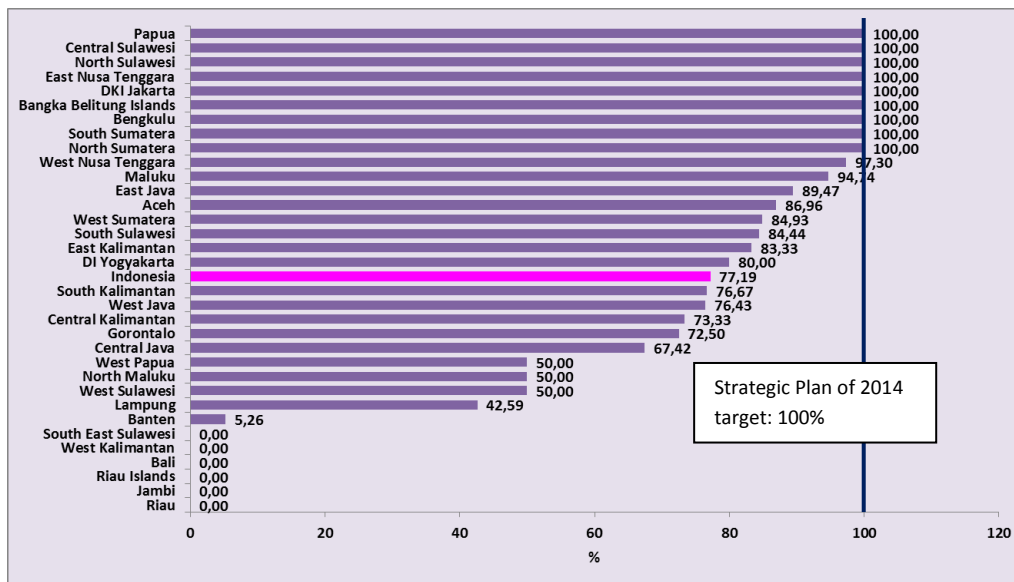
The Minister of health regulation number 492/MENKES/PER/IV/2010 regarding the Requirement of Drinking Water Quality stated that drinking water are water that had been through processing procedures or water that had not been through processing procedures but had fulfilled the health requirement so that it can be consumed right away. The regulation also stated that the manufacturer of drinking water must guarantee that the drinking water that is being produced would be safe for the consumer's health. In this case the drinking water manufacturer would include the government-owned corporation/regional owned enterprises, cooperation, a private corporation, individuals, community group and or individuals that manufacture and produce drinking water.

Drinking water that is safe for health is drinking water that had fulfilled physical, microbiological, chemical and radioactive requirements. Physically, healthy drinking water does not have any particular odor, no taste, no color, and had the lowest solid concentration. Healthy water would physically have viscosity, turbidity and temperature on the agreed standard level. Microbiologically, healthy drinking water has to be free from bacteria (such as E.Coli and total coliform bacteria). Chemically, substances present such as iron, aluminum, chlorine, arsenic and other would have to be lower than normal standardized level. Radioactively, the gross amount of gross alpha activity cannot surpass 0.1 becquerel per liter (Bq/l) and the gross amount of beta activity cannot surpass 1 Bq/l.

In the year 2014, samples of drinking water taken by Institute of Environmental Health and Communicable Disease Control (Ind: *Balai Besar Teknik Kesehatan Lingkungan dan Pengendalian Penyakit Menular* or BBTKL-PPM) in order to find out which drinking water had fulfilled the standards. From 1,473 samples being taken nationally, there were 1,137 (77.19%) samples that had fulfilled the criteria (Figure 7.4). This result has not fulfill the Ministry of Health Strategic Plan of 2014, which stated that all 100% of water samples being checked should be up to the standards. Based upon the province, there are nine provinces with 100% standard fulfillment rates that fulfill the Ministry of Health Strategic Plan of 2014. Yet, there are six provinces that have not even conducted drinking water sample taking for standard check. Full break down of percentage of water quality that had fulfilled the standard in the year of 2014 is available on annex 7.5.

Minimum optimization of drinking water sample gathering is due to the low priority in monitoring drinking water quality in province and district/municipality, which causes a lack in law, regulations and monetary supports. Other problems include district/municipality with no proper laboratories to check the drinking water quality, no proper equipment to check the drinking water quality and lack of competent human resources. Active role of the Technical Implementation Unit (UPT) which includes the BBTKL-PPM and Port Health Office (Ind: *KKP*) in means of monitoring, guidance and cross-sectorial coordination (especially with the Regional Water Company (Ind: *PDAM*)) also becomes an important factor in conducting a successful test in quality of drinking water.

FIGURE 7.4
PERCENTAGE OF QUALITY DRINKING WATER IN 2014

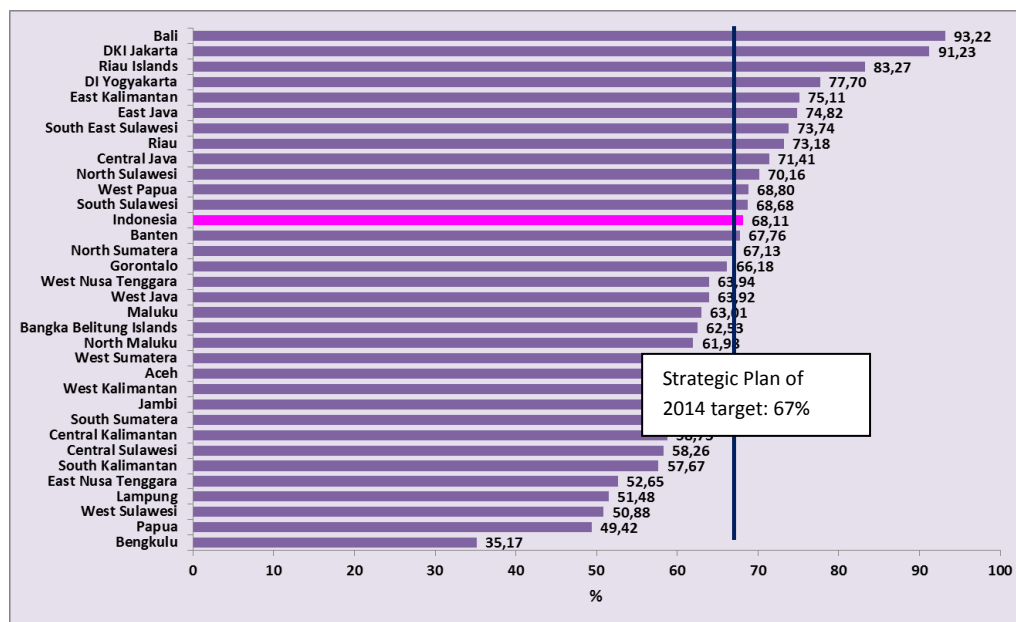


Source: Directorate General of Disease Control and Environmental Health, Ministry of Health Republic of Indonesia, 2015

In order to handle such problems, advocating Minister of health regulation number 492/MENKES/PER/IV/2010 regarding the requirements of drinking water quality and regulation number 736/MENKES/PER/IV/2010 regarding the monitoring of drinking water quality can be implemented. Other means include increase partnership between government and private sector, involvement of cross-programs, cross-sectorial and international organizations like WHO to be part of the solution. Another means of solving the problem would be to accommodate equipment for the monitoring of drinking water quality for every provinces, district/municipality, optimization of the UPT (B/BTKLPP) roles, and continuous monitoring and evaluation.

Every year, BPS-BPS-Statistics Indonesia conducted the Socio-economic Survey of Indonesia (Ind:*Susen*) which includes surveying households for access to proper drinking water. Based on the *Susen* questionnaire, a household is considered to have proper access to drinking water when the household uses drinking water from tap water (using set meter or retail water), water from a protected source (water pump, secure well and/or secure water springs) that is at least 10 meter away from a waste reservoir, or rain water. If the household does not use the sources above as a drinking water but still are able to use it for showering and doing their laundry, then they are still considered as household with proper access to drinking water.

FIGURE 7.5
PERCENTAGE OF HOUSEHOLD THAT HAVE ACCESS TO IMPROVED DRINKING WATER SOURCE IN 2014



Source: BPS-BPS-Statistics Indonesia, 2015

Figure 7.5 shows that there are 68.11% of people nationwide who had access to proper drinking water, which had surpassed the Ministry of Health Strategic Plan of 2014 of 67%. Provinces with the highest percentages of households with access to clean water are Bali (93.22%) followed by DKI Jakarta (91.23%) and Riau Islands (83.27%), while provinces with the lowest percentages of households with access to clean water are Bengkulu (35.17%), followed by Papua (49.42%) and West Sulawesi (50.88%). Complete breakdown on the percentage of household with access to proper drinking water in 2014 can be seen in annex 7.4.

Efforts on increasing access to proper drinking water nationally had been continuously done via the allocation of National Budget in the form of Community-Based Water Supply and Total Sanitation (Ind: *PAMSTBM*) activities. This activity is expected to increase community access to proper water source and sanitation in 102 districts in 28 provinces. Other means are also done via empowerment of partnership between government and private sector through involvement of local/national/international non-governmental organization, Corporate Social Responsibility (CSR) and international donor agency (World Bank and Asian Development Bank). The cooperation that had been formed is implemented in the conduction of Community-Based Water Supply and Total Sanitation and Integrated Citarum Water Resource Management Investment program. Other means of implementation is done via supervision, creation of drinking water facilities and basic sanitation, and building of clean and healthy behavior for the communities via the STBM approach.

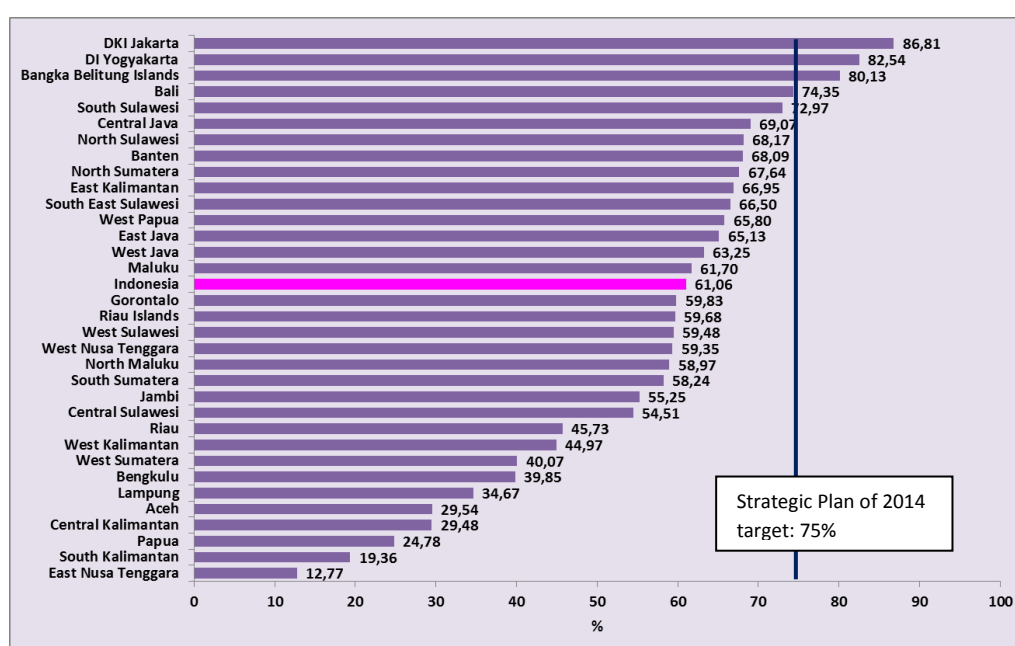
However, there are still problems during the effort of increasing access towards proper drinking water. There are still tendencies of using bottled water and refilled drinking water, when both are not considered as a proper source of drinking water. This is caused by data collecting procedure that only consider access to water for drinking whilst missing upon households that had multiple water sources for drinking water. Other problem is the provision of drinking water infrastructure that did not match the level of population growth. Other than that, there is lack in local fund allocation for restoration of drinking water facilities that is used by the community, this includes un-piped and unprotected water source.

E. PROPER SANITATION

Access towards proper sanitation is one of the main foundations to a healthy community. Proper sanitation is a very important element that sustains a healthy human being. Sanitation is closely related with healthy environment that also affects the level of community health. Bad sanitation condition can cause negative effects towards multiple aspects in life, such as the decrease in community living environment, pollution of drinking water, increase in diarrhea incidence and outbreak of several diseases.

According to the MDGs concept and definition, a household is considered to have proper sanitation when it is equipped with proper sanitation facilities that fulfill the healthy criteria such as being equipped with proper water trap, septic tank/wastewater sewer that is used alone or in a group.

FIGURE 7.6
PERCENTAGE OF HOUSEHOLD THAT HAVE ACCESS TO IMPROVED SANITATION FACILITY IN 2014



Source: BPS-Statistics Indonesia, 2015

Figure 7.6 represents the result from the Susenas 2014 regarding the percentage of household with access towards proper sanitation. Nationally, there are 61.06% of households with access to proper sanitation, which has not achieved the target in the Ministry of Health 2014 Strategic Plan of 75%. Province with highest percentage of household with proper sanitation was DKI Jakarta (86.81%) followed by DI Yogyakarta (82.54%) and Bangka Belitung Islands (80.13%). While province with the lowest percentage of household with proper sanitation was East Nusa Tenggara (12.77%). Complete breakdown on the percentage of number of household with proper sanitation in 2014 is presented in annex 7.6.

Development and construction of sanitation is not the main priorities in many provinces, district/municipality, which causes lack in availability for easy, cheap and accessible sanitation for the people. Other problems faced in sanitation program are also caused by minimal optimization of cooperation in sanitation program and minimal investment in sanitation sector, as it does not have promising direct economic value. A relatively long change in community behavior towards PHBS also becomes its own problem that contributes to the bigger picture.

Efforts that can be done to counter problems mentioned above include: conduction of integrated advocacy and socialization with multiple programs and multiple sector, allocation of the regional budget for monitoring purposes, and providing guidance for the community by sanitarian/facilitator/cadre to create a continuous hygienic behavior change in the community, conduction of training and supervision for private sanitation companies in province, district/municipality, and optimization of BBTKL-PPM in creating a technological sanitation facilities option for areas with special needs such as areas with low tide or lack in water sources.

F. IMPLEMENTATION OF ACTIVITIES TO INCREASE HEALTH IN HOUSING AND PUBLIC PLACES

1. Healthy Housing

According to the Indonesian Minister of Health regulation number 892/MENKES/SK/VII/1999 regarding the Requirements of Healthy Housing and regulation number 1077/MENKES/PER/2012 regarding Guidance of Healthy Air in Indoor Housing, the minimal criteria for a healthy housing includes housing with access towards drinking water, healthy toilet, proper flooring, lighting and ventilation.

Healthy housing according to the Indonesian Minister of Health regulation number 829/MENKES/SK/VII/1999 regarding the Requirements of Healthy Housing would include:

1. Building Material
 - a. Does not contain material that can jeopardize health, for example: maximum dust of less than 150 $\mu\text{g}/\text{m}^2$, asbestos level of less than 0,5 fiber/ m^3 per 24 hour, and lead (Pb) content of less than 300 mg/kg.
 - b. Does not contain materials that can causes growth of pathogenic microorganism.
2. Components and Arrangement of Rooms
 - a. Waterproof flooring that is easy to clean
 - b. Walls with ventilation, walls in toilet, shower and washroom that is water proof and is easy to clean
 - c. Ceiling that can easily be clean and is not prone to accident
 - d. House roof of around 10 m equipped with lightning rod
 - e. Rooms are being arranged based on its intention and function
 - f. Kitchen equipped with smoke exhaust
3. Lighting

Direct or indirect natural of artificial lighting that are able to illuminate the whole room with minimum lighting intensity of 60 lux whilst does not dazzle the eyes.
4. Air Quality
 - a. Comfortable air temperature of around 8 –30°C
 - b. Humidity level of around 40 –70 %
 - c. SO₂ gas level less than 0,10 ppm/24 hour
 - d. Gas exchange of 5 feet³/minute/inhabitant
 - e. CO gas level less than 100 ppm/8 hour
 - f. Formaldehyde gas level less than 120 mg/ m^3
5. Ventilation

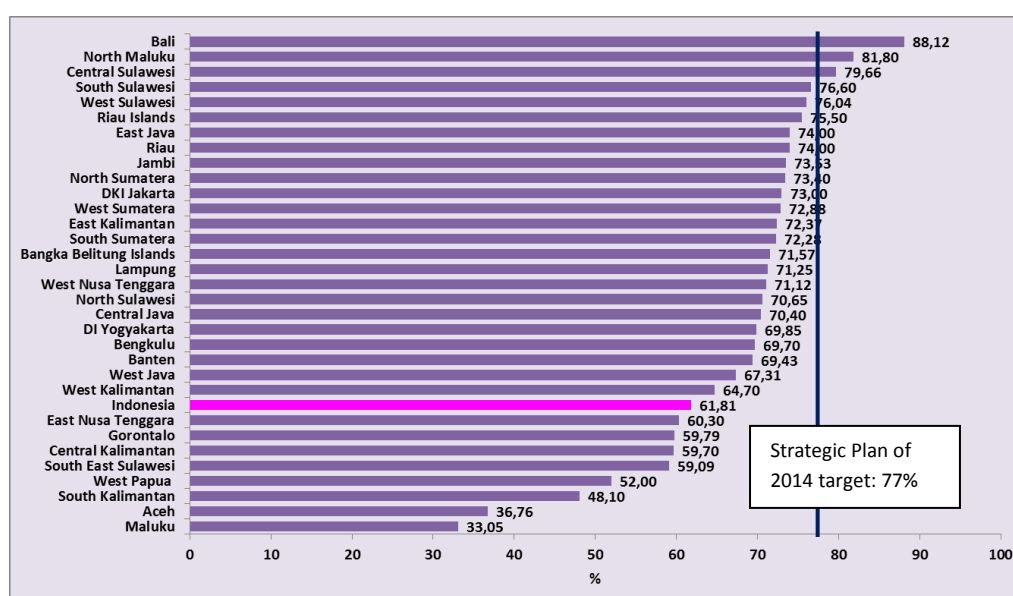
Presence of natural ventilation holes with total area of at least 10% of the total floor area.
6. Disease vectors

No flies, mosquitoes or rats that dwells within the house
7. Water provision
 - a. Presence of a clean water provision facilities with minimum capabilities of 60 liter/person/day

- b. Water quality should fulfill the health requirements for a clean water and/or drinking water
- 8. Food storing facilities
 - Presence of a secure food storing facilities
- 9. Waste disposal
 - a. Liquid wastes from the household should not pollute water source, does not produce foul smell and does not pollute the ground
 - b. Solid waste has to be processed thoroughly so that it would not produce foul smell or pollute the ground and ground water
- 10. Residential density
 - Bedroom with minimal area of 8 m² and it is not recommended for more than two people to stay in one bedroom.

This requirement also applies to flat housing, condominium, housing with shop and housing with offices in the housing areas.

FIGURE 7.7
PERCENTAGE OF HOUSES THAT FULFILL HEALTH REQUIREMENT IN 2014



Source: DG of Disease Control and Environmental Health, Ministry of Health, Republic of Indonesia, 2015

Figure 7.7 shows that nationally, there are 61.81% of housing that had already fulfilled the health requirements, this is still below the target of 77% in the Ministry of Health 2014 Strategic Plan. Provinces with highest percentages of healthy housing are Bali (88.12%) followed by North Maluku (81.80%). Province with the lowest percentages of households with healthy housing is Maluku (33.05%). Survey regarding level of healthy housing in the province of Papua has not been conducted yet. The complete breakdown on the percentage of healthy housing in 2014 can be seen in annex 7.7.

Program on increasing the healthiness of housing has not been the main priority of programs in rural areas. Other than that, coordination and cooperation regarding efforts to increase healthiness of housing has not been optimized while lack of human resource and funds to monitor healthy housing had only made matter worst. Other problem includes the lack of capabilities from many house owners to renovate their house and fulfill sanitary recommendation of the Health Center.

Efforts that can be made to overcome the problems mentioned above would include; increasing coordination and partnership between related stakeholder, advocacy and socialization to rural areas regarding assessment and data collection of healthy housing, and optimization of environmental health service activity (sanitation clinic) in the Health Center.

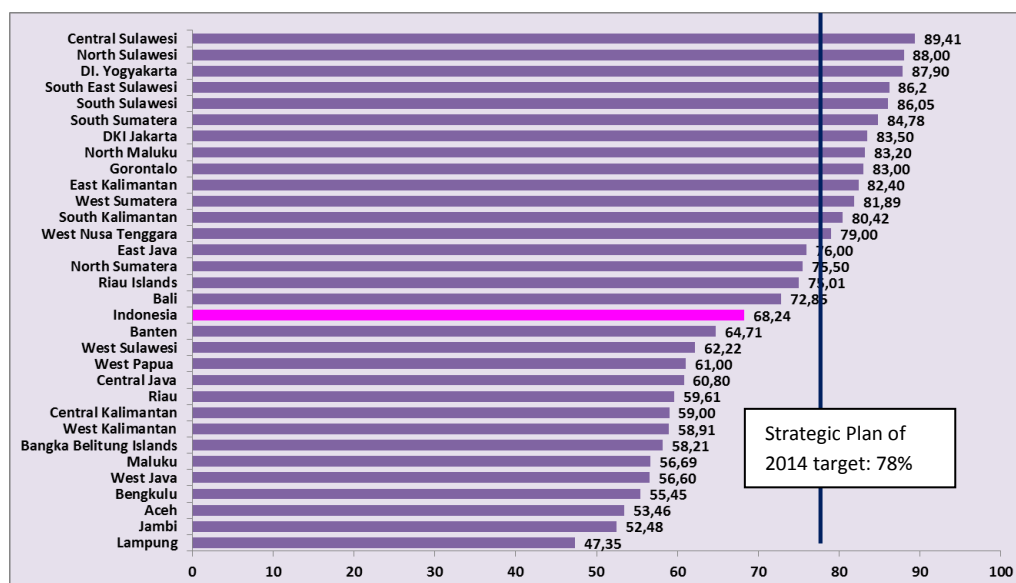
2. Public Places

Public places are places or facilities made by the government/private companies or individuals that are used for community's activities. Examples of public places include educational facilities (elementary school/*madrasah ibtidaiyah* (MI), junior high school/*madrasah tsanawiyah* (MTs), high school/vocational high school (SMK)/*madrasah Aliyah* (MA)), healthcare facilities (hospital and health center), and star hotel or no-star hotel. A public place is considered healthy based upon the Indonesian Minister of Health regulation number 1204/MENKES/SK/X/2004 regarding healthy hospital environment, regulation number 1429/MENKES/XII/2006 regarding conduction of healthy school environment, and regulation no 80/MENKES/Per/II/1990 regarding requirement for a healthy hotel.

Several things that become a requirement of a healthy public places for hospital environment, school and hotel include:

1. Location of public place
2. Building constructions including the roof, ceiling, wall, flooring, stairs, door, windows and rain water disposal system.
3. Air quality
4. Lighting
5. Ventilation
6. Noise
7. Clean water, drinking water and waste disposal facilities
8. Room condition and use suitable to its purpose

FIGURE 7.8
PERCENTAGES OF PUBLIC PLACES THAT FULFILL HEALTH REQUIREMENT IN 2014



Source: Directorate General of Disease Control and Environmental Health, Ministry of Health Republic of Indonesia, 2015

As can be seen in Figure 7.8, nationally the number of public places that fulfill the requirement (68.24%) has not met the target of the Ministry of Health's Strategic Plan. Province with highest percentage was Central Sulawesi with 89.41% while province with the lowest

percentage was Lampung with 47.35%. Assessment of public places has not been done in two provinces, East Nusa Tenggara and Papua. Complete breakdown regarding percentage of public places that have fulfilled health requirement in 2014 can be seen in annex 7.8.

Problems that are being faced during the effort of increasing number of healthy public places include lack of coordination between programs and sectors, lack of funding allocation for the process of health improvement and monitoring of public places, approach and reporting mechanism that is still ineffective, and lack of equipment to measure the environmental quality. Several efforts can be done to overcome the problems previously mentioned, this includes increasing integrated advocacy and socialization between programs and sectors, fulfilling the need for monitoring equipment to measure the environment's health parameter, improving monitoring and evaluation system, and also increasing the capacity of public places owner so that they take part in increasing the environment healthy quality.

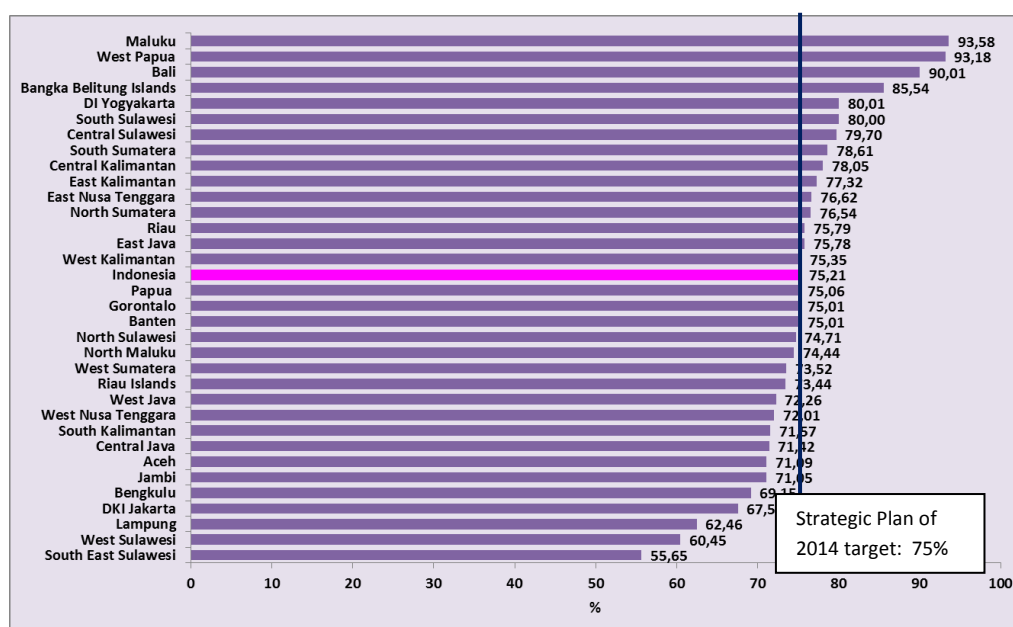
G. ACTIVITIES TO IMPROVE HEALTH IN FOOD MANAGEMENT SITE

Food management site is a company that offers services in food management; this includes catering, restaurants, drinking water depot, canteen and street food. Criteria for a healthy food management site are present in the Minister of health regulation number 1098/Menkes/SK/VII/2003 regarding the Hygiene and Sanitation of Restaurant. The hygiene and sanitation requirement that needs to be fulfilled includes:

1. Requirements regarding location and building
2. Requirements regarding sanitation facilities
3. Requirements regarding kitchen, restaurant and food storage
4. Requirements regarding food ingredients and delicatessens
5. Requirements regarding food processing
6. Requirements regarding storage of food ingredients and delicatessens
7. Requirements regarding serving of delicatessens
8. Requirements regarding tools being used

Figure 7.9 shows that nationally, there are 75.21% food management site that had fulfilled the health requirements. This result had already surpassed the target of 75% that is being set in the Ministry of Health 2014 Strategic Plan. Provinces with the highest percentage of healthy food management site are Maluku (93.58%), followed by West Papua (93.18%) and Bali (93.18%). Provinces with the lowest percentage of healthy food management site are Southeast Sulawesi (55.65%), followed by West Sulawesi (60.45%) and Lampung (62.46%). Complete breakdown regarding percentage of food management site that had fulfilled the health criteria in 2014 can be seen in annex 7.9.

FIGURE 7.9
PERCENTAGES OF FOOD PRODUCTION SITES THAT FULFILL HEALTH REQUIREMENT IN 2014



Source: Directorate General of Disease Control and Environmental Health, Ministry of Health Republic of Indonesia, 2015

Efforts that can be made in order to increase the number of healthy food management site includes offering support in legal aspect regarding the operationalization of supervision and monitoring in food management site and food processing site, increasing partnership networking, increasing human resource capacity, provisions of facilities and infrastructure (for example, provision of media for communication, information and education regarding food hygiene and sanitation and early detection method for food poisoning outbreak), provision of data processing and up-to-date, real time information via food hygiene and sanitation e-money, expansion of district/municipality efforts with committed areas to improve supervision and controlling of standardized food management site, and facilitate co-administration of center for food and snacks in district/municipality.

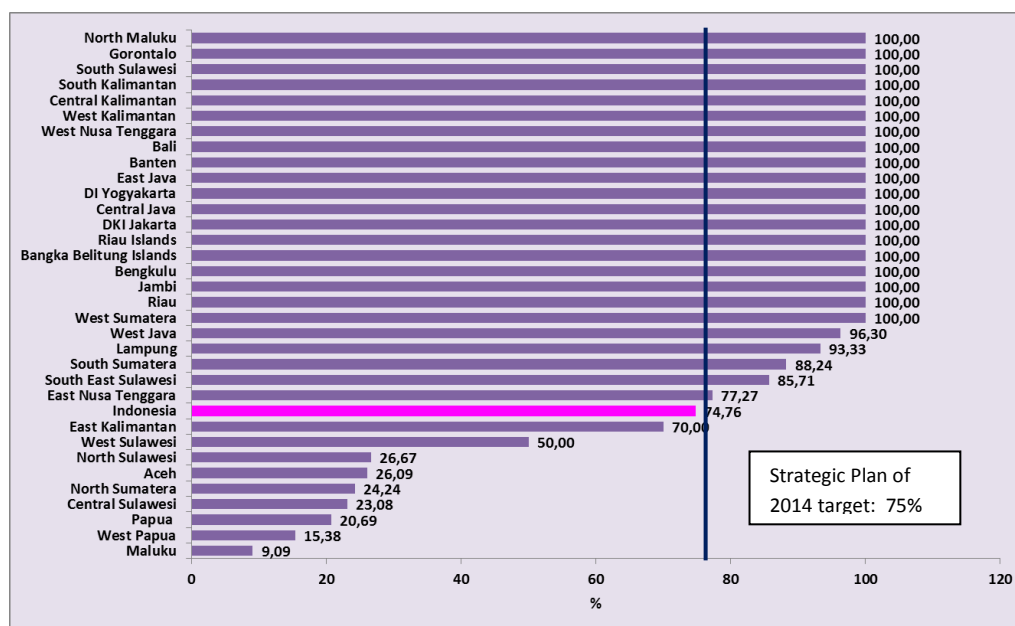
H. MANAGEMENT OF MEDICAL WASTE

According to the annex from the Ministry of Health Decree in 2004 number 1204 regarding Health Requirement in Hospital Environment, medical wastes are all waste (solid, liquid or gas) that is produced from medical activities. Solid medical waste are waste that consist of infectious waste, pathologic waste, waste consisting of sharp objects, pharmaceutical waste, cytotoxic waste, chemical waste, radioactive waste, pressured container waste and waste with high heavy metal content. Liquid waste consist of all water waste including fecal matters that may contain microorganism, poisonous chemical substances, and radioactive substance that may poses threat to someone's health. Gas waste includes all waste in gas forms that came from burning activities such as from the incinerator, kitchen, generator equipment, anesthesiology procedures and manufacturing of cytotoxic drugs.

Processing of medical waste would obviously be different compared to domestic or household waste. Placement of medical waste should be done in a proper container based upon the waste's chemical characteristic, radioactivity and volume. Collected medical waste cannot be discarded directly towards domestic waste's disposal; it has to undergo necessary processing steps. Medical waste in the form of gas should be equipped with gas and dust emission reduction

equipment prior to its disposal. Efforts should also be made to decrease the number of waste being produced through the process of reduce, reuse and recycle. Increasing number of trees and plants would also be beneficial as it can reduce number of pollutant from gas and dust.

FIGURE 7.10
PERCENTAGE OF DISTRICT/MUNICIPALITY THAT IMPLEMENT MEDICAL WASTE MANAGEMENT AT THE HOSPITAL IN 2014



Source: Directorate General of Disease Control and Environmental Health, Ministry of Health Republic of Indonesia, 2015

Based upon Figure 7.10, it can be seen that nationally there are 74.76% of district/municipality that had conducted supervision on processing of medical waste. This number has not fulfilled the Ministry of Health 2014 Strategic Plan that assign a target of 75%. There are 19 provinces with all district/municipality under it that had conducted supervision on processing of medical waste. While the province of North Kalimantan had not conducted any supervision nor monitoring regarding the processing of medical waste. Complete breakdown regarding percentage of district/municipality that had conducted supervision upon processing of hospital's medical waste in 2014 can be seen in annex 7.10.

Efforts that are being done to increase supervision in processing of medical waste include building of partnership and development of networking, development of proper and useful technology, increasing the human resource's capacity, and supervision and evaluation. Yet, there are still problems regarding the processing of medical waste, this include several hospitals has not been doing proper disposal of their medical waste, usage of medical equipment that contains mercury, and technical problems in equipment being used to process medical waste. Some steps that can be taken to counter the problems mentioned above, includes:

1. Conducting a demonstration regarding medical waste disposal in hospital, such as using non-incineration based equipment in processing medical waste.
2. Conducting workshops regarding processing of medical waste in hospital and workshops regarding free mercury. The workshop would be attended by the provincial public health officers, technical implementation unit, and other related sectors (Ministry of the Environment and Forestry, Environmental Agency and Hospitals).
3. Conduction of radiation monitoring evaluation.

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* * *

ANNEX

Annex 1.1

DISTRIBUTION OF GOVERNMENT ADMINISTRATION BY PROVINCE, 2014

No	Province	Distribution of Administration Area					
		District	Municipality	District+Municipality	Subdistrict	Village (<i>Kelurahan</i>)	Village (<i>Desa</i>)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Aceh	18	5	23	289	0	6,474
2	North Sumatra	25	8	33	436	691	5,389
3	West Sumatra	12	7	19	179	259	880
4	Riau	10	2	12	163	243	1,592
5	Jambi	9	2	11	138	163	1,398
6	South Sumatra	13	4	17	231	377	2,817
7	Bengkulu	9	1	10	126	172	1,341
8	Lampung	13	2	15	225	205	2,435
9	Bangka Belitung Islands	6	1	7	47	78	309
10	Riau Islands	5	2	7	66	141	275
11	DKI Jakarta	1	5	6	44	267	0
12	West Java	18	9	27	626	641	5,319
13	Central Java	29	6	35	573	750	7,809
14	DI Yogyakarta	4	1	5	78	46	392
15	East Java	29	9	38	664	776	7,723
16	Banten	4	4	8	155	313	1,238
17	Bali	8	1	9	57	80	636
18	West Nusa Tenggara	8	2	10	116	142	995
19	East Nusa Tenggara	21	1	22	306	318	2,950
20	West Kalimantan	12	2	14	174	89	1,908
21	Central Kalimantan	13	1	14	136	138	1,434
22	South Kalimantan	11	2	13	152	143	1,864
23	East Kalimantan	7	3	10	103	196	833
24	North Kalimantan	4	1	5	50	35	447
25	North Sulawesi	11	4	15	167	332	1,490
26	Central Sulawesi	12	1	13	174	168	1,839
27	South Sulawesi	21	3	24	306	785	2,253
28	South East Sulawesi	15	2	17	209	377	1,820
29	Gorontalo	5	1	6	77	72	657
30	West Sulawesi	6		6	69	71	576
31	Maluku	9	2	11	118	33	1,191
32	North Maluku	8	2	10	113	117	1,063
33	West Papua	12	1	13	203	87	1,628
34	Papua	28	1	29	524	107	5,118
	Indonesia	416	98	514	7,094	8,412	74,093

Source: Ministry of Home Affairs, 2015

Based on the regulation of the Ministry of Home Affairs No. 39, 2015

Annex 1.2

ESTIMATION OF POPULATION NUMBER BY SEX AND SEX RATIO BY PROVINCE, 2014

No	Province	Male	Female	Total	Sex Ratio
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	2,365,626	2,366,079	4,731,705	100.0
2	North Sumatra	6,753,829	6,774,108	13,527,937	99.7
3	West Sumatra	2,527,260	2,571,530	5,098,790	98.3
4	Riau	3,273,675	3,084,961	6,358,636	106.1
5	Jambi	1,742,763	1,669,696	3,412,459	104.4
6	South Sumatra	4,068,596	3,927,939	7,996,535	103.6
7	Vegetables	932,755	895,536	1,828,291	104.2
8	Lampung	4,101,852	3,870,394	7,972,246	106.0
9	Bangka Belitung Islands	714,779	665,983	1,380,762	107.3
10	Riau Islands	1,041,183	990,712	2,031,895	105.1
11	DKI Jakarta	5,136,173	4,998,857	10,135,030	102.7
12	West Java	23,557,049	22,743,494	46,300,543	103.6
13	Central Java	16,286,404	16,493,428	32,779,832	98.7
14	DI Yogyakarta	1,774,459	1,819,831	3,594,290	97.5
15	East Java	19,021,215	19,508,266	38,529,481	97.5
16	Banten	6,051,954	5,782,133	11,834,087	104.7
17	Bali	2,127,969	2,097,415	4,225,384	101.5
18	West Nusa Tenggara	2,279,683	2,422,706	4,702,389	94.1
19	East Nusa Tenggara	2,516,606	2,554,140	5,070,746	98.5
20	West Kalimantan	2,321,739	2,224,700	4,546,439	104.4
21	Central Kalimantan	1,233,335	1,135,319	2,368,654	108.6
22	South Kalimantan	1,979,604	1,934,304	3,913,908	102.3
23	East Kalimantan	1,842,870	1,665,142	3,508,012	110.7
24	North Kalimantan	323,114	284,615	607,729	113.5
25	North Sulawesi	1,215,227	1,167,714	2,382,941	104.1
26	Central Sulawesi	1,453,503	1,385,787	2,839,290	104.9
27	South Sulawesi	4,098,674	4,297,073	8,395,747	95.4
28	South East Sulawesi	1,212,907	1,205,055	2,417,962	100.7
29	Gorontalo	567,181	567,317	1,134,498	100.0
30	West Sulawesi	642,684	641,936	1,284,620	100.1
31	Maluku	861,747	846,443	1,708,190	101.8
32	North Maluku	582,295	559,266	1,141,561	104.1
33	West Papua	462,254	415,183	877,437	111.3
34	Papua	1,850,900	1,635,532	3,486,432	113.2
	Indonesia	126,921,864	125,202,594	252,124,458	101.4

Source: Center for Data and Information, MoH RI, 2015

Annex 1.3

ESTIMATION OF POPULATION NUMBER BY AGE GROUP AND SEX, 2014

No	Age Group	Male	Female	Total
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
1	0-4	12,374,083	11,688,023	24,062,106
2	5-9	12,705,167	11,967,310	24,672,477
3	10-14	12,374,565	11,693,303	24,067,868
4	15-19	11,261,010	10,889,693	22,150,703
5	20-24	10,488,191	10,608,966	21,097,157
6	25-29	11,278,351	11,327,641	22,605,992
7	Vegetables	10,555,312	10,482,188	21,037,500
8	35-39	9,906,309	9,725,280	19,631,589
9	40-44	8,829,820	8,701,398	17,531,218
10	45-49	7,461,442	7,435,054	14,896,496
11	50-54	6,223,475	6,041,940	12,265,415
12	55-59	4,668,655	4,294,477	8,963,132
13	60-64	3,105,577	3,322,039	6,427,616
14	65-69	2,360,724	2,619,093	4,979,817
15	70-74	1,624,855	2,042,153	3,667,008
16	75+	1,704,328	2,364,036	4,068,364
Total		126,921,864	125,202,594	252,124,458

Source: Center for Data and Information, MoH RI, 2015

Annex 1.4

ESTIMATION OF POPULATION NUMBER BY SEX, AREA SIZE AND POPULATION DENSITY BY PROVINCE, 2014

No	Province	Male	Female	Total	Area Size (Km ²)	Population Density (People per Km ²)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	2,365,626	2,366,079	4,731,705	57,956.00	81.64
2	North Sumatra	6,753,829	6,774,108	13,527,937	72,981.23	185.36
3	West Sumatra	2,527,260	2,571,530	5,098,790	42,012.89	121.36
4	Riau	3,273,675	3,084,961	6,358,636	87,023.66	73.07
5	Jambi	1,742,763	1,669,696	3,412,459	50,058.16	68.17
6	South Sumatra	4,068,596	3,927,939	7,996,535	91,592.43	87.31
7	Vegetables	932,755	895,536	1,828,291	19,919.33	91.78
8	Lampung	4,101,852	3,870,394	7,972,246	34,623.80	230.25
9	Bangka Belitung Islands	714,779	665,983	1,380,762	16,424.06	84.07
10	Riau Islands	1,041,183	990,712	2,031,895	8,201.72	247.74
11	DKI Jakarta	5,136,173	4,998,857	10,135,030	664.01	15,263.37
12	West Java	23,557,049	22,743,494	46,300,543	35,377.76	1,308.75
13	Central Java	16,286,404	16,493,428	32,779,832	32,800.69	999.36
14	DI Yogyakarta	1,774,459	1,819,831	3,594,290	3,133.15	1,147.18
15	East Java	19,021,215	19,508,266	38,529,481	47,799.75	806.06
16	Banten	6,051,954	5,782,133	11,834,087	9,662.92	1,224.69
17	Bali	2,127,969	2,097,415	4,225,384	5,780.06	731.03
18	West Nusa Tenggara	2,279,683	2,422,706	4,702,389	18,572.32	253.19
19	East Nusa Tenggara	2,516,606	2,554,140	5,070,746	48,718.10	104.08
20	West Kalimantan	2,321,739	2,224,700	4,546,439	147,307.00	30.86
21	Central Kalimantan	1,233,335	1,135,319	2,368,654	153,564.50	15.42
22	South Kalimantan	1,979,604	1,934,304	3,913,908	38,744.23	101.02
23	East Kalimantan	1,842,870	1,665,142	3,508,012	129,066.64	27.18
24	North Kalimantan	323,114	284,615	607,729	75,467.70	8.05
25	North Sulawesi	1,215,227	1,167,714	2,382,941	13,851.64	172.03
26	Central Sulawesi	1,453,503	1,385,787	2,839,290	61,841.29	45.91
27	South Sulawesi	4,098,674	4,297,073	8,395,747	46,717.48	179.71
28	South East Sulawesi	1,212,907	1,205,055	2,417,962	38,067.70	63.52
29	Gorontalo	567,181	567,317	1,134,498	11,257.07	100.78
30	West Sulawesi	642,684	641,936	1,284,620	16,787.18	76.52
31	Maluku	861,747	846,443	1,708,190	46,914.03	36.41
32	North Maluku	582,295	559,266	1,141,561	31,982.50	35.69
33	West Papua	462,254	415,183	877,437	99,671.63	8.80
34	Papua	1,850,900	1,635,532	3,486,432	319,036.05	10.93
	Indonesia	126,921,864	125,202,594	252,124,458	1,913,578.68	131.76

Source: Center for Data and Information, MoH RI and Ministry of Home Affairs Indonesia, 2015

Annex 1.5

ESTIMATED NUMBER OF LIVEBIRTHS, INFANT, UNDER THREE AND UNDER FIVE YEARS OLD CHILDREN BY PROVINCE, 2014

No	Province	Number of Live Births			Number of Infants (0 years old)			Number of Under Three (0-2 years old)			Number of Under Five (1 - 4 years old)			Number of Under Five (0 - 4 years old)		
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1	Aceh	52,363	49,447	101,810	51,333	48,474	99,807	160,025	151,152	311,177	214,852	203,103	417,955	266,194	251,569	517,763
2	North Sumatra	156,993	150,514	307,507	150,762	144,542	295,304	457,220	435,612	892,832	622,292	589,072	1,211,364	773,059	733,606	1,506,665
3	West Sumatra	55,795	53,541	109,336	53,581	51,417	104,998	160,049	151,729	311,778	218,037	204,455	422,492	271,651	255,836	527,487
4	Riau	75,323	70,691	146,014	73,087	68,593	141,680	226,731	213,619	440,350	307,102	290,239	597,341	380,202	358,822	739,024
5	Jambi	36,568	34,656	71,224	35,483	33,628	69,111	108,489	102,850	211,339	146,233	138,643	284,876	181,723	172,263	353,986
6	Vegetables	85,648	81,225	166,873	82,249	78,002	160,251	251,836	238,636	490,472	339,244	320,705	659,949	421,499	398,699	820,198
7	Bengkulu	19,642	18,602	38,244	18,862	17,865	36,727	56,779	53,638	110,417	77,146	72,703	149,849	96,016	90,559	186,575
8	Lampung	84,754	79,135	163,889	81,390	75,995	157,385	241,020	226,795	467,815	315,583	298,334	613,917	396,960	374,332	771,292
9	Bangka Belitung Islands	15,244	14,316	29,560	14,791	13,891	28,682	44,425	41,915	86,340	59,077	56,044	115,121	73,874	69,929	143,803
10	Riau Islands	26,426	24,435	50,861	25,641	23,710	49,351	77,068	71,772	148,840	99,578	93,510	193,088	125,225	117,212	242,437
11	DKI Jakarta	88,715	88,279	176,994	86,969	86,542	173,511	268,739	257,773	526,512	362,027	336,785	698,812	448,889	423,427	872,316
12	West Java	451,417	427,730	879,147	438,018	415,034	853,052	1,334,989	1,263,690	2,598,679	1,832,754	1,732,314	3,565,068	2,270,787	2,147,339	4,418,126
13	Central Java	293,213	271,789	565,002	287,442	266,441	553,883	848,912	796,154	1,645,066	1,120,313	1,061,279	2,181,592	1,407,634	1,327,814	2,735,448
14	DI Yogyakarta	28,055	26,718	54,773	27,502	26,193	53,695	83,457	78,761	162,218	109,600	102,879	212,479	137,101	129,070	266,171
15	East Java	299,380	286,459	585,839	293,487	280,821	574,308	899,234	857,380	1,756,614	1,240,670	1,179,125	2,419,795	1,534,169	1,459,941	2,994,110
16	Banten	117,759	111,169	228,928	113,085	106,758	219,843	351,852	331,971	683,823	486,582	458,689	945,271	599,675	565,445	1,165,120
17	Bali	36,780	33,612	70,392	36,056	32,950	69,006	112,325	103,746	216,071	151,735	141,533	293,268	187,793	174,481	362,274
18	West Nusa Tenggara	53,747	50,459	104,206	51,614	48,457	100,071	150,037	141,589	291,626	202,751	192,322	395,073	254,369	240,771	495,140
19	East Nusa Tenggara	64,384	61,368	125,752	61,828	58,934	120,762	190,412	181,424	371,836	267,395	254,216	521,611	329,234	313,144	642,378
20	West Kalimantan	47,277	44,743	92,020	45,401	42,967	88,368	140,963	133,368	274,331	193,985	183,829	377,814	239,394	226,791	466,185
21	Central Kalimantan	23,781	22,467	46,248	23,312	22,026	45,338	74,380	70,329	144,709	104,392	98,717	203,109	127,715	120,736	248,451
22	South Kalimantan	41,617	39,155	80,772	39,965	37,601	77,566	118,769	111,615	230,384	157,689	148,101	305,790	197,662	185,691	383,353
23	East Kalimantan	46,528	43,877	90,405	45,612	43,014	88,626	140,106	131,913	272,019	187,178	175,782	362,960	232,798	218,788	451,586
24	North Sulawesi	21,406	20,364	41,770	20,770	19,760	40,530	63,690	60,153	123,843	88,257	82,627	170,884	109,041	102,373	211,414
25	Central Sulawesi	30,682	29,155	59,837	29,464	27,999	57,463	92,200	87,263	179,463	130,338	123,047	253,385	159,816	151,036	310,852
26	South Sulawesi	85,726	81,695	167,421	82,323	78,454	160,777	249,213	236,021	485,234	341,228	321,635	662,863	423,584	400,053	823,637
27	South East Sulawesi	30,200	28,717	58,917	29,001	27,578	56,579	87,328	82,628	169,956	120,025	113,087	233,112	149,036	140,655	289,691
28	Gorontalo	11,916	11,300	23,216	11,443	10,852	22,295	35,074	33,111	68,185	48,172	45,512	93,684	59,623	56,356	115,979
29	West Sulawesi	15,114	14,382	29,496	14,514	13,812	28,326	45,125	42,706	87,831	63,839	60,305	124,144	78,364	74,108	152,472
30	Maluku	20,610	19,831	40,441	19,792	19,044	38,836	62,128	59,272	121,400	87,105	82,269	169,374	106,905	101,306	208,211
31	North Maluku	13,388	12,894	26,282	12,857	12,383	25,240	41,096	39,427	80,523	58,523	55,913	114,436	71,387	68,291	139,678
32	West Papua	10,996	10,403	21,399	10,559	9,990	20,549	33,001	31,065	64,066	44,982	42,226	87,208	55,547	52,210	107,757
33	Papua	28,683	26,046	54,729	27,831	25,274	53,105	106,811	96,357	203,168	174,681	156,426	331,107	202,482	181,755	384,237
	Indonesia	2,470,130	2,339,174	4,809,304	2,396,024	2,269,001	4,665,025	7,313,483	6,915,434	14,228,917	9,973,365	9,415,426	19,388,791	12,369,408	11,684,408	24,053,816

Source: Center for Data and Information, MoH RI, 2014

Annex 1.6

**ESTIMATED POPULATION NUMBER BY AGE GROUP BASED ON YOUNG AGE, PRODUCTIVE AND NON PRODUCTIVE AGE,
BY SEX AND PROVINCE, 2014**

No	Province	Number of Young Age Population (<15 yo)			Number of Productive Population (15-64 yo)			Number of Non Productive Population (65+ yo)		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	775,602	734,645	1,510,247	1,511,535	1,526,993	3,038,528	78,489	104,441	182,930
2	North Sumatra	2,306,494	2,179,344	4,485,838	4,224,241	4,283,690	8,507,931	223,094	311,074	534,168
3	West Sumatra	836,315	786,594	1,622,909	1,573,114	1,609,726	3,182,840	117,831	175,210	293,041
4	Riau	1,082,030	1,020,454	2,102,484	2,111,844	1,979,131	4,090,975	79,801	85,376	165,177
5	Vegetables	533,779	505,912	1,039,691	1,150,182	1,099,993	2,250,175	58,802	63,791	122,593
6	South Sumatra	1,240,375	1,172,992	2,413,367	2,676,218	2,576,693	5,252,911	152,003	178,254	330,257
7	Bengkulu	286,507	270,810	557,317	612,670	586,541	1,199,211	33,578	38,185	71,763
8	Lampung	1,204,253	1,136,216	2,340,469	2,702,152	2,536,907	5,239,059	195,447	197,271	392,718
9	Bangka Belitung Islands	207,996	197,953	405,949	483,768	439,873	923,641	23,015	28,157	51,172
10	Riau Islands	306,478	288,180	594,658	713,962	680,799	1,394,761	20,743	21,733	42,476
11	DKI Jakarta	1,241,320	1,176,464	2,417,784	3,746,554	3,656,168	7,402,722	148,299	166,225	314,524
12	West Java	6,940,762	6,570,519	13,511,281	15,609,903	15,017,695	30,627,598	1,006,384	1,155,280	2,161,664
13	Central Java	4,419,211	4,179,894	8,599,105	10,815,461	10,998,332	21,813,793	1,051,732	1,315,202	2,366,934
14	DI Yogyakarta	404,987	382,445	787,432	1,218,422	1,244,184	2,462,606	151,050	193,202	344,252
15	East Java	4,845,323	4,601,517	9,446,840	13,009,267	13,325,632	26,334,899	1,166,625	1,581,117	2,747,742
16	Banten	1,821,822	1,711,438	3,533,260	4,075,955	3,885,769	7,961,724	154,177	184,926	339,103
17	Bali	564,163	527,008	1,091,171	1,434,355	1,418,997	2,853,352	129,451	151,410	280,861
18	West Nusa Tenggara	749,330	711,845	1,461,175	1,429,804	1,594,198	3,024,002	100,549	116,663	217,212
19	East Nusa Tenggara	970,262	917,155	1,887,417	1,424,414	1,503,635	2,928,049	121,930	133,350	255,280
20	West Kalimantan	740,601	703,980	1,444,581	1,499,677	1,436,615	2,936,292	81,461	84,105	165,566
21	Central Kalimantan	376,133	354,990	731,123	822,759	744,690	1,567,449	34,443	35,639	70,082
22	South Kalimantan	586,103	550,659	1,136,762	1,333,290	1,300,750	2,634,040	60,211	82,895	143,106
23	East Kalimantan	648,085	607,635	1,255,720	1,467,305	1,292,804	2,760,109	50,594	49,318	99,912
24	North Sulawesi	342,454	319,621	662,075	814,136	772,378	1,586,514	58,637	75,715	134,352
25	Central Sulawesi	484,240	456,708	940,948	918,623	875,558	1,794,181	50,640	53,521	104,161
26	South Sulawesi	1,330,840	1,256,847	2,587,687	2,571,173	2,770,589	5,341,762	196,661	269,637	466,298
27	South East Sulawesi	435,384	409,718	845,102	735,311	744,034	1,479,345	42,212	51,303	93,515
28	Gorontalo	185,535	176,955	362,490	363,699	366,938	730,637	17,947	23,424	41,371
29	West Sulawesi	237,534	224,379	461,913	380,965	388,505	769,470	24,185	29,052	53,237
30	Maluku	318,367	297,786	616,153	510,441	511,514	1,021,955	32,939	37,143	70,082
31	North Maluku	208,598	196,683	405,281	357,840	344,828	702,668	15,857	17,755	33,612
32	West Papua	154,646	144,170	298,816	299,608	263,843	563,451	8,000	7,170	15,170
33	Papua	654,131	566,192	1,220,323	1,176,648	1,053,527	2,230,175	20,121	15,813	35,934
	Indonesia	37,439,660	35,337,708	72,777,368	83,775,296	82,831,529	166,606,825	5,706,908	7,033,357	12,740,265

Source: Center for Data and Information, MoH RI, 2014

Annex 1.7

**ESTIMATED NUMBER OF WOMEN OF REPRODUCTIVE AGE (WRA/15-49 YEARS OLD), WRA WITH IMMUNIZATION,
PREGNANT AND DELIVERING WOMEN, 2014**

No	Province	Number of Women of Reproductive Age (15 - 49 years old)	Number of WRA with Immunization (15 - 39 years old)	Number of Pregnant Women	Number of Delivering/Puerpural Women
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	1,313,901	1,051,652	111,991	106,901
2	North Sumatra	3,602,259	2,794,408	338,258	322,883
3	West Sumatra	1,310,498	1,004,139	120,270	114,803
4	Riau	1,750,304	1,412,692	160,615	153,314
5	Vegetables	948,218	750,904	78,347	74,786
6	South Sumatra	2,195,170	1,725,601	183,561	175,217
7	Bengkulu	505,313	398,142	42,069	40,157
8	Lampung	2,149,211	1,661,038	180,278	172,084
9	Bangka Belitung Islands	372,008	295,776	32,515	31,037
10	Riau Islands	616,858	524,294	55,947	53,404
11	DKI Jakarta	3,152,821	2,500,032	194,693	185,843
12	West Java	12,630,355	9,761,161	967,062	923,105
13	Central Java	8,800,984	6,405,053	621,502	593,252
14	DI Yogyakarta	979,991	711,689	60,250	57,511
15	East Java	10,646,613	7,731,799	644,423	615,131
16	Banten	3,418,977	2,735,352	251,820	240,374
17	Bali	1,155,318	858,995	77,431	73,911
18	West Nusa Tenggara	1,345,188	1,062,297	114,627	109,417
19	East Nusa Tenggara	1,250,389	967,345	138,327	132,039
20	West Kalimantan	1,221,830	965,071	101,222	96,621
21	Central Kalimantan	653,446	524,405	50,873	48,561
22	South Kalimantan	1,112,543	865,982	88,849	84,810
23	East Kalimantan	1,138,193	900,562	99,445	94,925
24	North Sulawesi	622,050	462,332	45,947	43,859
25	Central Sulawesi	747,124	586,663	65,821	62,829
26	South Sulawesi	2,293,737	1,768,809	184,163	175,792
27	South East Sulawesi	639,717	514,257	64,809	61,863
28	Gorontalo	307,811	239,099	25,538	24,377
29	West Sulawesi	330,932	264,213	32,446	30,971
30	Maluku	431,923	342,108	44,485	42,463
31	North Maluku	297,279	240,789	28,911	27,597
32	West Papua	234,066	190,475	23,538	22,468
33	Papua	973,798	800,230	60,202	57,466
Indonesia		69,148,825	53,017,364	5,290,235	5,049,771

Source: Center for Data and Information, MoH RI, 2014

Annex 1.8

NUMBER OF PRE SCHOOL, FIRST GRADE OF ELEMENTARY SCHOOL, AND ELEMENTARY SCHOOL CHILDREN BY PROVINCE, 2014

No	Province	Number of Pre School Children (5 - 6 years old)			Number of 1st Grade of Elementary School (7 years old)			Elementary School Children (7 - 12 years old)		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	98,496	93,249	191,745	50,946	48,237	99,183	309,893	293,411	603,304
2	North Sumatra	311,671	293,264	604,935	156,097	146,768	302,865	921,980	867,444	1,789,424
3	West Sumatra	112,631	104,921	217,552	56,583	52,781	109,364	340,996	319,530	660,526
4	Riau	150,950	142,628	293,578	74,017	69,820	143,837	421,172	396,947	818,119
5	Jambi	71,624	67,807	139,431	36,064	34,116	70,180	212,703	201,415	414,118
6	Vegetables	167,281	157,216	324,497	83,707	78,617	162,324	492,102	465,238	957,340
7	Bengkulu	38,274	35,978	74,252	19,105	17,971	37,076	114,881	108,626	223,507
8	Lampung	153,121	144,076	297,197	78,268	73,470	151,738	487,306	460,739	948,045
9	Bangka Belitung Islands	28,541	27,216	55,757	14,250	13,604	27,854	80,699	77,165	157,864
10	Riau Islands	44,902	42,515	87,417	20,942	19,811	40,753	107,643	101,210	208,853
11	DKI Jakarta	169,736	157,664	327,400	84,963	79,782	164,745	479,659	450,941	930,600
12	West Java	924,566	872,018	1,796,584	473,970	447,126	921,096	2,824,034	2,673,704	5,497,738
13	Central Java	559,289	531,542	1,090,831	292,007	276,886	568,893	1,823,562	1,728,355	3,551,917
14	DI Yogyakarta	52,203	49,322	101,525	26,650	25,276	51,926	160,566	151,455	312,021
15	East Java	625,575	593,181	1,218,756	326,914	309,823	636,737	2,005,074	1,898,596	3,903,670
16	Banten	238,041	223,862	461,903	122,186	114,712	236,898	743,296	696,092	1,439,388
17	Bali	75,442	70,805	146,247	38,795	36,388	75,183	230,372	215,963	446,335
18	West Nusa Tenggara	96,056	91,364	187,420	49,885	47,383	97,268	302,519	287,191	589,710
19	East Nusa Tenggara	140,351	132,460	272,811	67,882	63,874	131,756	385,387	362,847	748,234
20	West Kalimantan	100,942	96,145	197,087	51,969	49,556	101,525	305,591	290,603	596,194
21	Central Kalimantan	51,953	48,997	100,950	26,466	24,929	51,395	151,898	143,223	295,121
22	South Kalimantan	79,072	74,267	153,339	40,985	38,489	79,474	236,537	221,980	458,517
23	East Kalimantan	89,786	83,885	173,671	44,476	41,513	85,989	250,942	235,018	485,960
24	North Sulawesi	48,915	45,258	94,173	24,403	22,552	46,955	139,797	130,076	269,873
25	Central Sulawesi	70,449	66,481	136,930	35,131	33,149	68,280	198,298	186,604	384,902
26	South Sulawesi	176,878	166,500	343,378	92,387	87,010	179,397	558,793	526,229	1,085,022
27	South East Sulawesi	60,763	57,079	117,842	29,942	28,108	58,050	173,755	162,857	336,612
28	Gorontalo	26,887	25,684	52,571	13,052	12,519	25,571	75,308	71,995	147,303
29	West Sulawesi	33,487	31,758	65,245	16,873	16,010	32,883	97,176	91,503	188,679
30	Maluku	44,918	41,795	86,713	22,272	20,642	42,914	128,650	119,355	248,005
31	North Maluku	30,105	28,527	58,632	14,557	13,727	28,284	82,339	76,944	159,283
32	West Papua	22,034	20,686	42,720	10,496	9,841	20,337	59,902	55,533	115,435
33	Papua	88,406	77,986	166,392	45,638	39,779	85,417	283,933	240,838	524,771
	Indonesia	4,983,345	4,696,136	9,679,481	2,541,878	2,394,269	4,936,147	15,186,763	14,309,627	29,496,390

Source: Center for Data and Information, MoH RI, 2014

Annex 1.9

**NUMBER AND PERCENTAGE OF POOR PEOPLE AND POVERTY LINE
2000 - 2014**

No	Year	Number of Poor People (in million)			Percentage of Poor People			Poverty Line (IDR/Capita/Month)	
		Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	2000	12.31	26.43	38.74	14.6	22.38	19.14	91,632.00	73,648.00
2	2001	8.60	29.27	37.87	9.79	24.84	18.41	100,011.00	80,382.00
3	2002	13.32	25.08	38.39	14.46	21.1	18.2	130,499.00	96,512.00
4	2003	12.26	25.08	37.34	13.57	20.23	17.42	138,803.00	105,888.00
5	Vegetables	11.37	24.78	36.15	12.13	20.11	16.66	143,455.00	108,725.00
6	2005	12.40	22.7	35.1	11.68	19.98	15.97	165,565.00	117,365.00
7	2006	14.49	24.81	39.3	13.47	21.81	17.75	174,290.00	130,584.00
8	2007	13.56	23.61	37.17	12.52	20.37	16.58	187,942.00	146,837.00
9	2008	12.77	22.19	34.96	11.65	18.93	15.42	204,895.99	161,830.79
10	2009	11.91	20.62	32.53	10.72	17.35	14.15	222,123.10	179,834.57
11	2010	11.10	19.93	31.02	9.87	16.56	13.33	232,989.00	192,353.83
12	March 2011	11.05	18.97	30.02	9.23	15.72	12.49	253,015.51	213,394.51
13	September 2011	10.95	18.94	29.89	9.09	15.59	12.36	263,593.84	223,180.69
14	March 2012	10.65	18.49	29.13	8.78	15.12	11.96	267,407.53	229,225.78
15	September 2012	10.51	18.09	28.59	8.6	14.7	11.66	277,381.99	240,441.35
16	March 2013	10.33	17.74	28.07	8.39	14.32	11.37	289,042.00	253,273.00
17	September 2013	10.63	17.92	28.55	8.52	14.42	11.47	308,626.00	275,779.00
18	March 2014	10.51	17.77	28.28	8.34	14.17	11.25	318,514.00	286,097.00
19	September 2014	10.36	17.37	27.73	8.16	13.76	10.96	326,853.00	296,681.00

Source : BPS-Statistics Indonesia, 2015

Annex 1.10

POVERTY LINE, NUMBER AND PERCENTAGE OF POOR PEOPLE BY PROVINCE AND AREA, 2014

No	Province	March									September								
		Urban			Rural			Urban+Rural			Urban			Rural			Urban+Rural		
		Poverty Line (IDR/Capita/month)	Number (thousands)	Percentage of Poor People (%)	Poverty Line (IDR/Capita/month)	Number (thousands)	Percentage of Poor People (%)	Poverty Line (IDR/Capita/month)	Number (thousands)	Percentage of Poor People (%)	Poverty Line (IDR/Capita/month)	Number (thousands)	Percentage of Poor People (%)	Poverty Line (IDR/Capita/month)	Number (thousands)	Percentage of Poor People (%)	Poverty Line (IDR/Capita/month)	Number (thousands)	Percentage of Poor People (%)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
1	Aceh	383,186	161.94	11.76	350,204	719.31	20.52	359,504	881.26	18.05	396,939	158.04	11.36	369,232	679.38	19.19	377,049	837.42	16.98
2	North Sumatra	338,234	632.20	9.35	299,145	654.47	9.40	318,398	1,286.67	9.38	349,372	667.47	9.81	312,493	693.13	9.89	330,663	1,360.60	9.85
3	West Sumatra	374,968	108.08	5.43	333,511	271.12	8.68	349,656	379.20	7.41	390,862	108.53	5.41	349,824	246.21	7.84	365,827	354.74	6.89
4	Riau	375,286	166.36	6.90	357,009	333.52	8.92	364,176	499.89	8.12	386,606	159.53	6.53	374,466	338.75	8.93	379,223	498.28	7.99
5	Vegetables	379,183	100.12	9.85	291,534	163.68	7.07	318,262	263.80	7.92	390,931	109.07	10.67	302,162	172.68	7.39	329,181	281.75	8.39
6	South Sumatra	336,929	367.12	12.93	277,509	733.71	14.46	298,824	1,100.83	13.91	346,238	370.86	12.96	285,791	714.94	13.99	307,488	1,085.80	13.62
7	Bengkulu	362,614	104.54	18.22	325,261	216.41	17.14	336,930	320.95	17.48	378,881	99.59	17.19	346,395	216.91	17.04	356,554	316.50	17.09
8	Lampung	336,927	230.63	11.08	295,931	912.28	15.41	306,600	1,142.92	14.28	350,024	224.21	10.68	307,818	919.73	15.46	318,822	1,143.94	14.21
9	Bangka Belitung Islands	439,377	22.33	3.39	448,817	49.31	7.27	444,171	71.64	5.36	458,055	20.27	3.04	481,226	46.96	6.84	469,814	67.23	4.97
10	Riau Islands	421,733	97.38	6.09	385,071	30.42	9.86	415,800	127.80	6.70	431,127	91.27	5.61	399,063	32.90	10.54	425,967	124.17	6.40
11	DKI Jakarta	447,797	393.98	3.92	-	-	-	447,797	393.98	3.92	459,560	412.79	4.09	-	-	-	459,560	412.79	4.09
12	West Java	288,742	2,578.36	8.47	277,645	1,748.71	11.35	285,013	4,327.07	9.44	294,700	2,554.06	8.32	285,076	1,684.90	10.88	291,474	4,238.96	9.18
13	Central Java	279,036	1,945.29	12.68	267,991	2,891.17	15.96	273,056	4,836.45	14.46	286,014	1,771.53	11.50	277,802	2,790.29	15.35	281,570	4,561.82	13.58
14	DI Yogyakarta	327,273	333.03	13.81	286,137	211.84	17.36	313,452	544.87	15.00	333,561	324.43	13.36	296,429	208.15	16.88	321,056	532.58	14.55
15	East Java	287,582	1,535.81	8.35	278,429	3,250.98	16.13	282,796	4,786.79	12.42	293,391	1,531.89	8.30	286,798	3,216.53	15.92	289,945	4,748.42	12.28
16	Banten	315,239	375.69	4.73	281,925	247.14	6.67	304,636	622.84	5.35	324,902	381.18	4.74	296,241	268.01	7.18	315,819	649.19	5.51
17	Bali	310,321	99.90	4.01	271,646	85.30	5.34	295,210	185.20	4.53	316,235	109.20	4.35	279,140	86.76	5.39	301,747	195.96	4.76
18	West Nusa Tenggara	307,147	370.18	18.54	274,136	450.64	16.31	287,987	820.82	17.25	315,470	385.31	19.17	285,205	431.31	15.52	297,907	816.62	17.05
19	East Nusa Tenggara	337,367	100.34	10.23	248,606	894.33	22.15	265,955	994.68	19.82	340,459	105.70	10.68	251,040	886.18	21.78	268,536	991.88	19.60
20	West Kalimantan	291,533	82.05	5.76	279,049	319.46	9.76	282,835	401.51	8.54	307,789	78.53	5.47	294,044	303.38	9.20	298,212	381.91	8.07
21	Central Kalimantan	307,382	40.78	4.98	323,556	105.55	6.57	318,094	146.32	6.03	316,683	39.45	4.75	338,130	109.37	6.74	330,869	148.82	6.07
22	South Kalimantan	322,006	62.51	3.79	298,656	120.37	5.33	308,512	182.88	4.68	336,782	61.21	3.68	313,954	128.28	5.64	323,594	189.49	4.81
23	East Kalimantan	448,220	97.89	4.01	404,554	155.71	10.33	431,560	253.60	6.42	459,004	98.48	3.98	420,427	154.20	10.06	444,248	252.68	6.31
24	North Sulawesi	265,093	59.18	5.51	257,845	149.05	11.41	261,117	208.23	8.75	269,212	60.08	5.57	264,321	137.48	10.47	266,528	197.56	8.26
25	Central Sulawesi	336,900	67.08	9.77	303,975	325.57	15.27	311,993	392.65	13.93	349,978	71.56	10.35	321,009	315.41	14.66	328,063	387.06	13.61
26	South Sulawesi	240,276	162.49	5.22	211,271	701.81	13.25	222,003	864.30	10.28	246,416	154.40	4.93	219,109	651.95	12.25	229,222	806.35	9.54
27	South East Sulawesi	241,921	48.25	7.06	226,220	294.01	16.78	230,627	342.26	14.05	254,015	45.79	6.62	238,745	268.30	15.17	243,036	314.09	12.77
28	Gorontalo	246,633	25.21	6.60	241,936	168.96	23.10	243,547	194.17	17.44	250,157	23.88	6.24	246,290	171.22	23.21	247,611	195.10	17.41
29	West Sulawesi	235,934	26.31	9.16	233,215	127.58	13.19	233,838	153.89	12.27	245,959	29.87	9.99	246,695	124.82	12.67	246,524	154.69	12.05
30	Maluku	362,783	49.83	7.80	345,536	266.28	26.28	352,208	316.11	19.13	369,738	47.58	7.35	355,478	259.44	25.49	361,022	307.02	18.44
31	North Maluku	321,231	12.19	3.95	286,242	70.45	8.56	295,787	82.64	7.30	339,561	11.17	3.58	307,374	73.62	8.85	316,160	84.79	7.41
32	West Papua	416,158	14.78	5.86	389,812	214.65	36.16	397,662	229.43	27.13	440,241	14.06	5.52	423,701	211.40	35.01	428,608	225.46	26.26
33	Papua	404,944	35.37	4.47	338,206	889.04	38.92	355,380	924.41	30.05	408,419	35.61	4.46	340,846	828.50	35.87	358,204	864.11	27.80
	Indonesia	318,514	10,507.20	8.34	286,097	17,772.81	14.17	302,735	28,280.01	11.25	326,853	10,356.69	8.16	296,681	17,371.09	13.76	312,328	27,727.78	10.96

Source : BPS-Statistics Indonesia, 2015

Annex 1.11

POVERTY GAP INDEX (P1) AND SEVERITY INDEX (P2) BY PROVINCE, 2014

No	Province	March						September					
		Poverty Gap Index (P1) *			Poverty Severity Index (P2)**			Poverty Gap Index (P1) *			Poverty Severity Index (P2)**		
		Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	1.82	3.34	2.91	0.43	0.83	0.72	1.71	3.70	3.14	0.38	1.05	0.86
2	North Sumatra	1.24	1.69	1.47	0.30	0.44	0.37	1.56	1.86	1.71	0.39	0.51	0.45
3	West Sumatra	0.65	1.12	0.94	0.13	0.28	0.22	0.54	0.89	0.75	0.10	0.18	0.15
4	Riau	0.89	1.09	1.01	0.18	0.23	0.21	0.73	1.50	1.20	0.11	0.40	0.29
5	Vegetables	1.35	0.91	1.05	0.32	0.19	0.23	1.19	1.10	1.12	0.27	0.22	0.23
6	South Sumatra	2.11	2.33	2.25	0.55	0.61	0.59	2.34	2.44	2.41	0.62	0.62	0.62
7	Bengkulu	2.90	2.72	2.78	0.74	0.69	0.70	2.69	2.92	2.85	0.75	0.75	0.75
8	Lampung	1.85	2.36	2.23	0.44	0.56	0.53	1.90	2.43	2.30	0.51	0.58	0.56
9	Bangka Belitung Islands	0.65	0.81	0.73	0.16	0.15	0.16	0.48	0.72	0.60	0.10	0.13	0.12
10	Riau Islands	1.00	0.61	0.94	0.31	1.09	0.27	0.67	1.09	0.74	0.17	0.24	0.18
11	DKI Jakarta	0.39	0.00	0.39	0.07	0.00	0.07	0.60	0.00	0.60	0.13	0.00	0.13
12	West Java	1.40	1.78	1.52	0.37	0.41	0.38	1.31	1.55	1.39	0.32	0.35	0.33
13	Central Java	1.85	2.59	2.25	0.45	0.66	0.57	1.69	2.42	2.09	0.42	0.58	0.51
14	DI Yogyakarta	2.22	2.11	2.19	0.53	0.40	0.48	2.03	2.98	2.35	0.52	0.79	0.61
15	East Java	1.16	2.49	1.85	0.27	0.60	0.44	1.24	2.42	1.86	0.31	0.59	0.45
16	Banten	0.76	0.98	0.83	0.18	0.19	0.19	0.65	1.08	0.79	0.13	0.27	0.18
17	Bali	0.45	0.38	0.42	0.08	0.05	0.07	0.68	1.15	0.86	0.18	0.37	0.26
18	West Nusa Tenggara	2.73	2.44	2.56	0.61	0.61	0.61	3.90	2.22	2.92	1.10	0.45	0.72
19	East Nusa Tenggara	1.82	3.71	3.34	0.56	0.89	0.83	1.66	3.64	3.25	0.34	0.90	0.79
20	West Kalimantan	0.83	1.05	0.98	0.16	0.19	0.18	0.85	1.44	1.26	0.19	0.42	0.35
21	Central Kalimantan	0.80	0.72	0.75	0.19	0.15	0.17	0.44	1.24	0.97	0.07	0.34	0.25
22	South Kalimantan	0.68	0.59	0.63	0.18	0.12	0.14	0.41	0.83	0.65	0.08	0.20	0.15
23	East Kalimantan	0.70	1.68	1.08	0.19	0.43	0.28	0.55	1.19	0.79	0.13	0.25	0.18
24	North Sulawesi	0.74	1.59	1.21	0.17	0.33	0.26	0.98	1.53	1.28	0.24	0.34	0.30
25	Central Sulawesi	1.21	2.49	2.18	0.23	0.61	0.52	2.18	2.09	2.11	0.65	0.52	0.55
26	South Sulawesi	0.80	2.01	1.56	0.20	0.47	0.37	0.75	1.80	1.41	0.19	0.40	0.32
27	South East Sulawesi	0.86	2.43	1.99	0.22	0.54	0.45	0.96	2.53	2.09	0.21	0.64	0.52
28	Gorontalo	0.93	4.52	3.29	0.21	1.26	0.90	1.09	4.19	3.13	0.23	1.14	0.83
29	West Sulawesi	0.98	1.58	1.44	0.16	0.28	0.25	2.21	1.86	1.94	0.76	0.44	0.51
30	Maluku	1.53	5.23	3.80	0.52	1.49	1.12	1.14	5.99	4.11	0.26	2.08	1.37
31	North Maluku	0.44	1.35	1.10	0.07	0.33	0.26	0.40	1.44	1.16	0.07	0.31	0.24
32	West Papua	1.30	8.28	6.20	0.40	2.75	2.05	1.00	8.00	5.92	0.29	2.54	1.88
33	Papua	0.73	8.96	6.84	0.17	3.04	2.30	0.48	8.48	6.42	0.10	2.91	2.18
	Indonesia	1.25	2.26	1.75	0.31	0.57	0.44	1.25	2.25	1.75	0.31	0.57	0.44

Source : BPS-Statistics Indonesia, 2015

Note :

*) Depth Index of Poverty (P1) is a measure of average gap of poor people expenses to poverty line, the higher index the bigger gap to poverty line.

**) Poverty Severity Index (P2) provide an overview of the deployment of expenditure among the poor , the higher index the bigger expenditure inequality among the poor.

Annex 1.12

GINI INDEX BY PROVINCE, 2010 - 2014

No	Province	2010	2011	2012	2013	2014
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	0.30	0.33	0.32	0.34	0.34
2	North Sumatra	0.35	0.35	0.33	0.35	0.31
3	West Sumatra	0.33	0.35	0.36	0.36	0.33
4	Riau	0.33	0.36	0.40	0.37	0.38
5	Jambi	0.30	0.34	0.34	0.35	0.34
6	Vegetables	0.34	0.34	0.40	0.38	0.38
7	Bengkulu	0.37	0.36	0.35	0.39	0.36
8	Lampung	0.36	0.37	0.36	0.36	0.33
9	Bangka Belitung Islands	0.30	0.30	0.29	0.31	0.30
10	Riau Islands	0.29	0.32	0.35	0.36	0.44
11	DKI Jakarta	0.36	0.44	0.42	0.43	0.44
12	West Java	0.36	0.41	0.41	0.41	0.40
13	Central Java	0.34	0.38	0.38	0.39	0.39
14	DI Yogyakarta	0.41	0.40	0.43	0.44	0.43
15	East Java	0.34	0.37	0.36	0.36	0.40
16	Banten	0.42	0.40	0.39	0.40	0.42
17	Bali	0.37	0.41	0.43	0.40	0.44
18	West Nusa Tenggara	0.40	0.36	0.35	0.36	0.39
19	East Nusa Tenggara	0.38	0.36	0.36	0.35	0.35
20	West Kalimantan	0.37	0.40	0.38	0.40	0.40
21	Central Kalimantan	0.30	0.34	0.33	0.35	0.36
22	South Kalimantan	0.37	0.37	0.38	0.36	0.33
23	East Kalimantan	0.37	0.38	0.36	0.37	0.36
24	North Sulawesi	0.37	0.39	0.43	0.42	0.44
25	Central Sulawesi	0.37	0.38	0.40	0.41	0.35
26	South Sulawesi	0.40	0.41	0.41	0.43	0.45
27	South East Sulawesi	0.42	0.41	0.40	0.43	0.40
28	Gorontalo	0.43	0.46	0.44	0.44	0.45
29	West Sulawesi	0.36	0.34	0.31	0.35	0.38
30	Maluku	0.33	0.41	0.38	0.37	0.33
31	North Maluku	0.34	0.33	0.34	0.32	0.32
32	West Papua	0.38	0.40	0.43	0.43	0.41
33	Papua	0.41	0.42	0.44	0.44	0.46
Indonesia		0.38	0.41	0.41	0.41	0.41

Source : BPS-Statistics Indonesia, 2015

Note : Gini Index is coefficient showing inequality or homogeneity of income distribution, range from 0-1

The Value of 0 indicate homogeneity of income distribution and the Value of 1 indicate inequality of income distribution

Annex 1.13

AVERAGE PERCENTAGE OF MONTHLY COMMODITY EXPENDITURE PER CAPITA, 2014

No	Commodity	Average Monthly Expenditure per Capita
(1)	(2)	(3)
I	Food	
1	Millet	7.76
2	Tubers	0.46
3	Fish	4.10
4	Meat	1.93
5	Egg and Milk	3.08
6	Vegetables	3.87
7	Nuts	1.33
8	Fruits	2.48
9	Oil and Grease	1.64
10	Drink Ingredients	1.73
11	Spices	0.95
12	Other Consumption	1.01
13	Deli and Beverages	13.37
14	Tobacco and Betel	6.33
	Food Total	50.04
II	Non - Food	
1	Housing and Household Amenities	20.75
2	Goods and Services	12.35
3	Education	3.92
4	Health	3.29
5	Clothing, Footwear and Headgear	1.91
6	Durable Commodities	4.45
7	Tax and Insurance	1.78
8	Festival and Ceremonial Utilities	1.51
	Non - Food Total	49.96
	Food + Non - Food	100.00

Source : BPS-Statistics Indonesia, 2015

Note : Indonesian National Social Economic Survey (Ind: *SUSENAS*), March 2014

Annex 1.14

AVERAGE PERCENTAGE OF MONTHLY NON- FOOD EXPENDITURE PER CAPITA, 2014

No	Province	Housing and Household Amenities	Goods and Services	Education	Health	Clothing, Footwear and Headgear	Durable Commodities	Tax and Insurance	Festival and Ceremonial Utilities	Total
(1)	(2)	(3)	(4)	(6)	(7)	(8)	(5)	(9)	(10)	(11)
1	Aceh	41.08	29.32	7.96	6.98	4.71	4.02	3.13	2.80	100
2	North Sumatra	41.19	29.46	8.10	6.06	5.75	3.62	3.56	2.26	100
3	West Sumatra	38.46	26.68	9.52	7.01	4.05	7.45	2.99	3.84	100
4	Riau	43.12	27.12	8.90	6.60	4.09	3.82	4.20	2.15	100
5	Jambi	43.0	27.44	5.64	5.04	3.58	7.99	3.17	4.14	100
6	South Sumatra	40.29	26.71	8.72	5.76	5.72	5.90	2.93	3.97	100
7	Vegetables	39.65	26.68	8.07	4.16	3.61	12.32	3.18	2.33	100
8	Lampung	41.23	27.05	9.49	5.22	4.30	6.73	3.71	2.27	100
9	Bangka Belitung Islands	47.10	24.36	5.87	6.02	4.79	6.94	3.97	.95	100
10	Riau Islands	46.24	26.52	5.0	4.53	4.13	9.45	2.59	1.54	100
11	DKI Jakarta	47.85	22.11	6.21	5.15	3.67	7.60	3.93	3.48	100
12	West Java	44.20	23.96	8.66	5.68	3.08	7.95	3.60	2.87	100
13	Central Java	33.95	23.75	8.31	10.45	3.32	12.83	3.62	3.77	100
14	DI Yogyakarta	34.87	26.46	12.84	7.15	3.27	8.61	3.73	3.07	100
15	East Java	36.0	23.84	7.82	9.31	2.86	13.85	3.56	2.76	100
16	Banten	41.96	26.48	8.32	4.82	3.04	8.42	5.15	1.81	100
17	Bali	41.94	20.45	7.64	5.74	3.32	8.94	4.87	7.10	100
18	West Nusa Tenggara	45.40	23.18	8.68	5.69	3.86	9.27	2.39	1.53	100
19	East Nusa Tenggara	45.69	23.66	8.94	4.37	7.85	5.64	2.15	1.70	100
20	West Kalimantan	42.75	25.66	7.47	5.58	5.65	8.55	2.62	1.72	100
21	Central Kalimantan	44.90	24.91	4.09	6.27	3.52	9.77	2.28	4.26	100
22	South Kalimantan	42.04	22.01	5.56	6.93	4.06	13.53	2.89	2.98	100
23	East Kalimantan	49.59	25.11	6.20	6.19	3.34	4.04	3.64	1.89	100
24	North Sulawesi	41.54	23.58	6.58	5.50	10.42	4.17	3.70	4.51	100
25	Central Sulawesi	42.55	24.57	6.80	7.21	4.68	7.49	2.36	4.34	100
26	South Sulawesi	36.26	26.11	8.26	5.89	4.58	12.18	3.46	3.26	100
27	South East Sulawesi	42.72	23.88	6.21	3.82	4.06	14.02	2.90	2.39	100
28	Gorontalo	40.67	29.22	6.99	6.30	3.89	6.21	2.36	4.36	100
29	West Sulawesi	38.31	22.73	5.47	7.32	5.10	15.84	2.89	2.34	100
30	Maluku	49.09	27.32	5.69	2.47	7.59	4.96	.99	1.89	100
31	North Maluku	59.71	24.02	4.79	2.14	5.01	2.24	1.02	1.07	100
32	West Papua	48.06	28.16	2.84	3.42	4.50	5.67	1.85	5.50	100
33	Papua	35.68	36.28	6.80	3.05	7.80	4.90	2.05	3.44	100
	Indonesia	41.54	24.71	7.84	6.58	3.82	8.92	3.57	3.02	100

Source : BPS-Statistics Indonesia, 2015

Annex 1.15

PERCENTAGE OF OPEN UNEMPLOYMENT RATE BY EDUCATION, 2014

No.	Province	No education	Did Not Finish Elementary School	Elementary SD/MI/ Paket A	Junior High SMP/MTs/ Paket B	High School SMA/MA/ SMK/Paket C	Higher Education	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Aceh	1.86	3.53	4.98	8.39	14.07	9.95	9.02
2	North Sumatra	1.85	2.75	2.98	5.75	9.03	8.68	6.23
3	West Sumatra	1.48	3.43	4.45	6.19	9.89	7.69	6.50
4	Riau	1.53	4.13	3.83	5.36	9.35	10.84	6.56
5	Jambi	0.77	2.29	1.79	5.10	9.43	8.44	5.08
6	South Sumatra	0.79	1.82	2.17	4.34	10.78	6.16	4.96
7	Vegetables	0.00	1.66	1.47	2.88	6.15	5.31	3.47
8	Lampung	0.70	2.08	2.45	4.37	9.66	5.85	4.79
9	Bangka Belitung Islands	0.78	1.89	3.71	6.06	8.44	6.66	5.14
10	Riau Islands	0.90	1.74	5.36	5.90	9.20	3.11	6.69
11	DKI Jakarta	24.75	12.28	9.34	9.56	8.70	5.31	8.47
12	West Java	3.26	3.35	4.91	12.08	14.27	4.78	8.45
13	Central Java	2.47	2.99	4.13	7.77	9.67	3.42	5.68
14	DI Yogyakarta	0.00	0.60	1.38	2.26	5.65	4.48	3.33
15	East Java	0.40	1.07	2.35	5.73	8.73	3.74	4.19
16	Banten	2.24	4.12	7.19	11.99	12.35	4.85	9.07
17	Bali	0.70	0.42	0.60	1.78	3.09	2.89	1.90
18	West Nusa Tenggara	1.91	1.81	3.86	6.04	12.45	6.69	5.75
19	East Nusa Tenggara	0.49	0.97	1.65	2.92	7.67	8.49	3.26
20	West Kalimantan	0.91	2.19	2.31	4.31	8.56	5.78	4.04
21	Central Kalimantan	1.35	1.26	1.83	3.17	6.22	4.37	3.24
22	South Kalimantan	0.00	1.58	1.87	4.93	7.60	4.11	3.80
23	East Kalimantan	0.91	3.30	4.56	7.48	10.95	5.87	7.38
24	North Kalimantan	-	-	-	-	-	-	-
25	North Sulawesi	0.00	3.74	3.47	5.55	11.71	10.32	7.54
26	Central Sulawesi	0.51	1.22	2.33	2.94	7.05	5.70	3.68
27	South Sulawesi	0.48	1.28	2.17	4.50	9.08	9.58	5.08
28	South East Sulawesi	1.23	0.76	1.80	2.64	8.94	7.01	4.43
29	Gorontalo	0.00	1.59	1.92	5.48	10.36	7.19	4.18
30	West Sulawesi	1.30	2.69	2.07	0.84	2.71	1.99	2.08
31	Maluku	0.94	2.01	3.50	3.77	19.89	16.35	10.51
32	North Maluku	0.00	2.28	1.60	3.31	10.26	8.57	5.29
33	West Papua	0.00	1.19	1.25	3.56	8.05	11.36	5.02
34	Papua	0.90	1.59	2.19	3.67	8.44	9.88	3.44
	Indonesia	1.42	2.40	3.60	7.15	10.17	5.78	5.94

Source : BPS-Statistics Indonesia, 2015

Annex 1.16

AVERAGE LENGTH OF STUDY IN POPULATION AGED 15 YO AND OVER BY PROVINCE AND SEX 2014

No	Province	Urban			Rural			Total		
		Male	Female	Male+Female	Male	Female	Male+Female	Male	Female	Male+Female
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	11.25	11.11	11.18	8.98	8.52	8.74	9.64	9.26	9.45
2	North Sumatra	10.63	10.33	10.47	8.64	8.09	8.36	9.65	9.23	9.44
3	West Sumatra	10.50	10.68	10.59	7.72	7.87	7.80	8.86	9.01	8.94
4	Riau	10.73	10.67	10.70	8.10	7.66	7.89	9.13	8.86	9.0
5	Jambi	10.59	10.02	10.30	8.11	7.26	7.69	8.86	8.12	8.50
6	Vegetables	10.34	9.91	10.13	7.58	6.98	7.29	8.56	8.06	8.31
7	Bengkulu	11.35	11.16	11.26	8.06	7.41	7.74	9.07	8.61	8.85
8	Lampung	10.08	9.71	9.90	7.64	7.10	7.38	8.27	7.81	8.05
9	Bangka Belitung Islands	9.24	8.98	9.11	6.82	6.45	6.64	8.01	7.72	7.87
10	Riau Islands	10.67	10.42	10.55	7.02	6.38	6.72	10.05	9.78	9.92
11	DKI Jakarta	11.36	10.61	10.98				11.36	10.61	10.98
12	West Java	9.61	8.87	9.24	6.98	6.22	6.60	8.76	8.01	8.39
13	Central Java	9.11	8.31	8.70	7.12	6.27	6.68	8.04	7.21	7.62
14	DI Yogyakarta	11.22	10.31	10.76	8.02	7.04	7.51	10.17	9.19	9.67
15	East Java	9.60	8.74	9.16	7.01	5.99	6.48	8.26	7.30	7.77
16	Banten	10.25	9.36	9.81	7.01	6.03	6.53	9.25	8.34	8.80
17	Bali	10.63	9.28	9.96	8.02	6.26	7.13	9.64	8.11	8.88
18	West Nusa Tenggara	9.30	8.0	8.61	7.41	6.25	6.80	8.22	7.0	7.58
19	East Nusa Tenggara	10.83	10.40	10.61	6.75	6.43	6.59	7.64	7.27	7.45
20	West Kalimantan	9.82	9.27	9.55	6.93	6.13	6.54	7.81	7.13	7.47
21	Central Kalimantan	10.44	9.89	10.17	7.87	7.25	7.58	8.74	8.19	8.48
22	South Kalimantan	10.08	9.38	9.73	7.48	6.67	7.08	8.59	7.82	8.21
23	East Kalimantan	10.75	10.18	10.48	8.52	7.66	8.13	9.92	9.29	9.62
24	North Kalimantan	9.83	9.33	9.59	7.94	7.18	7.59	8.97	8.39	8.70
25	North Sulawesi	10.23	10.39	10.31	8.32	8.41	8.36	9.19	9.34	9.26
26	Central Sulawesi	11.29	10.73	11.01	7.72	7.43	7.58	8.61	8.28	8.45
27	South Sulawesi	10.70	10.39	10.54	7.15	6.80	6.97	8.51	8.15	8.32
28	South East Sulawesi	11.39	10.83	11.11	8.21	7.51	7.86	9.15	8.51	8.83
29	Gorontalo	9.47	9.97	9.72	6.11	7.04	6.57	7.28	8.10	7.69
30	West Sulawesi	9.31	9.39	9.35	7.24	6.92	7.08	7.66	7.44	7.55
31	Maluku	11.26	11.24	11.25	8.73	8.24	8.49	9.76	9.48	9.62
32	North Maluku	11.35	10.54	10.95	8.50	7.70	8.11	9.32	8.53	8.93
33	West Papua	11.0	11.0	11.0	9.06	8.18	8.65	9.82	9.27	9.56
34	Papua	10.80	10.13	10.50	5.61	3.76	4.72	7.11	5.44	6.32
Indonesia		10.05	9.36	9.7	7.4	6.66	7.03	8.76	8.04	8.4

Source : BPS-Statistics Indonesia, 2015

PERCENTAGE OF HIGHEST DIPLOMAS OWNED (HIGHEST EDUCATION ATTAINMENT) BY POPULATION AGED 15 YO AND OVER BASED ON PROVINCE AND SEX, 2014

No	Province	Male						Female						Male+Female					
		No education	Did Not Finish Elementary School	Elementary SD/MI/ Paket A	Junior High SMP/MTs/ Paket B	High School SMA/MA/ SMK/Paket C	Higher Education	No education	Did Not Finish Elementary School	Elementary SD/MI/ Paket A	Junior High SMP/MTs/ Paket B	High School SMA/MA/ SMK/Paket C	Higher Education	No education	Did Not Finish Elementary School	Elementary SD/MI/ Paket A	Junior High SMP/MTs/ Paket B	High School SMA/MA/ SMK/Paket C	Higher Education
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
1	Aceh	0.57	3.91	13.48	20.20	47.98	13.87	1.69	6.20	15.92	20.40	35.76	20.04	1.13	5.06	14.71	20.30	41.82	16.98
2	North Sumatra	0.64	4.26	16.19	24.21	44.61	10.08	1.26	6.79	18.09	23.66	38.98	11.22	0.96	5.54	17.16	23.93	41.75	10.66
3	West Sumatra	0.63	9.59	16.41	21.60	39.67	12.09	1.62	10.52	15.31	18.83	36.54	17.18	1.14	10.06	15.85	20.19	38.08	14.68
4	Riau	0.62	4.30	17.46	21.11	45.77	10.74	1.87	6.67	18.53	20.07	37.54	15.33	1.22	5.45	17.98	20.61	41.80	12.95
5	Jambi	1.12	6.51	15.91	20.78	43.13	12.55	2.84	9.20	16.97	20.10	35.87	15.02	1.97	7.83	16.43	20.45	39.55	13.77
6	Vegetables	1.07	9.26	17.29	19.44	40.16	12.79	2.46	11.64	18.22	20.01	33.24	14.43	1.76	10.45	17.75	19.73	36.70	13.61
7	Bengkulu	0.45	4.93	14.54	20.37	40.75	18.97	1.64	6.68	14.78	20.77	34.91	21.22	1.05	5.81	14.66	20.57	37.82	20.10
8	Lampung	1.14	9.95	18.48	22.18	36.43	11.82	3.74	11.35	19.61	21.02	31.46	12.81	2.44	10.65	19.04	21.60	33.96	12.31
9	Bangka Belitung Islands	1.58	10.93	21.60	21.51	35.28	9.10	3.73	14.53	21.56	21.01	28.92	10.24	2.62	12.68	21.58	21.27	32.19	9.66
10	Riau Islands	1.21	5.76	13.95	17.71	49.55	11.82	2.26	6.06	15.39	18.66	47.01	10.61	1.73	5.91	14.66	18.18	48.30	11.23
11	DKI Jakarta	0.60	3.95	13.56	20.29	45.0	16.58	1.82	6.05	17.49	21.68	36.51	16.45	1.21	5.0	15.52	20.99	40.76	16.52
12	West Java	1.70	8.62	24.39	21.47	34.27	9.56	4.38	10.82	26.82	22.50	26.76	8.72	3.02	9.71	25.59	21.98	30.56	9.15
13	Central Java	2.69	10.87	25.28	23.13	29.48	8.55	7.97	13.32	23.91	21.81	24.68	8.30	5.39	12.13	24.58	22.46	27.02	8.42
14	DI Yogyakarta	1.67	6.30	13.53	18.98	43.99	15.53	5.86	8.43	14.36	17.24	37.67	16.44	3.78	7.38	13.95	18.10	40.80	15.99
15	East Java	2.17	10.07	22.20	21.08	34.75	9.73	7.20	12.51	23.48	20.13	26.98	9.70	4.74	11.31	22.85	20.60	30.79	9.71
16	Banten	1.58	8.19	17.73	20.39	39.53	12.59	5.09	9.94	19.26	23.53	31.47	10.70	3.31	9.06	18.48	21.94	35.56	11.66
17	Bali	2.16	7.24	16.94	16.82	40.82	16.01	9.16	9.14	18.99	17.67	32.03	13.02	5.63	8.19	17.96	17.24	36.46	14.53
18	West Nusa Tenggara	5.93	12.73	20.88	17.24	31.95	11.27	12.57	13.75	23.06	17.90	24.18	8.53	9.44	13.27	22.03	17.59	27.84	9.82
19	East Nusa Tenggara	1.58	7.09	16.02	19.99	39.83	15.49	3.18	8.26	17.87	19.32	36.01	15.37	2.39	7.68	16.95	19.65	37.91	15.43
20	West Kalimantan	2.76	10.52	17.62	19.30	37.17	12.63	6.85	10.77	17.55	20.17	31.40	13.26	4.82	10.65	17.59	19.74	34.26	12.95
21	Central Kalimantan	0.92	7.63	20.23	20.56	37.41	13.25	2.75	10.16	21.45	21.33	31.62	12.69	1.80	8.85	20.82	20.93	34.61	12.98
22	South Kalimantan	0.79	10.20	21.14	20.02	35.32	12.53	2.80	13.42	21.71	21.82	28.81	11.45	1.79	11.80	21.42	20.91	32.08	11.99
23	East Kalimantan	0.56	4.79	15.65	22.21	44.86	11.93	1.82	8.28	18.21	23.39	37.29	11.01	1.16	6.45	16.86	22.77	41.27	11.50
24	North Sulawesi	0.59	10.36	14.50	20.51	42.18	11.86	0.49	10.33	14.20	20.96	41.27	12.74	0.54	10.35	14.35	20.74	41.73	12.30
25	Central Sulawesi	0.63	6.24	16.14	21.87	39.44	15.69	1.37	7.12	18.33	20.51	36.29	16.39	1.0	6.68	17.24	21.19	37.85	16.04
26	South Sulawesi	2.08	8.32	17.91	18.71	35.94	17.04	3.98	8.56	20.28	19.37	31.12	16.69	3.06	8.44	19.14	19.05	33.45	16.86
27	South East Sulawesi	1.25	5.70	12.43	19.69	43.29	17.64	3.34	6.98	13.41	20.51	37.53	18.23	2.31	6.35	12.93	20.10	40.37	17.94
28	Gorontalo	0.82	19.0	20.92	17.69	32.12	9.45	0.95	16.41	19.29	18.24	31.55	13.57	0.89	17.67	20.09	17.97	31.83	11.56
29	West Sulawesi	2.28	15.25	17.88	19.25	29.84	15.51	4.79	15.36	18.95	20.41	25.90	14.58	3.57	15.31	18.43	19.84	27.82	15.03
30	Maluku	0.33	3.68	11.98	16.76	51.86	15.40	0.70	4.47	12.02	18.15	47.50	17.16	0.52	4.08	12.0	17.46	49.66	16.29
31	North Maluku	0.41	4.39	12.77	19.30	47.26	15.87	0.92	8.69	14.91	20.37	39.39	15.71	0.66	6.54	13.84	19.84	43.33	15.79
32	West Papua	0.37	3.77	14.14	21.30	44.61	15.81	1.31	5.98	15.29	23.46	38.30	15.66	0.81	4.80	14.68	22.31	41.66	15.74
33	Papua	0.94	3.10	13.22	19.73	48.12	14.89	2.49	5.66	15.94	21.97	38.16	15.78	1.65	4.27	14.46	20.76	43.56	15.30
	Indonesia	1.66	8.22	20.21	21.09	37.41	11.41	4.81	10.36	21.71	21.33	30.49	11.30	3.24	9.29	20.96	21.21	33.94	11.36

Annex 1.18

PERCENTAGE OF PEOPLE 15 YO. AND OVER WHO ARE LITERATE BY PROVINCE AND SEX, 2011 - 2014

No	Province	Male				Female				Total			
		2011	2012	2013	2014	2011	2012	2013	2014	2011	2012	2013	2014
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	97.62	97.88	98.32	98.41	93.69	94.25	95.06	96.45	95.63	96.04	96.66	97.42
2	North Sumatra	98.19	98.57	98.86	99.28	95.42	96.08	96.79	97.88	96.78	97.31	97.81	98.57
3	West Sumatra	97.60	97.80	98.41	98.94	94.69	95.48	96.40	97.95	96.12	96.62	97.38	98.44
4	Riau	98.43	98.66	98.78	99.28	96.31	96.59	96.94	98.18	97.40	97.65	97.88	98.75
5	Jambi	97.58	98.0	98.27	98.76	93.06	93.48	95.10	96.73	95.37	95.79	96.72	97.77
6	Vegetables	98.02	98.33	98.43	98.96	94.97	95.24	96.01	97.29	96.52	96.80	97.24	98.14
7	Bengkulu	97.54	97.81	98.52	99.13	92.39	93.24	94.37	95.85	95.02	95.56	96.48	97.52
8	Lampung	97.28	97.21	97.84	97.38	92.17	92.44	93.66	95.66	94.80	94.89	95.81	96.54
9	Bangka Belitung Islands	97.37	97.80	97.77	98.65	93.36	93.40	94.94	96.47	95.46	95.70	96.41	97.60
10	Riau Islands	98.11	98.38	98.97	99.26	96.47	96.79	96.82	98.14	97.31	97.60	97.91	98.71
11	DKI Jakarta	99.39	99.63	99.65	99.90	98.22	98.37	98.62	99.17	98.81	99.0	99.14	99.54
12	West Java	97.46	97.69	98.28	98.92	93.71	94.16	95.09	96.97	95.61	95.95	96.70	97.96
13	Central Java	94.09	94.20	95.33	95.64	85.58	85.83	87.38	90.42	89.75	89.93	91.27	92.98
14	DI Yogyakarta	95.91	95.77	96.74	96.99	86.38	88.42	89.06	91.98	91.04	92.0	92.82	94.44
15	East Java	92.77	93.26	94.42	93.89	83.08	84.62	86.07	88.96	87.80	88.82	90.14	91.36
16	Banten	97.74	98.30	98.34	98.51	93.86	94.19	94.89	95.92	95.84	96.28	96.64	97.24
17	Bali	94.41	95.16	95.93	96.28	83.0	84.65	85.73	88.85	88.69	89.92	90.84	92.56
18	West Nusa Tenggara	88.14	88.31	89.22	90.56	77.73	78.12	80.60	83.76	82.65	82.92	84.67	86.96
19	East Nusa Tenggara	89.98	90.58	92.13	92.39	85.83	87.05	88.69	90.04	87.85	88.77	90.36	91.18
20	West Kalimantan	94.23	94.61	95.33	95.36	84.92	86.70	87.21	89.14	89.64	90.72	91.34	92.30
21	Central Kalimantan	98.13	98.44	98.84	99.46	95.02	96.31	96.91	98.12	96.66	97.43	97.93	98.82
22	South Kalimantan	97.57	98.06	98.72	99.32	93.33	94.34	95.34	97.05	95.46	96.20	97.04	98.19
23	East Kalimantan	97.96	98.26	98.52	99.19	95.22	96.30	96.38	97.92	96.68	97.34	97.51	98.59
24	North Sulawesi	98.94	99.02	99.32	99.78	98.60	98.63	98.92	99.42	98.77	98.83	99.13	99.60
25	Central Sulawesi	95.88	95.92	96.98	97.99	92.52	93.34	94.87	96.11	94.23	94.66	95.95	97.08
26	South Sulawesi	90.05	90.69	92.53	93.10	85.49	86.50	87.99	89.58	87.66	88.50	90.16	91.26
27	South East Sulawesi	94.33	94.07	95.75	96.82	87.31	88.35	89.55	91.29	90.79	91.18	92.61	94.03
28	Gorontalo	94.30	94.94	96.56	97.16	94.92	95.30	97.10	98.63	94.61	95.12	96.83	97.90
29	West Sulawesi	91.47	91.12	93.58	93.79	84.12	86.79	88.06	90.77	87.75	88.93	90.79	92.27
30	Maluku	97.54	98.02	98.53	99.17	95.64	96.15	97.14	98.38	96.59	97.09	97.83	98.77
31	North Maluku	97.35	97.75	98.34	99.18	94.17	94.90	96.37	97.51	95.79	96.35	97.37	98.36
32	West Papua	95.17	96.02	97.51	98.72	89.65	90.94	93.41	94.49	92.58	93.62	95.59	96.75
33	Papua	71.26	71.28	73.63	76.70	56.77	58.49	60.15	64.13	64.53	65.30	67.31	70.78
	Indonesia	95.39	95.69	96.47	96.79	89.51	90.27	91.4	93.45	92.44	92.97	93.92	95.12

Source : BPS-Statistics Indonesia, 2015

Note: Literacy rate in 2011-2013 was recalculated by taking into account projected population in 2010-2035

Annex 1.19

SCHOOL ENROLLMENT RATIO (Ind: APS) BY PROVINCE, 2011 - 2014

No	Province	2011				2012				2013				2014			
		7 - 12 yo	13-15 yo	16-18 yo	19-24 yo	7 - 12 yo	13-15 yo	16-18 yo	19-24 yo	7 - 12 yo	13-15 yo	16-18 yo	19-24 yo	7 - 12 yo	13-15 yo	16-18 yo	19-24 yo
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
1	Aceh	98.99	94.37	72.14	27.68	99.36	94.34	74.59	28.55	99.66	95.23	74.70	29.18	99.84	97.38	80.89	32.93
2	North Sumatra	98.34	89.00	67.10	16.94	98.60	90.83	69.86	17.27	99.03	92.11	71.24	21.81	99.26	96.06	75.78	24.82
3	West Sumatra	98.09	90.12	68.84	23.95	98.34	90.50	71.24	27.55	98.81	92.20	74.10	30.66	99.27	95.84	81.97	32.89
4	Riau	97.68	88.28	65.41	15.34	98.13	88.01	66.55	15.81	98.59	90.35	69.79	22.04	98.67	94.36	75.30	24.48
5	Jambi	98.27	88.08	59.99	15.64	98.70	91.11	59.71	15.22	98.81	91.96	63.97	20.25	99.46	94.88	70.41	22.11
6	Vegetables	97.95	86.45	56.54	12.75	98.11	88.75	58.66	13.91	98.57	89.47	60.74	14.08	99.47	93.36	67.84	16.87
7	Bengkulu	98.41	90.97	62.86	17.02	98.97	93.22	67.76	19.64	99.50	93.16	71.21	24.12	99.45	96.71	77.92	28.14
8	Lampung	97.94	86.39	56.24	10.39	98.64	90.00	60.43	11.90	99.03	91.06	64.41	16.19	99.56	94.01	68.75	18.67
9	Bangka Belitung Islands	97.28	84.53	49.92	8.63	97.72	84.09	52.02	9.30	98.13	84.63	56.42	9.46	99.16	91.53	65.78	12.22
10	Riau Islands	97.61	96.57	68.17	9.67	98.44	94.93	70.94	10.14	98.63	96.67	73.66	14.85	99.12	98.56	81.57	17.40
11	DKI Jakarta	98.14	92.38	59.72	17.83	99.04	94.07	61.87	18.02	99.40	95.47	66.09	19.65	99.47	96.69	70.23	22.52
12	West Java	97.89	85.97	50.36	11.15	98.36	88.68	56.30	12.25	98.85	89.40	59.98	17.34	99.30	92.84	65.48	19.27
13	Central Java	98.61	88.38	54.76	11.51	98.87	89.59	58.65	11.83	99.28	90.73	59.88	17.42	99.51	94.85	67.54	20.48
14	DI Yogyakarta	99.43	97.66	75.60	44.17	99.77	98.35	80.04	44.69	99.96	96.79	81.41	45.86	99.94	99.48	86.44	49.08
15	East Java	98.27	90.11	58.54	12.69	98.65	91.62	61.87	14.59	99.05	92.83	62.32	19.49	99.38	96.36	70.25	21.84
16	Banten	98.22	88.47	56.01	13.56	98.26	91.10	59.80	15.97	98.60	91.32	62.89	18.08	99.29	94.87	66.25	19.61
17	Bali	98.38	92.36	68.22	18.93	99.18	95.04	71.44	18.99	99.26	95.90	74.03	19.84	99.36	97.23	81.59	23.59
18	West Nusa Tenggara	97.85	91.40	60.09	16.99	98.18	91.25	61.07	17.82	98.20	92.23	66.40	22.64	99.11	97.27	75.68	26.73
19	East Nusa Tenggara	96.03	86.01	60.06	17.40	96.15	88.62	61.92	17.92	97.34	89.43	64.81	22.88	97.99	94.26	73.96	26.22
20	West Kalimantan	96.28	83.94	50.17	11.94	96.66	85.52	55.13	14.17	96.91	85.94	58.80	19.27	98.18	91.76	66.48	23.18
21	Central Kalimantan	98.12	85.53	55.75	13.05	98.62	85.68	55.06	14.04	99.05	86.14	59.18	19.89	99.46	92.94	65.84	22.31
22	South Kalimantan	97.75	83.05	53.89	13.62	97.85	85.62	58.16	16.48	98.76	86.60	60.19	16.95	99.24	91.83	67.18	20.36
23	East Kalimantan	98.62	92.40	69.10	16.92	99.12	96.32	71.73	20.33	99.46	96.49	73.92	25.04	99.46	97.89	80.50	27.34
24	North Sulawesi	98.02	87.59	60.77	15.16	98.16	88.34	65.28	16.12	98.92	90.48	66.88	16.36	98.95	94.34	71.98	20.91
25	Central Sulawesi	97.00	85.32	59.49	16.72	96.87	85.81	61.05	16.74	97.70	87.49	66.12	21.76	97.71	91.23	73.64	25.05
26	South Sulawesi	97.22	84.67	57.15	21.46	97.62	87.85	62.16	23.17	98.24	89.66	62.67	27.80	98.91	92.57	69.38	30.23
27	South East Sulawesi	97.36	86.89	62.29	21.48	97.57	88.25	65.04	23.62	98.00	89.12	65.84	24.00	99.11	93.53	72.25	28.78
28	Gorontalo	96.91	83.75	58.14	19.85	97.74	82.91	59.37	20.46	97.90	86.23	59.91	23.27	98.40	90.47	68.69	27.94
29	West Sulawesi	95.86	82.69	57.30	13.03	96.19	82.17	56.80	14.65	95.20	84.55	59.62	18.04	97.91	89.26	66.97	21.53
30	Maluku	98.39	92.06	67.34	26.71	98.27	94.76	68.33	28.98	98.79	94.44	70.28	33.80	99.19	96.35	77.48	36.44
31	North Maluku	97.15	90.11	65.12	19.33	98.31	90.83	69.01	21.79	98.02	93.40	69.04	26.42	98.89	96.24	74.83	30.85
32	West Papua	94.50	88.37	65.53	16.46	95.59	91.13	65.04	20.03	95.59	92.94	71.89	24.10	96.65	96.28	79.87	29.66
33	Papua	72.61	70.43	49.71	12.81	75.45	69.07	50.01	13.86	75.23	72.64	53.19	17.50	80.69	78.07	61.63	22.48
	Indonesia	97.62	87.99	57.95	14.82	98.02	89.76	61.49	16.05	98.42	90.81	63.84	20.14	98.92	94.44	70.31	22.82

Source : BPS-Statistics Indonesia, 2015

Note: 2011-2013 APS was recalculated after considering the index population change in 2010-2035.

Annex 1.20

SCHOOL ENROLLMENT RATIO BY PROVINCE AND SEX, 2014

No	Province	Male				Female				Male + Female			
		7 - 12 yo	13-15 yo	16-18 yo	19-24 yo	7 - 12 yo	13-15 yo	16-18 yo	19-24 yo	7 - 12 yo	13-15 yo	16-18 yo	19-24 yo
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	99.81	96.67	79.25	30.14	99.89	98.13	82.57	36.06	99.84	97.38	80.89	32.93
2	North Sumatra	99.36	95.25	72.33	23.15	99.16	96.89	79.41	26.66	99.26	96.06	75.78	24.82
3	West Sumatra	99.26	93.69	75.73	30.48	99.29	98.00	88.00	35.45	99.27	95.84	81.97	32.89
4	Riau	98.92	94.30	73.31	25.59	98.41	94.42	77.57	23.19	98.67	94.36	75.30	24.48
5	Jambi	99.11	93.41	68.64	22.19	99.83	96.29	72.28	22.03	99.46	94.88	70.41	22.11
6	Vegetables	99.47	92.41	65.96	17.95	99.47	94.42	69.90	15.72	99.47	93.36	67.84	16.87
7	Bengkulu	99.42	97.34	75.78	26.75	99.48	96.08	80.17	29.65	99.45	96.71	77.92	28.14
8	Lampung	99.53	91.93	68.08	18.52	99.59	96.35	69.48	18.82	99.56	94.01	68.75	18.67
9	Bangka Belitung Islands	98.67	91.64	64.37	11.68	99.68	91.43	67.26	12.83	99.16	91.53	65.78	12.22
10	Riau Islands	99.07	97.90	78.62	15.61	99.18	99.31	84.36	19.22	99.12	98.56	81.57	17.40
11	DKI Jakarta	99.42	96.88	72.53	22.26	99.51	96.48	68.16	22.77	99.47	96.69	70.23	22.52
12	West Java	99.25	91.72	66.04	19.83	99.35	93.99	64.88	18.69	99.30	92.84	65.48	19.27
13	Central Java	99.38	94.26	66.93	21.33	99.64	95.47	68.20	19.68	99.51	94.85	67.54	20.48
14	DI Yogyakarta	100.00	99.29	87.18	51.63	99.88	99.69	85.48	46.55	99.94	99.48	86.44	49.08
15	East Java	99.26	96.07	72.40	23.19	99.50	96.68	68.10	20.50	99.38	96.36	70.25	21.84
16	Banten	98.98	94.90	67.12	19.16	99.62	94.85	65.31	20.10	99.29	94.87	66.25	19.61
17	Bali	99.58	97.18	83.99	25.32	99.12	97.27	78.97	21.76	99.36	97.23	81.59	23.59
18	West Nusa Tenggara	98.76	97.03	76.03	28.60	99.52	97.51	75.35	24.91	99.11	97.27	75.68	26.73
19	East Nusa Tenggara	97.35	93.81	73.70	26.48	98.66	94.77	74.24	25.97	97.99	94.26	73.96	26.22
20	West Kalimantan	97.98	90.98	63.27	22.46	98.40	92.57	69.80	23.91	98.18	91.76	66.48	23.18
21	Central Kalimantan	99.30	92.36	67.41	22.94	99.62	93.55	64.14	21.59	99.46	92.94	65.84	22.31
22	South Kalimantan	99.00	89.54	66.99	19.32	99.49	94.39	67.38	21.55	99.24	91.83	67.18	20.36
23	East Kalimantan	99.48	97.70	80.23	26.13	99.45	98.13	80.78	28.70	99.46	97.89	80.50	27.34
24	North Sulawesi	98.80	92.82	68.78	18.53	99.11	95.99	75.44	23.60	98.95	94.34	71.98	20.91
25	Central Sulawesi	97.50	89.25	70.53	22.78	97.94	93.22	77.33	27.49	97.71	91.23	73.64	25.05
26	South Sulawesi	98.54	91.21	67.46	29.21	99.31	93.90	71.40	31.20	98.91	92.57	69.38	30.23
27	South East Sulawesi	98.94	92.49	71.32	28.29	99.27	94.77	73.22	29.25	99.11	93.53	72.25	28.78
28	Gorontalo	97.63	88.51	63.95	27.00	99.17	92.73	73.19	28.90	98.40	90.47	68.69	27.94
29	West Sulawesi	97.67	84.47	59.54	21.51	98.14	94.36	74.55	21.56	97.91	89.26	66.97	21.53
30	Maluku	99.41	96.35	74.15	33.92	98.95	96.35	81.11	39.04	99.19	96.35	77.48	36.44
31	North Maluku	98.79	95.92	74.42	30.41	99.00	96.57	75.26	31.29	98.89	96.24	74.83	30.85
32	West Papua	97.02	96.48	80.51	33.32	96.27	96.07	79.06	25.62	96.65	96.28	79.87	29.66
33	Papua	81.52	77.00	60.79	23.38	79.78	79.29	62.69	21.42	80.69	78.07	61.63	22.48
	Indonesia	98.82	93.66	69.91	22.98	99.02	95.27	70.73	22.66	98.92	94.44	70.31	22.82

Source : BPS-Statistics Indonesia, 2015

Annex 1.21

GROSS ENROLLMENT RATIO (Ind: APK) BY PROVINCE, 2011 - 2014

No	Province	2011				2012				2013				2014			
		Elementary SD/MI/ Paket A	Junior High SMP/MTs/ Paket B	High School SMA/MA/ SMK/Paket C	Higher Education / PT	Elementary SD/MI/ Paket A	Junior High SMP/MTs/ Paket B	High School SMA/MA/ SMK/Paket C	Higher Education / PT	Elementary SD/MI/ Paket A	Junior High SMP/MTs/ Paket B	High School SMA/MA/ SMK/Paket C	Higher Education / PT	Elementary SD/MI/ Paket A	Junior High SMP/MTs/ Paket B	High School SMA/MA/ SMK/Paket C	Higher Education / PT
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	
1	Aceh	105.67	97.15	79.29	32.19	108.69	96.47	77.62	33.85	110.71	94.39	75.09	34.42	111.66	95.87	81.53	38.32
2	North Sumatra	104.76	89.18	78.97	17.74	106.41	88.59	80.81	18.32	110.01	86.84	77.15	24.09	110.34	90.29	82.96	26.75
3	West Sumatra	104.02	88.70	70.00	28.86	107.00	87.81	72.53	30.24	109.92	85.46	71.00	33.24	110.89	88.05	80.46	35.27
4	Riau	103.59	89.96	71.82	18.75	103.57	93.30	68.73	18.69	107.30	88.49	69.60	24.22	109.42	90.79	76.33	26.46
5	Jambi	105.01	87.14	66.66	19.67	106.73	88.11	65.80	20.54	109.41	85.17	65.61	24.67	110.73	87.83	73.63	26.28
6	Vegetables	103.74	90.61	64.49	16.65	106.12	86.65	69.73	15.71	110.74	86.07	63.78	16.50	112.01	88.43	72.51	19.53
7	Bengkulu	105.45	91.33	67.61	21.57	107.60	95.93	67.42	23.29	111.36	85.00	72.71	29.33	113.95	88.23	79.49	32.47
8	Lampung	104.02	89.25	61.76	12.41	106.57	93.41	62.03	13.66	110.73	85.47	63.81	18.49	112.74	86.76	68.49	21.68
9	Bangka Belitung Islands	106.14	81.34	61.34	11.49	109.50	78.35	59.69	12.76	109.97	73.38	68.50	11.68	113.22	82.52	75.51	13.46
10	Riau Islands	102.56	96.96	80.96	11.66	105.59	92.45	74.38	18.23	108.85	90.21	80.26	18.13	108.99	91.06	81.36	23.34
11	DKI Jakarta	98.28	91.92	72.53	21.50	98.37	94.58	75.34	22.32	103.91	86.35	72.72	24.62	104.18	90.86	74.71	27.60
12	West Java	101.09	87.96	56.09	13.87	103.28	87.44	64.90	13.83	106.75	85.26	60.12	19.62	106.98	87.50	68.55	21.70
13	Central Java	102.67	92.80	64.02	13.78	104.92	91.51	67.03	14.73	108.95	87.42	64.02	20.13	110.18	89.40	73.55	22.85
14	DI Yogyakarta	104.54	90.08	86.51	57.78	107.18	89.05	83.02	54.32	108.50	83.37	90.04	50.82	109.11	90.66	94.62	56.13
15	East Java	101.01	92.65	63.58	14.83	102.37	93.60	67.25	16.27	105.82	90.34	62.91	21.69	106.88	91.98	72.24	23.96
16	Banten	104.12	91.62	60.10	16.27	104.79	87.96	69.65	17.61	107.47	89.85	63.32	19.64	109.89	89.55	72.94	21.88
17	Bali	99.34	92.43	82.18	25.13	98.79	94.78	86.83	24.20	105.60	93.88	79.92	23.84	105.59	95.99	85.27	27.41
18	West Nusa Tenggara	102.74	92.93	69.04	20.76	104.91	93.89	68.52	19.42	107.90	88.72	65.00	26.31	109.08	92.44	76.68	29.20
19	East Nusa Tenggara	110.90	80.23	57.92	19.39	112.29	82.05	59.96	19.15	113.44	80.25	64.85	25.10	114.68	88.66	71.86	27.75
20	West Kalimantan	107.07	78.44	52.75	13.04	108.16	82.24	52.57	15.94	110.61	75.68	59.02	19.08	113.75	80.15	65.72	23.76
21	Central Kalimantan	104.47	90.19	58.32	14.14	109.19	79.20	60.65	16.87	110.83	80.85	58.85	22.05	112.01	84.89	67.74	24.41
22	South Kalimantan	103.22	88.21	56.04	17.66	104.47	84.55	66.75	20.61	108.81	79.52	62.14	20.97	110.52	82.45	71.36	23.02
23	East Kalimantan	104.92	97.59	73.55	20.17	107.05	92.90	81.33	22.61	107.14	90.79	83.02	27.16	110.32	92.04	85.97	29.74
24	North Sulawesi	102.31	92.46	75.71	21.77	104.69	94.02	74.58	23.86	107.39	84.68	80.88	22.80	108.86	87.70	83.48	28.34
25	Central Sulawesi	102.40	85.93	68.65	26.89	103.13	81.22	71.83	25.62	103.12	86.10	77.98	30.70	104.71	88.53	83.35	31.96
26	South Sulawesi	101.87	87.69	66.68	27.94	102.81	88.30	74.87	28.73	108.48	78.72	74.71	32.70	109.06	82.77	78.51	34.96
27	South East Sulawesi	103.42	93.23	71.30	33.02	108.17	89.83	71.55	31.57	110.22	81.91	72.31	32.54	112.40	85.97	82.22	37.86
28	Gorontalo	104.25	84.82	61.13	27.63	105.44	81.34	62.39	27.92	109.79	73.88	65.60	28.71	111.88	78.64	76.95	32.33
29	West Sulawesi	101.43	84.87	63.13	19.55	102.64	81.06	64.16	22.02	105.84	70.13	71.57	22.49	108.42	80.41	76.30	26.49
30	Maluku	104.67	94.83	87.49	34.39	107.90	91.16	83.08	36.62	109.74	87.77	85.44	40.61	111.35	90.50	86.04	45.56
31	North Maluku	107.75	90.48	81.85	17.62	107.85	87.57	85.45	22.65	110.55	82.08	81.19	28.77	110.75	86.06	84.23	34.19
32	West Papua	103.57	88.06	67.35	21.87	106.44	89.15	67.83	25.49	105.23	87.45	73.24	32.38	109.36	87.86	83.12	34.98
33	Papua	84.06	67.39	46.29	11.88	84.32	71.71	44.23	13.22	85.95	65.01	53.48	16.65	90.67	71.02	61.53	22.45
	Indonesia	102.57	89.83	64.90	18.06	104.33	89.49	68.80	18.85	107.71	85.96	66.61	23.06	108.87	88.63	74.26	25.76

Source : BPS-Statistics Indonesia, 2015

Note: 2011-2013 APK was recalculated after considering the index population change in 2010-2035

Annex 1.22

GROSS ENROLLMENT RATIO BY PROVINCE AND SEX, 2014

No	Province	Male				Female				Male + Female			
		Elementary SD/MI/ Paket A	Junior High SMP/MTs/ Paket B	High School SMA/MA/ SMK/Paket C	Higher Education / PT	Elementary SD/MI/ Paket A	Junior High SMP/MTs/ Paket B	High School SMA/MA/ SMK/Paket C	Higher Education / PT	Elementary SD/MI/ Paket A	Junior High SMP/MTs/ Paket B	High School SMA/MA/ SMK/Paket C	Higher Education / PT
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	111.75	95.20	80.74	34.53	111.57	96.57	82.33	42.59	111.66	95.87	81.53	38.32
2	North Sumatra	112.63	87.88	80.09	25.00	108.04	92.77	85.97	28.68	110.34	90.29	82.96	26.75
3	West Sumatra	111.38	83.61	76.31	30.98	110.36	92.50	84.48	39.83	110.89	88.05	80.46	35.27
4	Riau	111.94	88.42	72.08	27.98	106.85	93.11	81.19	24.68	109.42	90.79	76.33	26.46
5	Jambi	111.35	85.81	70.67	25.39	110.06	89.76	76.75	27.26	110.73	87.83	73.63	26.28
6	Vegetables	113.34	85.39	71.25	19.83	110.63	91.81	73.89	19.22	112.01	88.43	72.51	19.53
7	Bengkulu	114.70	90.27	74.15	29.41	113.17	86.20	85.13	35.80	113.95	88.23	79.49	32.47
8	Lampung	113.72	84.83	67.98	20.56	111.71	88.94	69.04	22.82	112.74	86.76	68.49	21.68
9	Bangka Belitung Islands	114.43	80.52	71.74	12.50	111.94	84.58	79.46	14.55	113.22	82.52	75.51	13.46
10	Riau Islands	109.15	88.63	81.77	20.65	108.80	93.82	80.97	26.10	108.99	91.06	81.36	23.34
11	DKI Jakarta	104.93	87.67	79.52	27.86	103.43	94.19	70.39	27.34	104.18	90.86	74.71	27.60
12	West Java	106.98	85.21	69.00	22.20	106.98	89.86	68.08	21.17	106.98	87.50	68.55	21.70
13	Central Java	109.76	88.76	72.89	22.74	110.63	90.06	74.27	22.95	110.18	89.40	73.55	22.85
14	DI Yogyakarta	108.72	94.75	96.15	57.72	109.47	85.94	92.65	54.54	109.11	90.66	94.62	56.13
15	East Java	106.56	92.58	75.80	24.23	107.21	91.32	68.71	23.70	106.88	91.98	72.24	23.96
16	Banten	111.95	89.33	71.67	20.75	107.75	89.79	74.30	23.10	109.89	89.55	72.94	21.88
17	Bali	107.51	94.59	88.33	28.06	103.59	97.39	81.92	26.72	105.59	95.99	85.27	27.41
18	West Nusa Tenggara	108.70	91.59	76.89	30.69	109.53	93.29	76.48	27.74	109.08	92.44	76.68	29.20
19	East Nusa Tenggara	116.06	84.94	70.96	26.23	113.25	92.75	72.84	29.18	114.68	88.66	71.86	27.75
20	West Kalimantan	114.78	76.59	62.40	22.54	112.64	83.85	69.18	25.01	113.75	80.15	65.72	23.76
21	Central Kalimantan	112.28	84.13	68.69	24.09	111.71	85.69	66.71	24.78	112.01	84.89	67.74	24.41
22	South Kalimantan	111.36	78.10	73.48	20.58	109.61	87.29	69.20	25.80	110.52	82.45	71.36	23.02
23	East Kalimantan	110.37	93.10	86.04	28.06	110.50	90.78	85.90	31.63	110.43	92.04	85.97	29.74
24	North Sulawesi	108.51	84.34	82.20	23.65	109.24	91.35	84.87	33.66	108.86	87.70	83.48	28.34
25	Central Sulawesi	105.91	84.09	78.75	27.61	103.43	92.99	88.82	36.63	104.71	88.53	83.35	31.96
26	South Sulawesi	109.46	81.09	76.23	32.58	108.63	84.40	80.91	37.22	109.06	82.77	78.51	34.96
27	South East Sulawesi	114.00	84.53	83.48	36.36	110.78	87.70	80.90	39.28	112.40	85.97	82.22	37.86
28	Gorontalo	111.24	77.67	70.30	29.35	112.52	79.76	83.27	35.36	111.88	78.64	76.95	32.33
29	West Sulawesi	107.66	78.72	68.06	25.56	109.19	82.22	84.71	27.42	108.42	80.41	76.30	26.49
30	Maluku	111.44	93.35	81.63	41.87	111.26	87.68	90.84	49.36	111.35	90.50	86.04	45.56
31	North Maluku	110.65	89.07	79.49	34.72	110.85	83.00	89.08	33.65	110.75	86.06	84.23	34.19
32	West Papua	110.01	89.32	84.17	38.27	108.68	86.34	81.79	31.34	109.36	87.86	83.12	34.98
33	Papua	92.18	72.35	59.46	21.82	88.98	69.50	64.11	23.19	90.67	71.02	61.53	22.45
	Indonesia	109.37	87.26	74.03	25.24	108.35	90.08	74.50	26.30	108.88	88.63	74.26	25.76

Source : BPS-Statistics Indonesia, 2015

Annex 1.23

NET ENROLLMENT RATIO (Ind: APM) BY PROVINCE, 2011 - 2014

No	Province	2011			2012			2013			2014		
		Elementary SD/MI/ Paket A	Junior High SMP/MTs/ Paket B	High School SMA/MA/ SMK/Paket C	Elementary SD/MI/ Paket A	Junior High SMP/MTs/ Paket B	High School SMA/MA/ SMK/Paket C	Elementary SD/MI/ Paket A	Junior High SMP/MTs/ Paket B	High School SMA/MA/ SMK/Paket C	Elementary SD/MI/ Paket A	Junior High SMP/MTs/ Paket B	High School SMA/MA/ SMK/Paket C
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	92.51	74.87	61.37	94.66	78.61	61.82	97.09	82.57	63.43	97.80	85.20	69.20
2	North Sumatra	91.61	68.08	57.48	93.35	70.57	60.29	95.64	73.98	62.19	96.29	78.33	65.80
3	West Sumatra	93.44	67.77	54.78	95.77	70.08	55.68	97.10	72.56	61.00	97.92	75.61	66.52
4	Riau	91.63	66.26	53.31	92.62	70.18	53.06	95.33	74.23	58.74	96.42	77.67	62.31
5	Jambi	92.36	67.43	49.46	94.10	69.56	46.09	96.43	73.23	52.13	97.15	77.34	59.22
6	Vegetables	89.57	64.74	45.79	92.79	67.94	49.34	95.12	72.06	51.67	96.13	75.87	57.92
7	Bengkulu	92.60	68.81	50.78	94.10	71.97	50.83	97.37	73.07	60.32	98.03	76.44	64.61
8	Lampung	91.63	67.06	46.05	93.50	72.08	46.14	97.41	74.96	53.48	97.98	77.98	57.64
9	Bangka Belitung Island	90.92	60.85	41.92	94.12	63.28	42.93	95.72	63.83	50.80	96.49	71.83	56.93
10	Riau Islands	92.24	74.29	56.85	94.50	78.67	63.53	97.64	83.31	67.62	98.22	83.36	70.52
11	DKI Jakarta	90.26	69.66	49.91	90.48	70.31	54.25	96.07	75.46	55.40	96.84	79.61	58.79
12	West Java	92.26	69.89	42.45	93.41	73.54	51.24	97.08	76.76	52.25	97.60	79.30	56.48
13	Central Java	90.20	69.92	47.17	92.05	72.52	51.11	95.68	74.94	51.81	96.45	78.57	58.11
14	DI Yogyakarta	92.04	69.48	59.25	96.11	72.44	63.54	98.75	75.64	64.86	98.98	82.20	68.46
15	East Java	91.90	71.78	49.29	92.93	74.42	52.36	96.10	77.36	53.30	96.98	80.94	60.00
16	Banten	92.41	71.01	46.24	93.67	73.79	53.00	96.24	78.17	53.28	96.69	79.56	56.87
17	Bali	90.08	69.53	59.48	91.01	74.46	63.55	94.11	80.69	67.04	95.29	84.58	70.83
18	West Nusa Tenggara	92.61	76.56	53.41	93.61	77.44	53.81	96.71	80.21	58.00	97.62	82.29	64.11
19	East Nusa Tenggara	91.97	56.51	40.33	92.16	55.83	38.19	93.53	59.32	47.30	94.56	65.86	52.15
20	West Kalimantan	92.30	59.05	36.86	92.93	59.72	37.44	94.39	59.53	44.79	95.75	64.23	50.06
21	Central Kalimantan	92.15	66.62	44.99	96.03	65.11	43.55	97.41	68.15	45.43	98.13	75.40	51.75
22	South Kalimantan	92.24	66.35	43.36	93.16	66.94	49.39	96.74	69.57	50.05	97.44	72.40	55.04
23	East Kalimantan	92.29	72.50	55.52	94.06	74.12	60.34	95.76	75.79	62.91	96.92	78.96	67.41
24	North Sulawesi	85.88	60.94	50.15	87.78	62.39	51.15	91.61	64.55	57.26	93.42	72.32	61.69
25	Central Sulawesi	90.08	62.99	48.50	90.79	62.36	52.25	90.27	63.72	58.38	91.77	70.62	63.13
26	South Sulawesi	89.48	65.87	48.17	90.61	69.68	54.20	95.67	69.79	54.26	96.39	73.18	59.10
27	South East Sulawesi	88.55	64.22	51.32	92.54	68.84	50.67	95.15	69.68	55.50	95.97	74.77	61.91
28	Gorontalo	90.03	60.43	44.46	92.00	60.48	45.47	95.93	64.26	48.91	96.74	68.29	56.07
29	West Sulawesi	89.18	62.76	48.41	91.29	61.75	44.54	93.52	62.00	52.22	94.97	68.37	56.65
30	Maluku	88.38	63.19	52.78	90.05	66.03	50.20	92.25	67.06	55.59	93.74	73.10	62.60
31	North Maluku	89.83	65.99	52.36	92.59	64.43	56.76	95.47	70.73	59.54	96.21	75.03	63.10
32	West Papua	87.77	56.68	48.33	88.84	57.90	44.98	89.71	60.90	53.80	92.76	68.18	62.29
33	Papua	69.60	44.44	30.82	70.78	43.61	29.16	72.57	45.76	36.73	78.36	53.68	43.11
	Indonesia	91.07	68.36	48.07	92.54	70.93	51.88	95.59	73.88	54.25	96.45	77.53	59.35

Source : BPS-Statistics Indonesia, 2015

Note : 2011 -2013 was recalculated after considering the index population change in 2010-2035

Annex 1.24

HUMAN DEVELOPMENT INDEX AND COMPONENT BY PROVINCE, 2012 - 2013

No.	Province	2012						2013					
		Life Expectancy at Birth (Year)	Average Length of Study (Year)	Literacy Rate (%)	Real Expenses / Capita (IDR.000)	HDI	Rank	Life Expectancy at Birth (Year)	Average Length of Study (Year)	Literacy Rate (%)	Real Expenses / Capita (IDR.000)	HDI	Rank
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	68.94	8.93	96.99	618.79	72.51	19	69.40	9.02	97.04	621.40	73.05	20
2	North Sumatra	69.81	9.07	97.51	643.63	75.13	8	69.90	9.13	97.84	646.83	75.55	8
3	West Sumatra	70.02	8.60	97.23	641.85	74.70	9	70.09	8.63	97.38	644.59	75.01	9
4	Riau	71.69	8.64	98.45	654.48	76.90	3	71.73	8.78	98.48	657.26	77.25	5
5	Jambi	69.44	8.20	96.20	640.82	73.78	13	69.61	8.32	96.85	644.05	74.35	13
6	Vegetables	70.05	7.99	97.50	637.47	73.99	10	70.10	8.04	97.55	641.35	74.36	12
7	Bengkulu	70.39	8.48	95.69	634.74	73.93	11	70.44	8.55	96.55	637.50	74.41	11
8	Lampung	70.05	7.87	95.13	625.52	72.45	20	70.09	7.89	95.92	628.24	72.87	21
9	Bangka Belitung Islands	69.21	7.68	95.88	648.49	73.78	12	69.46	7.73	96.44	651.22	74.29	14
10	Riau Islands	69.91	9.81	97.80	648.92	76.20	6	69.97	9.91	98.07	651.37	76.56	6
11	DKI Jakarta	73.49	10.98	99.21	635.29	78.33	1	73.56	11.00	99.22	637.92	78.59	1
12	West Java	68.60	8.08	96.39	638.90	73.11	16	68.84	8.11	96.87	641.63	73.58	17
13	Central Java	71.71	7.39	90.45	643.53	73.36	15	71.97	7.43	91.71	646.44	74.05	16
14	DI Yogyakarta	73.33	9.21	92.02	653.78	76.75	4	73.62	9.33	92.86	656.19	77.37	2
15	East Java	70.09	7.45	89.28	651.04	72.83	17	70.37	7.53	90.49	654.02	73.54	18
16	Banten	65.23	8.61	96.51	636.73	71.49	23	65.47	8.61	96.87	639.28	71.90	24
17	Bali	70.84	8.57	90.17	640.86	73.49	14	71.20	8.58	91.03	643.78	74.11	15
18	West Nusa Tenggara	62.73	7.19	83.68	645.72	66.89	32	63.21	7.20	85.19	648.66	67.73	33
19	East Nusa Tenggara	68.04	7.09	89.23	610.29	68.28	31	68.05	7.16	90.34	612.88	68.77	32
20	West Kalimantan	66.92	7.14	91.13	638.82	70.31	28	67.40	7.17	91.70	641.41	70.93	29
21	Central Kalimantan	71.41	8.15	97.88	644.21	75.46	7	71.47	8.17	97.99	646.01	75.68	7
22	South Kalimantan	64.52	7.89	96.43	643.66	71.08	25	64.82	8.01	97.18	646.77	71.74	26
23	East Kalimantan	71.58	9.22	97.55	649.85	76.71	5	71.78	9.39	97.95	653.70	77.33	4
24	North Kalimantan							69.70	8.52	96.40	647.51	74.72	10
25	North Sulawesi	72.44	9.0	99.53	643.20	76.95	2	72.62	9.09	99.56	646.19	77.36	3
26	Central Sulawesi	67.11	8.13	96.16	637.34	72.14	22	67.21	8.22	96.22	640.69	72.54	23
27	South Sulawesi	70.45	7.95	88.73	643.59	72.70	18	70.60	8.01	89.69	646.71	73.28	19
28	South East Sulawesi	68.21	8.25	92.04	625.81	71.05	26	68.56	8.44	92.59	628.77	71.73	27
29	Gorontalo	67.47	7.49	96.16	630.01	71.31	24	67.54	7.52	96.87	633.14	71.77	25
30	West Sulawesi	68.27	7.32	88.79	639.56	70.73	27	68.34	7.35	90.54	642.66	71.41	28
31	Maluku	67.84	9.15	98.17	620.08	72.42	21	67.88	9.20	98.25	622.59	72.70	22
32	North Maluku	66.65	8.71	96.43	606.22	69.98	30	66.97	8.72	97.45	609.26	70.63	30
33	West Papua	69.14	8.45	93.74	601.56	70.22	29	69.14	8.53	94.14	604.82	70.62	31
34	Papua	69.12	6.87	75.83	611.99	65.86	33	69.13	6.87	75.92	616.76	66.25	34
	Indonesia	69.87	8.08	93.25	641.04	73.29		70.07	8.14	94.14	643.36	73.81	

Source : BPS-Statistics Indonesia, 2015

Annex 2.1

**NUMBER OF HEALTH CENTER AND RATIO TO POPULATION
BY PROVINCE, 2010 - 2014**

No	Province	Number of Health Center					Ratio of Health Center per 30,000 Population				
		2010	2011	2012	2013	2014	2010	2011	2012	2013	2014
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	Aceh	315	325	330	334	337	2.10	2.14	2.15	2.14	2.14
2	North Sumatra	506	542	555	570	570	1.17	1.24	1.26	1.28	1.26
3	West Sumatra	246	254	260	262	264	1.52	1.55	1.57	1.56	1.55
4	Riau	193	203	207	207	211	1.05	1.06	1.05	1.01	1.00
5	Jambi	169	174	176	176	176	1.64	1.65	1.63	1.59	1.55
6	South Sumatra	293	304	317	319	321	1.18	1.20	1.23	1.22	1.20
7	Bengkulu	170	178	178	180	180	2.97	3.06	3.01	3.00	2.95
8	Lampung	265	269	276	280	290	1.04	1.05	1.06	1.07	1.09
9	Bangka Belitung Islands	58	58	60	60	61	1.42	1.38	1.38	1.34	1.33
10	Riau Islands	66	67	69	70	73	1.18	1.14	1.12	1.08	1.08
11	DKI Jakarta	341	340	340	340	340	1.06	1.05	1.03	1.02	1.01
12	West Java	1,028	1,046	1,046	1,050	1,050	0.72	0.72	0.70	0.69	0.68
13	Central Java	867	867	873	873	875	0.80	0.80	0.80	0.80	0.80
14	DI Yogyakarta	121	121	121	121	121	1.05	1.04	1.03	1.02	1.01
15	East Java	946	956	960	960	960	0.76	0.76	0.76	0.75	0.75
16	Banten	217	226	228	230	231	0.61	0.62	0.61	0.60	0.59
17	Bali	114	114	118	120	120	0.88	0.86	0.87	0.87	0.85
18	West Nusa Tenggara	150	152	157	158	158	1.00	1.00	1.02	1.02	1.01
19	East Nusa Tenggara	309	342	349	362	370	1.98	2.15	2.15	2.18	2.19
20	West Kalimantan	231	235	237	237	238	1.58	1.59	1.59	1.58	1.57
21	Central Kalimantan	174	179	190	194	195	2.36	2.39	2.49	2.50	2.47
22	South Kalimantan	214	224	226	228	228	1.77	1.82	1.80	1.78	1.75
23	East Kalimantan	217	215	217	222	174	1.83	1.75	1.70	1.68	1.49
24	North Kalimantan					48					2.37
25	North Sulawesi	170	170	177	183	187	2.25	2.22	2.28	2.33	2.35
26	Central Sulawesi	160	173	176	183	184	1.82	1.93	1.93	1.97	1.94
27	South Sulawesi	416	421	425	440	446	1.55	1.55	1.55	1.59	1.59
28	South East Sulawesi	233	249	258	264	269	3.13	3.28	3.33	3.34	3.34
29	Gorontalo	76	86	87	91	93	2.19	2.43	2.40	2.46	2.46
30	West Sulawesi	81	86	91	92	94	2.10	2.17	2.24	2.20	2.20
31	Maluku	156	170	178	190	197	3.05	3.24	3.30	3.43	3.46
32	North Maluku	100	115	119	125	127	2.89	3.24	3.28	3.36	3.34
33	West Papua	106	126	128	143	149	4.18	4.80	4.70	5.07	5.09
34	Papua	297	334	381	391	394	3.14	3.36	3.64	3.54	3.39
	Indonesia	9,005	9,321	9,510	9,655	9,731	1.14	1.16	1.17	1.17	1.16

Source: Center for Data and Information, MoH RI, 2015

Annex 2.2

**NUMBER OF HEALTH CENTER WITH BEDS AND WITHOUT BEDS
BY PROVINCE, 2010 - 2014**

No	Province	No. of Health Center With Beds					No. of Health Center Without Beds				
		2010	2011	2012	2013	2014	2010	2011	2012	2013	2014
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	Aceh	116	137	144	149	143	199	188	186	185	194
2	North Sumatra	140	153	157	164	164	366	389	398	406	406
3	West Sumatra	85	86	89	88	91	161	168	171	174	173
4	Riau	53	55	63	75	79	140	148	144	132	132
5	Jambi	59	62	62	68	68	110	112	114	108	108
6	South Sumatra	82	86	106	95	95	211	218	211	224	226
7	Bengkulu	39	43	43	45	45	131	135	135	135	135
8	Lampung	58	60	69	91	101	207	209	207	189	189
9	Bangka Belitung Islands	18	19	20	20	20	40	39	40	40	41
10	Riau Islands	26	26	26	26	29	40	41	43	44	44
11	DKI Jakarta	52	52	52	30	30	289	288	288	310	310
12	West Java	237	220	220	176	176	791	826	826	874	874
13	Central Java	252	265	268	309	318	615	602	605	564	557
14	DI Yogyakarta	42	40	42	42	42	79	81	79	79	79
15	East Java	396	400	441	504	518	550	556	519	456	442
16	Banten	50	53	56	56	56	167	173	172	174	175
17	Bali	28	28	29	34	34	86	86	89	86	86
18	West Nusa Tenggara	81	84	84	109	109	69	68	73	49	49
19	East Nusa Tenggara	110	123	128	128	137	199	219	221	234	233
20	West Kalimantan	93	94	96	94	95	138	141	141	143	143
21	Central Kalimantan	69	69	70	73	73	105	110	120	121	122
22	South Kalimantan	48	48	49	45	45	166	176	177	183	183
23	East Kalimantan	93	94	94	127	95	124	121	123	95	79
24	North Kalimantan					32					16
25	North Sulawesi	84	85	88	88	92	86	85	89	95	95
26	Central Sulawesi	68	72	72	78	78	92	101	104	105	106
27	South Sulawesi	208	218	225	225	228	208	203	200	215	218
28	South East Sulawesi	70	74	74	79	78	163	175	184	185	191
29	Gorontalo	23	23	23	25	25	53	63	64	66	68
30	West Sulawesi	35	35	35	43	44	46	51	56	49	50
31	Maluku	56	56	61	63	64	100	114	117	127	133
32	North Maluku	27	28	28	27	27	73	87	91	98	100
33	West Papua	36	39	39	39	43	70	87	89	104	106
34	Papua	86	92	99	102	104	211	242	282	289	290
Indonesia		2,920	3,019	3,152	3,317	3,378	6,085	6,302	6,358	6,338	6,353

Source: Center for Data and Information; DG of Health Efforts, MoH RI, 2015

Annex 2.3

**NUMBER OF HEALTH CENTER AND HOSPITAL PROVIDING EXTENDED PROGRAM
BY PROVINCE, 2014**

No	Province	Health Center							Comprehensive Health Care for Obstetric and Neonatal Emergency (Ind: PONEK)	Hospital with Trained Acupuncture and Herbs Personnel
		Basic Health Care for Obstetric and Neonatal Emergency (Ind: PONEK)	Youth Health Care (Ind: PKPR)	Occupational Health	Sport Health Program	Traditional, Alternative, and Complementary Medicine	Management of Abandoned Children	Management of Abused Children		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	89	92	38	31	41	52	62	17	3
2	North Sumatra	155	241	0	13	70	19	130	25	5
3	West Sumatra	101	85	0	0	24	67	45	19	6
4	Riau	70	83	40	26	30	31	30	14	5
5	Jambi	58	54	47	25	9	31	33	8	4
6	South Sumatra	119	134	0	25	56	48	33	16	4
7	Bengkulu	54	71	4	127	32	4	53	12	3
8	Lampung	82	68	11	18	50	55	43	6	3
9	Bangka Belitung Islands	24	39	33	30	9	9	17	7	3
10	Riau Islands	25	40	24	6	9	22	31	11	3
11	DKI Jakarta	17	22	0	41	44	31	12	18	
12	West Java	232	356	112	156	25	85	122	32	8
13	Central Java	293	265	0	31	54	29	225	40	9
14	DI Yogyakarta	68	76	8	20	48	32	28	8	2
15	East Java	283	277	164	91	49	324	160	51	7
16	Banten	72	54	181	49	85	32	76	12	3
17	Bali	54	50	120	57	103	27	18	10	2
18	West Nusa Tenggara	61	40	74	0	13	28	20	10	2
19	East Nusa Tenggara	94	146	0	0	11	85	76	7	2
20	West Kalimantan	66	124	0	0	38	53	72	11	3
21	Central Kalimantan	63	57	23	4	15		32	12	3
22	South Kalimantan	60	85	36	24	9	44	40	14	2
23	East Kalimantan	81	51	16	0	13	45	47	20	1
24	North Kalimantan	25	0	0	7	0	0	0	3	0
25	North Sulawesi	87	78	0	0	25	20	59	10	2
26	Central Sulawesi	90	41	26	12	10	39	22	9	2
27	South Sulawesi	153	101	127	86	110	67	59	32	2
28	South East Sulawesi	73	49	0	0	28	47	25	8	2
29	Gorontalo	24	22	24	0	20	18	10	6	3
30	West Sulawesi	39	18	4	0	33		9	3	2
31	Maluku	55	92	0	0	62	16	34	9	1
32	North Maluku	34	22	0	0	12	10	14	4	1
33	West Papua	21	41	0	0	7	0	40	4	1
34	Papua	33	25	0	0	23	0	19	8	2
	Indonesia	2,855	2,999	1,112	879	1,167	1,370	1,696	476	101

Source: DG of Health Efforts; DG of Nutrition and MCH; DG of Disease Control & Environmental Health, MoH RI, 2015

Note : PONEK = Pelayanan Obstetri Neonatal Emergensi Dasar/ Basic Health Care for Obstetric and Neonatal Emergency

PONEK = Pelayanan Obstetri Neonatal Emergensi Komprehensif/ Comprehensive Health Care for Obstetric and Neonatal Emergency

Annex 2.4

**NUMBER OF DISTRICTS/MUNICIPALITIES WITH HEALTH CENTER EMPOWERED BY TRAINED HEALTH PERSONNEL
FOR PROVIDING TRADITIONAL, ALTERNATIVE, AND COMPLEMENTARY HEALTH CARE BY PROVINCE, 2014**

No	Province	No. of District/Municipalities	No. of District/Municipalities with trained health personnel	Percentage of District/Municipalities with trained health personnel	No. of Health Center with trained health personnel
(1)	(2)	(3)	(3)	(4)	(5)
1	Aceh	23	14	60.9	41
2	North Sumatra	33	23	69.7	70
3	West Sumatra	19	10	52.6	24
4	Riau	12	10	83.3	30
5	Jambi	11	3	27.3	9
6	South Sumatra	17	16	94.1	56
7	Bengkulu	10	10	100.0	32
8	Lampung	15	14	93.3	50
9	Bangka Belitung Islands	7	4	57.1	9
10	Riau Islands	7	4	57.1	9
11	DKI Jakarta	6	5	83.3	44
12	West Java	27	11	40.7	25
13	Central Java	35	20	57.1	54
14	DI Yogyakarta	5	5	100.0	48
15	East Java	38	15	39.5	49
16	Banten	8	8	100.0	85
17	Bali	9	9	100.0	103
18	West Nusa Tenggara	10	5	50.0	13
19	East Nusa Tenggara	22	4	18.2	11
20	West Kalimantan	14	13	92.9	38
21	Central Kalimantan	14	5	35.7	15
22	South Kalimantan	13	4	30.8	9
23	East Kalimantan	10	3	30.0	13
24	North Kalimantan	5	0	0.0	0
25	North Sulawesi	15	7	46.7	25
26	Central Sulawesi	13	3	23.1	10
27	South Sulawesi	24	23	95.8	110
28	South East Sulawesi	17	12	70.6	28
29	Gorontalo	6	6	100.0	20
30	West Sulawesi	6	6	100.0	33
31	Maluku	11	9	81.8	62
32	North Maluku	10	3	30.0	12
33	West Papua	13	3	23.1	7
34	Papua	29	2	6.9	23
Indonesia		514	289	56.2	1,167

Source : Directorate of Traditional, Alternative and Complementary Health Care, DG of Nutrition, Mother and Child Health Care, DG of Disease Control & Environmental Health, MoH RI Indonesia, 2014

Annex 2.5

**NUMBER OF HOSPITALS IN INDONESIA
BY OWNERSHIP AND PROVINCE, 2014**

No	Province	Public Hospital												Private Hospital						TOTAL					
		MoH			Local Government			Army/Police			Other Ministries			Non Profit Private			Private						State owned		
		General Hospital	Special Hospital	Total	General Hospital	Special Hospital	Total	General Hospital	Special Hospital	Total	General Hospital	Special Hospital	Total	General Hospital	Special Hospital	Total	General Hospital	Special Hospital	Total	General Hospital	Special Hospital	Total	General Hospital	Special Hospital	Total
(1)	(2)	(3)	(4)	(5)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
1	Aceh	0	0	0	25	2	27	4	0	4	0	0	0	15	0	15	13	1	14	4	0	4	61	3	64
2	North Sumatra	1	0	1	34	3	37	9	0	9	0	0	0	67	9	76	34	5	39	14	1	15	159	18	177
3	West Sumatra	1	1	2	19	1	20	4	0	4	0	0	0	11	9	20	2	13	15	1	0	1	38	24	62
4	Riau	0	0	0	16	3	19	4	0	4	0	0	0	5	1	6	22	8	30	3	0	3	50	12	62
5	Jambi	0	0	0	13	1	14	2	0	2	0	0	0	1	1	2	12	3	15	0	0	0	28	5	33
6	South Sumatra	1	1	2	21	4	25	4	0	4	0	0	0	8	3	11	6	2	8	5	0	5	45	10	55
7	Bengkulu	0	0	0	12	1	13	3	0	3	0	0	0	2	0	2	1	0	1	0	0	0	18	1	19
8	Lampung	0	0	0	13	1	14	2	0	2	0	0	0	13	3	16	14	7	21	0	0	0	42	11	53
9	Bangka Belitung Islands	0	0	0	8	1	9	0	0	0	0	0	0	3	0	3	3	1	4	0	0	0	14	2	16
10	Riau Islands	0	0	0	11	0	11	2	0	2	0	0	0	4	2	6	3	1	4	2	0	2	22	3	25
11	DKI Jakarta	3	7	10	7	2	9	9	3	12	3	0	3	31	22	53	37	29	66	4	1	5	94	64	158
12	West Java	1	4	5	40	4	44	13	0	13	0	0	0	53	20	73	103	50	153	4	1	5	214	79	293
13	Central Java	2	3	5	50	6	56	12	0	12	1	1	2	104	43	147	50	25	75	3	0	3	222	78	300
14	DI Yogyakarta	1	0	1	6	2	8	4	0	4	0	0	0	26	13	39	13	5	18	0	1	1	50	21	71
15	East Java	0	1	1	55	10	65	29	2	31	1	0	1	84	33	117	70	49	119	11	2	13	250	97	347
16	Banten	0	1	1	10	0	10	2	0	2	0	0	0	11	5	16	35	20	55	1	0	1	59	26	85
17	Bali	1	0	1	9	2	11	3	0	3	0	0	0	17	5	22	15	5	20	0	0	0	45	12	57
18	West Nusa Tenggara	0	0	0	12	1	13	2	0	2	0	0	0	4	0	4	5	0	5	0	0	0	23	1	24
19	East Nusa Tenggara	0	0	0	19	0	19	5	0	5	0	0	0	13	4	17	3	0	3	0	0	0	40	4	44
20	West Kalimantan	0	0	0	16	3	19	6	0	6	0	0	0	7	1	8	7	4	11	1	0	1	37	8	45
21	Central Kalimantan	0	0	0	15	1	16	2	0	2	0	0	0	0	0	0	1	0	1	0	0	0	18	1	19
22	South Kalimantan	0	0	0	14	2	16	5	0	5	0	0	0	3	5	8	3	2	5	2	0	2	27	9	36
23	East Kalimantan	0	0	0	11	2	13	4	0	4	0	0	0	4	1	5	12	8	20	2	0	2	33	11	44
24	North Kalimantan	0	0	0	5	0	5	1	0	1	0	0	0	0	0	0	0	1	1	0	0	0	6	1	7
25	North Sulawesi	2	0	2	15	1	16	4	0	4	0	1	1	14	0	14	3	2	5	0	0	0	38	4	42
26	Central Sulawesi	0	0	0	16	1	17	2	0	2	0	0	0	4	4	8	1	3	4	0	0	0	23	8	31
27	South Sulawesi	1	1	2	28	7	35	8	1	9	0	0	0	12	12	24	10	6	16	1	1	2	60	28	88
28	South East Sulawesi	0	0	0	13	1	14	2	0	2	0	0	0	4	0	4	0	4	4	1	0	1	20	5	25
29	Gorontalo	0	0	0	9	0	9	0	0	0	0	0	0	1	1	2	1	0	1	0	0	0	11	1	12
30	West Sulawesi	0	0	0	8	0	8	0	0	0	0	0	0	1	0	1	1	0	1	0	0	0	10	0	10
31	Maluku	0	0	0	15	1	16	4	0	4	0	0	0	7	0	7	0	0	0	0	0	0	26	1	27
32	North Maluku	0	0	0	13	0	13	2	0	2	0	0	0	4	0	4	0	0	0	0	0	0	19	0	19
33	West Papua	0	0	0	10	0	10	3	0	3	0	0	0	1	0	1	3	0	3	1	0	1	18	0	18
34	Papua	0	0	0	21	2	23	7	0	7	0	0	0	5	0	5	2	1	3	0	0	0	35	3	38
	Indonesia	14	19	33	589	65	654	163	6	169	5	2	7	539	197	736	485	255	740	60	7	67	1,855	551	2,406

Source: DG of Health Efforts, MoH RI, 2015

Note : 1. Hospital with registered hospital code

Annex 2.6

**NUMBER OF GENERAL HOSPITAL AND NUMBER OF BEDS
BY MANAGEMENT, 2010 - 2014**

No	Management	Year 2010		Year 2011		Year 2012		Year 2013		Year 2014	
		Hospital	Bed	Hospital	Bed	Hospital	Bed	Hospital	Bed	Hospital	Bed
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	Ministry of Health	13	8,873	14	9,724	14	10,832	14	11,028	14	10,673
2	Provincial Government	45	13,854	47	14,065	49	16,292	53	18,526	52	17,030
3	District / Municipality Government	445	43,341	472	52,536	508	74,741	525	84,694	537	81,954
4	Army / Police	129	11,771	132	12,272	151	19,830	155	20,832	163	20,312
5	Other Ministry or State Owned Institution	72	6,925	73	8,535	71	8,040	63	7,444	65	7,285
6	Profit and Non Profit Private Company	591	52,306	634	52,694	815	74,033	915	102,816	1,024	99,356
Total		1,295	137,070	1,372	149,826	1,608	203,768	1,725	245,340	1,855	236,610

Source: DG of Health Efforts, MoH RI, 2015

Note : Hospital with registered hospital code

Annex 2.7

**NUMBER OF SPECIAL HOSPITAL AND NUMBER OF BEDS
BY TYPE OF HOSPITAL, 2010 - 2014**

No	Type of Hospital	Year 2010		Year 2011		Year 2012		Year 2013		Year 2014	
		Hospital	Bed	Hospital	Bed	Hospital	Bed	Hospital	Bed	Hospital	Bed
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	Mental Hospital	52	8,760	52	7,541	53	8,542	51	10,349	51	10,585
2	Lepracy Hospital	23	2,326	23	1,854	22	1,989	18	2,048	16	1,807
3	Pulmonary TB Hospital	10	757	10	778	12	915	11	919	12	933
4	Eye Hospital	12	448	13	519	14	520	15	647	18	637
5	Maternity Hospital	62	2,453	65	2,334	94	3,150	99	3,457	113	3,631
6	Mother and Child Health Hospital	106	4,809	114	5,267	169	7,697	159	8,147	233	10,761
7	Other Specialty Hospital	72	2,521	72	2,537	111	4,851	150	7,543	108	4,779
Total		337	22,074	349	20,830	475	27,664	503	33,110	551	33,133

Source: DG of Health Efforts, MoH RI, 2015

Note : Hospital with registered hospital code

Annex 2.8

**NUMBER OF HOSPITAL, BEDS AND BEDS RATIO PER 1,000 POPULATION
BY HOSPITAL CLASS AND PROVINCE, 2014**

No	Province	No. of Population in 2014	Class A			Class B			Class C			Class D			Not Yet Classified			Total		
			Hospital	Beds	% Hospital	Hospital	Beds	% Hospital	Hospital	Beds	% Hospital	Hospital	Beds	% Hospital	Hospital	Beds	% Hospital	Hospital	Beds	Bed Ratio
(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
1	Aceh	4,731,705	3	813	4.69	6	1,428	9.38	25	3,046	39.06	8	536	12.50	22	1,295	34.38	64	7,118	1.50
2	North Sumatra	13,527,937	1	721	0.56	23	5,572	12.99	58	6,526	32.77	28	2,122	15.82	67	5,069	37.85	177	20,010	1.48
3	West Sumatra	5,098,790	1	264	1.61	4	1,564	6.45	22	2,818	35.48	16	552	25.81	19	796	30.65	62	5,994	1.18
4	Riau	6,358,636	1	182	1.61	8	1,874	12.90	27	2,510	43.55	14	906	22.58	12	420	19.35	62	5,892	0.93
5	Jambi	3,412,459	0	0	0.00	3	684	9.09	12	1,466	36.36	6	425	18.18	12	615	36.36	33	3,190	0.93
6	South Sumatra	7,996,535	3	1,682	5.45	5	1,031	9.09	24	3,351	43.64	11	715	20.00	12	788	21.82	55	7,567	0.95
7	Bengkulu	1,828,291	0	0	0.00	2	696	10.53	4	400	21.05	10	583	52.63	3	202	15.79	19	1,881	1.03
8	Lampung	7,972,246	0	0	0.00	4	1,262	7.55	25	2,621	47.17	7	482	13.21	17	1,320	32.08	53	5,685	0.71
9	Bangka Belitung Islands	1,380,762	0	0	0.00	1	120	6.25	6	811	37.50	6	392	37.50	3	125	18.75	16	1,448	1.05
10	Riau Islands	2,031,895	0	0	0.00	5	1,008	20.00	11	977	44.00	5	212	20.00	4	122	16.00	25	2,319	1.14
11	DKI Jakarta	10,135,030	13	5,028	8.23	43	9,044	27.22	40	2,983	25.32	12	847	7.59	50	3,523	31.65	158	21,425	2.11
12	West Java	46,300,543	7	2,181	2.39	47	11,963	16.04	111	11,157	37.88	52	3,470	17.75	76	4,370	25.94	293	33,141	0.72
13	Central Java	32,779,832	8	3,951	2.67	31	9,952	10.33	110	12,575	36.67	95	6,064	31.67	56	2,766	18.67	300	35,308	1.08
14	DI Yogyakarta	3,594,290	3	992	4.23	11	2,364	15.49	11	4,335	15.49	28	1,494	39.44	18	950	25.35	71	10,135	2.82
15	East Java	38,529,481	6	3,563	1.73	42	10,239	12.10	107	11,841	30.84	69	4,263	19.88	123	6,799	35.45	347	36,705	0.95
16	Banten	11,834,087	2	275	2.35	16	3,946	18.82	27	2,380	31.76	7	555	8.24	33	2,204	38.82	85	9,360	0.79
17	Bali	4,225,384	3	1,167	5.26	7	1,397	12.28	17	1,891	29.82	12	690	21.05	18	727	31.58	57	5,872	1.39
18	West Nusa Tenggara	4,702,389	0	0	0.00	3	679	12.50	8	1,319	33.33	11	925	45.83	2	99	8.33	24	3,022	0.64
19	East Nusa Tenggara	5,070,746	0	0	0.00	1	361	2.27	12	1,510	27.27	22	1,616	50.00	9	603	20.45	44	4,090	0.81
20	West Kalimantan	4,546,439	1	486	2.22	3	947	6.67	14	1,660	31.11	9	825	20.00	18	1,256	40.00	45	5,174	1.14
21	Central Kalimantan	2,368,654	0	0	0.00	2	505	10.53	7	746	36.84	6	378	31.58	4	160	21.05	19	1,789	0.76
22	South Kalimantan	3,913,908	2	1,064	5.56	2	491	5.56	17	2,101	47.22	4	294	11.11	11	367	30.56	36	4,317	1.10
23	East Kalimantan	3,508,012	2	983	4.55	6	1,246	13.64	14	1,868	31.82	18	702	40.91	4	246	9.09	44	5,045	1.44
24	North Kalimantan	607,729	0	0	0.00	1	271	14.29	3	431	42.86	3	107	42.86	0	0	0.00	7	809	1.33
25	North Sulawesi	2,382,941	1	278	2.38	2	1,182	4.76	16	2,265	38.10	10	550	23.81	13	733	30.95	42	5,008	2.10
26	Central Sulawesi	2,839,290	0	0	0.00	3	1,012	9.68	9	1,347	29.03	4	245	12.90	15	829	48.39	31	3,433	1.21
27	South Sulawesi	8,395,747	3	1,495	3.41	18	3,803	20.45	33	4,544	37.50	9	523	10.23	25	1,192	28.41	88	11,557	1.38
28	South East Sulawesi	2,417,962	0	0	0.00	2	526	8.00	7	579	28.00	8	397	32.00	8	403	32.00	25	1,905	0.79
29	Gorontalo	1,134,498	0	0	0.00	2	591	16.67	3	330	25.00	4	222	33.33	3	149	25.00	12	1,292	1.14
30	West Sulawesi	1,284,620	0	0	0.00	0	0	0.00	2	351	20.00	1	138	10.00	7	449	70.00	10	938	0.73
31	Maluku	1,708,190	0	0	0.00	2	461	7.41	5	519	18.52	15	762	55.56	5	402	18.52	27	2,144	1.26
32	North Maluku	1,141,561	0	0	0.00	1	284	5.26	3	270	15.79	9	654	47.37	6	142	31.58	19	1,350	1.18
33	West Papua	877,437	0	0	0.00	0	0	0.00	4	636	22.22	7	434	38.89	7	312	38.89	18	1,382	1.58
34	Papua	3,486,432	0	0	0.00	2	452	5.26	9	1,623	23.68	11	747	28.95	16	616	42.11	38	3,438	0.99
	Indonesia	252,124,458	60	25,125	2.49	308	76,955	12.80	803	93,787	33.37	537	33,827	22.32	698	40,049	29.01	2,406	269,743	1.07

Source: DG of Health Efforts, MoH RI, 2015

Note: 1. Hospital with registered hospital code

Annex 2.9

**NUMBER OF BEDS IN HOSPITAL
BY TREATMENT CLASS AND PROVINCE, 2014**

No	Province	No. of Beds*	Treatment Class												Non Treatment Room ***	
			V V I P		V I P		Class I		Class II		Class III		Others**			
			Total	%	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1	Aceh	7,118	137	1.92	513	7.21	677	9.51	923	12.97	4,033	56.66	835	11.73	769	10.80
2	North Sumatra	20,010	416	2.08	1,494	7.47	2,928	14.63	4,432	22.15	8,357	41.76	2,383	11.91	1,509	7.54
3	West Sumatra	5,994	130	2.17	451	7.52	792	13.21	1,358	22.66	2,608	43.51	655	10.93	563	9.39
4	Riau	5,892	196	3.33	549	9.32	770	13.07	1,019	17.29	2,450	41.58	908	15.41	540	9.16
5	Jambi	3,190	74	2.32	306	9.59	435	13.64	540	16.93	1,411	44.23	424	13.29	349	10.94
6	South Sumatra	7,567	159	2.10	508	6.71	1,009	13.33	1,543	20.39	3,514	46.44	834	11.02	551	7.28
7	Bengkulu	1,881	21	1.12	127	6.75	211	11.22	398	21.16	860	45.72	264	14.04	246	13.08
8	Lampung	5,685	144	2.53	422	7.42	634	11.15	1,109	19.51	2,561	45.05	815	14.34	503	8.85
9	Bangka Belitung Islands	1,448	46	3.18	85	5.87	169	11.67	329	22.72	647	44.68	172	11.88	171	11.81
10	Riau Islands	2,319	26	1.12	165	7.12	248	10.69	455	19.62	1,113	47.99	312	13.45	238	10.26
11	DKI Jakarta	21,425	722	3.37	2,271	10.60	3,033	14.16	4,354	20.32	8,036	37.51	3,009	14.04	1,663	7.76
12	West Java	33,141	514	1.55	2,616	7.89	4,408	13.30	7,170	21.63	13,401	40.44	5,032	15.18	3,201	9.66
13	Central Java	35,308	622	1.76	3,438	9.74	4,956	14.04	6,285	17.80	15,230	43.13	4,777	13.53	2,993	8.48
14	DI Yogyakarta	10,135	176	1.74	608	6.00	855	8.44	1,584	15.63	6,078	59.97	834	8.23	485	4.79
15	East Java	36,705	602	1.64	3,115	8.49	5,022	13.68	7,689	20.95	15,230	41.49	5,047	13.75	3,091	8.42
16	Banten	9,360	116	1.24	730	7.80	1,420	15.17	2,162	23.10	3,623	38.71	1,309	13.99	1,099	11.74
17	Bali	5,872	152	2.59	784	13.35	707	12.04	977	16.64	2,448	41.69	804	13.69	637	10.85
18	West Nusa Tenggara	3,022	34	1.13	258	8.54	401	13.27	383	12.67	1,496	49.50	450	14.89	333	11.02
19	East Nusa Tenggara	4,090	35	0.86	234	5.72	391	9.56	709	17.33	2,201	53.81	520	12.71	466	11.39
20	West Kalimantan	5,174	27	0.52	270	5.22	556	10.75	967	18.69	2,674	51.68	680	13.14	480	9.28
21	Central Kalimantan	1,789	21	1.17	189	10.56	181	10.12	345	19.28	762	42.59	291	16.27	183	10.23
22	South Kalimantan	4,317	77	1.78	437	10.12	505	11.70	836	19.37	1,904	44.10	558	12.93	356	8.25
23	East Kalimantan	5,045	138	2.74	578	11.46	706	13.99	1,047	20.75	1,954	38.73	622	12.33	508	10.07
24	North Kalimantan	809	15	1.85	59	7.29	54	6.67	149	18.42	360	44.50	172	21.26	106	13.10
25	North Sulawesi	5,008	96	1.92	270	5.39	542	10.82	1,030	20.57	2,419	48.30	651	13.00	392	7.83
26	Central Sulawesi	3,433	6	0.17	247	7.19	380	11.07	505	14.71	1,746	50.86	549	15.99	391	11.39
27	South Sulawesi	11,557	301	2.60	1,246	10.78	1,448	12.53	1,912	16.54	4,932	42.68	1,718	14.87	1,215	10.51
28	South East Sulawesi	1,905	14	0.73	135	7.09	204	10.71	303	15.91	1,014	53.23	235	12.34	329	17.27
29	Gorontalo	1,292	31	2.40	125	9.67	109	8.44	221	17.11	650	50.31	156	12.07	131	10.14
30	West Sulawesi	938	18	1.92	55	5.86	101	10.77	196	20.90	422	44.99	146	15.57	124	13.22
31	Maluku	2,144	15	0.70	116	5.41	206	9.61	355	16.56	1,215	56.67	237	11.05	241	11.24
32	North Maluku	1,350	32	2.37	141	10.44	155	11.48	228	16.89	608	45.04	186	13.78	171	12.67
33	West Papua	1,382	6	0.43	56	4.05	97	7.02	282	20.41	824	59.62	117	8.47	177	12.81
34	Papua	3,438	21	0.61	126	3.66	319	9.28	698	20.30	1,910	55.56	364	10.59	483	14.05
	Indonesia	269,743	5,140	1.91	22,724	8.42	34,629	12.84	52,493	19.46	118,691	44.00	36,066	13.37	24,694	9.15

Source: DG of Health Efforts, MoH RI, 2015

Note:

* Total beds include VVIP, VIP, Class I, Class II, Class III, and others

** Other classes include ICU, PICU, NICU, HCU, ICCU, Neonatal bed and Isolation Room

*** Non Treatment Room include bed in Emergency, Maternity and Operating Room

Annex 2.10

**NUMBER OF HIV AIDS AND SEXUALLY TRANSMITTED INFECTION SERVICE
BY PROVINCE, 2014**

No	Province	Referral Hospital for People with HIV/AIDS (Ind: ODHA)	Prevention from Mother to Child Transmission (Ind: PPIA)	HIV Conselling and Test	Care, Support and Treatment	Methadone Therapy Program	TB - HIV Service	Sexual Transmitted Infection Service
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Aceh	13	1	14	8	0	3	5
2	North Sumatra	22	2	49	16	4	14	31
3	West Sumatra	8	4	23	5	1	2	18
4	Riau	9	2	40	12	1	4	30
5	Jambi	10	2	11	10	1	2	10
6	South Sumatra	13	2	23	10	2	5	10
7	Bengkulu	6	1	12	2	0	2	9
8	Lampung	10	1	16	2	1	5	8
9	Bangka Belitung Islands	4	2	4	3	0	4	7
10	Riau Islands	10	3	17	7	1	7	7
11	DKI Jakarta	25	15	77	53	18	19	53
12	West Java	50	21	380	42	15	19	340
13	Central Java	48	23	174	46	7	16	96
14	DI Yogyakarta	10	1	39	8	5	8	26
15	East Java	43	11	211	48	10	20	168
16	Banten	11	21	66	11	7	5	160
17	Bali	11	3	48	12	6	6	21
18	West Nusa Tenggara	11	9	21	7	0	6	29
19	East Nusa Tenggara	19	2	4	8	0	2	5
20	West Kalimantan	11	4	25	9	3	6	19
21	Central Kalimantan	4	1	15	6	0	3	16
22	South Kalimantan	7	2	9	3	0	4	7
23	East Kalimantan	15	4	35	9	2	5	36
24	North Kalimantan	3	0	0	0	0	0	0
25	North Sulawesi	6	3	25	6	0	5	10
26	Central Sulawesi	9	7	8	10	0	2	12
27	South Sulawesi	17	4	89	20	6	10	27
28	South East Sulawesi	5	1	3	2	0	3	25
29	Gorontalo	4	0	1	1	0	1	10
30	West Sulawesi	4	0	6	0	0	2	2
31	Maluku	7	1	21	3	0	3	9
32	North Maluku	2	1	1	3	0	2	3
33	West Papua	6	30	40	15	0	7	26
34	Papua	17	30	76	68	0	21	55
Indonesia		450	214	1,583	465	90	223	1,290

Source : DG of Disease Control & Environmental Health, MoH RI Indonesia, 2015

Annex 2.11

NUMBER OF COMMUNITY-BASED HEALTH PROGRAM (Ind:UKBM) BY PROVINCE, 2014

No	Province	Village (Desa)	Village (Kelurahan)	Total Village	Alert Village	Percentage of Alert Nagari and Village	Active Village Health Post	Integrated Health Post (Ind: Posyandu)	Trained Cadre / Community / Leader / Religious Leader	Ratio of Posyandu to Village	Ratio of Trained Cadre etc to Village
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(11)	(12)	(13)	(14)
1	Aceh	6,474	0	6,474	2,577	39.81	2,298	6,914	14,957	1.07	2.31
2	North Sumatra	5,389	691	6,080	3,680	60.53	3,953	15,307		2.52	0.00
3	West Sumatra	880	259	3,283	2,611	79.53	2,493	6,956	11,949	2.12	3.64
4	Riau	1,592	243	1,835	1,259	68.61	1,152	5,134	26,804	2.80	14.61
5	Jambi	1,398	163	1,561	1,092	69.96	954	3,324	8,195	2.13	5.25
6	South Sumatra	2,817	377	3,194	2,808	87.91	2,497	6,584	8,216	2.06	2.57
7	Bengkulu	1,341	172	1,513	1,467	96.96	1,559	1,983	2,928	1.31	1.94
8	Lampung	2,435	205	2,640	2,376	90.00	1,467	8,018	10,508	3.04	3.98
9	Bangka Belitung Islands	309	78	387	257	66.41	312	1,027		2.65	0.00
10	Riau Islands	275	141	416	377	90.63	202	1,246	2,438	3.00	5.86
11	DKI Jakarta	0	267	267	207	77.53	1,176	4,212	27,305	15.78	102.27
12	West Java	5,319	641	5,960	5,865	98.41	5,529	54,709	-	9.18	-
13	Central Java	7,809	750	8,578	8,577	99.99	7,720	48,293	115,496	5.63	13.46
14	DI Yogyakarta	392	46	438	433	98.86	421	5,703	3,738	13.02	8.53
15	East Java	7,723	776	8,499	8,135	95.72	8,618	46,179	190,466	5.43	22.41
16	Banten	1,238	313	1,551	1,416	91.30	524	10,281	34,513	6.63	22.25
17	Bali	636	80	716	610	85.20	490	4,783	9,211	6.68	12.86
18	West Nusa Tenggara	995	142	1,137	1,085	95.43	826	6,910	8,753	6.08	7.70
19	East Nusa Tenggara	2,950	318	3,268	502	15.36	672	8,573	600	2.62	0.18
20	West Kalimantan	1,908	89	1,997	974	48.77	1,386	4,626	957	2.32	0.48
21	Central Kalimantan	1,434	138	1,572	609	38.74	538	2,210	-	1.41	-
22	South Kalimantan	1,864	143	2,007	1,424	70.95	1,732	3,865	11,811	1.93	5.88
23	East Kalimantan	833	196	1,029	545	52.96	655	4,116	10,509	4.00	10.21
24	North Kalimantan	447	35	482	-	-	-	-	-	-	-
25	North Sulawesi	1,490	332	1,822	1,024	56.20	1,064	2,199		1.21	0.00
26	Central Sulawesi	1,839	168	2,007	1,313	65.42	1,177	3,267	17,616	1.63	8.78
27	South Sulawesi	2,253	785	3,038	2,752	90.59	2,887	9,184	33,585	3.02	11.05
28	South East Sulawesi	1,820	377	2,197	1,829	83.25	1,073	3,207	0	1.46	0.00
29	Gorontalo	657	72	729	357	48.97	310	1,302	612	1.79	0.84
30	West Sulawesi	576	71	647	216	33.38	123	1,731	1,227	2.68	1.90
31	Maluku	1,191	33	1,224	509	41.58	605	2,153	605	1.76	0.49
32	North Maluku	1,063	117	1,180	916	77.63	276	1,526	3,148	1.29	2.67
33	West Papua	1,628	87	1,715	31	1.81	90	1,122	360	0.65	0.21
34	Papua	5,118	107	5,225	1,016	19.44	738	2,991	12,970	0.57	2.48
	Indonesia	74,093	8,412	84,668	58,849	69.51	55,517	289,635	569,477	3.42	6.73

Source : Center of Health Promotion, MoH RI per April 2015; Ministry of Home Affairs

Annex 2.12

**NUMBER OF ALERT VILLAGE (Ind: DESA SIAGA) AND POSYANDU
BY PROVINCE AND STRATA IN INDONESIA, 2014**

No	Province	Alert Village					Posyandu				
		Pratama	Madya	Purnama	Mandiri	Total	Pratama	Madya	Purnama	Mandiri	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	Aceh	2,049	491	35	2	2,577	1,306	4,494	1,001	113	6,914
2	North Sumatra	3,286	209	185	0	3,680	1,750	7,322	5,878	357	15,307
3	West Sumatra	2,116	398	88	9	2,611	573	1,979	3,180	1,224	6,956
4	Riau	692	312	183	72	1,259	775	1,977	1,894	488	5,134
5	Jambi	564	355	90	83	1,092	441	1,462	1,112	309	3,324
6	South Sumatra	1,274	838	223	473	2,808	588	2,062	3,319	615	6,584
7	Bengkulu	961	403	96	7	1,467	408	1,057	421	97	1,983
8	Lampung	1,246	624	393	113	2,376	474	2,895	3,557	1,092	8,018
9	Bangka Belitung Islands	211	22	17	7	257	50	349	499	129	1,027
10	Riau Islands	201	94	30	52	377	172	538	425	111	1,246
11	DKI Jakarta	0	5	47	155	207	11	311	1,391	2,499	4,212
12	West Java	-	-	-	-	5,865	-	-	-	-	54,709
13	Central Java	3,105	3,287	1,609	576	8,577	4,365	14,778	19,156	9,994	48,293
14	DI Yogyakarta	117	126	115	75	433	135	930	2,486	2,152	5,703
15	East Java	4,736	2,667	635	97	8,135	1,850	13,795	27,992	2,542	46,179
16	Banten	972	349	91	4	1,416	1,957	5,056	2,748	520	10,281
17	Bali	392	159	57	2	610	113	1,359	3,065	246	4,783
18	West Nusa Tenggara	715	308	58	4	1,085	937	3,250	2,430	293	6,910
19	East Nusa Tenggara	502	0	0	0	502	8,573	0	0	0	8,573
20	West Kalimantan	961	10	3	0	974	1,278	2,391	848	109	4,626
21	Central Kalimantan	483	76	38	12	609	995	936	217	62	2,210
22	South Kalimantan	1,105	178	29	112	1,424	1,191	1,803	771	100	3,865
23	East Kalimantan	443	60	26	16	545	784	1,611	1,367	354	4,116
24	North Kalimantan	-	-	-	-	-	-	-	-	-	-
25	North Sulawesi	706	226	89	3	1,024	283	1,100	779	37	2,199
26	Central Sulawesi	1,180	112	15	6	1,313	953	1,455	782	77	3,267
27	South Sulawesi	1,570	729	389	64	2,752	1,289	3,062	3,791	1,042	9,184
28	South East Sulawesi	1,248	316	219	46	1,829	645	1,320	999	243	3,207
29	Gorontalo	246	84	26	1	357	32	975	286	9	1,302
30	West Sulawesi	133	83	0	0	216	777	696	239	19	1,731
31	Maluku	485	24	0	0	509	1,026	716	365	46	2,153
32	North Maluku	625	222	57	12	916	416	557	392	161	1,526
33	West Papua	31	0	0	0	31	1,122	0	0	0	1,122
34	Papua	1,016	0	0	0	1,016	2,560	116	128	187	2,991
	Indonesia	33,371	12,767	4,843	2,003	58,849	37,829	80,352	91,518	25,227	289,635

Source: Center of Health Promotion , MoH RI per April 2015

Note: Total of Alert Village in Jakarta Province was based on Total of active Alert Hamlet/RW meanwhile in West Sumatra was total of Alert RW and Nagari

Annex 2.13

**NUMBER OF HEALTH POLYTECHNIC (DIPLOMA IV)
UNTIL DECEMBER 2014**

No	Health Polytechnic	Study Program														Total
		Nursing			Pharmacy	Public Health	Nutrition	Medical Therapy			Medical Technician					
		nursing	midwifery	Dental nursing	Pharmacy	Environmental Health	Nutrition	Physiotherapy	Occupational Therapy	Speech Therapy	Acupuncture	Health Analyst	Electromedical Technician	Radiodiagnostic Technician	Orthotic and Prosthetic	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1	Aceh	1	1	1	0	1	1	0	0	0	0	0	0	0	0	5
2	Medan	1	1	0	0	0	1	0	0	0	0	0	0	0	0	3
3	Padang		1	0	0	1	1	0	0	0	0	0	0	0	0	3
4	Riau	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
5	Jambi	1	1	1	0	0	0	0	0	0	0	0	0	0	0	3
6	Palembang	1	1	0	0	0	1	0	0	0	0	0	0	0	0	3
7	Bengkulu	1	1	0	0	0	1	0	0	0	0	0	0	0	0	3
8	Tanjung Karang	1	2	0	0	1	0	0	0	0	0	1	0	0	0	5
9	Tanjung Pinang	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Pangkal Pinang	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Jakarta I	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
12	Jakarta II	0	0	0	0	1	1	0	0	0	0	0	1	1	0	4
13	Jakarta III	0	1	0	0	0	0	1	0	0	0	1	0	0	0	3
14	Bandung	1	1	1	0	1	1	0	0	0	0	1	0	0	0	6
15	Tasikmalaya	2	2	1	0	0	0	0	0	0	0	0	0	0	0	5
16	Semarang	2	2	1	0	1	1	0	0	0	0	0	0	1	0	8
17	Surakarta	1	1	0	0	0	0	1	1	1	1	0	0	0	1	7
18	Di Yogyakarta	1	1	1	0	1	1	0	0	0	0	1	0	0	0	6
19	Surabaya	1	1	1	0	1	0	0	0	0	0	1	1	0	0	6
20	Malang	2	3	0	0	0	1	0	0	0	0	0	0	0	0	6
21	Banten	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
22	Denpasar	1	1	0	0	1	1	0	0	0	0	0	0	0	0	4
23	Mataram	2	1	0	0	0	1	0	0	0	0	1	0	0	0	5
24	Kupang	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
25	Pontianak	2	1	0	0	1	1	0	0	0	0	1	0	0	0	6
26	Palangkaraya	1	1	0	0	0	1	0	0	0	0	0	0	0	0	3
27	Banjarmasin	1	1	1	0	1	1	0	0	0	0	1	0	0	0	6
28	East Kalimantan	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
29	Manado	1	1	0	0	1	1	0	0	0	0	0	0	0	0	4
30	Palu	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
31	Makassar	1	1	1	1	1	1	1	0	0	0	1	0	0	0	8
32	Kendari	0	1	0	0	0	1	0	0	0	0	0	0	0	0	2
33	Gorontalo	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
34	Mamuju	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35	Maluku	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36	Ternate	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
37	Jayapura	1	1	0	0	0	1	0	0	0	0	0	0	0	0	3
38	Sorong	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
Total		34	36	9	1	13	19	3	1	1	1	9	2	2	2	133

Source: The Agency for Development and Empowerment of Health Human Resources, MoH RI, 2015

Annex 2.14

**NUMBER OF HEALTH POLYTECHNIC (DIPLOMA III)
BY STUDY PROGRAM AND PROVINCE, 2014**

No	Health Polytechnic	Study Program																	Total		
		nursing			Pharmacy			PH	Nutrition	Physical Therapy				Medical Technician							
		nursing	midwifery	Dental nursing	Pharmacy	Pharmacy & Food Analyst	Traditional Herb Medicine	Environmental Health	Nutrition	Physiotherapy	Occupational Therapy	Speech Therapy	Acupuncture	Health Analyst	Electromedic Technician	Radiodiagnostic Technician	Dental Technician	Orthotic Prosthetic		Health Medical Record	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	
1	Aceh	3	3	1	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	10
2	Medan	1	3	1	1	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0	9
3	Padang	2	2	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	7
4	Riau	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	3
5	Jambi	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	4
6	Palembang	3	1	1	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	8
7	Bengkulu	2	2	0	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0	7
8	Tanjung Karang	2	2	1	1	0	0	1	1	0	0	0	0	1	0	0	1	0	0	0	10
9	Tanjung Pinang	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	3
10	Pangkal Pinang	1	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	4
11	Jakarta I	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	4
12	Jakarta II	0	0	0	1	1	0	1	1	0	0	0	0	0	1	1	1	0	0	0	7
13	Jakarta III	2	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	5
14	Bandung	2	3	1	1	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0	10
15	Tasikmalaya	2	2	1	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2	10
16	Semarang	5	4	1	0	0	0	1	1	0	0	0	0	1	0	2	0	0	1	0	16
17	Surakarta	1	1	0	0	0	1	0	0	1	1	1	1	0	0	0	0	1	0	0	8
18	DI Yogyakarta	1	1	1	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0	6
19	Surabaya	4	3	1	0	0	0	2	1	0	0	0	0	1	1	0	0	0	0	0	13
20	Malang	3	3	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	8
21	Banten	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	3
22	Denpasar	1	1	1	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0	6
23	Mataram	2	1	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	5
24	Kupang	3	1	1	1	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0	9
25	Pontianak	1	1	1	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0	6
26	Palangkaraya	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	3
27	Banjarmasin	1	1	1	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0	6
28	East Kalimantan	1	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	4
29	Manado	1	1	1	1	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0	7
30	Palu	2	2	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	6
31	Makassar	2	1	1	1	0	0	1	1	1	0	0	0	1	0	0	0	0	0	0	9
32	Kendari	1	1	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	4
33	Gorontalo	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	3
34	Mamuju	1	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	4
35	Maluku	3	2	0	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0	8
36	Ternate	1	1	0	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0	5
37	Jayapura	7	4	0	1	0	0	2	1	0	0	0	0	1	0	0	0	0	0	0	16
38	Sorong	3	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	6
Jumlah		71	62	18	12	1	1	25	32	2	1	1	1	22	2	3	2	2	4	262	

Source: The Agency for Development and Empowerment of Health Human Resources, MoH RI, 2015

Annex 2.15

**NUMBER OF HEALTH POLYTECHNIC (DIPLOMA III) STUDENT BY TYPE OF HEALTH PERSONNEL
YEAR OF EDUCATION 2012/2013 TO 2014/2015**

No	Health Polytechnic Institution	Health Polytechnic Student			TOTAL
		2012	2013	2014*	
(1)	(2)	(3)	(4)	(5)	(6)
A	Nursing				
	1 Nursing	22,931	22,250	20,524	65,705
	2 Midwifery	16,959	19,278	15,503	51,740
	3 Dental nursing	4,920	5,870	3,248	14,038
	Sub Total	44,810	47,398	39,275	131,483
B	Pharmacy				
	1 Pharmacy & Food Analyst	285	222	148	655
	2 Pharmacy	2,305	2,490	2,602	7,397
	3 Traditional Herb Medicine	64	75	76	215
	Sub Total	2,654	2,787	2,826	8,267
C	Public Health				
	1 Environmental Health	7,000	5,945	5,158	18,103
	Sub Total	7,000	5,945	5,158	18,103
D	Nutrition				
	1 Nutrition	7,570	6,097	6,009	19,676
	Sub Total	7,570	6,097	6,009	19,676
E	Physical Therapist				
	1 Physiotherapy	760	944	335	2,039
	2 Occupational Therapy	300	334	94	728
	3 Speech Therapy	220	259	89	568
	4 Acupuncture	220	191	45	456
	Sub Total	1,500	1,728	563	3,791
F	Medical Technician				
	1 Health Analyst	4,730	4,766	4,763	14,259
	2 Dental Technician	440	294	164	898
	3 Radiology & Radiotherapy Technician	915	910	579	2,404
	4 Medical Record and Health Information	180	119	421	720
	5 Electromedic Technician	715	503	332	1,550
	6 Orthotic Prosthetic	440	201	68	709
	Sub Total	7,420	6,793	6,327	20,540
	Total	70,954	70,748	60,158	201,860

Source: The Agency for Development and Empowerment of Health Human Resources, MoH RI, 2015

Annex 2.16

NUMBER OF HEALTH POLYTECHNIC (DIPLOMA III) STUDENT BY TYPE OF HEALTH PERSONNEL, 2014

No	Health Polytechnic	nursing			Pharmacy			PH	Nutrition	Physical Therapist				Medical Technician					Total	
		nursing	midwifery	Dental nursing	Pharmacy	Pharmacy & Food Analyst	Traditional Herb Medicine	Environmental Health	Nutrition	Physiotherapy	Occupational Therapy	Speech Therapy	Acupuncture	Dental Technician	Health Analyst	Radiology and Radiotherapy Technician	Electromedic Technician	Orthotic Prosthetic		PIKES
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(24)
1	Aceh	855	588	190	252	0	0	171	251	0	0	0	0	0	0	0	0	0	0	2,307
2	Medan	332	903	335	304	0	0	295	300	0	0	0	0	0	297	0	0	0	0	2,766
3	Padang	607	706	241	0	0	0	377	405	0	0	0	0	0	0	0	0	0	0	2,336
4	Riau	167	167	0	0	0	0	0	238	0	0	0	0	0	0	0	0	0	0	572
5	Jambi	281	301	160	0	0	0	149	0	0	0	0	0	0	0	0	0	0	0	891
6	Palembang	975	242		221	0	0	0	193	0	0	0	0	0	145	0	0	0	0	1,776
7	Bengkulu	444	460	0	0	0	0	215	243	0	0	0	0	0	211	0	0	0	0	1,573
8	Tanjung Karang	398	458	118	129	0	0	244	163	0	0	0	0	96	275	0	0	0	0	1,881
9	Tanjung Pinang	240	249	0	0	0	0	228	0	0	0	0	0	0	0	0	0	0	0	717
10	Pangkal Pinang	143	144	0	129	0	0	0	128	0	0	0	0	0	0	0	0	0	0	544
11	Jakarta I	224	225	104	0	0	0	0	0	0	0	0	0	0	0	0	0	43	0	596
12	Jakarta li	0	0	0	190	148	0	95	111	0	0	0	0	68	0	127	107	0	0	846
13	Jakarta lii	616	552	0	0	0	0	0	0	0	0	0	0	0	248	0	0	0	0	1,416
14	Bandung	565	567	156	204	0	0	183	223	0	0	0	0	0	261	0	0	0	0	2,159
15	Tasikmalaya	565	338	150	83	0	0	0	245	0	0	0	0	0	0	0	0	0	208	1,589
16	Semarang	1,374	871	246	0	0	0	230	218	0	0	0	0	0	239	452	0	0	104	3,734
17	Surakarta	203	117	0	0	0	76	0	0	48	94	89	45	0	0	0	0	25	0	697
18	Di Yogyakarta	230	244	200	0	0	0	229	191	0	0	0	0	0	295	0	0	0	0	1,389
19	Surabaya	843	519	0	0	0	0	370	0	0	0	0	0	0	0	0	225	0	0	1,957
20	Malang	914	799	0	0	0	0	0	346	0	0	0	0	0	0	0	0	0	109	2,168
21	Banten	376	245	0	0	0	0	0	0	0	0	0	0	0	228	0	0	0	0	849
22	Denpasar	295	175	119	0	0	0	128	148	0	0	0	0	0	133	0	0	0	0	998
23	Mataram	511	333	0	0	0	0	0	131	0	0	0	0	0	180	0	0	0	0	1,155
24	Kupang	1,059	604	199	247	0	0	268	223	0	0	0	0	0	228	0	0	0	0	2,828
25	Pontianak	337	288	199	0	0	0	204	216	0	0	0	0	0	211	0	0	0	0	1,455
26	Palangkaraya	230	233	0	0	0	0	0	118	0	0	0	0	0	0	0	0	0	0	581
27	Banjarmasin	193	219	154	0	0	0	122	129	0	0	0	0	0	121	0	0	0	0	938
28	East Kalimantan	425	420	0	0	0	0	0	0	0	0	0	0	0	230	0	0	0	0	1,075
29	Manado	332	309	174	198	0	0	198	170	0	0	0	0	0	274	0	0	0	0	1,655
30	Palu	490	416	0	0	0	0	310	165	0	0	0	0	0	0	0	0	0	0	1,381
31	Makassar	868	299	329	324	0	0	268	283	287	0	0	0	0	296	0	0	0	0	2,954
32	Kendari	281	290	0	0	0	0	0	230	0	0	0	0	0	80	0	0	0	0	881
33	Gorontalo	425	423	0	0	0	0	0	219	0	0	0	0	0	0	0	0	0	0	1,067
34	Mamuju	332	309	174	198	0	0	198	170	0	0	0	0	0	274	0	0	0	0	1,655
35	Maluku	1,036	564	0	0	0	0	315	277	0	0	0	0	0	206	0	0	0	0	2,398
36	Ternate	381	382	0	0	0	0	136	113	0	0	0	0	0	162	0	0	0	0	1,174
37	Jayapura	2,255	1,045	0	123	0	0	225	118	0	0	0	0	0	169	0	0	0	0	3,935
38	Sorong	722	499	0	0	0	0	0	44	0	0	0	0	0	0	0	0	0	0	1,265
Total		20,524	15,503	3,248	2,602	148	76	5,158	6,009	335	94	89	45	164	4,763	579	332	68	421	60,158

Source: The Agency for Development and Empowerment of Health Human Resources, MoH RI, 2015

Annex 2.17

NUMBER OF HEALTH POLYTECHNIC (DIPLOMA IV) STUDENT BY TYPE OF HEALTH PERSONNEL, 2014

No	Poltekkes	Nursing			Pharmacy	Public Health	Nutrition	Medical Therapy				Medical Technician				TOTAL
		Nursing	Midwifery	Dental nursing	Pharmacy	Environmental Health	Nutrition	Physiotherapy	Occupational Therapy	Speech Therapy	Acupuncture	Health Analyst	Electromedical Technician	Radiodiagnostic Technician	Orthotic and Prosthetic	
(1)	(2)	(3)	(4)	(5)	(6)	(9)	(10)	(11)	(12)	(13)	(14)	(16)	(18)	(19)	(20)	(24)
1	Aceh	78	0	154	0	83	112	0	0	0	0	0	0	0	0	427
2	Medan	0	59	0	0	0	212	0	0	0	0	0	0	0	0	271
3	Padang	0	110	0	0	80	125	0	0	0	0	0	0	0	0	315
4	Riau	77	77	0	0	0	0	0	0	0	0	0	0	0	0	154
5	Jambi	66	79	46	0	0	0	0	0	0	0	0	0	0	0	191
6	Palembang	50	40	0	0	0	0	0	0	0	0	0	0	0	0	90
7	Bengkulu	83	83	0	0	0	114	0	0	0	0	0	0	0	0	280
8	Tanjung Karang	81	158	0	0	73	0	0	0	0	0	80	0	0	0	392
9	Tanjung Pinang	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Pangkal Pinang	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Jakarta I	0	0	0	0	0	0	0	0	0	0	0	0	0	25	25
12	Jakarta II	0	0	0	0	181	175	0	0	0	0	0	296	260	0	912
13	Jakarta III	0	40	0	0	0	0	193	0	0	0	40	0	0	0	273
14	Bandung	0	0	0	0	16	16	0	0	0	0	35	0	0	0	67
15	Tasikmalaya	0	144	57	0	0	0	0	0	0	0	0	0	0	0	201
16	Semarang	139	155	113	0	108	86	0	0	0	0	0	0	155	0	756
17	Surakarta	130	77	0	0	0	0	181	98	94	78	0	0	0	90	748
18	DI Yogyakarta	76	80	40	0	121	77	0	0	0	0	40	0	0	0	434
19	Surabaya	37	78	66	0	89	0	0	0	0	0	86	75	0	0	431
20	Malang	229	400	0	0	0	149	0	0	0	0	0	0	0	0	778
21	Banten	91	0	0	0	0	0	0	0	0	0	0	0	0	0	91
22	Denpasar	79	59	0	0	51	54	0	0	0	0	0	0	0	0	243
23	Mataram	242	148	0	0	0	118	0	0	0	0	139	0	0	0	647
24	Kupang	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Pontianak	215	118	0	0	217	96	0	0	0	0	91	0	0	0	737
26	Palangkaraya	39	39	0	0	0	40	0	0	0	0	0	0	0	0	118
27	Banjarmasin	78	80	79	0	108	129	0	0	0	0	77	0	0	0	551
28	East Kalimantan	84	86	0	0	0	0	0	0	0	0	0	0	0	0	170
29	Manado	178	170	0	0	178	174	0	0	0	0	0	0	0	0	700
30	Palu	117	118	0	0	0	0	0	0	0	0	0	0	0	0	235
31	Makassar	51	50	49	0	100	99	95	0	0	0	100	0	0	0	544
32	Kendari	0	77	0	0	0	55	0	0	0	0	0	0	0	0	132
33	Gorontalo	0	80	0	0	0	0	0	0	0	0	0	0	0	0	80
36	Ternate	41	39	0	0	0	0	0	0	0	0	0	0	0	0	80
37	Jayapura	89	140	0	0	0	64	0	0	0	0	0	0	0	0	293
38	Sorong	116	109	0	0	0	0	0	0	0	0	0	0	0	0	225
Total		2,466	2,893	604	0	1,405	1,895	469	98	94	78	688	371	415	115	11,591

Source: The Agency for Development and Empowerment of Health Human Resources, MoH RI, 2015

Annex 2.18

**NUMBER OF PRODUCTION FACILITY
IN PHARMACEUTICAL AND MEDICAL DEVICES BY PROVINCES, 2012-2014**

No	Province	Pharmaceutical Industry			Traditional Medicine Industry (Ind: IOT)			Small Industry of Traditional Medicine (Ind: UKOT)			Production of Medical Devices			Household Supply and Health Supply Production (Ind: PKRT)			Cosmetics Industry		
		2012	2013	2014	2012	2013	2014	2012	2013	2014	2012	2013	2014	2012	2013	2014	2012	2013	2014
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
1	Aceh	0	0	0	0	0	0	10	9	9	1	1	0	1	1	0	0	0	0
2	North Sumatra	9	5	5	2	94	94	94	94	6	14	14	8	31	31	13	47	45	47
3	West Sumatra	1	1	0	0	0	0	21	21	22	1	1	1	0	0	0	12	12	12
4	Riau	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
5	Jambi	0	0	0	0	0	0	3	3	2	0	0	0	0	1	0	1	1	1
6	South Sumatra	1	1	1	0	0	0	0	0	0	1	1	1	0	1	1	0	0	0
7	Bengkulu	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0
8	Lampung	0	0	0	0	0	5	4	5	5	0	0	0	0	0	2	4	4	4
9	Bangka Belitung Islands	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Riau Islands	0	0	0	0	0	0	0	0	2	5	5	5	1	2	2	0	0	0
11	DKI Jakarta	50	50	37	11	102	11	179	179	105	56	41	41	68	77	48	67	67	67
12	West Java	94	94	94	46	215	190	206	215	222	79	79	46	277	277	59	151	151	151
13	Central Java	23	23	23	12	283	12	285	283	283	17	17	19	24	24	20	45	45	45
14	DI Yogyakarta	2	2	2	0	73	73	64	73	73	7	7	3	8	8	0	10	10	10
15	East Java	46	47	47	15	15	15	229	221	216	28	29	23	95	99	48	125	116	116
16	Banten	13	30	30	19	58	58	25	58	63	25	22	17	73	114	48	54	107	104
17	Bali	0	0	0	1	1	1	14	14	10	0	0	0	0	1	1	21	24	24
18	West Nusa Tenggara	0	0	0	1	1	1	9	8	8	2	2	1	0	0	0	0	0	0
19	East Nusa Tenggara	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
20	West Kalimantan	0	0	0	0	9	9	14	9	7	1	1	1	0	0	0	1	1	1
21	Central Kalimantan	0	0	0	0	3	2	2	3	0	0	0	0	0	0	0	0	0	0
22	South Kalimantan	0	0	0	1	0	1	7	7	13	0	0	0	0	0	0	21	21	21
23	East Kalimantan	0	0	0	0	0	0	15	15	0	0	0	0	0	0	0	0	0	0
24	North Sulawesi	0	0	0	0	8	0	8	8	8	0	0	0	0	0	1	0	0	0
25	Central Sulawesi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	South Sulawesi	0	0	0	2	1	1	26	9	33	0	0	0	0	11	2	5	2	2
27	South East Sulawesi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Gorontalo	0	0	0	0	1	0	1	1	1	0	0	0	0	0	0	0	0	0
29	West Sulawesi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Maluku	0	0	0	0	0	0	12	1	0	0	0	0	0	0	0	0	0	0
31	North Maluku	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	West Papua	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33	Papua	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Indonesia		239	253	239	110	864	473	1,229	1,237	1,088	237	220	166	579	648	246	564	606	605

Source: DG of Pharmaceutical and Medical Device, MoHR, 2014

Annex 2.19

**NUMBER OF DISTRIBUTION FACILITY
ON PHARMACY AND MEDICAL DEVICES SECTOR BY PROVINCE, 2012-2014**

No	Province	Pharmacy Wholesaler			Pharmacy			Drug Store			Health Supply Distributor (Ind: PAK)		
		2012	2013	2014	2012	2013	2014	2012	2013	2014	2012	2013	2014
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	67	26	26	250	298	292	495	433	569	11	11	32
2	North Sumatra	116	133	133	977	1,056	1,265	114	551	934	29	44	56
3	West Sumatra	49	53	53	422	486	509	319	319	324	4	28	32
4	Riau	89	89	89	442	480	480	187	193	249	9	9	19
5	Jambi	35	34	34	231	266	298	176	170	172	1	5	19
6	South Sumatra	98	65	65	410	439	418	140	134	134	16	37	54
7	Bengkulu	18	18	18	190	209	210	58	65	73	4	8	20
8	Lampung	55	55	55	412	429	465	77	96	95	8	26	30
9	Bangka Belitung Islands	3	15	15	124	140	148	53	54	88	2	1	3
10	Riau Islands	34	34	34	190	243	244	218	247	282	8	13	14
11	DKI Jakarta	404	432	432	2,143	1,843	2,329	605	605	326	950	950	840
12	West Java	513	513	513	2,959	3,821	3,677	1,038	1,326	1,105	163	163	204
13	Central Java	333	333	333	1,657	2,302	2,681	381	381	297	93	87	100
14	DI Yogyakarta	48	50	50	523	528	560	46	48	51	15	15	24
15	East Java	341	367	367	2,380	3,259	3,250	307	372	404	131	250	227
16	Banten	96	97	96	719	900	1,152	175	130	192	75	75	87
17	Bali	77	75	75	571	603	606	226	239	249	17	40	30
18	West Nusa Tenggara	30	29	29	208	281	265	67	61	82	13	13	29
19	East Nusa Tenggara	37	24	24	178	189	198	121	122	104	3	25	24
20	West Kalimantan	48	46	46	74	218	224	41	316	336	18	22	36
21	Central Kalimantan	14	4	4	160	217	242	127	174	181	0	0	4
22	South Kalimantan	46	41	41	272	317	356	790	517	405	12	12	21
23	East Kalimantan	45	44	44	450	460	486	236	238	213	5	17	27
24	North Sulawesi	47	39	39	185	184	186	102	100	105	4	4	15
25	Central Sulawesi	28	27	27	215	289	326	134	197	211	1	1	8
26	South Sulawesi	94	102	102	404	674	675	377	377	368	27	57	85
27	South East Sulawesi	12	14	14	209	231	254	127	91	137	1	2	8
28	Gorontalo	7	7	7	89	109	119	36	35	37	0	0	0
29	West Sulawesi	1	1	1	46	46	69	45	45	46	0	0	0
30	Maluku	15	17	17	80	127	139	112	112	113	1	3	4
31	North Maluku	7	6	7	97	103	103	18	21	21	3	3	4
32	West Papua	10	10	10	122	122	122	52	52	52	0	0	1
33	Papua	43	46	46	224	234	286	40	40	54	0	0	20
Indonesia		2,860	2,846	2,846	17,613	21,103	22,634	7,040	7,861	8,009	1,624	1,921	2,077

Source: DG of Pharmaceutical and Medical Device, MoH RI, 2014

Annex 2.20

**PERCENTAGE OF DRUGS AND VACCINES AVAILABILITY IN INDONESIA
UNTIL DECEMBER 2014**

No	Drugs	Packing	Requirement	Availability	Availability (%)	No	Drugs	Packing	Requirement	Availability	Availability (%)
(1)	(2)	(3)	(4)	(5)	(6)	(1)	(2)	(3)	(4)	(5)	(6)
1	Allopurinol tablet 100 mg	tablet	28,833,065	36,575,040	126.85%	35	Belladonna extract tablet 10 mg	tablet	11,994,418	15,200,893	126.73%
2	Aminophylline tablet 200 mg	tablet	17,677,729	20,857,886	117.99%	36	Ephinephrin (Adrenaline) injection 0,1% (as HCL)	ampule	5,144,653	3,319,374	64.52%
3	Aminophylline injection 24 mg/ml	tablet	571,563	595,150	104.13%	37	Etacridin solution 0,1%	bottle	544,419	423,105	77.72%
4	Amitriptylin coated tablet 25mg (HCL)	tablet	4,568,173	6,906,233	151.18%	38	Phenitoin Natriun Injection 50 mg/ml	ampule	80,408	54,443	67.71%
5	Amoxicilin caplet 250 mg	Capsule	51,917,170	89,691,325	172.76%	39	Phenobarbital Injection I.m/l.v 50 mg/ml	ampule	645,877	378,569	58.61%
6	Amoxicillin caplet 500 mg	Capsule	337,967,423	398,719,963	117.98%	40	Phenobarbital tablet 30 mg	tablet	13,113,450	16,712,573	127.45%
7	Amoxicillin dry syrup 125 mg/ 5 mg	bottle	13,848,877	14,327,775	103.46%	41	Phenoxyethyl Penisilin tablet 250 mg	tablet	1,140,951	1,614,179	141.48%
8	Metampiron tablet 500 mg	tablet	120,673,705	110,581,051	91.64%	42	Phenoxyethyl Penisilin tablet 500 mg	tablet	2,744,017	3,623,214	132.04%
9	Metampiron injection 250 mg	ampule	8,117,790	6,839,474	84.25%	43	Phenol Gliserol eardrops 10%	bottle	791,242	621,896	78.60%
10	I NLEMs chewable antacids tablets, a combination of: Alluminium hydroxide 200mg+Magnesium hydroxide 200 mg	tablet	223,634,801	275,267,066	123.09%	44	Phytomenadion (Vit. K1) injection 10 mg/ml	ampule	2,577,450	2,690,431	104.38%
11	I NLEMs Antibacterial combination oinment: Basitracin 500 IU/g + polimixin 10.000 IU/g	tube	3,787,829	3,713,773	98.04%	45	Phytomenadion (Vit. K1) sugar-coated tablet 10 mg	tablet	11,057,849	12,190,269	110.24%
12	I NLEMs Antihemoroid combination: Bismuth Subgalat 150 mg + Hexaclorophen 250 mg	supp	939,540	698,333	74.33%	46	Furosemide tablet 40 mg	tablet	10,917,942	14,922,937	136.68%
13	I NLEM Antifungal combination : Benzoat Acid 6% + Salicylic Acid 3%	pot	1,053,584	1,026,869	97.46%	47	Gameksan lotion 1 %	bottle	625,420	601,458	96.17%
14	Antimigren : Ergotamin tartrat 1 mg + Kofein 50 mg	tablet	3,310,065	3,167,607	95.70%	48	I ORS powder salt: Natrium 0,70 g , Kalium klorida 0,30 g	sach	25,935,711	34,224,978	131.96%
15	I NLEMs Antiparkinson tablet combination : Karbidopa 25 mg + L-Dopa 250 mg	tablet	1,174,247	426,067	36.28%	49	Tribatrium Sitrt dihidrat 0,58 g				
16	Aqua Pro Injection Steril, pyrogen	vial	6,348,633	3,924,770	61.82%	50	Gentian Violet solution 1 %	bottle	1,621,037	1,759,402	108.54%
17	Ascorbic Acid (vitamin C) tablet 50 mg	tablet	198,882,276	198,760,714	99.94%	51	Glibenclamide tablet 5 mg	tablet	32,543,776	44,095,436	135.50%
18	Acetyl Salicilic Acid tablet 100 mg (Acetosal)	tablet	2,609,773	4,275,935	163.84%	52	Glyceril Guaiacholat tablet 100 mg	tablet	226,260,560	296,660,968	131.11%
19	Acetyl Salicilic Acid tablet 500 mg (Acetosal)	tablet	1,301,791	2,016,900	154.93%	53	Glycerin	bottle	1,060,287	799,810	75.43%
20	Atropin sulphate tablet 0,5 mg	tablet	886,806	860,323	97.01%	54	Glucose infusion solution 5%	bottle	1,509,353	1,947,984	129.06%
21	Atropin eyedrops 0,5%	bottle	15,155	10,786	71.17%	55	Glucose infusion solution 10%	bottle	186,811	207,153	110.89%
22	Atropin injection I.m/lv/s.k. 0,25 mg/mL - 1 mL (sulphate)	ampule	524,733	415,530	79.19%	56	Glucose infusion solution 40% sterile (local product)	ampule	593,866	521,730	87.85%
23	Betameton cream 0,1 %	cream	3,293,832	3,913,102	118.80%	57	Griseofulvin tablet 125 mg, micronized	tablet	17,748,244	23,996,981	135.21%
24	Deksameton Injection I.v. 5 mg/ml	ampule	9,866,067	10,283,859	104.23%	58	Haloperidol tablet 0,5 mg	tablet	2,915,361	4,416,234	151.48%
25	Deksameton tablet 0,5 mg	tablet	194,131,328	216,789,453	111.67%	59	Haloperidol tablet 1,5 mg	tablet	7,425,414	10,965,395	147.67%
26	Dextran 70-infusion solution 6% steril	bottle	623,272	413,690	66.37%	60	Haloperidol tablet 5 mg	tablet	4,825,271	8,174,296	169.41%
27	Dextrometorphan syrup 10 mg/5 ml (HBr)	bottle	3,781,159	2,561,722	67.75%	61	Hydrochlorotiazide tablet 25 mg	tablet	23,692,590	23,702,500	100.04%
28	Dextrometorphan tablet 15 mg (HBr)	tablet	52,588,427	41,814,499	79.51%	62	Hydrocortisone cream 2,5%	tube	4,597,228	4,765,435	103.66%
29	Diazepam Injection 5mg/ml	ampule	2,069,444	1,682,937	81.32%	63	Ibuprofen tablet 200 mg	tablet	35,540,861	37,417,635	105.28%
30	Diazepam tablet 2 mg	tablet	20,238,220	22,054,276	108.97%	64	Ibuprofen tablet 400 mg	tablet	67,679,571	75,917,983	112.17%
31	Diazepam tablet 5 mg	tablet	5,366,743	3,344,338	62.32%	65	Isosorbid Dinitrat Tablet Sublingual 5 mg	tablet	9,920,490	9,157,086	92.30%
32	Dyphenhydramin Injection I.M. 10 mg/ml (HCL)	ampule	3,580,184	4,527,897	126.47%	66	Calsium Lactate (Kalk) tablet 500 mg	tablet	118,206,808	135,498,291	114.63%
33	Diagoxyn tablet 0,25 mg	tablet	5,685,574	6,495,937	114.25%	67	Captopril tablet 12,5 mg	tablet	43,612,125	53,280,289	122.17%
34	Ephedrin tablet 25 mg (HCL)	tablet	23,417,268	19,562,060	83.54%	68	Captopril tablet 25 mg	tablet	74,541,751	96,972,466	130.09%
						69	Carbamazepim tablet 200 mg	tablet	4,329,070	5,310,429	122.67%
						70	Ketamin Injection 10 mg/ml	vial	1,491,916	479,822	32.16%
						71	Clofazimin capsule 100 mg microzine	capsule	1,645,894	1,260,788	76.60%
						72	Chloramphenicol capsule 250 mg	capsule	35,008,527	29,638,149	84.66%
							Chloramphenicol eardrops 3 %	bottle	12,961,762	11,166,134	86.15%

Annex 2.21

**PERCENTAGE OF DRUGS AND VACCINES AVAILABILITY IN INDONESIA
UNTIL DECEMBER 2014**

No	Drugs	Packing	Requirement	Availability	Availability (%)	No	Drugs	Packing	Requirement	Availability	Availability (%)
(1)	(2)	(3)	(4)	(5)	(6)	(1)	(2)	(3)	(4)	(5)	(6)
73	Chloraniramina mealeat (CTM) tablet 4 mg	tablet	377,694,059	399,938,909	105.89%	110	Povidon Iodida solution 10 %	bottle	5,703,359	6,247,443	109.54%
74	Chlorpromazin injection i.m 5 mg/ml-2ml (HCL)	ampule	2,203,838	2,128,917	96.60%	111	Prednison tablet 5 mg	tablet	117,628,116	102,076,187	86.78%
75	Chlorpromazin inj i.m 25 mg/ml (HCL)	ampule	479,556	338,205	70.52%	112	Primaquin tablet 15 mg	tablet	12,800,074	14,135,092	110.43%
76	Chlorpromazin coated tablet 25 mg (HCL)	tablet	4,409,260	4,741,711	107.54%	113	Prophyl Tiourasil tablet 100 mg	tablet	3,540,343	3,814,752	107.75%
77	Chlorpromazin HCl coated tablet 100 mg (HCL)	tablet	9,139,604	12,663,839	138.56%	114	Propanol tablet 40 mg (HCL)	tablet	3,715,197	5,161,195	138.92%
78	Anti Malaria DOEN combination Pirimetamin 25 mg + Sulfadoxin 500 mg	tablet	2,932,013	1,454,048	49.59%	115	Reserpin tablet 0,10 mg	tablet	826,823	410,900	49.70%
79	Cotrimozazole Combination Suspensi: Sulfametoksazol 200 mg + Trimetoprim 40 mg/ 5 ml	bottle	9,253,499	9,310,180	100.61%	116	Reserpin tablet 0,25 mg	tablet	7,212,127	6,395,428	88.68%
80	Cotrimoxazole DOEN I (adult) combination : Sulfametoksazol 400 mg, Trimetoprim 80 mg	tablet	73,871,815	87,079,179	117.88%	117	Ringer Laktat infusion solution	bottle	7,036,941	9,042,060	128.49%
81	Cotrimoxazole DOEN I (pediatric) combination : Sulfametoksazol 100 mg, Trimetoprim 20 mg	tablet	13,456,732	16,125,507	119.83%	118	Ointment 2-4, combination: Salicylic Acid 2% + Sulfur 4%	tube	1,444,330	1,479,854	102.46%
82	Quinine (kina) tablet 200 mg	tablet	5,762,052	3,363,586	58.37%	119	Salysilic powder 2%	box	2,646,810	2,836,597	107.17%
83	Quinine Dihydrochloride injection 25%-2 ml	ampule	316,277	358,480	113.34%	120	Snake venom antidote polyvalen injection 5 ml (ABU I)	vial	63,208	65,685	103.92%
84	Lidocain injection 2% (HCL) + Epinephrin 1 : 80.000-2 ml	vial	4,921,903	5,307,618	107.84%	121	Snake venom antidote polyvalen injection 50 ml (ABU II)	vial	15,946	11,541	72.38%
85	Magnesium Sulphate injection (IV) 20%-25 ml	vial	209,837	107,989	51.46%	122	Anti Diptheri Serum Injection 20.000 IU/vial (A.D.S.)	vial	8,427	4,072	48.32%
86	Magnesium Sulphate injection (IV) 40%-25 ml	vial	209,227	151,330	72.33%	123	Anti Tetanus Serum Injection 1.500 IU/ampule (A.T.S.)	ampule	247,747	75,474	30.46%
87	Magnesium Sulphate powder 30 gram	sach	42,341	37,254	87.99%	124	Anti Tetanus Serum Injection 20.000 IU/vial (A.T.S.)	vial	137,146	217,460	158.56%
88	Mebendazole syrup 100 mg / 5 ml	bottle	66,838	58,974	88.23%	125	Cyanocobalamine (Vitamin B12) injection 500 mcg	ampule	6,090,463	6,529,048	107.20%
89	Mebendazol tablet 100 mg	tablet	884,689	781,490	88.33%	126	Sulfasetamida Natrium eye drops 15 %	bottle	2,085,308	1,251,119	60.00%
90	Metilergometrin Maleat (Metilergometrin) coated tablet 0,125 mg	tablet	7,969,107	7,748,766	97.24%	127	Tetracain HCL eyedrops 0,5%	bottle	1,682,126	1,406,893	83.64%
91	Metilergometrin Maleat injection 0,200 mg -1 ml	ampule	2,104,247	2,384,798	113.33%	128	Tetrasiklin capsule 250 mg	capsule	38,632,511	39,808,511	103.04%
92	Metronidazole tablet 250 mg	tablet	22,497,982	26,241,413	116.64%	129	Tetrasiklin capsule 500 mg	capsule	17,258,505	16,111,414	93.35%
93	Natrium Bicarbonat tablet 500 mg	tablet	18,972,799	19,119,110	100.77%	130	Tiamin (vitamin B1) injection 100 mg/ml	ampule	6,635,814	10,141,671	152.83%
94	Natrium Fluoresein eyedrop 2 %	bottle	435,429	593,847	136.38%	131	Tiamin (vitamin B1) tablet 50 mg (HCL/Nitrat)	tablet	170,289,980	159,072,228	93.41%
95	Natrium Chlorida infus solution 0,9 %	bottle	1,527,304	2,048,740	134.14%	132	Tiopental Natrium injection powder 1000 mg/amp	ampule	1,838,614	1,853,689	100.82%
96	Natrium Thiosulphate injection i.v. 25 %	ampule	159,095	93,014	58.46%	133	Trihexyphenidil tablet 2 mg	tablet	14,172,161	14,549,048	102.66%
97	Nystatin coated tablet 500.000 IU/g	tablet	1,534,252	2,305,084	150.24%	134	Vaccine Rabies Vero	vial	7,757,286	7,212,875	92.98%
98	Nystatin Vaginal coated tablet 100.000 IU/g	tablet	2,090,428	2,795,828	133.74%	135	Vitamin B Complex tablet	tablet	307,566,554	292,546,158	95.12%
99	Black cough medicine (O.B.H.)	bottle	5,607,316	3,773,631	67.30%	136	BCG	vial	2,369,743	1,038,422	43.82%
100	Oxytetraciline HCL eye ointment 1 %	tube	2,453,717	2,646,619	107.86%	137	T T	vial	2,076,888	906,375	43.64%
101	Oxytetracilin injection I.m. 50 mg/ml-10 ml	vial	278,661	253,838	91.09%	138	D T	vial	621,323	400,758	64.50%
102	Oxytocin injection 10 UI/ml-1 ml	ampule	2,782,262	2,424,875	87.15%	139	Measles 10 Dose	vial	2,134,807	1,357,531	63.59%
103	Paracetamol syrup 120 mg / 5 ml	bottle	9,706,534	11,717,486	120.72%	140	POLIO 10 Dose	vial	3,303,649	2,006,741	60.74%
104	Paracetamol tablet 100 mg	tablet	22,699,315	23,589,472	103.92%	141	DTP-HB	vial	2,940,847	1,520,162	51.69%
105	Paracetamol tablet 500 mg	tablet	500,270,213	587,721,593	117.48%	142	HEPATITIS B 0,5 ml ADS	vial	2,726,460	1,967,082	72.15%
106	Pilokarpin eyedrops 2 % (HCL/Nitrat)	bottle	6,180,002	7,679,805	124.27%	143	POLIO 20 Dose	vial	197,061	274,392	139.24%
107	Pirantel tab. Score (base) 125 mg	tablet	12,445,482	15,149,711	121.73%	144	Measles 20 Dose	vial	175,996	130,823	74.33%
108	PiridOxyin (Vitamin B6) tablet 10 mg (HCL)	tablet	140,460,490	146,272,031	104.14%						
109	Povidon Iodida solution 10 %	bottle	4,983,561	5,107,492	102.49%						

Annex 2.22

**GENERIC DRUG USE IN HEALTH CARE FACILITIES
BY PROVINCE, 2014**

No	Province	Health Center (%)	Hospital	Average
(1)	(2)	(3)	(4)	(5)
1	Aceh	96.94	84.47	90.71
2	North Sumatra	98.16	73.12	85.64
3	West Sumatra	94.50	75.25	84.88
4	Riau	97.00	89.33	93.17
5	Jambi	92.00	78.00	85.00
6	South Sumatra	97.96	65.69	81.83
7	Bengkulu	87.55	80.18	83.87
8	Lampung	96.49	79.63	88.06
9	Bangka Belitung Islands	97.27	86.35	91.81
10	Riau Islands	94.42	65.82	80.12
11	DKI Jakarta	95.50	66.31	80.91
12	West Java	82.07	64.32	73.20
13	Central Java	98.67	73.53	86.10
14	DI Yogyakarta	98.22	68.84	83.53
15	East Java	88.13	84.39	86.26
16	Banten	96.14	51.66	73.90
17	Bali	98.66	76.32	87.49
18	West Nusa Tenggara	86.61	73.22	79.92
19	East Nusa Tenggara	96.44	73.77	85.11
20	West Kalimantan	93.40	61.20	77.30
21	Central Kalimantan	95.52	67.75	81.64
22	South Kalimantan	97.71	61.15	79.43
23	East Kalimantan	100.00	94.96	97.48
24	North Sulawesi	100.00	92.47	96.24
25	Central Sulawesi	95.00	87.00	91.00
26	South Sulawesi	99.56	78.31	88.94
27	South East Sulawesi	88.54	93.67	91.11
28	Gorontalo	100.00	84.07	92.04
29	West Sulawesi	97.28	81.23	89.26
30	Maluku	94.50	80.50	87.50
31	North Maluku	100.00	71.13	85.57
32	West Papua	91.04	87.25	89.15
33	Papua	0.91	0.87	0.89
Indonesia		92.31	74.30	83.30

Source: DG of Pharmaceutical and Medical Device, MoH RI, 2015

Annex 3.1

**RECAPITULATION OF HEALTH PERSONNEL
BY TYPE AND PROVINCE, 2014**

No	Province	Number of Health Personnel											Non Health Personnel	Total	
		Specialist	General Practitioner	Dentist	Nurse	Midwife	Pharmacy	Public Health	Environmental Health	Nutrition	Physical Therapy	Medical Technician			Subtotal
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
1	Aceh	1,191	1,452	278	9,497	9,319	1,193	2,121	880	618	378	1,355	28,282	4,777	33,059
2	North Sumatra	3,514	3,042	846	12,465	11,832	1,760	1,437	534	903	279	1,104	37,716	5,738	43,454
3	West Sumatra	819	1,083	386	6,032	4,391	899	973	375	429	129	1,123	16,639	3,971	20,610
4	Riau	1,163	1,184	373	5,498	4,056	947	552	220	233	80	618	14,924	4,140	19,064
5	South Sumatra	527	723	182	4,028	2,951	533	523	286	174	68	463	10,458	2,653	13,111
6	South Sumatra	1,315	1,112	242	6,127	4,221	932	1,651	519	382	120	1,026	17,647	5,924	23,571
7	Bengkulu	128	426	107	2,975	2,436	505	760	194	214	31	305	8,081	1,182	9,263
8	Lampung	621	1,002	274	5,489	3,580	468	757	412	240	82	627	13,552	3,746	17,298
9	Bangka Belitung Islands	164	331	65	2,032	805	212	145	97	124	37	295	4,307	1,535	5,842
10	Riau Islands	300	488	131	3,128	1,032	234	164	73	97	32	260	5,939	2,113	8,052
11	DKI Jakarta	7,056	2,723	1,205	11,916	2,069	2,779	506	259	302	236	1,509	30,560	18,505	49,065
12	West Java	6,882	4,828	1,789	25,181	12,098	3,371	1,126	1,066	1,231	378	3,126	61,076	25,769	86,845
13	Central Java	5,422	4,587	1,324	27,421	15,639	3,706	1,870	1,183	1,509	666	4,182	67,509	29,850	97,359
14	DI Yogyakarta	1,450	998	336	4,870	1,163	763	118	247	279	138	1,083	11,445	5,757	17,202
15	East Java	5,963	4,606	1,590	25,324	13,903	3,600	1,144	1,113	1,469	420	3,086	62,218	31,796	94,014
16	Banten	2,373	1,520	606	6,825	3,218	1,056	747	177	333	198	1,113	18,166	6,780	24,946
17	Bali	1,378	1,049	292	4,477	2,177	510	457	310	296	70	538	11,554	6,249	17,803
18	West Nusa Tenggara	451	616	161	4,867	2,020	346	368	419	448	52	610	10,358	3,304	13,662
19	East Nusa Tenggara	347	707	156	5,436	2,743	640	529	576	382	85	569	12,170	4,125	16,295
20	West Kalimantan	434	655	146	7,527	2,215	517	581	336	374	51	622	13,458	3,179	16,637
21	Central Kalimantan	190	473	96	3,963	1,717	345	388	197	342	24	290	8,025	1,727	9,752
22	South Kalimantan	675	826	202	5,292	2,645	616	837	434	431	43	595	12,596	2,948	15,544
23	East Kalimantan	747	828	273	4,341	1,663	550	482	187	206	81	545	9,903	4,244	14,147
24	North Kalimantan	47	203	61	1,303	462	106	189	48	53	7	95	2,574	386	2,960
25	North Sulawesi	650	899	102	4,049	1,259	394	247	356	322	85	140	8,503	2,272	10,775
26	Central Sulawesi	361	509	112	6,301	2,517	537	991	417	153	47	211	12,156	1,537	13,693
27	South Sulawesi	1,902	1,496	629	11,326	5,058	1,287	2,225	701	831	279	1,533	27,267	5,063	32,330
28	South East Sulawesi	135	403	107	3,501	1,679	362	634	385	472	32	201	7,911	842	8,753
29	Gorontalo	147	256	43	1,101	646	218	434	162	198	18	87	3,310	1,338	4,648
30	West Sulawesi	60	220	83	1,854	919	180	301	169	181	41	159	4,167	406	4,573
31	Maluku	126	385	120	4,512	1,197	147	321	224	269	21	108	7,430	974	8,404
32	North Maluku	112	268	52	2,486	982	218	494	77	163	29	130	5,011	663	5,674
33	West Papua	100	178	35	2,031	734	150	70	101	126	15	126	3,666	670	4,336
34	Papua	244	711	98	4,006	1,602	327	212	175	280	31	370	8,056	1,281	9,337
	Indonesia	46,994	40,787	12,502	237,181	124,948	30,408	24,354	12,909	14,064	4,283	28,204	576,634	195,444	772,078

Annex 3.2

**NUMBER OF HEALTH PERSONNEL IN HEALTH CENTER
BY TYPE AND PROVINCE, 2014**

No	Province	Number of Registered Health Center	Number of Health Personnel													Non Health Personnel	Total
			Specialist	General Practitioner	Dentist	Nurse	Dental Nurse	Midwife	Pharmacy	Public Health	Environmental Health	Nutritionist	Physical Therapist	Medical Technician	Subtotal		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
1	Aceh	337	1	774	156	4,925	394	7,987	748	1,956	710	484	159	370	18,664	1,257	19,921
2	North Sumatra	570	6	1,459	530	6,872	472	11,228	665	1,096	423	753	47	317	23,868	717	24,585
3	West Sumatra	264	3	585	287	2,590	365	3,838	417	906	299	284	39	357	9,970	707	10,677
4	Riau	211	6	578	217	2,672	176	3,078	298	492	170	154	3	203	8,047	543	8,590
5	South Sumatra	176	0	338	106	2,149	285	2,593	256	447	234	122	15	190	6,735	386	7,121
6	South Sumatra	321	7	457	93	3,375	308	3,551	340	1,583	427	268	20	282	10,711	794	11,505
7	Bengkulu	180	0	254	66	1,650	96	2,091	355	636	160	137	2	67	5,514	270	5,784
8	Lampung	290	4	518	193	3,158	394	3,028	251	726	320	164	0	189	8,945	608	9,553
9	Bangka Belitung Islands	61	0	140	38	964	65	617	62	88	64	81	1	68	2,188	349	2,537
10	Riau Islands	73	3	307	87	1,620	181	764	90	149	63	61	3	66	3,394	381	3,775
11	DKI Jakarta	340	34	645	484	2,333	235	1,029	245	386	189	144	6	119	5,849	1,181	7,030
12	West Java	1,050	9	1,889	806	8,398	1,251	9,667	602	926	886	795	10	426	25,665	3,910	29,575
13	Central Java	875	7	1,931	738	7,213	927	12,714	1,004	1,751	826	906	83	911	29,011	5,618	34,629
14	DI Yogyakarta	121	1	365	177	863	245	776	165	93	163	165	17	278	3,308	1,265	4,573
15	East Java	960	31	1,833	945	10,104	980	11,379	1,056	973	831	887	47	663	29,729	8,371	38,100
16	Banten	231	0	475	273	1,804	203	2,436	174	468	134	217	3	225	6,412	747	7,159
17	Bali	120	0	320	170	1,057	213	1,296	120	409	212	129	5	90	4,021	512	4,533
18	West Nusa Tenggara	158	0	254	105	2,583	186	1,645	158	348	375	366	8	255	6,283	1,187	7,470
19	East Nusa Tenggara	370	0	370	109	2,994	370	2,361	325	485	491	294	18	187	8,004	692	8,696
20	West Kalimantan	238	3	314	79	5,397	651	1,845	244	543	267	291	3	253	9,890	690	10,580
21	Central Kalimantan	195	2	274	58	2,553	212	1,502	150	370	178	231	0	113	5,643	385	6,028
22	South Kalimantan	228	3	446	134	2,638	392	2,266	289	795	325	311	3	268	7,870	524	8,394
23	East Kalimantan	174	1	342	158	1,961	114	1,200	184	447	143	130	6	91	4,777	901	5,678
24	North Kalimantan	48	0	137	51	739	37	359	64	175	41	46	0	36	1,685	90	1,775
25	North Sulawesi	187	1	479	26	1,852	223	1,025	188	176	274	242	23	2	4,511	209	4,720
26	Central Sulawesi	184	0	244	63	3,567	201	1,880	206	863	339	98	1	49	7,511	364	7,875
27	South Sulawesi	446	3	690	386	4,744	538	3,874	488	1,907	541	560	38	458	14,227	909	15,136
28	South East Sulawesi	269	0	265	66	2,298	106	1,416	192	588	346	387	0	41	5,705	228	5,933
29	Gorontalo	93	0	121	21	652	46	453	138	382	140	132	1	4	2,090	291	2,381
30	West Sulawesi	94	0	153	65	1,164	57	787	90	278	151	156	22	54	2,977	177	3,154
31	Maluku	197	1	219	91	3,492	93	981	48	257	155	196	7	16	5,556	257	5,813
32	North Maluku	127	0	145	33	1,766	155	801	82	422	68	148	6	27	3,653	123	3,776
33	West Papua	149	2	61	14	1,215	26	530	42	46	79	96	1	10	2,122	48	2,170
34	Papua	394	3	393	46	2,911	22	1,353	115	165	124	189	2	165	5,488	205	5,693
	Indonesia	9,731	131	17,775	6,871	104,273	10,219	102,350	9,851	21,332	10,148	9,624	599	6,850	300,023	34,896	334,919

Source: The Agency for Development and Empowerment of Health Human Resources, MoH RI, 2015

Annex 3.3

**RATIO OF GENERAL PRACTITIONER, DENTIST, NURSE AND MIDWIFE TO NUMBER OF HEALTH CENTER
BY PROVINCE, 2014**

No	Province	Number of Health Center	General Practitioner (GP)	Dentist	Nurse	Midwife	GP to Health Center Ratio	Dentist to Health Center Ratio	Nurse to Health Center Ratio	Midwife to Health Center Ratio
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	337	774	156	4,925	7,987	2.30	0.46	14.61	23.70
2	North Sumatra	570	1,459	530	6,872	11,228	2.56	0.93	12.06	19.70
3	West Sumatra	264	585	287	2,590	3,838	2.22	1.09	9.81	14.54
4	Riau	211	578	217	2,672	3,078	2.74	1.03	12.66	14.59
5	Jambi	176	338	106	2,149	2,593	1.92	0.60	12.21	14.73
6	South Sumatra	321	457	93	3,375	3,551	1.42	0.29	10.51	11.06
7	Bengkulu	180	254	66	1,650	2,091	1.41	0.37	9.17	11.62
8	Lampung	290	518	193	3,158	3,028	1.79	0.67	10.89	10.44
9	Bangka Belitung Islands	61	140	38	964	617	2.30	0.62	15.80	10.11
10	Riau Islands	73	307	87	1,620	764	4.21	1.19	22.19	10.47
11	DKI Jakarta	340	645	484	2,333	1,029	1.90	1.42	6.86	3.03
12	West Java	1,050	1,889	806	8,398	9,667	1.80	0.77	8.00	9.21
13	Central Java	875	1,931	738	7,213	12,714	2.21	0.84	8.24	14.53
14	DI Yogyakarta	121	365	177	863	776	3.02	1.46	7.13	6.41
15	East Java	960	1,833	945	10,104	11,379	1.91	0.98	10.53	11.85
16	Banten	231	475	273	1,804	2,436	2.06	1.18	7.81	10.55
17	Bali	120	320	170	1,057	1,296	2.67	1.42	8.81	10.80
18	West Nusa Tenggara	158	254	104	2,583	1,645	1.61	0.66	16.35	10.41
19	East Nusa Tenggara	370	370	109	2,994	2,361	1.00	0.29	8.09	6.38
20	West Kalimantan	238	314	79	5,397	1,845	1.32	0.33	22.68	7.75
21	Central Kalimantan	195	274	58	2,553	1,502	1.41	0.30	13.09	7.70
22	South Kalimantan	228	446	134	2,638	2,266	1.96	0.59	11.57	9.94
23	East Kalimantan	174	342	158	1,961	1,200	1.97	0.91	11.27	6.90
24	North Kalimantan	48	137	51	739	359	2.85	1.06	15.40	7.48
25	North Sulawesi	187	479	26	1,852	1,025	2.56	0.14	9.90	5.48
26	Central Sulawesi	184	244	63	3,567	1,880	1.33	0.34	19.39	10.22
27	South Sulawesi	446	690	386	4,744	3,874	1.55	0.87	10.64	8.69
28	South East Sulawesi	269	265	66	2,298	1,416	0.99	0.25	8.54	5.26
29	Gorontalo	93	121	21	652	453	1.30	0.23	7.01	4.87
30	West Sulawesi	94	153	65	1,164	787	1.63	0.69	12.38	8.37
31	Maluku	197	219	91	3,492	981	1.11	0.46	17.73	4.98
32	North Maluku	127	145	33	1,766	801	1.14	0.26	13.91	6.31
33	West Papua	149	61	14	1,215	530	0.41	0.09	8.15	3.56
34	Papua	394	393	46	2,911	1,353	1.00	0.12	7.39	3.43
	Indonesia	9,731	17,775	6,870	104,273	102,350	1.83	0.71	10.72	10.52

Source: The Agency for Development and Empowerment of Health Human Resources, MoH RI, 2015

Center of Data and Information, MoH RI, 2015

Annex 3.4

NUMBER OF HEALTH PERSONNEL IN HOSPITAL
BY PROVINCE, 2014

No	Province	Number of Hospitals	No. of Health Personnel											Non Health Personnel	Total	
			Specialist	General Practitioner	Dentist	Nurse	Midwife	Pharmacy	Public Health	Environmental Health	Nutrition	Physical Therapy	Medical Technician			Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1	Aceh	64	1,190	678	122	4,178	1,332	445	165	170	134	219	985	9,618	3,520	13,138
2	North Sumatra	177	3,508	1,583	316	5,121	604	1,095	341	111	150	232	787	13,848	5,021	18,869
3	West Sumatra	62	816	498	99	3,077	553	482	67	76	145	90	766	6,669	3,264	9,933
4	Riau	62	1,157	606	156	2,650	978	649	60	50	79	77	415	6,877	3,597	10,474
5	South Sumatra	33	527	385	76	1,594	358	277	76	52	52	53	273	3,723	2,267	5,990
6	South Sumatra	55	1,308	655	149	2,444	670	592	68	92	114	100	744	6,936	5,130	12,066
7	Bengkulu	19	128	172	41	1,229	345	150	124	34	77	29	238	2,567	912	3,479
8	Lampung	53	617	484	81	1,937	552	217	31	92	76	82	438	4,607	3,138	7,745
9	Bangka Belitung Islands	16	164	191	27	1,003	188	150	57	33	43	36	227	2,119	1,186	3,305
10	Riau Islands	25	297	181	44	1,327	268	144	15	10	36	29	194	2,545	1,732	4,277
11	DKI Jakarta	158	7,022	2,078	721	9,348	1,040	2,534	120	70	158	230	1,390	24,711	17,324	42,035
12	West Java	293	6,873	2,939	983	15,532	2,431	2,769	200	180	436	368	2,700	35,411	21,859	57,270
13	Central Java	300	5,415	2,656	586	19,281	2,925	2,702	119	357	603	583	3,271	38,498	24,232	62,730
14	DI Yogyakarta	71	1,449	633	159	3,762	387	598	25	84	114	121	805	8,137	4,492	12,629
15	East Java	347	5,932	2,773	645	14,240	2,524	2,544	171	282	582	373	2,423	32,489	23,425	55,914
16	Banten	85	2,373	1,045	333	4,818	782	882	279	43	116	195	888	11,754	6,033	17,787
17	Bali	57	1,378	729	122	3,207	881	390	48	98	167	65	448	7,533	5,737	13,270
18	West Nusa Tenggara	24	451	362	56	2,098	375	188	20	44	82	44	355	4,075	2,117	6,192
19	East Nusa Tenggara	44	347	337	47	2,072	382	315	44	85	88	67	382	4,166	3,433	7,599
20	West Kalimantan	45	431	341	67	1,479	370	273	38	69	83	48	369	3,568	2,489	6,057
21	Central Kalimantan	19	188	199	38	1,198	215	195	18	19	111	24	177	2,382	1,342	3,724
22	South Kalimantan	36	672	380	68	2,262	379	327	42	109	120	40	327	4,726	2,424	7,150
23	East Kalimantan	45	746	486	115	2,266	463	366	35	44	76	75	454	5,126	3,343	8,469
24	North Kalimantan	6	47	66	10	527	103	42	14	7	7	7	59	889	296	1,185
25	North Sulawesi	42	649	420	76	1,974	234	206	71	82	80	62	138	3,992	2,063	6,055
26	Central Sulawesi	31	361	265	49	2,533	637	331	128	78	55	46	162	4,645	1,173	5,818
27	South Sulawesi	88	1,899	806	243	6,044	1,184	799	318	160	271	241	1,075	13,040	4,154	17,194
28	South East Sulawesi	25	135	138	41	1,097	263	170	46	39	85	32	160	2,206	614	2,820
29	Gorontalo	12	147	135	22	403	193	80	52	22	66	17	83	1,220	1,047	2,267
30	West Sulawesi	10	60	67	18	633	132	90	23	18	25	19	105	1,190	229	1,419
31	Maluku	27	125	166	29	927	216	99	64	69	73	14	92	1,874	717	2,591
32	North Maluku	19	112	123	19	565	181	136	72	9	15	23	103	1,358	540	1,898
33	West Papua	18	98	117	21	790	204	108	24	22	30	14	116	1,544	622	2,166
34	Papua	38	241	318	52	1,073	249	212	47	51	91	29	205	2,568	1,076	3,644
	Indonesia	2,406	46,863	23,012	5,631	122,689	22,598	20,557	3,022	2,761	4,440	3,684	21,354	276,611	160,548	437,159

Source : DG of Health Efforts, MoH RI, 2015

The Agency for Development and Empowerment of Health Human Resources, MoH RI, 2015

Annex 3.5

**NUMBER OF GP, SPECIALISTS, DENTISTS, DENTAL SPECIALIST WHO ARE REGISTERED
BY PROVINCE UNTIL DECEMBER 31th, 2014**

No	Province	General Practitioner	Basic Specialist				Supporting Specialist				Other Specialist	Dental Specialist	Basic Dental Specialist							Total	
			Internist	Pediatrician	Surgeon	Obstetric and Gynecologist	Anesthesiologist	Radiologist	Clinical Pathologist	Anatomy Pathologist			Oral and Maxillofacial Surgeon	Dental Conservation Sp	Periodontist	Ortodontist	Prostodontist	Pediatric Dentist	Oral Disease Sp		Radiologi Dentist
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
1	Aceh	2,525	59	60	37	54	25	11	9	5	160	262	2	3	3	2	3	2	1	0	3,223
2	North Sumatra	7,933	199	218	147	236	80	40	80	41	570	1,696	13	5	4	34	3	5	1	2	11,307
3	West Sumatra	2,658	92	60	63	68	20	10	21	12	226	641	2	3	1	4	1	2	0	0	3,884
4	Riau	2,590	50	65	43	87	24	12	11	9	150	622	3	3	1	10	2	0	0	0	3,682
5	South Sumatra	962	23	17	20	34	11	4	4	5	49	194	0	0	0	1	1	0	0	0	1,325
6	South Sumatra	2,510	119	88	67	128	22	12	7	24	213	369	2	3	1	4	2	2	0	0	3,573
7	Bengkulu	531	10	10	10	15	2	2	4	2	16	104	0	0	0	1	0	0	0	0	707
8	Lampung	1,738	37	36	38	46	13	15	12	6	81	252	3	1	0	3	2	2	0	0	2,285
9	Bangka Belitung Islands	356	11	11	7	14	4	4	2	2	18	79	1	2	0	0	0	1	0	0	512
10	Riau Islands	709	14	33	15	34	14	7	3	6	48	199	2	0	1	1	2	2	0	0	1,090
11	DKI Jakarta	16,092	553	665	338	717	356	213	153	73	2,544	5,269	89	186	59	193	98	91	31	1	27,721
12	West Java	15,892	406	564	291	498	259	172	148	54	1,472	3,982	83	70	23	113	55	74	11	4	24,171
13	Central Java	9,756	366	285	252	313	178	123	79	38	1,027	1,639	20	35	7	30	14	13	0	0	14,175
14	DI Yogyakarta	3,061	154	134	91	119	61	50	43	21	364	992	26	48	10	43	21	32	1	1	5,272
15	East Java	12,738	398	412	281	447	238	204	170	74	1,678	3,850	35	163	43	112	80	77	18	4	21,022
16	Banten	4,857	105	157	68	143	77	36	30	9	401	1,556	15	24	7	17	17	24	3	0	7,546
17	Bali	3,122	112	121	89	165	87	31	15	21	332	915	3	8	2	6	6	6	1	1	5,043
18	West Nusa Tenggara	805	21	19	12	23	8	5	5	2	55	169	1	1	0	2	1	2	1	0	1,132
19	East Nusa Tenggara	581	17	13	13	17	2	7	5	3	19	170	0	0	0	1	0	0	1	0	849
20	West Kalimantan	819	25	23	22	28	10	12	9	3	58	173	2	0	0	0	0	1	2	1	1,188
21	Central Kalimantan	549	21	9	9	15	4	8	9	2	26	95	1	0	1	0	0	2	0	0	751
22	South Kalimantan	1,060	35	31	22	35	17	8	18	6	89	198	1	3	1	1	0	1	1	0	1,527
23	East Kalimantan	1,486	41	38	34	62	24	14	14	6	133	372	6	6	0	8	2	3	0	0	2,249
24	North Kalimantan	189	7	6	4	7	1	2	3	0	11	51	1	1	0	0	0	2	0	0	285
25	North Sulawesi	2,329	67	61	31	61	15	8	4	7	137	121	2	3	0	2	0	1	0	0	2,849
26	Central Sulawesi	451	19	12	15	19	6	11	4	1	48	92	1	1	0	0	0	0	0	0	680
27	South Sulawesi	3,767	136	111	108	143	84	71	47	22	432	1,341	11	6	3	7	12	7	0	1	6,309
28	South East Sulawesi	398	12	9	12	21	5	6	6	2	29	154	0	0	0	0	0	1	0	0	655
29	Gorontalo	274	8	9	8	10	6	4	3	0	21	40	1	1	0	0	0	1	0	0	386
30	West Sulawesi	111	4	5	3	6	0	1	1	0	7	63	0	0	0	0	0	0	0	0	201
31	Maluku	263	6	4	6	9	0	2	1	2	19	58	0	2	0	0	0	1	0	0	373
32	North Maluku	181	7	5	5	5	0	0	2	0	7	38	0	2	0	1	0	0	0	0	253
33	West Papua	210	6	7	8	9	2	4	2	0	4	34	0	0	0	0	0	0	0	0	286
34	Papua	677	11	23	19	13	5	3	6	1	30	91	1	0	1	0	0	0	1	0	882
	Indonesia	102,180	3,151	3,321	2,188	3,601	1,660	1,112	930	459	10,474	25,881	327	580	168	596	323	356	72	14	157,393

Source: Indonesian Medical Council Secretariat, MoH RI, 2015

Annex 3.6

**NUMBER OF HEALTH PERSONNEL WITH REGISTRATION CERTIFICATE (Ind: STR)
BY PROVINCE UNTIL DECEMBER 31th, 2014**

No	Province	Nurse	Midwife	Physiotherapist	Dental Nurse	Refractionist Optician	Speech Therapist	Radiographer	Occupation Therapist	Nutrition	Medical Record	Dental Technician	Env. Health	Medical Electro Technician	Laboratorium Technician	Anaesthesia Nurse	Accupunture	Medical Physics Technician	Orthotist Prosthetist	Blood Transfusion Technician	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
1	Aceh	16,690	18,643	528	914	55	1	305	1	844	243	16	171	186	1,055	34	0	5	3	14	39,708
2	North Sumatra	15,666	34,443	352	638	163	6	398	5	1,187	95	6	430	172	488	83	0	31	6	9	54,178
3	West Sumatra	8,194	12,455	249	672	252	8	299	4	783	594	18	50	110	464	91	0	3	2	10	24,258
4	Riau	11,258	17,079	191	254	60	10	127	5	423	255	46	15	30	698	104	0	1	2	11	30,569
5	Jambi	4,601	3,408	79	374	12	3	57	0	381	6	7	607	14	398	30	0	1	0	6	9,984
6	South Sumatra	11,439	11,188	282	600	177	9	323	8	627	180	3	946	25	725	40	0	3	0	8	26,583
7	Bengkulu	3,116	4,476	16	56	11	0	41	0	409	0	8	126	16	229	29	0	1	0	0	8,534
8	Lampung	7,743	9,864	77	237	42	4	237	8	521	36	44	756	22	1,037	83	0	0	0	23	20,734
9	Bangka Belitung Islands	3,088	1,648	39	108	3	1	65	0	233	4	20	121	18	155	11	0	0	0	2	5,516
10	Riau Islands	2,375	2,149	26	64	30	0	61	10	79	2	5	85	26	138	7	0	0	0	7	5,064
11	DKI Jakarta	21,495	13,550	913	1,037	758	397	1,169	200	1,033	592	135	587	658	2,133	251	0	34	39	394	45,375
12	West Java	19,327	21,845	828	1,623	278	108	698	101	1,522	880	36	415	175	2,450	425	0	10	5	116	50,842
13	Central Java	45,403	34,556	1,476	1,556	713	165	1,057	189	2,582	1,856	12	951	361	3,820	354	33	80	117	51	95,332
14	DI Yogyakarta	5,014	4,763	212	616	57	13	437	14	504	631	0	718	58	930	175	0	13	1	416	14,572
15	East Java	9,413	21,961	316	810	510	45	510	58	521	757	196	773	325	2,173	486	192	13	8	97	39,164
16	Banten	5,901	7,596	238	223	57	7	248	0	322	73	11	228	49	691	57	0	1	2	57	15,761
17	Bali	3,523	3,969	58	498	36	7	180	14	513	18	10	18	45	249	122	0	6	1	6	9,273
18	West Nusa Tenggara	4,540	3,811	7	185	24	1	84	1	842	68	7	51	43	579	42	0	1	0	11	10,297
19	East Nusa Tenggara	6,931	3,503	104	596	21	1	45	0	618	89	1	384	11	449	52	0	1	0	19	12,825
20	West Kalimantan	6,772	1,576	79	596	20	1	22	0	544	25	2	655	17	633	28	0	0	0	4	10,974
21	Central Kalimantan	3,708	3,765	39	176	3	2	29	2	421	7	4	30	27	6	27	0	3	0	2	8,251
22	South Kalimantan	5,311	4,504	46	668	30	1	224	6	738	48	9	363	24	634	38	0	4	0	15	12,663
23	East Kalimantan	5,330	3,177	114	139	7	3	94	8	411	57	13	300	45	630	67	0	0	0	29	10,424
24	North Sulawesi	4,048	723	123	311	9	2	21	5	413	1	1	575	17	13	11	0	1	2	11	6,287
25	Central Sulawesi	2,082	1,185	54	55	3	2	54	1	173	0	0	10	15	12	24	0	0	0	1	3,671
26	South Sulawesi	27,778	23,798	232	845	17	5	485	12	1,504	488	108	1,307	235	1,313	71	0	38	1	15	58,252
27	South East Sulawesi	5,290	3,892	25	116	4	0	0	0	933	1	4	708	10	263	23	0	0	0	6	11,275
28	Gorontalo	979	1,318	20	56	6	0	24	0	461	3	0	10	19	51	10	0	0	0	7	2,964
29	West Sulawesi	3,313	1,720	11	34	0	0	24	0	34	9	4	30	8	20	0	0	0	0	0	5,207
30	Maluku	3,150	1,883	10	37	4	0	4	0	641	5	1	77	31	63	19	0	0	0	3	5,928
31	North Maluku	1,142	13	15	1	0	0	31	0	271	0	2	0	0	62	7	0	0	0	4	1,548
32	West Papua	2,277	574	13	38	0	0	11	0	208	8	0	27	10	249	6	0	0	0	5	3,426
33	Papua	4,214	1,228	41	74	0	0	18	1	396	8	5	55	5	558	18	0	0	0	9	6,630
	Indonesia	281,111	280,263	6,813	14,207	3,362	802	7,382	653	21,092	7,039	734	11,579	2,807	23,368	2,825	225	250	189	1,368	666,069

Source : Indonesia Health Personnel Council, MoH RI, 2015

Annex 3.7

**NUMBER OF HEALTH PERSONNEL WITH REGISTRATION CERTIFICATE
BY PROVINCE, 2014**

No	Province	Nurse	Midwife	Physiotherapist	Dental Nurse	Refractionist Optician	Speech Therapist	Radiographer	Occupation Therapist	Nutrition	Medical Record	Dental Technician	Env. Health	Medical Electro Technician	Laboratorium Technician	Anaesthesia Nurse	Accupunture	Medical Physics Technician	Orthotist Prosthetist	Blood Transfusion Technician	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
1	Aceh	10,581	3,165	57	1	2	0	0	0	2	9	0	68	28	81	2	0	0	0	0	13,996
2	North Sumatra	7,862	15,771	200	321	42	0	61	0	205	35	5	6	156	357	5	0	11	0	0	25,037
3	West Sumatra	3,730	5,554	95	376	12	0	66	0	0	2	0	12	0	64	1	0	0	0	0	9,912
4	Riau	3,127	2,083	2	22	4	0	1	4	8	8	10	4	3	13	4	0	0	0	0	5,293
5	Jambi	2,375	2,066	15	32	8	0	5	0	38	6	0	81	0	10	0	0	0	0	0	4,636
6	South Sumatra	6,136	4,016	64	82	7	0	66	0	68	67	1	26	1	243	1	0	1	0	0	10,779
7	Bengkulu	570	1,061	16	13	0	0	0	0	61	0	5	2	3	70	3	0	0	0	0	1,804
8	Lampung	858	950	0	68	9	0	58	0	45	2	15	9	0	53	6	0	0	0	0	2,073
9	Bangka Belitung Islands	1,255	374	7	0	0	0	1	0	37	4	0	0	0	1	2	0	0	0	0	1,681
10	Riau Islands	539	1,050	26	0	3	0	0	0	44	2	0	44	0	16	7	0	0	0	0	1,731
11	DKI Jakarta	7,192	3,978	291	108	111	36	277	0	11	17	6	105	92	344	8	0	0	0	145	12,721
12	West Java	4,303	7,023	236	38	63	0	31	0	1	144	0	232	0	88	84	0	0	0	0	12,243
13	Central Java	11,796	8,797	1,106	500	81	44	481	0	275	572	5	108	0	982	96	0	45	43	0	24,931
14	DI Yogyakarta	0	1,569	1	155	0	0	203	0	107	267	0	158	0	0	79	0	6	0	162	2,707
15	East Java	2,664	8,790	154	0	102	0	0	0	16	250	16	9	0	253	21	10	0	0	0	12,285
16	Banten	2,417	1,478	65	32	0	0	41	0	2	18	0	23	0	48	5	0	0	0	0	4,129
17	Bali	623	1,905	58	21	9	0	7	0	28	0	0	5	0	1	9	0	0	0	0	2,666
18	West Nusa Tenggara	1,390	1,069	7	30	8	0	15	0	126	10	0	41	6	382	4	0	0	0	0	3,088
19	East Nusa Tenggara	2,525	258	38	7	0	0	1	0	12	9	0	373	0	270	0	0	1	0	0	3,494
20	West Kalimantan	898	258	3	56	5	0	11	0	30	0	0	26	0	2	2	0	0	0	0	1,291
21	Central Kalimantan	177	1,162	6	69	1	0	5	0	54	7	0	20	0	6	8	0	0	0	0	1,515
22	South Kalimantan	1,829	1,224	2	60	7	0	123	0	130	17	0	6	2	79	0	0	0	0	0	3,479
23	East Kalimantan	4,352	2,410	104	22	1	0	90	0	40	7	2	42	4	160	8	0	0	0	0	7,242
24	North Sulawesi	1,992	393	123	38	2	0	0	5	55	0	0	29	0	13	0	0	0	0	0	2,650
25	Central Sulawesi	1,767	371	54	0	1	0	10	0	63	0	0	0	0	12	0	0	0	0	0	2,278
26	South Sulawesi	6,911	7,118	232	1	2	0	54	0	401	152	0	144	1	322	23	0	12	0	0	15,373
27	South East Sulawesi	3,253	3,009	25	38	1	0	0	0	208	0	0	17	0	125	17	0	0	0	0	6,693
28	Gorontalo	569	202	2	0	0	0	0	0	62	0	0	0	0	4	1	0	0	0	0	840
29	West Sulawesi	1,634	219	0	0	0	0	4	0	13	6	0	14	0	13	0	0	0	0	0	1,903
30	Maluku	429	206	10	0	0	0	2	0	71	0	0	10	0	0	0	0	0	0	0	728
31	North Maluku	470	0	15	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0	0	488
32	West Papua	1,004	441	13	11	0	0	11	0	62	3	0	27	2	69	0	0	0	0	1	1,644
33	Papua	1,026	587	19	6	0	0	9	0	64	4	1	21	0	498	0	0	0	0	2	2,237
	Indonesia	96,254	88,557	3,046	2,107	481	80	1,634	9	2,339	1,618	66	1,662	298	4,581	396	10	76	43	310	203,567

Source : Indonesia Health Personnel Council, MoHR, 2015

Annex 3.8

**NUMBER OF SPECIALIST AND DENTAL SPECIALIST AS ACTIVE NON-PERMANENT EMPLOYEE (Ind: PTT)
BY CRITERIA OF AREA AND PROVINCE PER DECEMBER 31st, 2014**

No	Province	Number of Specialist and Dental Specialist			
		Urban/Rural	Remote	Very Remote	Total
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	0	1	0	1
2	North Sumatra	1	1	0	2
3	West Sumatra	0	0	0	0
4	Riau	0	2	0	2
5	South Sumatra	0	0	0	0
6	South Sumatra	0	0	0	0
7	Bengkulu	0	0	0	0
8	Lampung	2	3	0	5
9	Bangka Belitung Islands	0	0	0	0
10	Riau Islands	0	3	0	3
11	DKI Jakarta	0	0	0	0
12	West Java	3	0	0	3
13	Central Java	1	0	0	1
14	DI Yogyakarta	0	0	0	0
15	East Java	0	0	0	0
16	Banten	0	0	0	0
17	Bali	0	0	0	0
18	West Nusa Tenggara	0	1	0	1
19	East Nusa Tenggara	0	3	0	3
20	West Kalimantan	0	3	0	3
21	Central Kalimantan	0	12	0	12
22	South Kalimantan	2	0	0	2
23	East Kalimantan	0	0	0	0
24	North Kalimantan	0	0	0	0
25	North Sulawesi	0	3	0	3
26	Central Sulawesi	0	2	0	2
27	South Sulawesi	0	5	0	5
28	South East Sulawesi	0	0	0	0
29	Gorontalo	0	0	0	0
30	West Sulawesi	0	0	0	0
31	Maluku	0	0	0	0
32	North Maluku	0	0	0	0
33	West Papua	0	4	0	4
34	Papua	0	5	0	5
	Indonesia	9	48	0	57

Source: Bureau of Personnel, MoH RI, 2015

Annex 3.9

**NUMBER OF GENERAL PRACTITIONER AS ACTIVE NON-PERMANENT EMPLOYEE
BY CRITERIA OF AREA AND PROVINCE PER DECEMBER 31st, 2014**

No	Province	Number of General Practitioner (GP)			Total
		Rural/Urban	Remote	Very Remote	
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	12	181	107	300
2	North Sumatra	25	112	57	194
3	West Sumatra	1	43	24	68
4	Riau	27	58	17	102
5	South Sumatra	4	57	35	96
6	South Sumatra	0	39	2	41
7	Bengkulu	0	41	29	70
8	Lampung	10	45	14	69
9	Bangka Belitung Islands	0	5	1	6
10	Riau Islands	1	8	6	15
11	DKI Jakarta	7	0	0	7
12	West Java	10	0	0	10
13	Central Java	12	0	0	12
14	DI Yogyakarta	11	0	0	11
15	East Java	19	0	0	19
16	Banten	1	0	0	1
17	Bali	10	0	0	10
18	West Nusa Tenggara	0	27	11	38
19	East Nusa Tenggara	0	56	265	321
20	West Kalimantan	0	25	88	113
21	Central Kalimantan	0	41	51	92
22	South Kalimantan	0	44	29	73
23	East Kalimantan	0	15	6	21
24	North Kalimantan	0	11	17	28
25	North Sulawesi	2	47	101	150
26	Central Sulawesi	0	61	95	156
27	South Sulawesi	3	87	32	122
28	South East Sulawesi	0	30	160	190
29	Gorontalo	0	30	31	61
30	West Sulawesi	0	14	23	37
31	Maluku	0	9	169	178
32	North Maluku	0	16	75	91
33	West Papua	0	18	133	151
34	Papua	0	22	233	255
	Indonesia	155	1,142	1,811	3,108

Source: Bureau of Personnel, MoH RI, 2015

Annex 3.10

**NUMBER OF DENTIST AS ACTIVE NON-PERMANENT EMPLOYEE
BY CRITERIA OF AREA AND PROVINCE PER DECEMBER 31st, 2014**

No	Province	Number of Dentist			Total
		Urban/Rural	Remote	Very Remote	
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	0	45	37	82
2	North Sumatra	5	54	21	80
3	West Sumatra	1	40	9	50
4	Riau	0	46	9	55
5	South Sumatra	0	36	21	57
6	South Sumatra	0	24	3	27
7	Bengkulu	0	12	19	31
8	Lampung	0	24	11	35
9	Bangka Belitung Islands	0	4	3	7
10	Riau Islands	0	5	9	14
11	DKI Jakarta	0	0	0	0
12	West Java	0	0	0	0
13	Central Java	1	0	0	1
14	DI Yogyakarta	4	0	0	4
15	East Java	18	0	0	18
16	Banten	0	0	0	0
17	Bali	1	0	0	1
18	West Nusa Tenggara	0	12	8	20
19	East Nusa Tenggara	0	15	87	102
20	West Kalimantan	0	10	29	39
21	Central Kalimantan	0	20	21	41
22	South Kalimantan	0	20	12	32
23	East Kalimantan	0	12	11	23
24	North Kalimantan	0	6	11	17
25	North Sulawesi	1	17	16	34
26	Central Sulawesi	0	17	36	53
27	South Sulawesi	0	79	27	106
28	South East Sulawesi	0	25	105	130
29	Gorontalo	0	11	12	23
30	West Sulawesi	1	8	19	28
31	Maluku	0	2	64	66
32	North Maluku	0	4	28	32
33	West Papua	0	3	15	18
34	Papua	0	10	34	44
	Indonesia	32	561	677	1,270

Source: Bureau of Personnel, MoH RI, 2015

Annex 3.11
**NUMBER OF MIDWIFE AS ACTIVE NON-PERMANENT EMPLOYEE
BY CRITERIA OF AREA AND PROVINCE PER DECEMBER 31st, 2014**

No	Province	Number of Midwife			Total
		Urban/Rural	Remote	Very Remote	
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	341	2,390	1,584	4,315
2	North Sumatra	3,036	2,439	500	5,975
3	West Sumatra	1,203	488	171	1,862
4	Riau	561	640	267	1,468
5	South Sumatra	513	545	235	1,293
6	South Sumatra	645	249	5	899
7	Bengkulu	164	491	152	807
8	Lampung	1,425	526	188	2,139
9	Bangka Belitung Islands	49	38	1	88
10	Riau Islands	85	74	45	204
11	DKI Jakarta	0	0	0	0
12	West Java	2,004	437	0	2,441
13	Central Java	4,900	59	0	4,959
14	DI Yogyakarta	273	0	0	273
15	East Java	3,227	58	84	3,369
16	Banten	732	194	0	926
17	Bali	416	25	0	441
18	West Nusa Tenggara	359	239	68	666
19	East Nusa Tenggara	3	167	941	1,111
20	West Kalimantan	29	232	460	721
21	Central Kalimantan	18	166	174	358
22	South Kalimantan	46	230	125	401
23	East Kalimantan	81	113	80	274
24	North Kalimantan	1	27	45	73
25	North Sulawesi	47	34	63	144
26	Central Sulawesi	1	370	603	974
27	South Sulawesi	973	511	229	1,713
28	South East Sulawesi	19	317	880	1,216
29	Gorontalo	76	128	130	334
30	West Sulawesi	87	196	249	532
31	Maluku	0	0	300	300
32	North Maluku	0	71	437	508
33	West Papua	0	55	516	571
34	Papua	6	93	579	678
	Indonesia	21,320	11,602	9,111	42,033

Source: Bureau of Personnel, MoH RI, 2015

Annex 3.12

**NUMBER OF ASSIGNMENT OF SPECIALIST AND DENTAL SPECIALIST AS NON PERMANENT EMPLOYEE
BY CRITERIA OF AREA AND PROVINCE, 2014**

No	Province	Specialist and Dental Specialist Assigned as PTT			
		Urban/Rural	Remote	Very Remote	Total
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	0	1	0	1
2	North Sumatra	1	1	0	2
3	West Sumatra	0	0	0	0
4	Riau	0	2	0	2
5	South Sumatra	0	0	0	0
6	South Sumatra	0	0	0	0
7	Bengkulu	0	0	0	0
8	Lampung	2	3	0	5
9	Bangka Belitung Islands	0	0	0	0
10	Riau Islands	0	3	0	3
11	DKI Jakarta	0	0	0	0
12	West Java	3	0	0	3
13	Central Java	1	0	0	1
14	DI Yogyakarta	0	0	0	0
15	East Java	0	0	0	0
16	Banten	0	0	0	0
17	Bali	0	0	0	0
18	West Nusa Tenggara	0	1	0	1
19	East Nusa Tenggara	0	3	0	3
20	West Kalimantan	0	3	0	3
21	Central Kalimantan	0	12	0	12
22	South Kalimantan	2	0	0	2
23	East Kalimantan	0	0	0	0
24	North Kalimantan	0	0	0	0
25	North Sulawesi	0	3	0	3
26	Central Sulawesi	0	3	0	3
27	South Sulawesi	0	5	0	5
28	South East Sulawesi	0	0	0	0
29	Gorontalo	0	0	0	0
30	West Sulawesi	0	0	0	0
31	Maluku	0	0	0	0
32	North Maluku	0	0	0	0
33	West Papua	0	5	0	5
34	Papua	0	5	0	5
	Indonesia	9	50	0	59

Source: Bureau of Personnel, MoH RI, 2015

Annex 3.13

**NUMBER OF ASSIGNMENT OF GENERAL PRACTITIONER AS NON PERMANENT EMPLOYEE
BY CRITERIA OF AREA AND PROVINCE, 2014**

No	Province	Number of General Practitioner Assigned as PTT			Total
		Urban/Rural	Remote	Very Remote	
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	9	37	17	63
2	North Sumatra	6	15	17	38
3	West Sumatra	0	16	10	26
4	Riau	19	10	4	33
5	South Sumatra	0	17	5	22
6	South Sumatra	0	6	0	6
7	Bengkulu	0	15	3	18
8	Lampung	6	10	4	20
9	Bangka Belitung Islands	0	1	2	3
10	Riau Islands	0	3	2	5
11	DKI Jakarta	3	0	0	3
12	West Java	0	0	0	0
13	Central Java	2	0	0	2
14	DI Yogyakarta	5	0	0	5
15	East Java	1	0	0	1
16	Banten	0	0	0	0
17	Bali	0	0	0	0
18	West Nusa Tenggara	0	19	4	23
19	East Nusa Tenggara	0	15	85	100
20	West Kalimantan	0	9	9	18
21	Central Kalimantan	0	6	6	12
22	South Kalimantan	0	14	10	24
23	East Kalimantan	0	8	5	13
24	North Kalimantan	0	5	4	9
25	North Sulawesi	0	13	14	27
26	Central Sulawesi	0	11	12	23
27	South Sulawesi	0	26	14	40
28	South East Sulawesi	0	14	47	61
29	Gorontalo	0	14	4	18
30	West Sulawesi	0	8	3	11
31	Maluku	0	0	32	32
32	North Maluku	0	3	13	16
33	West Papua	0	9	16	25
34	Papua	0	3	45	48
	Indonesia	51	307	387	745

Source: Bureau of Personnel, MoH RI, 2015

Annex 3.14

**NUMBER OF ASSIGNMENT OF DENTIST AS NON PERMANENT EMPLOYEE
BY CRITERIA OF AREA AND PROVINCE, 2014**

No	Province	Number of Dentist Assigned as PTT			Total
		Urban/Rural	Remote	Very Remote	
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	0	14	10	24
2	North Sumatra	0	17	5	22
3	West Sumatra	0	15	2	17
4	Riau	0	20	4	24
5	South Sumatra	0	11	2	13
6	South Sumatra	0	4	0	4
7	Bengkulu	0	9	9	18
8	Lampung	0	9	4	13
9	Bangka Belitung Islands	0	4	1	5
10	Riau Islands	0	3	1	4
11	DKI Jakarta	0	0	0	0
12	West Java	0	0	0	0
13	Central Java	0	0	0	0
14	DI Yogyakarta	0	0	0	0
15	East Java	6	0	0	6
16	Banten	0	0	0	0
17	Bali	0	0	0	0
18	West Nusa Tenggara	0	6	1	7
19	East Nusa Tenggara	0	1	18	19
20	West Kalimantan	0	2	7	9
21	Central Kalimantan	0	1	5	6
22	South Kalimantan	0	3	1	4
23	East Kalimantan	0	6	3	9
24	North Kalimantan	0	0	2	2
25	North Sulawesi	0	11	7	18
26	Central Sulawesi	0	4	6	10
27	South Sulawesi	0	27	9	36
28	South East Sulawesi	0	7	17	24
29	Gorontalo	0	1	1	2
30	West Sulawesi	0	2	5	7
31	Maluku	0	1	7	8
32	North Maluku	0	0	6	6
33	West Papua	0	0	1	1
34	Papua	0	1	3	4
	Indonesia	6	179	137	322

Source: Bureau of Personnel, MoH RI, 2015

Annex 3.15

**NUMBER OF ASSIGNMENT OF MIDWIFE AS NON PERMANENT EMPLOYEE
BY CRITERIA OF AREA AND PROVINCE, 2014**

No	Province	Number of Midwife Assigned as PTT			Total
		Urban/Rural	Remote	Very Remote	
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	110	836	540	1,486
2	North Sumatra	1,214	1,122	109	2,445
3	West Sumatra	211	81	55	347
4	Riau	208	258	122	588
5	South Sumatra	143	185	88	416
6	South Sumatra	110	64	4	178
7	Bengkulu	43	239	59	341
8	Lampung	509	188	61	758
9	Bangka Belitung Islands	11	24	5	40
10	Riau Islands	30	19	26	75
11	DKI Jakarta	0	0	0	0
12	West Java	669	139	0	808
13	Central Java	1,682	6	0	1,688
14	DI Yogyakarta	136	0	0	136
15	East Java	1,334	21	22	1,377
16	Banten	206	50	0	256
17	Bali	202	18	0	220
18	West Nusa Tenggara	91	96	29	216
19	East Nusa Tenggara	0	29	255	284
20	West Kalimantan	11	26	93	130
21	Central Kalimantan	5	83	78	166
22	South Kalimantan	17	110	34	161
23	East Kalimantan	21	48	56	125
24	North Kalimantan	1	20	29	50
25	North Sulawesi	0	9	11	20
26	Central Sulawesi	0	189	160	349
27	South Sulawesi	252	146	56	454
28	South East Sulawesi	1	116	356	473
29	Gorontalo	9	57	65	131
30	West Sulawesi	9	35	39	83
31	Maluku	0	0	89	89
32	North Maluku	0	24	118	142
33	West Papua	0	42	199	241
34	Papua	0	39	270	309
	Indonesia	7,235	4,319	3,028	14,582

Source: Bureau of Personnel, MoH RI, 2015

Annex 3.16

**NUMBER OF ACTIVE RESIDENT AND D-III HEALTH PERSONNEL
IN PRIORITIZED DISTRICT FOR UNDERDEVELOPED, BORDERS, & ISLANDS REGION (Ind:DTPK) AND REGION WITH HEALTH PROBLEM (Ind:DBK) PROGRAM BY PROVINCE PER DECEMBER 31st, 2014**

No	Province	Resident	Nurse	Nutrition	Env. Health	Health Analyst	Midwife	Pharmacy	Dental Health	Physiotherapist	Radiographer	Medical Record and Health Info	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	20	91	45	35	20	2	10	6	0	1	1	231
2	North Sumatra	18	19	3	3	0	4	3	0	0	0	0	50
3	West Sumatra	15	3	0	1	1	0	0	0	0	0	0	20
4	Riau	19	23	3	1	3	0	3	0	0	0	0	52
5	South Sumatra	5	0	0	0	0	0	0	0	0	0	0	5
6	South Sumatra	7	4	3	4	4	0	0	0	0	0	0	22
7	Bengkulu	6	13	5	1	4	0	0	0	0	0	0	29
8	Lampung	3	0	0	0	0	0	0	0	0	0	0	3
9	Bangka Belitung Islands	8	0	0	0	0	0	0	0	0	0	0	8
10	Riau Islands	15	28	3	7	3	0	0	0	0	0	0	56
11	DKI Jakarta	0	0	0	0	0	0	0	0	0	0	0	0
12	West Java	16	17	1	2	1	0	0	4	0	0	0	41
13	Central Java	8	1	1	1	0	0	0	0	0	0	0	11
14	DI Yogyakarta	0	0	0	0	0	0	0	0	0	0	0	0
15	East Java	19	6	3	4	5	2	1	1	0	0	0	41
16	Banten	7	25	0	2	0	0	0	0	0	0	0	34
17	Bali	0	0	0	0	0	0	0	0	0	0	0	0
18	West Nusa Tenggara	9	46	12	10	17	3	2	0	0	0	0	99
19	East Nusa Tenggara	17	131	25	26	20	0	20	0	1	0	0	240
20	West Kalimantan	11	92	4	6	0	1	1	7	0	0	0	122
21	Central Kalimantan	7	26	4	1	4	0	1	0	0	0	0	43
22	South Kalimantan	15	0	0	0	0	0	0	0	0	0	0	15
23	East Kalimantan	6	3	0	0	0	0	0	0	0	0	0	9
24	North Kalimantan	9	45	5	10	10	0	0	0	0	0	0	79
25	North Sulawesi	1	26	5	2	3	0	0	0	0	0	0	37
26	Central Sulawesi	12	38	16	19	11	0	2	0	0	0	0	98
27	South Sulawesi	17	10	3	1	0	0	1	0	0	0	0	32
28	South East Sulawesi	16	174	32	31	30	0	5	0	0	0	0	288
29	Gorontalo	6	29	6	4	0	0	0	0	0	0	0	45
30	West Sulawesi	0	48	5	4	0	0	0	0	0	0	0	57
31	Maluku	10	14	8	11	1	0	0	0	0	0	0	44
32	North Maluku	13	22	3	3	2	0	0	0	0	0	0	43
33	West Papua	9	29	18	7	4	0	0	0	0	0	0	67
34	Papua	18	43	4	3	0	1	0	0	0	0	0	69
	Indonesia	342	1,006	217	199	143	13	49	18	1	1	1	1,990

Source: Bureau of Personnel, MoH RI, 2015

Annex 3.17

**NUMBER OF ASSIGNMENT OF RESIDENT AND D-III HEALTH PERSONNEL
IN PRIORITIZED DISTRICT FOR UNDERDEVELOPED, BORDERS, & ISLANDS REGION (Ind:DTPK) AND REGION WITH HEALTH PROBLEM (Ind:DBK) PROGRAM BY PROVINCE, 2014**

No	Province	Resident	Nurse	Nutrition	Env. Health	Health Analyst	Midwife	Pharmacy	Dental Health	Physiotherapist	Radiographer	Medical Record and Health Info	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	40	91	45	35	20	2	10	6	0	1	1	251
2	North Sumatra	55	19	3	3	0	4	3	0	0	0	0	87
3	West Sumatra	32	3	0	1	1	0	0	0	0	0	0	37
4	Riau	35	23	3	1	3	0	3	0	0	0	0	68
5	South Sumatra	10	0	0	0	0	0	0	0	0	0	0	10
6	South Sumatra	13	4	3	4	4	0	0	0	0	0	0	28
7	Bengkulu	19	13	5	1	4	0	0	0	0	0	0	42
8	Lampung	5	0	0	0	0	0	0	0	0	0	0	5
9	Bangka Belitung Islands	13	0	0	0	0	0	0	0	0	0	0	13
10	Riau Islands	35	28	3	7	3	0	0	0	0	0	0	76
11	DKI Jakarta	0	0	0	0	0	0	0	0	0	0	0	0
12	West Java	22	17	1	2	1	0	0	4	0	0	0	47
13	Central Java	17	1	1	1	0	0	0	0	0	0	0	20
14	DI Yogyakarta	0	0	0	0	0	0	0	0	0	0	0	0
15	East Java	41	6	3	4	5	2	1	1	0	0	0	63
16	Banten	16	25	0	2	0	0	0	0	0	0	0	43
17	Bali	5	0	0	0	0	0	0	0	0	0	0	5
18	West Nusa Tenggara	17	46	12	10	17	3	2	0	0	0	0	107
19	East Nusa Tenggara	32	131	25	26	20	0	20	0	1	0	0	255
20	West Kalimantan	24	92	4	6	0	1	1	7	0	0	0	135
21	Central Kalimantan	15	26	4	1	4	0	1	0	0	0	0	51
22	South Kalimantan	28	0	0	0	0	0	0	0	0	0	0	28
23	East Kalimantan	12	3	0	0	0	0	0	0	0	0	0	15
24	North Kalimantan	18	45	5	10	10	0	0	0	0	0	0	88
25	North Sulawesi	4	26	5	2	3	0	0	0	0	0	0	40
26	Central Sulawesi	34	38	16	19	11	0	2	0	0	0	0	120
27	South Sulawesi	48	10	3	1	0	0	1	0	0	0	0	63
28	South East Sulawesi	39	174	32	31	30	0	5	0	0	0	0	311
29	Gorontalo	13	29	6	4	0	0	0	0	0	0	0	52
30	West Sulawesi	5	48	5	4	0	0	0	0	0	0	0	62
31	Maluku	20	14	8	11	1	0	0	0	0	0	0	54
32	North Maluku	38	22	3	3	2	0	0	0	0	0	0	68
33	West Papua	17	29	18	7	4	0	0	0	0	0	0	75
34	Papua	34	43	4	3	0	1	0	0	0	0	0	85
Indonesia		756	1,006	217	199	143	13	49	18	1	1	1	2,404

Source: Bureau of Personnel, MoH RI, 2015

Annex 3.18

**NUMBER OF HEALTH POLYTECHNIC (DIPLOMA III) GRADUATION
BY TYPE OF HEALTH PERSONNEL, 2012-2014**

No	Health Human Resource Educational Institution	2012	2013	2014
(1)	(2)	(3)	(4)	(5)
A	Nursery			
	1 Nursery	7,183	6,608	6,909
	2 Midwife	5,652	7,604	6,112
	3 Dental Nursery	1,641	1,569	1,372
	Sub Total	14,476	15,781	14,393
B	South Sumatra			
	1 Pharmacy & Food Analyst	125	72	68
	2 Pharmacy	885	672	726
	3 Traditional Herb Medicine	0	0	31
	Sub Total	1,010	744	825
C	Public Health			
	1 Environmental Health	2,089	1,676	1,559
	2 Health Promotion		10	
	Sub Total	2,089	1,686	1,559
D	Nutrition			
	1 Nutrition	2,068	2,034	1,903
	Sub Total	2,068	2,034	1,903
E	Physical Therapist			
	1 Physiotherapist	123	243	133
	2 Occupational Therapist	52	99	94
	3 Speech Therapist	36	46	89
	4 Accupuncture	33	42	45
	Sub Total	244	430	361
F	Medical Technician			
	1 Health Analyst	1,125	1,384	1,561
	2 Dental Technician	92	80	79
	3 Radiology & Radiotherapy Technician	285	346	243
	4 Medical Record and Health Information	0	38	40
	5 Electromedic Technician	225	230	162
	6 Orthotic Prosthetic	16	44	40
	Sub Total	1,743	2,122	2,125
Total		21,630	22,797	21,166

Source: The Agency for Development and Empowerment of Health Human Resources, MoH RI, 2015

Annex 3.19

**NUMBER OF HEALTH POLYTECHNIC (DIPLOMA III) GRADUATION
BY STUDY PROGRAM, 2014**

No	Health Polytechnic	Study Program																			Total
		Nursing	Midwife	Dental Nurse	Env. Health	Nutrition	Pharmacy	Health Analyst	Electromedic Technician	Radiodiagnostic Technician	Dental Technician	Pharmacy and Food Analyst	Physiotherapist	Occupational Therapist	Orthotic Prosthetic	Speech Therapist	Accupuncture	Traditional Medicine	Medical Record and Health Information	Health Promotion	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
1	Aceh	289	224	90	73	95	72	73	0	0	0	0	0	0	0	0	0	0	0	0	916
2	Medan	112	316	148	84	96	80	84	0	0	0	0	0	0	0	0	0	0	0	0	920
3	Padang	166	191	85	99	86	0	99	0	0	0	0	0	0	0	0	0	0	0	0	726
4	Pekanbaru	60	103	0	0	77	0	0	0	0	0	0	0	0	0	0	0	0	0	0	240
5	South Sumatra	74	130	33	43	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	280
6	Bengkulu	243	157	43	0	73	133	49	0	0	0	0	0	0	0	0	0	0	0	0	698
7	Palembang	145	156	0	39	75	0	39	0	0	0	0	0	0	0	0	0	0	0	0	454
8	T.Karang	204	156	27	65	58	30	72	0	0	17	0	0	0	0	0	0	0	0	0	629
9	Gorontalo	69	69	0	74	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	212
10	Jakarta I	39	38	0	0	34	35	0	0	0	0	0	0	0	0	0	0	0	0	0	146
11	Jakarta II	77	38	33	0	0	0	0	0	0	0	0	0	0	15	0	0	0	0	0	163
12	Jakarta III	0	0	0	82	87	139	0	102	81	62	68	0	0	0	0	0	0	0	0	621
13	Bandung	120	160	0	0	0	0	81	0	0	0	0	0	0	0	0	0	0	0	0	361
14	Tasikmalaya	145	247	75	62	59	17	118	0	0	0	0	0	0	0	0	0	0	0	0	723
15	Semarang	155	104	38	0	79	0	0	0	0	0	0	0	0	0	0	0	0	40	0	416
16	Surakarta	507	329	83	89	89	0	82	0	162	0	0	0	0	0	0	0	0	0	0	1,341
17	Yogyakarta	203	117	0	0	0	0	0	0	0	0	48	94	25	89	45	31	0	0	0	652
18	Malang	40	83	103	112	98	0	79	0	0	0	0	0	0	0	0	0	0	0	0	515
19	Surabaya	269	223	104	137	34	0	82	60	0	0	0	0	0	0	0	0	0	0	0	909
20	Denpasar	311	295	0	0	115	0	0	0	0	0	0	0	0	0	0	0	0	0	0	721
21	Mataram	76	76	0	0	0	0	86	0	0	0	0	0	0	0	0	0	0	0	0	238
22	Kupang	187	59	78	80	47	0	85	0	0	0	0	0	0	0	0	0	0	0	0	536
23	Pontianak	129	218	0	0	43	0	50	0	0	0	0	0	0	0	0	0	0	0	0	440
24	Palangkaraya	330	350	57	59	75	84	48	0	0	0	0	0	0	0	0	0	0	0	0	1,003
25	Banjarmasin	184	132	90	25	49	0	81	0	0	0	0	0	0	0	0	0	0	0	0	561
26	Samarinda	143	88	0	0	42	0	0	0	0	0	0	0	0	0	0	0	0	0	0	273
27	Manado	40	45	46	34	45	0	47	0	0	0	0	0	0	0	0	0	0	0	0	257
28	Palu	184	155	0	0	0	0	71	0	0	0	0	0	0	0	0	0	0	0	0	410
29	Makassar	71	94	70	75	48	45	66	0	0	0	0	0	0	0	0	0	0	0	0	469
30	Kendari	265	253	0	73	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	591
31	Ambon	224	90	169	77	78	91	147	0	0	0	85	0	0	0	0	0	0	0	0	961
32	Ternate	149	102	0	0	57	0	0	0	0	0	0	0	0	0	0	0	0	0	0	308
33	Jayapura	176	124	0	0	49	0	0	0	0	0	0	0	0	0	0	0	0	0	0	349
34	T. Pinang	36	51	0	34	34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	155
35	Pangkal Pinang	394	210	0	61	56	0	0	0	0	0	0	0	0	0	0	0	0	0	0	721
36	Banten	135	201	0	0	41	0	0	0	0	0	0	0	0	0	0	0	0	0	0	377
37	Mamuju	612	394	0	82	37	0	22	0	0	0	0	0	0	0	0	0	0	0	0	1,147
38	Sorong	346	334	0	0	47	0	0	0	0	0	0	0	0	0	0	0	0	0	0	727
Total		6,909	6,112	1,372	1,559	1,903	726	1,561	162	243	79	68	133	94	40	89	45	31	40	0	21,166

Annex 3.20

NUMBER OF HEALTH POLYTECHNIC (DIPLOMA IV) STUDENT BY TYPE OF HEALTH PERSONELL, 2014

No	Health Polytechnic	Nursery			Pharmacy	Public Health	Nutrition	Medical Therapy				Medical Technician				Total
		Nursing	Midwife	Dental Nursery	Pharmacy	Environmental Health	Nutrition	Physiotherapist	Occupational Therapist	Speech Therapist	Accupuncture	Health Analyst	Electromedical Technician	Radiodiagnostic Technician	Orthotic and Prosthetic	
(1)	(2)	(3)	(4)	(5)	(6)	(9)	(10)	(11)	(12)	(13)	(14)	(16)	(18)	(19)	(20)	(24)
1	Aceh	24	9	3	0	0	5	0	0	0	0	0	0	0	0	41
2	Medan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Padang	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Riau	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Jambi	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
6	South Sumatra	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Bengkulu	18	45	0	0	0	41	0	0	0	0	0	0	0	0	104
8	Tanjung Karang	0	1	0	0	14	0	0	0	0	0	2	0	0	0	17
9	Tanjung Pinang	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Pangkal Pinang	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Jakarta I	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Jakarta II	0	0	0	0	1	0	0	0	0	0	0	36	95	0	132
13	Jakarta III	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Bandung	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Tasikmalaya	0	73	69	0	0	0	0	0	0	0	0	0	0	0	142
16	Semarang	45	160	3	0	1	17	0	0	0	0	0	0	43	0	269
17	Surakarta	62	204	0	0	0	0	144	30	0	0	0	0	0	0	440
18	DI Yogyakarta	82	5	40	0	38	34	0	0	0	0	43	0	0	0	242
19	Surabaya	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
20	Malang	6	3	0	0	0	1	0	0	0	0	0	0	0	0	10
21	Banten	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Denpasar	19	109	0	0	0	26	0	0	0	0	0	0	0	0	154
23	Mataram	77	0	0	0	0	2	0	0	0	0	0	0	0	0	79
24	Kupang	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Pontianak	0	61	0	0	25	17	0	0	0	0	23	0	0	0	126
26	Palangkaraya	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	Banjarmasin	0	0	0	0	2	0	0	0	0	0	0	0	0	0	2
28	East Kalimantan	22	29	0	0	0	0	0	0	0	0	0	0	0	0	51
29	Manado	0	26	0	0	10	17	0	0	0	0	0	0	0	0	53
30	Palu	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
31	Makassar	0	1	92	0	0	0	0	0	0	0	0	0	0	0	93
32	Kendari	0	0	0	0	0	3	0	0	0	0	0	0	0	0	3
33	Gorontalo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34	Mamuju	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35	Maluku	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
36	Ternate	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
37	Jayapura	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
38	Sorong	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total		358	727	207	0	91	163	144	30	0	0	70	36	138	0	1,964

Annex 4.1

ALLOCATION AND IMPLEMENTATION OF MINISTRY OF HEALTH (MoH) BUDGET
BY ECHELON I UNIT, 2014

No	Echelon I unit	Budget of MoH															
		MoH Unit			Regional Office			Deconsentration			Assistance Budget			Total Allocation (IDR)	Total Implementation (IDR)	%	
		Alocation (IDR)	Implementation (IDR)	%	Alocation (IDR)	Implementation (IDR)	%	Alocation (IDR)	Implementation (IDR)	%	Alocation (IDR)	Implementation (IDR)	%				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(18)	(19)	(20)	
1	Secretariat General	26,975,518,359,000	26,537,666,581,547	98.38				234,339,765,000	194,615,509,369	83.05	0				27,209,858,124,000	26,732,282,090,916	98.24
2	Inspectorate General	92,926,900,000	72,233,409,205	77.73							0				92,926,900,000	72,233,409,205	77.73
3	DG of Nutrition and Mother and Child Health	387,657,919,000	250,001,347,336	64.49	33,683,335,000	27,461,925,170	81.53	368,451,305,000	300,377,859,360	81.52	1,171,688,390,000	1,148,069,467,391	98.36	1,961,480,949,000	1,725,910,599,257	87.99	
4	DG of Health Effort	386,200,000,000	203,680,589,408	52.74	11,351,581,972,000	10,748,754,431,647	94.69	36,517,280,000	32,127,567,948	87.98	2,138,017,690,000	1,607,396,342,624	87.06	13,912,316,942,000	12,591,958,931,627	90.51	
5	DG of Diseases Control and Environmental Health	1,465,726,181,000	1,635,998,794,170	111.62	676,626,523,000	580,718,741,083	85.83	213,968,055,000	160,823,978,117	75.16	89,857,120,000	76,811,545,815	78.82	2,446,177,879,000	2,454,353,059,185	100.33	
6	DG of Pharmaceutical Services and Medical Devices	1,719,029,366,000	1,429,401,763,716	83.15				54,486,889,000	49,246,081,458	90.38	0				1,773,516,255,000	1,478,647,845,174	83.37
7	National Institute for Health Research and Development	272,016,836,000	219,703,845,303	80.77	255,316,036,000	219,052,563,001	85.80				0				527,332,872,000	438,756,408,304	83.20
8	Agency for Development and Empowerment Human Resources of Health	926,571,524,000	760,531,756,385	82.08	1,499,844,668,000	1,324,016,695,710	88.28	5,763,153,000	4,980,500,650	86.42	0				2,432,179,345,000	2,089,528,952,745	85.91
Ministry of Health (MoH)		32,225,647,085,000	31,109,218,087,070	96.54	13,817,052,534,000	12,900,004,356,611	93.36	913,526,447,000	742,171,496,902	81.24	3,399,563,200,000	2,832,277,355,830	83.31	50,355,789,266,000	47,583,671,296,413	94.49	

Source: Bureau Finance and State Owned Asset, MoH RI, 2015

Annex 4.2

**BUDGET IMPLEMENTATION REPORT MINISTRY OF HEALTH
AS OF DECEMBER 31st, 2014
BY EXPENDITURE**

NO	Expenditure	Echelon I unit								
		Secretariat General	Inspectorate General	DG of Nutrition and Mother and Child Health	DG of Health Effort	DG of Diseases Control and Environmental Health	DG of Pharmaceutical Services and Medical Devices	National Institute for Health Research and Development	Agency for Development and Empowerment Human Resources of Health	T O T A L
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A.	Employee Expense									
	Budget Allocation	2,751,745,744,000	14,893,290,000	27,983,405,000	1,867,900,433,000	237,075,104,000	13,292,615,000	82,613,323,000	698,121,256,000	5,693,625,170,000
	Budget Implementation	2,482,404,192,086	13,854,979,578	24,356,441,829	1,823,675,223,366	203,162,881,449	11,985,764,119	76,264,928,484	650,484,358,945	5,286,188,769,856
	%	98.53	95.21	85.33	92.56	89.57	84.90	94.10	86.75	92.84
B.	Comodity Expense									
	Budget Allocation	1,066,336,393,000	75,459,893,000	1,911,519,303,000	8,462,592,695,000	1,892,286,690,000	1,752,842,258,000	388,525,352,000	1,641,810,800,000	17,191,373,384,000
	Budget Implementation	891,717,789,615	56,201,296,064	1,683,943,484,228	7,981,979,283,488	1,974,038,332,768	1,460,397,547,755	320,901,067,225	1,356,722,192,340	15,725,900,993,483
	%	83.78	75.09	93.00	91.82	104.32	92.62	95.05	81.64	91.48
C.	Assets Expense									
	Budget Allocation	90,295,987,000	2,573,717,000	21,978,241,000	3,581,823,814,000	316,816,085,000	7,381,382,000	56,194,197,000	92,247,289,000	4,169,310,712,000
	Budget Implementation	66,058,130,555	2,177,133,563	17,610,673,200	2,786,304,424,773	277,151,844,968	6,264,533,300	41,590,412,595	82,322,401,460	3,279,479,554,414
	%	74.85	99.49	95.61	82.97	88.28	68.05	95.67	79.67	78.66
D.	Social Assistant Expense									
	Budget Allocation	23,301,480,000,000							0	23,301,480,000,000
	Budget Implementation	23,292,101,978,660							0	23,292,101,978,660
	%	99.91								99.96
	TOTAL									
	Budget Allocation	27,209,858,124,000	92,926,900,000	1,961,480,949,000	13,912,316,942,000	2,446,177,879,000	1,773,516,255,000	527,332,872,000	2,432,179,345,000	50,355,789,266,000
	Budget Implementation	26,732,282,090,916	72,233,409,205	1,725,910,599,257	12,591,958,931,627	2,454,353,059,185	1,478,647,845,174	438,756,408,304	2,089,528,952,745	47,583,671,296,413
	%	98.24	77.73	87.99	90.51	100.33	83.37	83.20	85.91	94.49

Source: Bureau Finance and State Owned Asset, MoH RI, 2015

Annex 4.3

**BUDGET IMPLEMENTATION REPORT MINISTRY OF HEALTH
AS OF DECEMBER 31st, 2014
BY SOURCE OF FUNDS**

NO	Source of Funds	Echelon I unit								TOTAL
		Secretariat General	Inspectorate General	DG of Nutrition and Mother and Child Health	DG of Health Effort	DG of Diseases Control and Environmental Health	DG of Pharmaceutical Services and Medical Devices	National Institute for Health Research and Development	Agency for Development and Empowerment Human Resources of Health	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A.	Pure National Budget									
	Budget Allocation	27,185,015,464,000	92,926,900,000	1,926,030,250,000	5,826,600,099,000	1,645,694,552,000	1,755,529,568,000	508,411,400,000	1,876,658,350,000	40,816,866,583,000
	Budget Implementation	26,708,709,916,959	72,233,409,205	1,698,477,227,925	4,966,636,865,133	1,381,148,534,412	1,462,081,150,774	420,165,572,874	1,637,106,826,695	38,346,559,503,977
	%	98.25	77.73	88.19	85.24	83.92	83.28	82.64	87.24	93.95
B.	Foreign Loan and Grant									
	Budget Allocation				32,820,429,000	1,261,000,000				34,081,429,000
	Budget Implementation				18,467,772,928	840,964,294				19,308,737,222
	%				56.27	66.69				56.65
C.	Domestic-source Counterpart Budget									
	Budget Allocation					30,907,677,000				30,907,677,000
	Budget Implementation					21,333,150,471				21,333,150,471
	%					69.02				69.02
D.	Non Tax Revenues									
	Budget Allocation	4,940,980,000		495,603,000	34,688,681,000	105,635,656,000	9,151,695,000	1,181,202,000	241,219,365,000	397,313,182,000
	Budget Implementation	4,851,878,670		372,723,413	17,261,657,282	85,981,338,376	7,731,702,400	1,028,083,580	195,257,348,703	312,484,732,424
	%	98.20		75.21	49.76	81.39	84.48	87.04	80.95	78.65
E.	Public Service Agency									
	Budget Allocation				8,016,411,919,000				314,301,630,000	8,330,713,549,000
	Budget Implementation				7,588,348,359,284				256,879,360,165	7,845,227,719,449
	%									
F.	Grant									
	Budget Allocation	19,901,680,000		34,955,096,000	1,795,814,000	662,678,994,000	8,834,992,000	17,740,270,000	0	745,906,846,000
	Budget Implementation	18,720,295,287		27,060,647,919	1,244,277,000	965,049,071,632	8,834,992,000	17,562,751,850	285,417,182	1,038,757,452,870
	%	94.06		77.42	69.29	145.63	100.00	99.00		139.26
	TOTAL									
	Budget Allocation	27,209,858,124,000	92,926,900,000	1,961,480,949,000	13,912,316,942,000	2,446,177,879,000	1,773,516,255,000	527,332,872,000	2,432,179,345,000	50,355,789,266,000
	Budget Implementation	26,732,282,090,916	72,233,409,205	1,725,910,599,257	12,591,958,931,627	2,454,353,059,185	1,478,647,845,174	438,756,408,304	2,089,528,952,745	47,583,671,296,413
	%	98.24	77.73	87.99	90.51	100.33	83.37	83.20	85.91	94.49

Source: Bureau Finance and State Owned Asset, MoH RI, 2015

Annex 4.4

IMPLEMENTATION OF HEALTH DECONCENTRATION FUND
BY PROVINCE, 2014

No	Province	Fund Allocation (IDR)	Fund Implementation (IDR)	Percentage
(1)	(2)	(3)	(4)	(5)
1	Aceh	32,895,976,000	24,000,611,471	72.96
2	North Sumatera	39,761,762,000	34,290,521,640	86.24
3	West Sumatera	27,450,112,000	25,199,722,827	91.80
4	Riau	23,407,072,000	19,342,141,484	82.63
5	Jambi	21,413,345,000	19,444,166,967	90.80
6	South Sumatera	31,059,452,000	25,778,696,286	83.00
7	Bengkulu	20,540,594,000	18,174,051,494	88.48
8	Lampung	27,772,732,000	25,628,708,375	92.28
9	Bangka Belitung Islands	18,079,624,000	13,404,820,481	74.14
10	Riau Islands	19,438,826,000	15,109,076,890	77.73
11	DKI Jakarta	17,949,792,000	11,361,613,810	63.30
12	West Java	43,760,085,000	29,393,056,670	67.17
13	Central Java	49,695,171,000	41,669,929,607	83.85
14	DI Yogyakarta	17,628,516,000	14,442,087,992	81.92
15	East Java	50,327,188,000	35,868,214,720	71.27
16	Banten	23,365,627,000	18,122,088,460	77.56
17	Bali	20,513,313,000	17,356,012,730	84.61
18	West Nusa Tenggara	24,011,888,000	20,412,808,237	85.01
19	East Nusa Tenggara	35,798,816,000	30,232,596,856	84.45
20	West Kalimantan	25,236,144,000	20,008,150,009	79.28
21	Central Kalimantan	23,860,247,000	19,726,839,180	82.68
22	South Kalimantan	25,094,649,000	20,325,377,895	80.99
23	East Kalimantan	24,389,316,000	15,950,059,491	65.40
24	North Sulawesi	24,647,681,000	22,919,012,829	92.99
25	Central Sulawesi	26,065,613,000	23,654,588,040	90.75
26	South Sulawesi	38,657,797,000	34,217,466,446	88.51
27	South East Sulawesi	25,787,817,000	23,745,149,340	92.08
28	Gorontalo	19,270,057,000	18,078,777,108	93.82
29	West Sulawesi	17,713,519,000	12,142,696,500	68.55
30	Maluku	26,318,152,000	22,272,271,942	84.63
31	North Maluku	23,087,621,000	20,389,241,283	88.31
32	West Papua	26,748,142,000	19,852,707,716	74.22
33	Papua	41,779,801,000	29,992,197,051	71.79
	Indonesia	913,526,447,000	742,505,461,827	81.28

Source: Bureau of Planning and Budgeting, MoH RI, 2015

Note : in million rupiah

*RKA-KL : Work and Budget Planning of Ministry/Agency

Annex 4.5

**ALLOCATION AND IMPLEMENTATION OF CO-ADMINISTRATION FUND
BY PROVINCE, 2014**

No	Province	Budget Allocation (IDR)	Budget Implementation (IDR)	Percentage
(1)	(2)	(3)	(4)	(5)
1	Aceh	47,125,835,000	42,196,589,732	89.54
2	North Sumatera	77,915,975,000	66,532,829,219	85.39
3	West Sumatera	97,135,470,000	63,769,094,957	65.65
4	Riau	39,016,114,000	36,490,325,887	93.53
5	Jambi	106,365,760,000	98,313,562,070	92.43
6	South Sumatera	58,731,690,000	53,771,634,431	91.55
7	Bengkulu	30,354,400,000	28,731,946,473	94.65
8	Lampung	115,568,640,000	95,682,531,607	82.79
9	Bangka Belitung Islands	47,330,683,000	43,528,609,530	91.97
10	Riau Islands	51,008,467,000	45,606,339,300	89.41
11	DKI Jakarta	31,036,200,000	30,083,049,140	96.93
12	West Java	228,360,165,000	175,636,002,871	76.91
13	Central Java	292,876,810,000	238,178,764,551	81.32
14	DI Yogyakarta	56,671,055,000	45,409,259,151	80.13
15	East Java	340,961,581,000	268,544,361,786	78.76
16	Banten	34,701,585,000	27,782,600,100	80.06
17	Bali	84,698,300,000	41,953,251,974	49.53
18	West Nusa Tenggara	75,529,355,000	67,882,507,462	89.88
19	East Nusa Tenggara	171,104,685,000	150,231,540,513	87.80
20	West Kalimantan	108,590,000,000	88,541,147,105	81.54
21	Central Kalimantan	57,419,428,000	45,377,041,450	79.03
22	South Kalimantan	68,798,257,000	39,750,546,100	57.78
23	East Kalimantan	41,280,620,000	35,908,001,088	86.99
24	North Kalimantan	12,000,000,000	8,319,102,736	69.33
25	North Sulawesi	81,420,138,000	77,204,711,859	94.82
26	Central Sulawesi	64,156,115,000	57,282,705,098	89.29
27	South Sulawesi	296,598,277,000	271,183,550,104	91.43
28	South East Sulawesi	65,254,050,000	62,177,214,350	95.28
29	Gorontalo	71,405,900,000	46,629,897,415	65.30
30	West Sulawesi	102,674,340,000	101,394,100,638	98.75
31	Maluku	75,334,880,000	50,808,599,810	67.44
32	North Maluku	123,446,130,000	98,332,927,924	79.66
33	West Papua	48,753,100,000	44,804,764,205	91.90
34	Papua	195,939,195,000	184,599,891,194	94.21
Indonesia		3,399,563,200,000	2,832,639,001,830	83.32

Source: Bureau of Planning and Budgeting, MoH RI, 2015

Note : in million rupiah

*RKA-KL : Work and Budget Planning of Ministry/Agency

Annex 4.6

**REGIONAL REVENUE AND EXPENDITURE BUDGET (Ind: APBD) OF PROVINCIAL GOVERNMENT
BY HEALTH FUNCTION AND PROVINCE, 2014**

No	Province	Function		% HEALTH
		Health (IDR)	Total (IDR)	
(1)	(2)	(4)	(5)	(6)
1	Aceh	3,541,295,818,529	34,059,953,035,110	10.40
2	North Sumatera	3,754,411,925,591	39,911,575,856,308	9.41
3	West Sumatera	2,058,155,193,235	20,060,280,747,416	10.26
4	Riau	2,428,557,707,569	67,354,625,288,413	3.61
5	Jambi	1,342,354,334,034	14,427,176,545,319	9.30
6	South Sumatera	2,133,028,048,922	29,253,454,585,061	7.29
7	Bengkulu	873,323,392,511	8,693,584,808,440	10.05
8	Lampung	1,637,561,073,613	19,981,120,296,744	8.20
9	Bangka Belitung Islands	781,911,340,845	7,042,171,375,143	11.10
10	Riau Islands	1,111,423,220,184	12,406,671,135,126	8.96
11	DKI Jakarta	6,208,631,460,265	37,764,668,506,597	16.44
12	West Java	7,796,452,668,179	81,021,730,843,123	9.62
13	Central Java	7,970,070,643,353	66,010,569,134,834	12.07
14	DI Yogyakarta	888,530,465,855	9,121,732,882,986	9.74
15	East Java	9,366,472,939,406	75,622,283,450,357	12.39
16	Banten	3,194,821,757,554	21,403,736,402,512	14.93
17	Bali	840,678,749,627	7,973,078,272,309	10.54
18	West Nusa Tenggara	980,499,910,696	8,766,902,727,455	11.18
19	East Nusa Tenggara	1,233,233,394,809	12,641,954,287,887	9.76
20	West Kalimantan	1,556,990,354,505	16,452,555,325,857	9.46
21	Central Kalimantan	1,319,001,101,432	14,932,033,164,563	8.83
22	South Kalimantan	2,496,802,696,540	20,277,535,609,339	12.39
23	East Kalimantan	3,344,741,288,380	44,336,340,232,618	7.54
24	North Sulawesi	955,461,868,414	11,155,329,991,256	8.57
25	Central Sulawesi	1,165,869,993,186	11,727,681,030,167	9.94
26	South Sulawesi	2,702,444,198,949	26,807,042,542,141	10.08
27	South East Sulawesi	742,766,174,886	8,606,551,791,281	8.63
28	Gorontalo	580,521,243,473	5,247,388,452,277	11.06
29	West Sulawesi	390,199,492,546	4,937,035,201,105	7.90
30	Maluku	492,261,663,562	5,733,888,608,642	8.59
31	North Maluku	397,649,601,788	5,359,036,180,390	7.42
32	West Papua	999,533,614,964	14,395,504,511,901	6.94
33	Papua	2,759,315,808,862	37,112,846,561,046	7.43
Indonesia		78,044,973,146,265	800,598,039,383,722	9.75

Source: Bureau of Planning and Budgeting, MoH RI, 2015 ; Directorate-General of Regional Fiscal Balance (within the Ministry of Finance), 2015

Annex 4.7

**ALLOCATION AND IMPLEMENTATION OF HEALTH OPERATIONAL
SUPPORTING FUND (Ind: BOK) BY PROVINCE, 2014**

No	Province	Allocation (IDR)	Implementation (IDR)	%
(1)	(2)	(3)	(4)	(5)
1	Aceh	29,584,700,000	29,169,790,017	98.60
2	North Sumatera	54,796,030,000	53,981,583,299	98.51
3	West Sumatera	23,759,230,000	23,325,894,050	98.18
4	Riau	18,207,850,000	18,055,116,000	99.16
5	Jambi	15,521,600,000	15,424,194,620	99.37
6	South Sumatera	29,782,250,000	29,477,989,800	98.98
7	Bengkulu	15,902,000,000	15,792,586,854	99.31
8	Lampung	25,981,320,000	25,743,489,777	99.08
9	Bangka Belitung Islands	5,553,000,000	5,447,299,730	98.10
10	Riau Islands	6,799,350,000	6,590,542,500	96.93
11	DKI Jakarta	31,036,200,000	30,083,049,140	96.93
12	West Java	96,417,900,000	94,914,854,385	98.44
13	Central Java	81,012,150,000	80,491,998,100	99.36
14	DI Yogyakarta	10,681,460,000	10,587,967,250	99.12
15	East Java	89,104,400,000	87,710,067,130	98.44
16	Banten	20,375,595,000	20,056,393,100	98.43
17	Bali	10,485,700,000	10,434,715,400	99.51
18	West Nusa Tenggara	42,940,100,000	42,188,799,438	98.25
19	East Nusa Tenggara	98,681,300,000	93,426,858,513	94.68
20	West Kalimantan	28,470,000,000	28,165,053,840	98.93
21	Central Kalimantan	22,775,028,000	22,158,808,550	97.29
22	South Kalimantan	26,064,000,000	25,468,079,750	97.71
23	East Kalimantan	27,132,800,000	24,714,128,188	91.09
24	North Sulawesi	22,117,200,000	21,893,788,900	98.99
25	Central Sulawesi	21,344,635,000	21,117,227,280	98.93
26	South Sulawesi	51,941,952,000	51,281,057,750	98.73
27	South East Sulawesi	29,578,240,000	29,506,806,550	99.76
28	Gorontalo	10,753,000,000	10,680,015,315	99.32
29	West Sulawesi	10,444,200,000	10,335,832,000	98.96
30	Maluku	41,153,200,000	39,805,569,810	96.73
31	North Maluku	27,528,600,000	27,232,002,200	98.92
32	West Papua	38,803,100,000	36,935,356,205	95.19
33	Papua	106,960,300,000	105,766,951,950	98.88
Indonesia		1,171,688,390,000	1,147,963,867,391	97.98

Source: DG of Nutrition and MCH, MoH RI, 2015

Note : Cumulative Data until February 24th, 2015

Annex 4.8

**NATIONAL HEALTH INSURANCE (Ind: JKN) PARTICIPANT
AS OF DECEMBER 31st, 2014**

No.	Province	Population	Recipient of Contribution Subsidy (Ind: Penerima Bantuan Iuran / PBI)		Non Recipient of Contribution Subsidy (Ind: Non Penerima Bantuan Iuran / Non-PBI)			Total	Percentage
			National Revenue and Expenditure Budget (Ind: APBN)	Regional Revenue and Expenditure Budget	Salary Workers	Non-salary Worker	Non-worker		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	Aceh	5,046,182	2,170,963	1,652,085	593,138	10,010	110,909	4,537,105	89.91
2	North Sumatera	14,510,668	4,192,296	534,496	1,280,672	494,926	238,802	6,741,192	46.46
3	West Sumatera	5,366,763	1,533,170	744,933	561,877	231,913	127,765	3,199,658	59.62
4	Riau	5,831,888	1,304,716	-	605,949	244,416	41,732	2,196,813	37.67
5	Jambi	3,375,079	821,556	46,243	335,135	140,617	41,247	1,384,798	41.03
6	South Sumatera	7,975,149	2,433,664	-	701,160	271,052	114,618	3,520,494	44.14
7	Bengkulu	1,909,986	628,605	88,706	228,572	70,787	27,177	2,104,847	54.65
8	Lampung	9,499,116	3,087,543	191,996	540,054	227,975	90,347	4,137,915	43.56
9	Bangka Belitung Islands	1,269,381	212,827	71,948	130,627	72,283	9,903	497,588	39.20
10	Riau Islands	1,802,229	333,636	11,411	432,499	133,790	12,778	924,114	51.28
11	DKI Jakarta	9,768,250	1,271,293	2,747,462	2,589,612	987,961	338,046	7,934,374	81.23
12	West Java	42,223,484	14,758,325	733,179	3,515,978	2,126,142	861,236	21,994,860	52.09
13	Central Java	34,798,486	14,151,033	146,366	2,560,361	977,936	753,364	18,589,060	53.42
14	DI Yogyakarta	3,535,644	1,572,154	-	441,852	113,087	155,947	2,283,040	64.57
15	East Java	38,999,837	14,001,869	388,230	3,071,184	958,067	819,596	19,238,946	49.33
16	Banten	9,916,848	3,221,967	78,019	1,077,637	594,171	125,757	5,097,551	51.40
17	Bali	4,151,630	904,863	-	540,242	101,735	96,610	1,643,450	39.59
18	West Nusa Tenggara	5,128,563	2,259,556	127,002	334,647	68,440	57,700	2,847,345	55.52
19	East Nusa Tenggara	5,240,337	2,671,319	132,983	385,874	64,759	81,240	3,336,175	63.66
20	West Kalimantan	5,281,941	1,343,862	81,125	381,034	172,732	63,369	2,042,122	38.66
21	Central Kalimantan	2,425,226	449,376	87,500	256,615	72,680	38,647	904,818	37.31
22	South Kalimantan	3,805,002	753,528	9,535	378,938	103,368	77,632	1,323,001	34.77
23	East Kalimantan	3,185,555	639,937	-	656,140	161,981	46,351	1,504,409	47.23
24	North Kalimantan	1,054,238	144,076	29,003	105,511	45,562	7,081	331,233	31.42
25	North Sulawesi	2,559,223	790,857	156,721	304,016	113,568	86,376	1,451,538	56.72
26	Central Sulawesi	2,795,470	1,131,065	26,554	293,940	63,694	45,304	1,560,557	55.82
27	South Sulawesi	9,414,387	2,944,923	47,934	820,528	249,555	238,599	4,301,539	45.69
28	South East Sulawesi	2,482,921	984,912	16,719	257,433	43,304	34,664	1,337,032	53.85
29	Gorontalo	1,132,510	504,293	378,399	119,212	13,242	18,403	1,033,549	91.26
30	West Sulawesi	1,514,837	504,423	171,921	93,400	24,336	20,588	814,668	53.78
31	Maluku	1,785,652	754,627	-	206,539	18,408	34,368	1,013,942	56.78
32	North Maluku	1,239,677	328,965	15,998	130,639	14,238	15,516	505,356	40.77
33	West Papua	1,060,142	760,422	38,634	133,513	21,431	15,674	969,674	91.47
34	Papua	3,847,747	2,833,379	12,127	262,621	44,693	29,070	3,181,890	82.69
Total		253,934,048	86,400,000	8,767,229	24,327,149	9,052,859	4,876,416	133,423,653	52.54

Source: Social Security Administrators (Ind: BPJS), 2015

Note: Cumulative Data until Desember 2014, Total Population Data: BPS-Statistics Indonesia, 2014

Annex 4.9

**NUMBER OF PRIMARY HEALTH FACILITIES WHO COOPERATE WITH
SOCIAL SECURITY ADMINISTRATORS (Ind: *BPJS*) AS OF DECEMBER 2014**

NO	Province	PRIMARY HEALTH SERVICE					TOTAL
		Health Center	Private Clinic	Police Clinic	Pratama Clinic	Army Clinic	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Aceh	337	63	26	55	26	507
2	North Sumatera	570	83	35	231	31	950
3	West Sumatera	264	91	22	49	16	442
4	Riau	211	75	14	89	15	404
5	Jambi	176	56	12	14	5	263
6	South Sumatera	321	135	18	59	21	554
7	Bengkulu	180	65	13	9	5	272
8	Lampung	290	83	11	68	14	466
9	Bangka Belitung Islands	61	34	8	7	4	114
10	Riau Islands	73	8	7	68	17	173
11	DKI Jakarta	340	3	22	129	84	578
12	West Java	1,050	424	44	568	71	2,157
13	Central Java	875	944	42	234	54	2,149
14	DI Yogyakarta	121	100	6	35	9	271
15	East Java	960	564	45	330	103	2,002
16	Banten	231	6	14	206	16	473
17	Bali	120	243	12	45	15	435
18	West Nusa Tenggara	158	76	12	6	10	262
19	East Nusa Tenggara	370	85	21	12	20	508
20	West Kalimantan	238	38	16	10	23	325
21	Central Kalimantan	195	50	18	8	8	279
22	South Kalimantan	228	106	17	11	20	382
23	East Kalimantan	174	104	13	42	22	355
24	North Kalimantan	48	25	4	2	12	91
25	North Sulawesi	187	107	15	5	13	327
26	Central Sulawesi	184	34	12	11	8	249
27	South Sulawesi	446	156	31	51	39	723
28	South East Sulawesi	269	48	13	8	8	346
29	Gorontalo	93	29	7	8	8	145
30	West Sulawesi	94	21	5	2	3	125
31	Maluku	197	27	9	1	12	246
32	North Maluku	127	34	9	3	8	181
33	West Papua	149	25	5	6	6	191
34	Papua	394	42	11	6	29	482
TOTAL		9,731	3,984	569	2,388	755	17,427

Source: Social Security Administrators (Ind: *BPJS*), 2015Note: * Health center (Ind: *Puskesmas*) source data based on the head of Center for Data and Information No.IR.02.02/2/0044/2015, January 8th, 2015

Annex 4.10

**NUMBER OF ADVANCE HEALTH FACILITIES WHO COOPERATE WITH
SOCIAL SECURITY ADMINISTRATORS AS OF DECEMBER 2014**

No	PROVINCE	ADVANCE HEALTH FACILITIES								TOTAL
		SPECIAL HOSPITAL	MENTAL HOSPITAL	GOVERNMENT HOSPITAL TYPE A	GOVERNMENT HOSPITAL TYPE B	GOVERNMENT HOSPITAL TYPE C	GOVERNMENT HOSPITAL TYPE D	PRIVATE HOSPITAL	ARMY/POLICE HOSPITAL	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh		1	1	5	14	7	26	4	58
2	North Sumatera	2	1	1	10	21	8	57	8	108
3	West Sumatera	2	1		3	17	1	12	4	40
4	Riau		1		2	11	3	16	3	36
5	Jambi		1		1	10	2	5	2	21
6	South Sumatera	3	1	1	1	11	13	11	4	45
7	Bengkulu		1		1	4	7	3	2	18
8	Lampung		1		2	11	1	19	2	36
9	Bangka Belitung Islands		1			3	4	5		13
10	Riau Islands				2	7	3	8	1	21
11	DKI Jakarta	12	3	4	6	3	1	43	8	80
12	West Java	12	1	2	21	15	7	132	12	202
13	Central Java	8	5	2	21	20	9	129	10	204
14	DI Yogyakarta	6	1	1	4	1	2	35	3	53
15	East Java	10	2	2	26	32	9	100	25	206
16	Banten	1			5	3	3	35	2	49
17	Bali	1	1	1	6	3	1	18	3	34
18	West Nusa Tenggara		1		2	7	2	8	2	22
19	East Nusa Tenggara	1			1	9	9	17	3	40
20	West Kalimantan	1	2		2	9	5	4	5	28
21	Central Kalimantan		1		2	6	6	1	2	18
22	South Kalimantan	1	1	1	2	11	1		4	21
23	East Kalimantan	1	1	1	3	9		9	4	28
24	North Kalimantan				1	3	1		1	6
25	North Sulawesi		1		1	6	7	11	4	30
26	Central Sulawesi		1		2	8	3	5	2	21
27	South Sulawesi	1	1	1	7	20	2	20	8	60
28	South East Sulawesi		1		1	8	4	4	2	20
29	Gorontalo				2	3	4	3		12
30	West Sulawesi					2	4	1		7
31	Maluku		1		1	3	10	6	5	26
32	North Maluku				1	2	6	3	1	13
33	West Papua					4	6	1	2	13
34	Papua		1		1	6	9	2	5	24
	TOTAL	62	34	18	145	302	160	749	143	1,613

Source: Social Security Administrators (Ind: BPJS), 2015

ANNEX 5.1

**COVERAGE OF ANTENATAL CARE (1st AND 4th VISIT), DELIVERY ASSISTED BY SKILLED HEALTH PERSONNEL, AND PUERPERIUM VISIT
BY PROVINCE, 2014**

No	Province	Pregnant Woman					Delivering Woman			Puerperium Woman	
		Total	1st Visit	% 1st Visit	4th Visit	% 4th Visit	Total	Assisted by Health Personnel	% Assisted by Health Personnel	3x Puerperium Visit	% 3x Puerperium Visit
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	Aceh	117,907	106,750	90.54	96,479	81.83	112,547	95,272	84.65	90,166	80.11
2	North Sumatra	321,670	297,879	92.60	277,675	86.32	306,863	267,706	87.24	288,897	94.15
3	West Sumatra	111,897	106,070	94.79	92,539	82.70	106,285	92,012	86.57	87,272	82.11
4	Riau	147,717	130,945	88.65	118,725	80.37	140,997	109,592	77.73	112,143	79.54
5	Jambi	79,489	78,604	98.89	74,236	93.39	76,110	69,963	91.92	69,319	91.08
6	South Sumatra	188,609	171,470	90.91	165,207	87.59	178,793	157,985	88.36	154,296	86.30
7	Bengkulu	38,556	37,398	97.00	35,095	91.02	37,018	33,708	91.06	32,490	87.77
8	Lampung	189,876	181,865	95.78	170,165	89.62	180,671	155,676	86.17	152,036	84.15
9	Bangka Belitung Islands	31,811	30,587	96.15	28,643	90.04	30,344	27,655	91.14	26,708	88.02
10	Riau Islands	62,518	58,821	94.09	55,397	88.61	59,665	53,313	89.35	50,921	85.34
11	DKI Jakarta	194,693	194,545	99.92	186,918	96.01	185,844	180,622	97.19	175,879	94.64
12	West Java	1,091,854	1,057,400	96.84	973,201	89.13	1,040,974	911,262	87.54	909,080	87.33
13	Central Java	613,243	610,771	99.60	570,965	93.11	610,323	560,323	91.97	521,912	85.51
14	DI Yogyakarta	50,133	50,133	100.00	46,526	92.81	45,575	45,556	99.96	43,085	94.54
15	East Java	675,789	650,057	96.19	599,162	88.66	645,071	596,376	92.45	588,013	91.15
16	Banten	250,935	235,267	93.76	212,119	84.53	232,143	214,483	92.39	208,009	89.60
17	Bali	73,201	72,171	98.59	68,919	94.15	69,853	68,219	97.66	65,557	93.85
18	West Nusa Tenggara	120,837	101,110	83.67	92,131	76.24	114,422	85,524	74.74	84,734	74.05
19	East Nusa Tenggara	127,010	109,134	85.93	78,467	61.78	120,351	93,797	77.94	83,174	69.11
20	West Kalimantan	104,762	99,300	94.79	90,080	85.99	99,825	84,085	84.23	81,888	82.03
21	Central Kalimantan	50,610	48,398	95.63	44,155	87.25	46,715	42,099	90.12	41,113	88.01
22	South Kalimantan	80,837	79,467	98.31	66,809	82.65	76,969	68,789	89.37	67,173	87.27
23	East Kalimantan	74,638	76,315	102.25	66,740	89.42	71,038	65,317	91.95	60,976	85.84
24	North Kalimantan	13,112	13,085	99.79	11,459	87.39	12,516	12,036	96.16	11,387	90.98
25	North Sulawesi	44,358	45,650	102.91	45,650	102.91	46,461	38,580	83.04	37,148	79.96
26	Central Sulawesi	65,821	57,879	87.93	50,473	76.68	62,829	48,312	76.89	47,066	74.91
27	South Sulawesi	166,131	164,665	99.12	151,537	91.22	158,632	147,189	92.79	141,960	89.49
28	South East Sulawesi	55,221	53,089	96.14	44,957	81.41	52,771	45,284	85.81	44,319	83.98
29	Gorontalo	22,638	22,729	100.40	20,221	89.32	21,203	19,115	90.15	17,867	84.27
30	West Sulawesi	29,253	27,545	94.16	22,879	78.21	24,880	21,834	87.76	20,053	80.60
31	Maluku	43,050	24,077	55.93	20,609	47.87	41,480	19,455	46.90	17,998	43.39
32	North Maluku	28,035	22,507	80.28	19,677	70.19	26,826	18,063	67.33	18,402	68.60
33	West Papua	22,720	17,192	75.67	9,030	39.74	21,687	9,701	44.73	6,317	29.13
34	Papua	57,203	45,265	79.13	28,415	49.67	54,601	34,480	63.15	21,080	38.61
	Indonesia	5,346,133	5,078,140	94.99	4,635,260	86.70	5,066,973	4,493,383	88.68	4,378,437	86.41

Source: DG of Nutrition and MCH, MoH RI, 2015

ANNEX 5.2

**COVERAGE OF IRON TABLET SUPPLEMENTATION (90 TABLET) FOR PREGNANT WOMAN
BY PROVINCE, 2014**

No	Province	Number of Pregnant Woman	Pregnant Woman with Supplementation of 90 Iron Tablets	
			Total	%
(1)	(2)	(3)	(4)	(5)
1	Aceh	117,923	93,783	79.5
2	North Sumatra	321,057	270,611	84.3
3	West Sumatra	112,252	90,996	81.1
4	Riau	155,885	128,946	82.7
5	Jambi	79,402	72,304	91.1
6	South Sumatra	223,576	193,117	86.4
7	Bengkulu	38,703	35,190	90.9
8	Lampung	191,610	160,061	83.5
9	Bangka Belitung Islands	31,744	26,783	84.4
10	Riau Islands	64,063	52,321	81.7
11	DKI Jakarta	194,693	184,553	94.8
12	West Java	1,039,921	940,967	90.5
13	Central Java	613,243	567,162	92.5
14	DI Yogyakarta	50,133	45,918	91.6
15	East Java	675,789	573,989	84.9
16	Banten	240,936	147,830	61.4
17	Bali	73,176	69,521	95.0
18	West Nusa Tenggara	120,744	111,591	92.4
19	East Nusa Tenggara	126,228	93,633	74.2
20	West Kalimantan	104,762	89,132	85.1
21	Central Kalimantan	52,145	42,403	81.3
22	South Kalimantan	81,017	64,642	79.8
23	East Kalimantan	79,002	63,892	80.9
24	North Kalimantan	13,112	11,830	90.2
25	North Sulawesi	46,410	37,227	80.2
26	Central Sulawesi	65,656	46,235	70.4
27	South Sulawesi	166,442	148,009	88.9
28	South East Sulawesi	55,395	43,768	79.0
29	Gorontalo	22,580	19,241	85.2
30	West Sulawesi	29,009	22,884	78.9
31	Maluku	43,933	27,463	62.5
32	North Maluku	26,837	21,579	80.4
33	West Papua	23,539	7,640	32.5
34	Papua	30,498	14,982	49.1
Indonesia		5,311,415	4,520,203	85.1

Source: DG of Nutrition and MCH , MoH RI, 2015

ANNEX 5.3

**COVERAGE OF TT IMMUNIZATION IN WOMAN AT REPRODUCTIVE AGE
BY PROVINCE, 2014**

NO	Province	Number of Woman 15-39 years old	Woman At Reproductive Age with Immunization									
			TT1		TT2		TT3		TT4		TT5	
			Total	%	Total	%	Total	%	Total	%	Total	%
1	2	3	4	5	6	7	8	9	10	11	12	13
1	Aceh	1,051,652	30,958	2.9	26,493	2.5	16,267	1.5	11,537	1.1	12,286	1.2
2	North Sumatra	2,794,408	61,346	2.2	52,536	1.9	26,050	0.9	16,930	0.6	14,148	0.5
3	West Sumatra	1,004,139	23,003	2.3	19,447	1.9	17,556	1.7	15,122	1.5	17,551	1.7
4	Riau	1,412,692	19,956	1.4	19,954	1.4	23,198	1.6	21,630	1.5	19,648	1.4
5	Jambi	750,904	29,249	3.9	25,068	3.3	11,410	1.5	7,521	1.0	6,160	0.8
6	South Sumatra	1,725,601	44,267	2.6	38,969	2.3	1,479	0.1	1,067	0.1	681	0.0
7	Bengkulu	398,142	19,738	5.0	17,291	4.3	2,565	0.6	2,654	0.7	2,713	0.7
8	Lampung	1,661,038	13,725	0.8	14,359	0.9	13,606	0.8	13,565	0.8	12,618	0.8
9	Bangka Belitung Islands	295,776	3,286	1.1	4,051	1.4	6,415	2.2	5,663	1.9	4,421	1.5
10	Riau Islands	524,294	20,371	3.9	18,692	3.6	11,312	2.2	8,472	1.6	7,471	1.4
11	DKI Jakarta	2,500,032	48,041	1.9	45,539	1.8	25,912	1.0	31,991	1.3	33,925	1.4
12	West Java	9,761,161	501,643	5.1	453,179	4.6	118,168	1.2	72,215	0.7	54,965	0.6
13	Central Java	6,405,053	433,791	6.8	406,248	6.3	358,769	5.6	244,462	3.8	219,638	3.4
14	DI Yogyakarta	711,689	1,301	0.2	2,272	0.3	24,040	3.4	14,549	2.0	17,786	2.5
15	East Java	7,731,799	71,386	0.9	55,195	0.7	92,036	1.2	152,416	2.0	533,381	6.9
16	Banten	2,735,352	92,489	3.4	87,334	3.2	56,184	2.1	47,085	1.7	50,756	1.9
17	Bali	858,995	61	0.0	103	0.0	2,497	0.3	11,622	1.4	32,820	3.8
18	West Nusa Tenggara	1,062,297	22,325	2.1	23,179	2.2	11,329	1.1	7,850	0.7	6,083	0.6
19	East Nusa Tenggara	967,345	16,681	1.7	13,871	1.4	9,779	1.0	6,917	0.7	6,725	0.7
20	West Kalimantan	965,071	23,505	2.4	19,068	2.0	12,281	1.3	8,954	0.9	8,512	0.9
21	Central Kalimantan	524,405	10,141	1.9	7,858	1.5	1,888	0.4	1,062	0.2	864	0.2
22	South Kalimantan	865,982	28,580	3.3	23,805	2.7	8,137	0.9	5,149	0.6	2,904	0.3
23	East Kalimantan	780,607	13,637	1.7	11,722	1.5	8,935	1.1	7,982	1.0	8,639	1.1
24	North Kalimantan	119,955	835	0.7	981	0.8	1,029	0.9	1,054	0.9	915	0.8
25	North Sulawesi	462,332	27,641	6.0	23,437	5.1	2,760	0.6	1,357	0.3	1,142	0.2
26	Central Sulawesi	586,663	15,406	2.6	13,735	2.3	5,916	1.0	3,939	0.7	3,338	0.6
27	South Sulawesi	1,768,809	65,126	3.7	61,154	3.5	16,684	0.9	9,516	0.5	7,808	0.4
28	South East Sulawesi	514,257	12,457	2.4	10,751	2.1	4,817	0.9	3,388	0.7	5,864	1.1
29	Gorontalo	239,099	17,692	7.4	15,820	6.6	2,322	1.0	1,364	0.6	971	0.4
30	West Sulawesi	264,213	8,765	3.3	7,019	2.7	2,735	1.0	1,120	0.4	898	0.3
31	Maluku	342,108	29,749	8.7	24,964	7.3	14,723	4.3	6,515	1.9	5,620	1.6
32	North Maluku	240,789	11,509	4.8	10,173	4.2	3,584	1.5	2,366	1.0	2,381	1.0
33	West Papua	190,475	2,188	1.1	2,602	1.4	2,493	1.3	2,060	1.1	1,507	0.8
34	Papua	800,230	3,943	0.5	2,750	0.3	1,205	0.2	687	0.1	924	0.1
INDONESIA		53,017,364	1,724,791	3.3	1,559,619	2.9	918,081	1.7	749,781	1.4	1,106,063	2.1

Source : DG of Disease Control & Environmental Health, MoH RI 2015

Updated until April 30th, 2015 (target population data was using Secretariat General Data)

ANNEX 5.4

**COVERAGE OF TT IMMUNIZATION IN PREGNANT WOMAN
BY PROVINCE, 2014**

NO	Province	Number of Pregnant Woman	Pregnant Woman with Immunization										TT 2+	
			TT1		TT2		TT3		TT4		TT5		Total	%
			Total	%	Total	%	Total	%	Total	%	Total	%		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	Aceh	111,991	22,227	19.8	20,897	18.7	10,610	9.5	6,937	6.2	7,310	6.5	45,754	40.9
2	North Sumatra	338,258	38,689	11.4	35,548	10.5	15,984	4.7	11,127	3.3	8,991	2.7	71,650	21.2
3	West Sumatra	120,270	16,948	14.1	16,329	13.6	12,350	10.3	10,792	9.0	9,615	8.0	49,086	40.8
4	Riau	160,615	16,868	10.5	17,895	11.1	19,802	12.3	19,648	12.2	18,184	11.3	75,529	47.0
5	Jambi	78,347	23,385	29.8	21,534	27.5	10,181	13.0	6,431	8.2	4,372	5.6	42,518	54.3
6	South Sumatra	183,561	44,224	24.1	38,956	21.2	1,479	0.8	1,067	0.6	681	0.4	42,183	23.0
7	Bengkulu	42,069	19,037	45.3	16,867	40.1	1,969	4.7	1,972	4.7	2,107	5.0	22,915	54.5
8	Lampung	180,278	11,017	6.1	11,574	6.4	10,251	5.7	11,029	6.1	10,062	5.6	42,916	23.8
9	Bangka Belitung Islands	32,515	3,124	9.6	3,741	11.5	5,516	17.0	4,984	15.3	3,776	11.6	18,017	55.4
10	Riau Islands	55,947	13,816	24.7	12,342	22.1	8,308	14.8	6,024	10.8	5,258	9.4	31,932	57.1
11	DKI Jakarta	194,693	44,003	22.6	41,471	21.3	22,413	11.5	25,352	13.0	23,944	12.3	113,180	58.1
12	West Java	967,062	501,643	51.9	453,179	46.9	118,168	12.2	72,215	7.5	54,965	5.7	698,527	72.2
13	Central Java	621,502	127,874	20.6	135,889	21.9	99,223	16.0	81,139	13.1	71,500	11.5	387,751	62.4
14	DI Yogyakarta	60,250	830	1.4	1,894	3.1	13,859	23.0	13,108	21.8	16,734	27.8	45,595	75.7
15	East Java	644,423	16,869	2.6	18,442	2.9	31,868	4.9	52,107	8.1	95,193	14.8	197,610	30.7
16	Banten	251,820	79,447	31.5	70,133	27.9	32,426	12.9	24,117	9.6	21,111	8.4	147,787	58.7
17	Bali	77,431	57	0.1	103	0.1	2,487	3.2	11,309	14.6	32,449	41.9	46,348	59.9
18	West Nusa Tenggara	114,627	22,325	19.5	23,179	20.2	11,329	9.9	7,850	6.8	6,083	5.3	48,441	42.3
19	East Nusa Tenggara	138,327	12,958	9.4	10,556	7.6	6,633	4.8	4,191	3.0	4,127	3.0	25,507	18.4
20	West Kalimantan	101,222	21,904	21.6	17,958	17.7	9,149	9.0	7,023	6.9	6,589	6.5	40,719	40.2
21	Central Kalimantan	50,873	8,140	16.0	6,828	13.4	1,392	2.7	933	1.8	768	1.5	9,921	19.5
22	South Kalimantan	88,849	17,626	19.8	17,985	20.2	6,163	6.9	4,238	4.8	2,421	2.7	30,807	34.7
23	East Kalimantan	84,827	9,297	11.0	8,588	10.1	5,468	6.4	4,466	5.3	4,798	5.7	23,320	27.5
24	North Kalimantan	14,618	558	3.8	645	4.4	603	4.1	459	3.1	381	2.6	2,088	14.3
25	North Sulawesi	45,947	26,064	56.7	23,282	50.7	2,029	4.4	867	1.9	627	1.4	26,805	58.3
26	Central Sulawesi	65,821	14,538	22.1	13,062	19.8	5,233	8.0	3,433	5.2	3,035	4.6	24,763	37.6
27	South Sulawesi	184,163	56,732	30.8	57,498	31.2	15,104	8.2	8,831	4.8	7,515	4.1	88,948	48.3
28	South East Sulawesi	64,809	12,457	19.2	10,751	16.6	4,817	7.4	3,388	5.2	5,864	9.0	24,820	38.3
29	Gorontalo	25,538	17,334	67.9	15,653	61.3	2,098	8.2	1,313	5.1	905	3.5	19,969	78.2
30	West Sulawesi	32,446	8,693	26.8	6,933	21.4	2,675	8.2	1,092	3.4	880	2.7	11,580	35.7
31	Maluku	44,485	15,983	35.9	13,677	30.7	4,665	10.5	2,241	5.0	2,426	5.5	23,009	51.7
32	North Maluku	28,911	9,789	33.9	8,852	30.6	2,095	7.2	1,046	3.6	1,221	4.2	13,214	45.7
33	West Papua	23,538	1,555	6.6	1,315	5.6	1,045	4.4	735	3.1	624	2.7	3,719	15.8
34	Papua	60,202	3,162	5.3	2,351	3.9	1,023	1.7	594	1.0	682	1.1	4,650	7.7
INDONESIA		5,290,235	1,239,173	23.4	1,155,907	21.8	498,415	9.4	412,058	7.8	435,198	8.2	2,501,578	47.3

Source : DG of Disease Control & Environmental Health, MoH RI 2015

Updated until April 30th, 2015 (target population data was using Secretariat General Data)

ANNEX 5.5

**COVERAGE OF DELIVERY ASSISTED BY HEALTH PERSONNEL
BY PROVINCE, 2014**

No	Province	Number of Delivery	Delivery Assisted by Health Personnel					
			Delivery Assisted by Health Personnel		Health Personnel in Health Facility		Health Personnel in Non-Health Facility	
			Total	%	Total	%	Total	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Aceh	112,547	95,272	84.65	75,008	66.65	20,264	18.00
2	North Sumatra	306,863	267,706	87.24	84,011	27.38	183,695	59.86
3	West Sumatra	106,285	92,012	86.57	81,445	76.63	10,567	9.94
4	Riau	140,997	109,592	77.73	81,181	57.58	28,411	20.15
5	Jambi	76,110	69,963	91.92	37,460	49.22	32,503	42.71
6	South Sumatra	178,793	157,985	88.36	64,907	36.30	93,078	52.06
7	Bengkulu	37,018	33,708	91.06	21,581	58.30	12,127	32.76
8	Lampung	180,671	155,676	86.17	108,973	60.32	46,703	25.85
9	Bangka Belitung Islands	30,344	27,655	91.14	27,655	91.14	0	0.00
10	Riau Islands	59,665	53,313	89.35	53,239	89.23	74	0.12
11	DKI Jakarta	185,844	180,622	97.19	178,816	96.22	1,806	0.97
12	West Java	1,040,974	911,262	87.54	833,581	80.08	77,681	7.46
13	Central Java	565,013	560,323	99.17	536,871	95.02	23,452	4.15
14	DI Yogyakarta	45,575	45,556	99.96	45,328	99.46	228	0.50
15	East Java	645,071	596,376	92.45	589,054	91.32	7,322	1.14
16	Banten	232,143	214,483	92.39	181,269	78.08	33,214	14.31
17	Bali	69,853	68,219	97.66	67,878	97.17	341	0.49
18	West Nusa Tenggara	114,422	85,524	74.74	76,972	67.27	8,552	7.47
19	East Nusa Tenggara	120,351	93,797	77.94	81,465	67.69	12,332	10.25
20	West Kalimantan	99,825	84,085	84.23	53,292	53.39	30,793	30.85
21	Central Kalimantan	46,715	42,099	90.12	21,635	46.31	20,464	43.81
22	South Kalimantan	76,969	68,789	89.37	42,935	55.78	25,854	33.59
23	East Kalimantan	71,038	65,317	91.95	60,999	85.87	4,318	6.08
24	North Kalimantan	12,516	12,036	96.16	9,978	79.72	2,058	16.44
25	North Sulawesi	46,461	38,580	83.04	34,722	74.73	3,858	8.30
26	Central Sulawesi	62,829	48,312	76.89	39,206	62.40	9,106	14.49
27	South Sulawesi	158,632	147,189	92.79	130,018	81.96	17,171	10.82
28	South East Sulawesi	52,771	45,284	85.81	28,169	53.38	17,115	32.43
29	Gorontalo	21,203	19,115	90.15	18,924	89.25	191	0.90
30	West Sulawesi	24,880	21,834	87.76	20,089	80.74	1,745	7.01
31	Maluku	41,480	19,455	46.90	13,619	32.83	5,837	14.07
32	North Maluku	26,826	18,063	67.33	14,450	53.87	3,613	13.47
33	West Papua	21,687	9,701	44.73	7,761	35.79	1,940	8.95
34	Papua	54,601	34,480	63.15	7,083	12.97	27,397	50.18
Indonesia		5,066,973	4,493,383	88.68	3,729,573	73.61	763,810	15.07

Source: DG of Nutrition and MCH , MoH RI, 2015

ANNEX 5.6

**COVERAGE OF COMPLICATED OBSTETRY TREATMENT
BY PROVINCE, 2014**

No	Province	Number of Pregnant Woman	Estimation of Complicated Obstetry	Coverage of Treatment	
				Total	%
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	117,907	23,581	11,635	49.34
2	North Sumatra	321,670	64,334	24,815	38.57
3	West Sumatra	111,897	22,379	12,556	56.11
4	Riau	147,717	29,543	8,498	28.76
5	Jambi	79,489	15,898	13,440	84.54
6	South Sumatra	188,609	37,722	23,288	61.74
7	Bengkulu	38,556	7,711	5,376	69.72
8	Lampung	189,876	37,975	23,851	62.81
9	Bangka Belitung Islands	31,811	6,362	5,430	85.35
10	Riau Islands	62,518	12,504	7,345	58.74
11	DKI Jakarta	194,693	38,939	32,227	82.76
12	West Java	1,091,854	218,371	178,244	81.62
13	Central Java	613,243	122,649	123,942	101.05
14	DI Yogyakarta	50,133	10,027	8,993	89.69
15	East Java	675,789	135,158	123,640	91.48
16	Banten	250,935	50,187	41,107	81.91
17	Bali	73,201	14,640	11,300	77.18
18	West Nusa Tenggara	120,837	24,167	21,992	91.00
19	East Nusa Tenggara	127,010	25,402	13,239	52.12
20	West Kalimantan	104,762	20,952	13,161	62.81
21	Central Kalimantan	50,610	10,122	5,073	50.12
22	South Kalimantan	80,837	16,167	13,964	86.37
23	East Kalimantan	74,638	14,928	12,551	84.08
24	North Kalimantan	13,112	2,622	1,554	59.26
25	North Sulawesi	44,358	8,872	7,285	82.12
26	Central Sulawesi	65,821	13,164	6,790	51.58
27	South Sulawesi	166,131	33,226	24,582	73.98
28	South East Sulawesi	55,221	11,044	5,502	49.82
29	Gorontalo	22,638	4,528	3,307	73.04
30	West Sulawesi	29,253	5,851	3,160	54.01
31	Maluku	43,050	8,610	2,703	31.39
32	North Maluku	28,035	5,607	2,842	50.69
33	West Papua	22,720	4,544	437	9.61
34	Papua	57,203	11,441	3,380	29.54
	Indonesia	5,346,133	1,069,227	797,209	74.56

Source: DG of Nutrition and MCH , Moh RI, 2015

ANNEX 5.7

**COVERAGE OF NEW AND ACTIVE FAMILY PLANNING ACCEPTOR
BY PROVINCE, 2014**

No	Province	Number of Couple in Childbearing Age	New Acceptor		Active Acceptor	
			Total	%	Total	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	839,048	155,861	18.58	639,409	76.21
2	North Sumatra	2,201,509	419,691	19.06	1,525,388	69.29
3	West Sumatra	852,342	157,096	18.43	628,473	73.73
4	Riau	1,055,439	191,373	18.13	767,316	72.70
5	Jambi	701,995	130,992	18.66	563,566	80.28
6	South Sumatra	1,637,066	367,324	22.44	1,263,556	77.18
7	Bengkulu	354,628	96,964	27.34	316,095	89.13
8	Lampung	1,708,325	343,200	20.09	1,208,590	70.75
9	Bangka Belitung Islands	252,481	37,576	14.88	206,608	81.83
10	Riau Islands	313,272	52,199	16.66	228,418	72.91
11	DKI Jakarta	1,376,384	440,694	32.02	1,108,841	80.56
12	West Java	9,562,623	1,414,608	14.79	6,998,177	73.18
13	Central Java	6,745,397	934,305	13.85	5,299,177	78.56
14	DI Yogyakarta	551,676	55,107	9.99	441,663	80.06
15	East Java	8,064,939	1,070,195	13.27	6,115,178	75.82
16	Banten	2,121,049	350,759	16.54	1,458,473	68.76
17	Bali	685,450	67,834	9.90	572,937	83.59
18	West Nusa Tenggara	1,085,847	183,473	16.90	804,252	74.07
19	East Nusa Tenggara	686,397	101,381	14.77	409,743	59.69
20	West Kalimantan	733,013	122,446	16.70	528,238	72.06
21	Central Kalimantan	462,048	69,533	15.05	353,322	76.47
22	South Kalimantan	812,521	151,867	18.69	643,738	79.23
23	East Kalimantan	432,434	90,641	20.96	311,097	71.94
24	North Sulawesi	399,028	79,253	19.86	328,562	82.34
25	Central Sulawesi	489,323	78,142	15.97	385,315	78.74
26	South Sulawesi	1,387,345	284,814	20.53	1,012,913	73.01
27	South East Sulawesi	431,255	73,477	17.04	324,069	75.15
28	Gorontalo	218,562	36,458	16.68	182,548	83.52
29	West Sulawesi	201,068	37,249	18.53	141,477	70.36
30	Maluku	245,539	61,740	25.14	162,726	66.27
31	North Maluku	178,342	39,950	22.40	122,171	68.50
32	West Papua	75,199	18,933	25.18	71,075	94.52
33	Papua	157,458	46,826	29.74	79,797	50.68
	Indonesia	47,019,002	7,761,961	16.51	35,202,908	74.87

Source: National Population and Family Planning Board, 2015

ANNEX 5.8

**PERCENTAGE OF NEW FAMILY PLANNING ACCEPTOR
BY CONTRACEPTION METHOD AND PROVINCE, 2014**

No	Province	IUD		Female Operative Method		Male Operative Method		Condom		Implant		Injections		Pill		Total
		Total	%	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1	Aceh	4,935	3.17	1,577	1.01	34	0.02	14,952	9.59	5,274	3.38	70,278	45.09	58,811	37.73	155,861
2	North Sumatra	30,612	7.29	10,176	2.42	3,671	0.87	49,431	11.78	58,034	13.83	135,252	32.23	132,515	31.57	419,691
3	West Sumatra	10,983	6.99	2,576	1.64	491	0.31	11,550	7.35	19,410	12.36	79,250	50.45	32,836	20.90	157,096
4	Riau	6,820	3.56	2,600	1.36	360	0.19	10,987	5.74	13,687	7.15	100,689	52.61	56,230	29.38	191,373
5	Jambi	4,327	3.30	999	0.76	51	0.04	6,055	4.62	12,458	9.51	64,927	49.57	42,175	32.20	130,992
6	South Sumatra	10,354	2.82	2,355	0.64	652	0.18	35,203	9.58	55,386	15.08	154,263	42.00	109,111	29.70	367,324
7	Bengkulu	4,229	4.36	633	0.65	87	0.09	6,865	7.08	14,977	15.45	43,655	45.02	26,518	27.35	96,964
8	Lampung	21,121	6.15	2,498	0.73	86	0.03	20,068	5.85	36,838	10.73	144,697	42.16	117,892	34.35	343,200
9	Bangka Belitung Islands	1,511	4.02	682	1.81	99	0.26	1,854	4.93	2,708	7.21	20,503	54.56	10,219	27.20	37,576
10	Riau Islands	2,623	5.03	894	1.71	79	0.15	9,270	17.76	2,158	4.13	23,747	45.49	13,428	25.72	52,199
11	DKI Jakarta	61,991	14.07	5,496	1.25	918	0.21	29,232	6.63	24,598	5.58	204,055	46.30	114,404	25.96	440,694
12	West Java	124,625	8.81	17,916	1.27	2,381	0.17	38,552	2.73	110,835	7.84	760,140	53.74	360,159	25.46	1,414,608
13	Central Java	69,738	7.46	20,731	2.22	1,404	0.15	39,102	4.19	129,951	13.91	526,909	56.40	146,470	15.68	934,305
14	DI Yogyakarta	15,203	27.59	1,630	2.96	334	0.61	5,415	9.83	5,190	9.42	23,412	42.48	3,923	7.12	55,107
15	East Java	81,273	7.59	20,219	1.89	2,343	0.22	35,565	3.32	115,042	10.75	586,520	54.80	229,233	21.42	1,070,195
16	Banten	19,710	5.62	2,211	0.63	253	0.07	22,657	6.46	41,926	11.95	168,974	48.17	95,028	27.09	350,759
17	Bali	21,313	31.42	3,046	4.49	216	0.32	4,836	7.13	3,710	5.47	28,224	41.61	6,489	9.57	67,834
18	West Nusa Tenggara	14,887	8.11	1,057	0.58	498	0.27	5,583	3.04	25,164	13.72	108,547	59.16	27,737	15.12	183,473
19	East Nusa Tenggara	6,621	6.53	3,161	3.12	65	0.06	4,433	4.37	26,852	26.49	48,501	47.84	11,748	11.59	101,381
20	West Kalimantan	6,594	5.39	2,336	1.91	708	0.58	6,005	4.90	7,720	6.30	62,362	50.93	36,721	29.99	122,446
21	Central Kalimantan	1,255	1.80	896	1.29	27	0.04	2,884	4.15	5,163	7.43	37,322	53.68	21,986	31.62	69,533
22	South Kalimantan	1,694	1.12	922	0.61	249	0.16	4,779	3.15	8,787	5.79	70,009	46.10	65,427	43.08	151,867
23	East Kalimantan	7,300	8.05	2,543	2.81	74	0.08	4,247	4.69	4,074	4.49	51,024	56.29	21,379	23.59	90,641
24	North Sulawesi	4,545	5.73	1,337	1.69	61	0.08	5,438	6.86	10,206	12.88	38,900	49.08	18,766	23.68	79,253
25	Central Sulawesi	4,771	6.11	1,305	1.67	125	0.16	3,270	4.18	7,334	9.39	35,314	45.19	26,023	33.30	78,142
26	South Sulawesi	6,935	2.43	3,278	1.15	265	0.09	24,397	8.57	31,702	11.13	131,984	46.34	86,253	30.28	284,814
27	South East Sulawesi	1,366	1.86	402	0.55	86	0.12	5,861	7.98	8,337	11.35	30,637	41.70	26,788	36.46	73,477
28	Gorontalo	2,682	7.36	500	1.37	56	0.15	1,383	3.79	8,295	22.75	15,091	41.39	8,451	23.18	36,458
29	West Sulawesi	871	2.34	342	0.92	66	0.18	2,525	6.78	2,782	7.47	18,525	49.73	12,138	32.59	37,249
30	Maluku	1,815	2.94	512	0.83	188	0.30	7,023	11.38	9,397	15.22	26,555	43.01	16,250	26.32	61,740
31	North Maluku	1,237	3.10	391	0.98	65	0.16	3,974	9.95	12,513	31.32	16,832	42.13	4,938	12.36	39,950
32	West Papua	686	3.62	286	1.51	46	0.24	1,074	5.67	2,550	13.47	9,167	48.42	5,124	27.06	18,933
33	Papua	614	1.31	877	1.87	24	0.05	16,671	35.60	3,569	7.62	18,989	40.55	6,082	12.99	46,826
	Indonesia	555,241	7.15	116,384	1.50	16,062	0.21	441,141	5.68	826,627	10.65	3,855,254	49.67	1,951,252	25.14	7,761,961

Source: National Population and Family Planning Board, 2015

ANNEX 5.9

**PERCENTAGE OF ACTIVE FAMILY PLANNING ACCEPTOR
BY CONTRACEPTION METHOD AND PROVINCE, 2014**

No	Province	Number of Couple	Active Acceptor		Method of Cotraception													
					IUD		Female Operative Method		Male Operative Method		Implant		Condom		Injection		Pill	
			Total	%	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1	Aceh	839,048	639,409	76.21	21,448	3.35	6,521	1.02	226	0.04	22,245	3.48	56,755	8.88	280,585	43.88	251,629	39.35
2	North Sumatra	2,201,509	1,525,388	69.29	165,584	10.86	107,242	7.03	13,297	0.87	201,913	13.24	116,271	7.62	475,944	31.20	445,137	29.18
3	West Sumatra	852,342	628,473	73.73	61,223	9.74	20,976	3.34	2,398	0.38	87,852	13.98	30,895	4.92	314,069	49.97	111,060	17.67
4	Riau	1,055,439	767,316	72.70	44,972	5.86	12,308	1.60	1,593	0.21	72,650	9.47	33,946	4.42	339,582	44.26	262,265	34.18
5	Jambi	701,995	563,566	80.28	36,210	6.43	4,662	0.83	1,347	0.24	80,165	14.22	13,751	2.44	234,289	41.57	193,142	34.27
6	South Sumatra	1,637,066	1,263,556	77.18	62,807	4.97	41,808	3.31	6,691	0.53	259,761	20.56	78,522	6.21	497,900	39.40	316,067	25.01
7	Bengkulu	354,628	316,095	89.13	21,155	6.69	6,547	2.07	1,147	0.36	56,880	17.99	10,975	3.47	139,284	44.06	80,107	25.34
8	Lampung	1,708,325	1,208,590	70.75	168,967	13.98	16,659	1.38	13,773	1.14	207,198	17.14	33,580	2.78	409,351	33.87	359,062	29.71
9	Bangka Belitung Islands	252,481	206,608	81.83	9,318	4.51	5,290	2.56	448	0.22	22,290	10.79	7,846	3.80	95,085	46.02	66,331	32.10
10	Riau Islands	313,272	228,418	72.91	17,433	7.63	6,534	2.86	962	0.42	16,928	7.41	15,220	6.66	95,410	41.77	75,931	33.24
11	DKI Jakarta	1,376,384	1,108,841	80.56	237,392	21.41	40,922	3.69	13,120	1.18	87,966	7.93	51,441	4.64	406,389	36.65	271,611	24.50
12	West Java	9,562,623	6,998,177	73.18	854,301	12.21	189,860	2.71	59,239	0.85	386,529	5.52	108,182	1.55	3,708,615	52.99	1,691,451	24.17
13	Central Java	6,745,397	5,299,177	78.56	463,036	8.74	282,094	5.32	52,234	0.99	608,505	11.48	123,127	2.32	3,003,259	56.67	766,922	14.47
14	DI Yogyakarta	551,676	441,663	80.06	105,952	23.99	20,930	4.74	3,412	0.77	29,643	6.71	29,085	6.59	201,994	45.73	50,647	11.47
15	East Java	8,064,939	6,115,178	75.82	839,686	13.73	301,939	4.94	29,027	0.47	625,434	10.23	106,978	1.75	2,976,918	48.68	1,235,196	20.20
16	Banten	2,121,049	1,458,473	68.76	126,229	8.65	28,144	1.93	14,718	1.01	147,935	10.14	40,499	2.78	768,463	52.69	332,485	22.80
17	Bali	685,450	572,937	83.59	252,357	44.05	21,889	3.82	3,261	0.57	13,886	2.42	21,660	3.78	206,707	36.08	53,177	9.28
18	West Nusa Tenggara	1,085,847	804,252	74.07	102,094	12.69	16,971	2.11	4,507	0.56	135,705	16.87	19,168	2.38	394,883	49.10	130,924	16.28
19	East Nusa Tenggara	686,397	409,743	59.69	47,484	11.59	24,503	5.98	2,730	0.67	81,553	19.90	8,172	1.99	198,037	48.33	47,264	11.54
20	West Kalimantan	733,013	528,238	72.06	41,950	7.94	7,632	1.44	3,884	0.74	38,052	7.20	14,501	2.75	234,457	44.38	187,762	35.54
21	Central Kalimantan	462,048	353,322	76.47	6,825	1.93	3,995	1.13	716	0.20	40,242	11.39	10,815	3.06	170,020	48.12	120,709	34.16
22	South Kalimantan	812,521	643,738	79.23	12,094	1.88	7,881	1.22	2,666	0.41	50,067	7.78	14,283	2.22	237,604	36.91	319,143	49.58
23	East Kalimantan	432,434	311,097	71.94	40,133	12.90	8,582	2.76	786	0.25	17,762	5.71	9,737	3.13	131,754	42.35	102,343	32.90
24	North Sulawesi	399,028	328,562	82.34	35,143	10.70	6,940	2.11	900	0.27	60,305	18.35	9,167	2.79	135,505	41.24	80,602	24.53
25	Central Sulawesi	489,323	385,315	78.74	25,218	6.54	7,301	1.89	1,181	0.31	36,509	9.48	9,490	2.46	168,099	43.63	137,517	35.69
26	South Sulawesi	1,387,345	1,012,913	73.01	44,653	4.41	18,306	1.81	1,904	0.19	121,442	11.99	62,971	6.22	461,639	45.58	301,998	29.81
27	South East Sulawesi	431,255	324,069	75.15	9,394	2.90	7,011	2.16	1,634	0.50	45,452	14.03	19,160	5.91	125,988	38.88	115,430	35.62
28	Gorontalo	218,562	182,548	83.52	20,960	11.48	3,213	1.76	991	0.54	37,919	20.77	5,350	2.93	67,944	37.22	46,171	25.29
29	West Sulawesi	201,068	141,477	70.36	6,548	4.63	2,377	1.68	536	0.38	15,357	10.85	12,332	8.72	52,744	37.28	51,583	36.46
30	Maluku	245,539	162,726	66.27	6,912	4.25	4,155	2.55	1,052	0.65	27,932	17.17	8,595	5.28	75,548	46.43	38,532	23.68
31	North Maluku	178,342	122,171	68.50	3,988	3.26	2,202	1.80	833	0.68	25,492	20.87	9,797	8.02	53,271	43.60	26,588	21.76
32	West Papua	75,199	71,075	94.52	2,959	4.16	1,896	2.67	377	0.53	6,311	8.88	6,718	9.45	31,094	43.75	21,720	30.56
33	Papua	157,458	79,797	50.68	1,656	2.08	1,459	1.83	52	0.07	12,936	16.21	11,352	14.23	42,486	53.24	9,856	12.35
	Indonesia	47,019,002	35,202,908	74.87	3,896,081	11.07	1,238,749	3.52	241,642	0.69	3,680,816	10.46	1,110,341	3.15	16,734,917	47.54	8,300,362	23.58

Source: National Population and Family Planning Board, 2015

ANNEX 5.10

**PERCENTAGE OF NEW FAMILY PLANNING ACCEPTOR
BY TYPE OF FACILITY AND PROVINCE, 2014**

No	Province	Family Planning Clinic								Total Acceptor
		Government		Private		Private Physician		Private Midwife		
		Acceptor	%	Acceptor	%	Acceptor	%	Acceptor	%	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	102,734	65.91	17,537	11.25	685	0.44	34,905	22.39	155,861
2	North Sumatra	328,950	78.38	56,568	13.48	1,940	0.46	32,233	7.68	419,691
3	West Sumatra	100,193	63.78	2,099	1.34	3,042	1.94	51,762	32.95	157,096
4	Riau	106,799	55.81	18,131	9.47	5,883	3.07	60,560	31.65	191,373
5	Jambi	81,576	62.28	4,060	3.10	3,525	2.69	41,831	31.93	130,992
6	South Sumatra	247,083	67.27	43,426	11.82	2,826	0.77	73,989	20.14	367,324
7	Bengkulu	66,065	68.13	4,873	5.03	921	0.95	25,105	25.89	96,964
8	Lampung	259,140	75.51	8,265	2.41	3,725	1.09	72,070	21.00	343,200
9	Bangka Belitung Islands	27,234	72.48	2,522	6.71	163	0.43	7,657	20.38	37,576
10	Riau Islands	21,876	41.91	9,815	18.80	1,560	2.99	18,948	36.30	52,199
11	DKI Jakarta	164,489	37.32	30,763	6.98	43,139	9.79	202,303	45.91	440,694
12	West Java	800,503	56.59	215,379	15.23	18,768	1.33	379,958	26.86	1,414,608
13	Central Java	461,267	49.37	79,041	8.46	24,613	2.63	369,384	39.54	934,305
14	DI Yogyakarta	20,580	37.35	16,152	29.31	718	1.30	17,657	32.04	55,107
15	East Java	704,278	65.81	57,456	5.37	7,538	0.70	300,923	28.12	1,070,195
16	Banten	218,673	62.34	38,631	11.01	6,141	1.75	87,314	24.89	350,759
17	Bali	27,209	40.11	5,920	8.73	1,718	2.53	32,987	48.63	67,834
18	West Nusa Tenggara	169,814	92.56	6,553	3.57	169	0.09	6,937	3.78	183,473
19	East Nusa Tenggara	98,107	96.77	2,151	2.12	24	0.02	1,099	1.08	101,381
20	West Kalimantan	85,199	69.58	18,726	15.29	244	0.20	18,277	14.93	122,446
21	Central Kalimantan	48,917	70.35	8,008	11.52	803	1.15	11,805	16.98	69,533
22	South Kalimantan	89,682	59.05	4,148	2.73	2,517	1.66	55,520	36.56	151,867
23	East Kalimantan	49,651	54.78	15,324	16.91	1,935	2.13	23,731	26.18	90,641
24	North Sulawesi	53,686	67.74	18,414	23.23	1,415	1.79	5,738	7.24	79,253
25	Central Sulawesi	68,587	87.77	2,276	2.91	632	0.81	6,647	8.51	78,142
26	South Sulawesi	246,909	86.69	12,316	4.32	1,240	0.44	24,349	8.55	284,814
27	South East Sulawesi	68,331	93.00	1,390	1.89	379	0.52	3,377	4.60	73,477
28	Gorontalo	31,243	85.70	3,072	8.43	127	0.35	2,016	5.53	36,458
29	West Sulawesi	31,632	84.92	1,281	3.44	135	0.36	4,201	11.28	37,249
30	Maluku	53,956	87.39	2,653	4.30	990	1.60	4,141	6.71	61,740
31	North Maluku	32,053	80.23	6,523	16.33	243	0.61	1,131	2.83	39,950
32	West Papua	18,104	95.62	448	2.37	15	0.08	366	1.93	18,933
33	Papua	45,583	97.35	1,142	2.44	8	0.02	93	0.20	46,826
	Indonesia	4,930,103	63.52	715,063	9.21	137,781	1.78	1,979,014	25.50	7,761,961

Source: National Population and Family Planning Board, 2015

ANNEX 5.11

NUMBER OF FAMILY PLANNING SERVICE LOCATION BY PROVINCE, 2014

No	Province	Number of Clinic	Family Planning Location							
			Government		Private		Private Physician		Private Midwife	
			Total	%	Total	%	Total	%	Total	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	2,628	706	26.86	142	5.40	282	10.73	1,498	57.00
2	North Sumatra	3,140	1,239	39.46	334	10.64	241	7.68	1,326	42.23
3	West Sumatra	3,374	781	23.15	18	0.53	433	12.83	2,142	63.49
4	Riau	2,420	389	16.07	91	3.76	389	16.07	1,551	64.09
5	Jambi	2,202	839	38.10	45	2.04	276	12.53	1,042	47.32
6	South Sumatra	3,741	1,097	29.32	288	7.70	332	8.87	2,024	54.10
7	Bengkulu	1,534	365	23.79	26	1.69	162	10.56	981	63.95
8	Lampung	3,839	956	24.90	54	1.41	380	9.90	2,449	63.79
9	Bangka Belitung Islands	468	281	60.04	14	2.99	52	11.11	121	25.85
10	Riau Islands	494	165	33.40	47	9.51	73	14.78	209	42.31
11	DKI Jakarta	2,110	424	20.09	102	4.83	416	19.72	1,168	55.36
12	West Java	12,688	2,218	17.48	1,438	11.33	1,781	14.04	7,251	57.15
13	Central Java	14,963	1,243	8.31	614	4.10	2,319	15.50	10,787	72.09
14	DI Yogyakarta	1,152	166	14.41	174	15.10	145	12.59	667	57.90
15	East Java	14,060	3,569	25.38	453	3.22	1,637	11.64	8,401	59.75
16	Banten	2,394	415	17.34	348	14.54	339	14.16	1,292	53.97
17	Bali	2,166	546	25.21	47	2.17	360	16.62	1,213	56.00
18	West Nusa Tenggara	1,938	1,046	53.97	79	4.08	188	9.70	625	32.25
19	East Nusa Tenggara	632	539	85.28	39	6.17	22	3.48	32	5.06
20	West Kalimantan	1,409	302	21.43	131	9.30	148	10.50	828	58.77
21	Central Kalimantan	1,252	649	51.84	106	8.47	101	8.07	396	31.63
22	South Kalimantan	2,460	369	15.00	30	1.22	310	12.60	1,751	71.18
23	East Kalimantan	1,254	418	33.33	150	11.96	173	13.80	513	40.91
24	North Sulawesi	702	231	32.91	138	19.66	107	15.24	226	32.19
25	Central Sulawesi	1,268	986	77.76	49	3.86	61	4.81	172	13.56
26	South Sulawesi	1,922	755	39.28	79	4.11	272	14.15	816	42.46
27	South East Sulawesi	584	414	70.89	14	2.40	56	9.59	100	17.12
28	Gorontalo	464	140	30.17	39	8.41	54	11.64	231	49.78
29	West Sulawesi	347	162	46.69	16	4.61	48	13.83	121	34.87
30	Maluku	441	290	65.76	45	10.20	24	5.44	82	18.59
31	North Maluku	282	191	67.73	43	15.25	14	4.96	34	12.06
32	West Papua	226	164	72.57	14	6.19	11	4.87	37	16.37
33	Papua	422	326	77.25	36	8.53	13	3.08	47	11.14
	Indonesia	88,976	22,381	25.15	5,243	5.89	11,219	12.61	50,133	56.34

Source: National Population and Family Planning Board, 2015

ANNEX 5.12

**NEW FAMILY PLANNING ACCEPTOR FOR POST-DELIVERY/ABORTION (Ind: PP/PK)
BY CONTRACEPTION METHOD, 2014**

No	Province	Method of Contraception														New Family Planning Acceptor For Post-Delivery/ Abortion (Ind: PP/PK)
		IUD	%	Female Operative Method	%	Male Operative Method	%	Condom	%	Implant	%	Injection	%	Pill	%	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1	Aceh	1,051	0.04	491	0.02	7	0.00	1,942	0.07	1,170	0.04	12,214	0.46	9,815	0.37	26,690
2	North Sumatra	2,052	0.09	1,947	0.09	56	0.00	2,343	0.10	2,536	0.11	7,851	0.35	5,778	0.26	22,563
3	West Sumatra	3,531	0.21	1,134	0.07	4	0.00	576	0.03	2,269	0.13	7,520	0.44	1,896	0.11	16,930
4	Riau	898	0.03	705	0.03	6	0.00	963	0.04	1,859	0.07	14,980	0.57	6,861	0.26	26,272
5	Jambi	1,078	0.04	498	0.02	5	0.00	1,241	0.05	1,655	0.07	13,791	0.57	5,815	0.24	24,083
6	South Sumatra	2,258	0.04	1,171	0.02	59	0.00	3,755	0.07	6,554	0.12	27,979	0.49	14,827	0.26	56,603
7	Bengkulu	879	0.05	60	0.00	6	0.00	844	0.05	2,475	0.15	8,046	0.50	3,727	0.23	16,037
8	Lampung	4,220	0.15	1,074	0.04	6	0.00	857	0.03	2,616	0.09	12,605	0.46	6,205	0.22	27,583
9	Bangka Belitung Islands	273	0.02	196	0.01	37	0.00	395	0.03	866	0.06	9,249	0.63	3,677	0.25	14,693
10	Riau Islands	202	0.03	174	0.03	-	0.00	355	0.05	280	0.04	3,981	0.60	1,649	0.25	6,641
11	DKI Jakarta	4,681	0.41	461	0.04	9	0.00	459	0.04	789	0.07	3,180	0.28	1,726	0.15	11,305
12	West Java	33,992	0.15	5,015	0.02	184	0.00	4,151	0.02	22,799	0.10	119,839	0.53	41,786	0.18	227,766
13	Central Java	19,621	0.15	5,952	0.05	43	0.00	2,677	0.02	19,617	0.15	73,127	0.56	9,970	0.08	131,007
14	DI Yogyakarta	6,251	0.53	680	0.06	13	0.00	506	0.04	814	0.07	3,016	0.26	409	0.03	11,689
15	East Java	21,828	0.14	7,342	0.05	73	0.00	2,868	0.02	11,997	0.08	89,977	0.58	19,812	0.13	153,897
16	Banten	4,495	0.13	729	0.02	7	0.00	1,107	0.03	5,495	0.16	16,671	0.47	6,700	0.19	35,204
17	Bali	8,084	0.44	958	0.05	28	0.00	1,127	0.06	723	0.04	6,387	0.35	1,072	0.06	18,379
18	West Nusa Tenggara	3,659	0.14	416	0.02	13	0.00	460	0.02	3,452	0.13	16,587	0.62	2,138	0.08	26,725
19	East Nusa Tenggara	1,674	0.09	1,509	0.08	2	0.00	496	0.03	4,193	0.22	9,374	0.49	1,718	0.09	18,966
20	West Kalimantan	1,736	0.09	933	0.05	-	0.00	440	0.02	685	0.04	11,667	0.60	4,035	0.21	19,496
21	Central Kalimantan	331	0.02	312	0.02	3	0.00	274	0.02	875	0.07	7,631	0.57	4,032	0.30	13,458
22	South Kalimantan	399	0.01	331	0.01	-	0.00	545	0.02	1,123	0.04	15,884	0.57	9,809	0.35	28,091
23	East Kalimantan	1,763	0.12	909	0.06	9	0.00	981	0.07	697	0.05	7,740	0.52	2,742	0.18	14,841
24	North Sulawesi	1,271	0.09	726	0.05	22	0.00	535	0.04	1,591	0.11	8,552	0.58	2,040	0.14	14,737
25	Central Sulawesi	1,440	0.09	654	0.04	2	0.00	232	0.02	984	0.06	7,611	0.50	4,427	0.29	15,350
26	South Sulawesi	1,647	0.04	1,538	0.04	13	0.00	1,528	0.04	2,459	0.06	22,560	0.59	8,594	0.22	38,339
27	South East Sulawesi	267	0.02	135	0.01	-	0.00	567	0.05	697	0.06	6,130	0.49	4,706	0.38	12,502
28	Gorontalo	466	0.08	256	0.04	6	0.00	109	0.02	1,312	0.21	2,690	0.44	1,309	0.21	6,148
29	West Sulawesi	100	0.03	17	0.01	-	0.00	161	0.06	183	0.06	1,578	0.55	831	0.29	2,870
30	Maluku	454	0.06	107	0.01	25	0.00	280	0.03	1,428	0.17	4,265	0.52	1,609	0.20	8,168
31	North Maluku	261	0.05	104	0.02	-	0.00	81	0.02	1,067	0.20	3,505	0.66	333	0.06	5,351
32	West Papua	112	0.04	85	0.03	35	0.01	270	0.09	502	0.16	1,469	0.48	599	0.19	3,072
33	Papua	21	0.04	88	0.16	-	0.00	2	0.00	73	0.13	319	0.57	61	0.11	564
Indonesia		130,995	12.40	36,707	3.48	673	0.06	33,127	3.14	105,835	10.02	557,975	52.84	190,708	18.06	1,056,020

Source: National Population and Family Planning Board, 2015

ANNEX 5.13

**NUMBER AND PERCENTAGE OF NON FAMILY PLANNING PARTICIPANT (UNMET NEED)
FROM FAMILY DATA COLLECTING , 2014**

No	Province	Reason for Unmet Need				Number of Unmet Need	
		Postpone Having Child	%	Do not Want More Children	%	Total	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Aceh	72,364	9.03	65,198	8.14	137,562	17.17
2	North Sumatra	200,674	8.90	218,039	9.67	418,713	18.57
3	West Sumatra	60,619	7.37	70,011	8.51	130,630	15.88
4	Riau	96,827	10.40	87,057	9.35	183,884	19.74
5	Jambi	36,936	5.67	37,281	5.72	74,217	11.39
6	South Sumatra	114,792	7.19	110,167	6.90	224,959	14.08
7	Bengkulu	22,215	6.00	23,836	6.44	46,051	12.44
8	Lampung	146,229	8.80	143,728	8.65	289,957	17.45
9	Bangka Belitung Islands	11,754	4.47	18,611	7.08	30,365	11.55
10	Riau Islands	17,372	6.15	21,581	7.64	38,953	13.79
11	DKI Jakarta	76,164	6.14	110,444	8.90	186,608	15.03
12	West Java	574,636	6.31	719,822	7.90	1,294,458	14.21
13	Central Java	352,484	5.34	434,994	6.59	787,478	11.93
14	DI Yogyakarta	22,677	4.94	31,033	6.76	53,710	11.70
15	East Java	466,114	5.89	501,470	6.34	967,584	12.22
16	Banten	178,821	8.51	199,958	9.51	378,779	18.02
17	Bali	19,001	2.85	15,199	2.28	34,200	5.12
18	West Nusa Tenggara	91,519	8.56	72,351	6.77	163,870	15.34
19	East Nusa Tenggara	94,492	13.84	73,238	10.72	167,730	24.56
20	West Kalimantan	82,141	9.24	88,445	9.95	170,586	19.19
21	Central Kalimantan	33,224	7.34	33,836	7.48	67,060	14.82
22	South Kalimantan	45,475	6.29	49,824	6.89	95,299	13.18
23	East Kalimantan	58,320	8.98	68,448	10.54	126,768	19.53
24	North Sulawesi	21,093	4.74	26,367	5.92	47,460	10.66
25	Central Sulawesi	37,095	7.36	40,185	7.97	77,280	15.33
26	South Sulawesi	131,226	9.55	114,793	8.35	246,019	17.91
27	South East Sulawesi	53,382	11.71	45,170	9.91	98,552	21.62
28	Gorontalo	11,287	5.37	11,880	5.65	23,167	11.02
29	West Sulawesi	24,775	11.79	18,357	8.73	43,132	20.52
30	Maluku	34,429	12.65	32,401	11.90	66,830	24.55
31	North Maluku	32,455	15.09	22,733	10.57	55,188	25.66
32	West Papua	29,613	16.98	37,045	21.24	66,658	38.23
33	Papua	66,162	15.28	50,765	11.72	116,927	27.00
	Indonesia	3,316,367	7.13	3,594,267	7.73	6,910,634	14.87

Source: National Population and Family Planning Board, 2015

Annex 5.14

**PERCENTAGE OF UNDERFIVE (0-59 MONTH OLD) CLASSIFIED
BASED ON BIRTHWEIGHT CATEGORIES AND PROVINCE, RISKESDAS 2013**

No	Province	Percentage of Underfive's Birthweight		
		<2500 gram	2500-3999 gram	≥ 4000 gram
(1)	(2)	(3)	(4)	(5)
1	Aceh	8.6	83.1	8.3
2	North Sumatra	7.2	82.2	10.6
3	West Sumatra	7.3	86.8	5.9
4	Riau	8.6	85.0	6.4
5	Jambi	8.2	86.3	5.5
6	South Sumatra	9.3	86.0	4.7
7	Bengkulu	9.7	81.9	8.4
8	Lampung	8.0	89.0	3.0
9	Bangka Belitung Islands	9.4	85.8	4.8
10	Riau Islands	9.2	87.4	3.4
11	DKI Jakarta	9.3	87.0	3.7
12	West Java	10.8	85.5	3.8
13	Central Java	9.7	86.9	3.4
14	DI Yogyakarta	9.4	89.3	1.3
15	East Java	11.2	85.2	3.6
16	Banten	9.7	83.6	6.7
17	Bali	8.8	86.7	4.6
18	West Nusa Tenggara	12.2	80.8	7.0
19	East Nusa Tenggara	15.5	80.6	3.9
20	West Kalimantan	14.4	82.5	3.1
21	Central Kalimantan	13.7	80.6	5.8
22	South Kalimantan	10.1	85.5	4.5
23	East Kalimantan	10.8	84.0	5.2
24	North Sulawesi	8.0	85.7	6.2
25	Central Sulawesi	16.8	75.6	7.7
26	South Sulawesi	12.4	82.4	5.2
27	South East Sulawesi	9.4	81.3	9.3
28	Gorontalo	13.2	80.3	6.5
29	West Sulawesi	11.9	80.6	7.5
30	Maluku	11.1	74.1	14.8
31	North Maluku	11.6	78.4	10.0
32	West Papua	11.0	83.2	5.8
33	Papua	15.6	77.1	7.3
Indonesia		10.2	85.0	4.8

Source : National Institute for Health Research Development (NHRD), MoH RI, *Riskesdas*, 2013

Annex 5.15

COVERAGE OF NEONATAL VISIT BY PROVINCE, 2014

No	Province	Number of Infant	Neonatal Visit (Ind: KN)			
			KN 1	% KN 1	Complete KN	% Complete KN
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	99,807	96,445	96.63	93,861	94.04
2	North Sumatra	295,304	252,946	85.66	234,360	79.36
3	West Sumatra	104,998	92,959	88.53	88,024	83.83
4	Riau	141,680	125,834	88.82	121,096	85.47
5	Jambi	69,111	69,839	101.05	68,322	98.86
6	South Sumatra	160,251	165,490	103.27	160,175	99.95
7	Bengkulu	36,727	33,616	91.53	32,175	87.61
8	Lampung	157,385	160,225	101.80	155,406	98.74
9	Bangka Belitung Islands	28,682	27,645	96.38	26,881	93.72
10	Riau Islands	49,351	51,894	105.15	48,632	98.54
11	DKI Jakarta	173,511	179,113	103.23	171,812	99.02
12	West Java	853,052	923,574	108.27	896,788	105.13
13	Central Java	553,883	554,127	100.04	544,417	98.29
14	DI Yogyakarta	53,695	45,424	84.60	43,185	80.43
15	East Java	574,308	594,044	103.44	581,712	101.29
16	Banten	219,843	218,224	99.26	203,346	92.50
17	Bali	69,006	67,945	98.46	67,210	97.40
18	West Nusa Tenggara	100,071	103,010	102.94	100,672	100.60
19	East Nusa Tenggara	120,762	88,904	73.62	85,565	70.85
20	West Kalimantan	88,368	84,197	95.28	80,604	91.21
21	Central Kalimantan	45,338	41,786	92.17	40,669	89.70
22	South Kalimantan	77,566	68,249	87.99	65,116	83.95
23	East Kalimantan	88,626	78,634	88.73	73,140	82.53
24	North Sulawesi	40,530	36,302	89.57	34,877	86.05
25	Central Sulawesi	57,463	48,704	84.76	44,695	77.78
26	South Sulawesi	160,777	146,900	91.37	140,895	87.63
27	South East Sulawesi	56,579	47,000	83.07	45,907	81.14
28	Gorontalo	22,295	19,765	88.65	17,897	80.27
29	West Sulawesi	28,326	23,345	82.42	22,372	78.98
30	Maluku	38,836	31,076	80.02	30,048	77.37
31	North Maluku	25,240	20,597	81.60	19,987	79.19
32	West Papua	20,549	10,586	51.52	1,395	6.79
33	Papua	53,105	19,823	37.33	12,680	23.88
Indonesia		4,665,025	4,528,222	97.07	4,353,921	93.33

Source : DG of Nutrition and MCH, MoH RI, 2015 (updated until March 10th, 2015)

Annex 5.16

**TREATMENT COVERAGE OF NEONATAL WITH COMPLICATIONS
BY PROVINCE, 2014**

No	Province	Number of Infant	Neonatal with Complication	Coverage of Treatment	
				Total	%
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	99,807	14,971	7,981	53.31
2	North Sumatra	295,304	44,296	12,495	28.21
3	West Sumatra	104,998	15,750	4,543	28.84
4	Riau	141,680	21,252	5,659	26.63
5	Jambi	69,111	10,367	8,231	79.40
6	South Sumatra	160,251	24,038	13,982	58.17
7	Bengkulu	36,727	5,509	3,485	63.26
8	Lampung	157,385	23,608	12,138	51.42
9	Bangka Belitung Islands	28,682	4,302	3,967	92.21
10	Riau Islands	49,351	7,403	4,202	56.76
11	DKI Jakarta	173,511	26,027	18,502	71.09
12	West Java	853,052	127,958	73,613	57.53
13	Central Java	553,883	83,082	70,256	84.56
14	DI Yogyakarta	53,695	8,054	6,182	76.75
15	East Java	574,308	86,146	72,329	83.96
16	Banten	219,843	32,976	21,876	66.34
17	Bali	69,006	10,351	7,087	68.47
18	West Nusa Tenggara	100,071	15,011	12,791	85.21
19	East Nusa Tenggara	120,762	18,114	5,774	31.88
20	West Kalimantan	88,368	13,255	6,675	50.36
21	Central Kalimantan	45,338	6,801	2,183	32.10
22	South Kalimantan	77,566	11,635	6,015	51.70
23	East Kalimantan	88,626	13,294	7,329	55.13
24	North Sulawesi	40,530	6,080	3,999	65.78
25	Central Sulawesi	57,463	8,619	3,535	41.01
26	South Sulawesi	160,777	24,117	12,771	52.96
27	South East Sulawesi	56,579	8,487	1,966	23.17
28	Gorontalo	22,295	3,344	1,291	38.60
29	West Sulawesi	28,326	4,249	1,602	37.70
30	Maluku	38,836	5,825	2,080	35.71
31	North Maluku	25,240	3,786	1,464	38.67
32	West Papua	20,549	3,082	103	3.34
33	Papua	53,105	7,966	1,523	19.12
Indonesia		4,665,025	699,754	417,629	59.68

Source : DG of Nutrition and MCH, MoH RI, 2015 (updated until March 10th, 2015)

Annex 5.17

**COVERAGE OF BASIC IMMUNIZATION FOR INFANT
BY PROVINCE, 2014**

No	Province	BCG		HBO		DPT/HB1		DPT/HB3		Polio 4		Measles		Complete Basic Immunization	
		Total	%	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
1	Aceh	87,173	85.6	85,978	84.4	86,236	86.4	81,657	81.8	83,842	84.0	82,656	82.8	77,425	77.6
2	North Sumatra	273,977	89.1	245,209	79.7	200,888	68.0	211,970	71.8	272,615	92.3	273,041	92.5	235,855	79.9
3	West Sumatra	92,010	84.2	83,232	76.1	92,535	88.1	88,185	84.0	87,948	83.8	86,721	82.6	83,040	79.1
4	Riau	127,022	87.0	104,285	71.4	105,408	74.4	102,567	72.4	124,492	87.9	123,393	87.1	116,499	82.2
5	Jambi	65,531	92.0	65,993	92.7	68,103	98.5	67,364	97.5	67,400	97.5	67,481	97.6	60,014	86.8
6	South Sumatra	154,017	92.3	140,095	84.0	97,752	61.0	110,866	69.2	152,131	94.9	152,294	95.0	139,855	87.3
7	Bengkulu	34,343	89.8	30,454	79.6	30,823	83.9	31,707	86.3	32,848	89.4	33,466	91.1	31,041	84.5
8	Lampung	161,332	98.4	142,165	86.7	74,335	47.2	95,882	60.9	161,152	102.4	161,126	102.4	156,728	99.6
9	Bangka Belitung Islands	27,033	91.5	26,987	91.3	27,288	95.1	26,125	91.1	25,945	90.5	26,515	92.4	26,621	92.8
10	Riau Islands	51,774	101.8	49,743	97.8	50,857	103.1	50,584	102.5	51,074	103.5	50,750	102.8	50,257	101.8
11	DKI Jakarta	178,543	100.9	156,296	88.3	110,891	63.9	121,558	70.1	173,620	100.1	172,058	99.2	171,197	98.7
12	West Java	935,737	106.4	873,792	99.4	0	0.0	0	0.0	903,962	106.0	901,925	105.7	733,611	86.0
13	Central Java	552,167	97.7	530,973	94.0	147,148	26.6	217,013	39.2	564,909	102.0	542,966	98.0	516,807	93.3
14	DI Yogyakarta	42,510	77.6	42,567	77.7	3,378	6.3	3,001	5.6	0	0.0	42,135	78.5	41,991	78.2
15	East Java	576,605	98.4	555,156	94.8	307,305	53.5	346,432	60.3	571,757	99.6	573,773	99.9	561,335	97.7
16	Banten	215,365	94.1	208,340	91.0	130,724	59.5	153,074	69.6	209,606	95.3	206,439	93.9	197,688	89.9
17	Bali	66,363	94.3	66,004	93.8	0	0.0	0	0.0	66,180	95.9	67,355	97.6	66,545	96.4
18	West Nusa Tenggara	98,637	94.7	95,987	92.1	0	0.0	0	0.0	102,828	102.8	101,029	101.0	92,506	92.4
19	East Nusa Tenggara	85,485	68.0	66,532	52.9	90,497	74.9	85,857	71.1	81,628	67.6	83,562	69.2	78,246	64.8
20	West Kalimantan	81,495	88.6	61,526	66.9	56,607	64.1	62,689	70.9	79,293	89.7	78,060	88.3	74,324	84.1
21	Central Kalimantan	43,455	94.0	32,997	71.3	36,348	80.2	34,634	76.4	40,019	88.3	40,822	90.0	25,847	57.0
22	South Kalimantan	57,440	71.1	51,466	63.7	46,461	59.9	47,052	60.7	54,038	69.7	53,944	69.5	50,666	65.3
23	East Kalimantan	76,988	85.2	59,795	66.1	63,699	71.9	62,605	70.6	73,713	83.2	74,019	83.5	72,780	82.1
24	North Sulawesi	36,067	86.3	26,228	62.8	36,097	89.1	35,025	86.4	35,213	86.9	34,263	84.5	32,993	81.4
25	Central Sulawesi	51,713	86.4	37,120	62.0	27,642	48.1	34,650	60.3	49,412	86.0	48,930	85.2	46,381	80.7
26	South Sulawesi	153,749	91.8	142,536	85.1	69,702	43.4	77,848	48.4	152,415	94.8	150,155	93.4	146,607	91.2
27	South East Sulawesi	47,333	80.3	34,009	57.7	33,987	60.1	36,747	64.9	43,943	77.7	44,215	78.1	43,722	77.3
28	Gorontalo	20,126	86.7	18,835	81.1	19,943	89.5	19,764	88.6	19,805	88.8	19,838	89.0	18,013	80.8
29	West Sulawesi	23,438	79.5	21,118	71.6	23,758	83.9	23,409	82.6	23,499	83.0	23,698	83.7	23,205	81.9
30	Maluku	31,706	78.4	21,314	52.7	30,728	79.1	27,598	71.1	31,887	82.1	32,912	84.7	28,249	72.7
31	North Maluku	21,345	81.2	17,378	66.1	14,780	58.6	16,581	65.7	19,845	78.6	19,868	78.7	19,200	76.1
32	West Papua	16,093	75.2	9,286	43.4	15,915	77.4	13,197	64.2	14,344	69.8	14,424	70.2	9,238	45.0
33	Papua	35,403	64.7	23,523	43.0	36,945	69.6	31,418	59.2	30,793	58.0	32,393	61.0	25,465	48.0
Indonesia		4,521,975	94.0	4,126,919	85.8	2,136,780	45.8	2,317,059	49.7	4,402,156	94.4	4,416,226	94.7	4,053,949	86.9

Source : DG of Disease Control & Environmental Health, MoH RI, 2015 (update until April 30th, 2015)

Note: since 2013, suitable to national policy, DI Yogyakarta only give three dosages of polio by injecting through the provision of IPV

Annex 5.18

**DROP OUT RATE OF IMMUNIZATION COVERAGE OF DPT/HB(1) - MEASLES AND DPT/HB(1) - DPT/HB(3)
ON INFANT BY PROVINCE 2012-2014**

No	Province	Year					
		2012		2013		2014	
		DPT/HB(1)-Measles	DPT/HB(1) - DPT/HB(3)	DPT/HB(1)-Measles	DPT/HB(1) - DPT/HB(3)	DPT/HB(1)-Measles	DPT/HB(1) - DPT/HB(3)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Aceh	5.0	5.3	5.7	5.8	4.2	5.3
2	North Sumatra	5.1	3.1	3.3	2.7	-1.6	4.4
3	West Sumatra	7.7	5.0	6.4	3.7	6.3	4.7
4	Riau	3.9	3.4	4.2	2.4	3.1	2.3
5	Jambi	0.0	0.4	2.6	1.1	0.9	1.1
6	South Sumatra	2.5	2.1	3.1	1.8	3.7	1.3
7	Bengkulu	1.5	2.9	4.6	4.7	5.9	4.6
8	Lampung	1.5	0.0	0.5	-0.9	2.5	11.5
9	Bangka Belitung Islands	5.9	5.8	2.9	3.6	2.5	4.0
10	Riau Islands	6.9	2.7	2.9	0.3	0.2	0.5
11	DKI Jakarta	7.1	1.0	3.5	2.0	4.0	0.7
12	West Java	2.4	1.5	3.9	1.0	3.1	2.3
13	Central Java	1.7	0.2	0.4	-0.2	3.8	2.0
14	DI Yogyakarta	1.4	2.0	2.2	5.1	0.8	0.3
15	East Java	2.6	0.3	1.9	0.8	-0.7	0.0
16	Banten	5.6	3.5	5.2	3.6	10.3	5.0
17	Bali	3.2	2.9	1.7	2.5	0.5	2.3
18	West Nusa Tenggara	1.7	0.6	-0.9	0.2	1.9	-0.3
19	East Nusa Tenggara	7.3	5.9	7.5	5.7	7.7	5.1
20	West Kalimantan	6.7	4.0	6.6	4.1	7.5	4.9
21	Central Kalimantan	7.7	3.3	5.8	4.0	7.9	7.4
22	South Kalimantan	7.0	5.5	7.5	5.2	2.1	4.2
23	East Kalimantan	4.9	3.4	5.7	3.0	5.4	4.5
24	North Sulawesi	4.2	2.6	5.5	1.2	4.6	2.9
25	Central Sulawesi	6.0	5.1	6.8	3.6	5.5	4.7
26	South Sulawesi	3.5	1.9	3.1	1.8	10.7	5.7
27	South East Sulawesi	5.2	3.6	7.5	7.6	-26.0	-26.7
28	Gorontalo	5.1	2.7	0.5	-1.8	0.5	0.9
29	West Sulawesi	4.1	3.0	0.8	-11.4	0.3	1.5
30	Maluku	6.7	7.2	5.8	5.0	6.6	8.5
31	North Maluku	7.8	4.0	5.6	3.7	-21.9	0.3
32	West Papua	10.6	11.1	0.5	-1.7	9.4	17.1
33	Papua	7.6	11.1	7.9	13.9	12.3	15.0
	Indonesia	3.6	2.1	3.3	1.8	3.1	2.8

Source : DG of Disease Control & Environmental Health, MoH RI, 2015 (update until April 30th, 2015)

Annex 5.19

COVERAGE OF VILLAGE (DESA/KELURAHAN) WITH UNIVERSAL CHILD IMMUNIZATION (UCI) BY PROVINCE, 2012-2014

No	Province	2012			2013			2014		
		No. of Village	UCI Village	%	No. of Village	UCI Village	%	No. of Village	UCI Village	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	6,497	4,508	69.39	6,489	4,622	71.23	6,489	4,530	69.81
2	North Sumatra	5,823	3,991	68.54	5,797	4,393	75.78	5,797	4,522	78.01
3	West Sumatra	3,827	3,483	91.01	3,959	2,817	71.15	3,959	3,064	77.39
4	Riau	1,681	1,146	68.17	1,655	1,327	80.18	1,655	1,226	74.08
5	Jambi	1,381	1,276	92.40	1,416	1,416	100.00	1,416	1,461	103.18
6	South Sumatra	3,188	2,892	90.72	3,167	2,900	91.57	3,167	2,958	93.40
7	Bengkulu	1,504	1,217	80.92	1,508	1,334	88.46	1,508	1,347	89.32
8	Lampung	2,503	2,252	89.97	2,463	2,445	99.27	2,463	2,580	104.75
9	Bangka Belitung Islands	367	349	95.10	366	354	96.72	366	369	100.82
10	Riau Islands	356	284	79.78	353	250	70.82	353	331	93.77
11	DKI Jakarta	267	267	100.00	267	267	100.00	267	267	100.00
12	West Java	5,918	5,427	91.70	5,905	5,687	96.31	5,905	5,576	94.43
13	Central Java	8,555	8,454	98.82	8,577	8,503	99.14	8,577	8,551	99.70
14	DI Yogyakarta	438	438	100.00	438	438	100.00	438	438	100.00
15	East Java	8,515	7,298	85.71	8,503	7,215	84.85	8,503	7,299	85.84
16	Banten	1,542	1,343	87.09	1,535	1,259	82.02	1,535	1,195	77.85
17	Bali	716	675	94.27	716	689	96.23	716	705	98.46
18	West Nusa Tenggara	1,107	986	89.07	1,079	1,028	95.27	1,079	983	91.10
19	East Nusa Tenggara	2,952	2,150	72.83	2,893	2,248	77.70	2,893	2,213	76.49
20	West Kalimantan	1,973	1,387	70.30	1,967	1,370	69.65	1,967	1,531	77.83
21	Central Kalimantan	1,527	1,112	72.82	1,527	1,136	74.39	1,527	1,022	66.93
22	South Kalimantan	1,979	1,330	67.21	2,000	1,628	81.40	2,000	1,669	83.45
23	East Kalimantan	1,348	879	65.21	1,465	1,097	74.88	1,489	1,067	71.66
24	North Sulawesi	1,708	1,247	73.01	1,691	1,414	83.62	1,691	1,341	79.30
25	Central Sulawesi	1,844	1,535	83.24	1,815	1,599	88.10	1,815	1,649	90.85
26	South Sulawesi	2,984	2,598	87.06	2,982	2,720	91.21	2,982	2,873	96.34
27	South East Sulawesi	2,136	1,627	76.17	2,154	1,217	56.50	2,154	1,925	89.37
28	Gorontalo	728	488	67.03	723	584	80.77	723	616	85.20
29	West Sulawesi	645	486	75.35	641	525	81.90	641	457	71.29
30	Maluku	1,090	774	71.01	998	733	73.45	998	782	78.36
31	North Maluku	1,073	752	70.08	1,071	817	76.28	1,071	864	80.67
32	West Papua	1,419	420	29.60	1,427	588	41.21	1,427	493	34.55
33	Papua	2,435	403	16.55	3,579	467	13.05	3,579	489	13.66
	Indonesia	80,026	63,474	79.32	81,126	65,087	80.23	81,150	66,393	81.82

Source : DG of Disease Control & Environmental Health, MoH RI, 2015 (update until April 30th, 2015)

Annex 5.20

**COVERAGE OF HEALTH CARE FOR INFANT AND UNDER FIVE CHILDREN
BY PROVINCE, 2014**

No	Province	Number of Infant	Number of Underfive Children	Coverage of Health Care for Infant		Coverage of Health Care for Underfive Children	
				Total	%	Total	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Aceh	99,807	417,955	87,649	87.82	306,666	73.37
2	North Sumatra	295,304	1,211,364	246,132	83.35	918,758	75.84
3	West Sumatra	104,998	422,492	90,756	86.44	300,424	71.11
4	Riau	141,680	597,341	120,645	85.15	436,508	73.08
5	Jambi	69,111	284,876	68,173	98.64	222,370	78.06
6	South Sumatra	160,251	659,949	157,635	98.37	618,622	93.74
7	Bengkulu	36,727	149,849	31,001	84.41	91,136	60.82
8	Lampung	157,385	613,917	155,812	99.00	523,200	85.22
9	Bangka Belitung Islands	28,682	115,121	27,645	96.38	82,829	71.95
10	Riau Islands	49,351	193,088	50,750	102.83	119,301	61.79
11	DKI Jakarta	173,511	698,812	170,256	98.12	621,494	88.94
12	West Java	853,052	3,565,068	886,480	103.92	2,749,742	77.13
13	Central Java	553,883	2,181,592	541,580	97.78	1,916,063	87.83
14	DI Yogyakarta	53,695	212,479	41,943	78.11	156,106	73.47
15	East Java	574,308	2,419,795	569,803	99.22	1,957,912	80.91
16	Banten	219,843	945,271	211,329	96.13	653,611	69.15
17	Bali	69,006	293,268	63,826	92.49	279,436	95.28
18	West Nusa Tenggara	100,071	395,073	106,371	106.30	337,534	85.44
19	East Nusa Tenggara	120,762	521,611	88,877	73.60	343,903	65.93
20	West Kalimantan	88,368	377,814	78,397	88.72	229,669	60.79
21	Central Kalimantan	45,338	203,109	36,141	79.71	140,305	69.08
22	South Kalimantan	77,566	305,790	63,173	81.44	179,946	58.85
23	East Kalimantan	88,626	362,960	63,123	71.22	241,805	66.62
24	North Sulawesi	40,530	170,884	32,273	79.63	109,249	63.93
25	Central Sulawesi	57,463	253,385	44,310	77.11	133,981	52.88
26	South Sulawesi	160,777	662,863	143,200	89.07	548,069	82.68
27	South East Sulawesi	56,579	233,112	43,303	76.54	108,939	46.73
28	Gorontalo	22,295	93,684	17,861	80.11	36,888	39.37
29	West Sulawesi	28,326	124,144	23,610	83.35	69,264	55.79
30	Maluku	38,836	169,374	30,680	79.00	124,584	73.56
31	North Maluku	25,240	114,436	23,670	93.78	59,012	51.57
32	West Papua	20,549	87,208	11,619	56.54	35,263	40.44
33	Papua	53,105	331,107	7,046	13.27	48,939	14.78
Indonesia		4,665,025	19,388,791	4,335,069	92.93	14,701,528	75.82

Source: DG of Nutrition and MCH, MoH RI, 2015 (update until March 10th, 2015)

Annex 5.21

COVERAGE OF IMMUNIZATION IN SCHOOL CHILDREN BY PROVINCE, 2014

No	Province	Number of Target (Elementary/Same Level Student)					Measles (1st Grade)		DT (1st Grade)		Td (2nd Grade)		Td (3rd Grade)		Td (2nd+3rd Grade)	
		Measles in 1st Grade	DT in 1st Grade	2nd Grade	3rd Grade	2nd+3rd Grade	Total	%	Total	%	Total	%	Total	%	Total	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1	Aceh	111,119	111,119	106,945	101,365	208,310	96,079	86.5	95,404	85.9	93,742	87.7	89,205	88.0	182,947	87.8
2	North Sumatra	325,493	325,493	314,263	309,872	624,135	285,670	87.8	307,896	94.6	304,215	96.8	299,910	96.8	604,125	96.8
3	West Sumatra	113,654	115,267	115,166	112,646	227,812	104,232	91.7	105,261	91.3	106,246	92.3	104,076	92.4	210,322	92.3
4	Riau	149,627	149,627	142,070	139,348	281,418	143,597	96.0	142,283	95.1	133,551	94.0	132,297	94.9	265,848	94.5
5	Jambi	76,447	76,447	74,680	71,438	146,118	73,946	96.7	74,154	97.0	72,470	97.0	69,557	97.4	142,027	97.2
6	South Sumatra	187,859	187,859	180,301	175,946	356,247	183,662	97.8	180,122	95.9	170,370	94.5	165,714	94.2	336,084	94.3
7	Bengkulu	41,105	41,219	40,397	40,324	80,721	38,923	94.7	39,094	94.8	38,648	95.7	38,793	96.2	77,441	95.9
8	Lampung	169,515	169,353	166,804	161,413	328,217	164,471	97.0	162,242	95.8	159,620	95.7	155,044	96.1	314,664	95.9
9	Bangka Belitung Islands	29,353	29,531	28,723	27,474	56,197	28,980	98.7	29,133	98.7	28,340	98.7	27,036	98.4	55,376	98.5
10	Riau Islands	42,521	42,521	40,538	38,719	79,257	38,179	89.8	38,388	90.3	36,407	89.8	35,252	91.0	71,659	90.4
11	DKI Jakarta	151,054	156,021	155,745	153,396	309,141	139,975	92.7	145,971	93.6	146,019	93.8	143,303	93.4	289,322	93.6
12	West Java	855,845	857,978	858,185	845,947	1,704,132	738,449	86.3	750,690	87.5	748,206	87.2	738,905	87.3	1,487,111	87.3
13	Central Java	591,069	599,540	601,658	585,721	1,187,379	585,568	99.1	592,628	98.8	590,261	98.1	590,241	100.8	1,181,531	99.5
14	DI Yogyakarta	51,429	52,024	53,988	49,489	103,477	50,697	98.6	51,161	98.3	53,119	98.4	48,576	98.2	101,695	98.3
15	East Java	605,839	605,839	588,934	575,602	1,164,536	559,927	92.4	560,313	92.5	552,202	93.8	525,435	91.3	1,077,637	92.5
16	Banten	234,965	234,965	227,749	220,755	448,504	223,956	95.3	205,548	87.5	218,226	95.8	211,608	95.9	429,834	95.8
17	Bali	72,249	72,249	70,444	68,919	139,363	71,529	99.0	71,482	98.9	69,546	98.7	68,306	99.1	137,852	98.9
18	West Nusa Tenggara	97,229	97,162	95,217	94,289	189,506	87,676	90.2	87,291	89.8	84,464	88.7	83,188	88.2	167,652	88.5
19	East Nusa Tenggara	149,531	149,531	137,243	137,231	274,474	135,427	90.6	141,434	94.6	126,978	92.5	126,969	92.5	253,947	92.5
20	West Kalimantan	121,909	121,909	114,481	113,883	228,364	115,684	94.9	114,501	93.9	109,046	95.3	107,896	94.7	216,942	95.0
21	Central Kalimantan	49,605	59,129	55,706	53,757	109,463	46,383	93.5	54,715	92.5	52,241	93.8	50,532	94.0	102,773	93.9
22	South Kalimantan	82,423	83,068	78,684	78,679	157,367	79,739	96.7	78,674	94.7	74,824	95.1	74,818	95.1	149,642	95.1
23	East Kalimantan	89,447	89,447	85,696	80,202	165,898	83,263	93.1	83,001	92.8	78,285	91.4	72,969	91.0	151,254	91.2
24	North Sulawesi	57,375	57,375	56,134	55,496	111,630	30,213	52.7	22,124	38.6	22,028	39.2	26,216	47.2	48,244	43.2
25	Central Sulawesi	65,412	65,412	63,317	64,015	127,332	50,711	77.5	57,922	88.5	56,602	89.4	57,097	89.2	113,699	89.3
26	South Sulawesi	171,533	171,533	171,617	168,788	340,405	156,927	91.5	161,854	94.4	161,459	94.1	159,568	94.5	321,027	94.3
27	South East Sulawesi	57,905	57,905	58,428	57,794	116,222	53,446	92.3	53,010	91.5	52,955	90.6	53,111	91.9	106,066	91.3
28	Gorontalo	16,973	16,973	16,819	16,662	33,481	16,025	94.4	16,072	94.7	16,024	95.3	15,536	93.2	31,560	94.3
29	West Sulawesi	21,510	21,510	21,454	21,189	42,643	17,897	83.2	17,739	82.5	18,129	84.5	17,637	83.2	35,766	83.9
30	Maluku	30,798	30,798	25,388	24,423	49,811	26,195	85.1	27,426	89.1	23,922	94.2	22,912	93.8	46,834	94.0
31	North Maluku	29,005	29,005	27,183	26,528	53,711	25,602	88.3	25,487	87.9	23,971	88.2	24,203	91.2	48,174	89.7
32	West Papua	13,135	13,135	10,415	9,710	20,125	10,792	82.2	10,222	77.8	8,714	83.7	8,098	83.4	16,812	83.5
33	Papua	23,605	23,605	20,489	19,576	40,065	20,003	84.7	21,380	90.6	20,143	98.3	18,392	94.0	38,535	96.2
	Indonesia	4,886,538	4,914,549	4,804,861	4,700,596	9,505,461	4,483,823	91.76	4,524,622	92.07	4,450,973	92.63	4,362,400	92.81	8,814,402	92.73

Source : DG of Disease Control & Environmental Health, MoH RI, 2015 (update until April 30th, 2015)

Annex 5.22

**COVERAGE OF VITAMIN A CAPSULE SUPPLEMENTATION IN 6 - 59 MONTH OLD CHILDREN
BY PROVINCE, 2014**

No	Province	Vitamin A for 6-11 Month Old Infant			Vitamin A for 12-59 Month Old Children			Vitamin A for 6-59 Month Old Children		
		No.of 6-11 Month Old Infant	Get Vitamin A	%	No.of 12-59 Month Old Infant	Get Vitamin A	%	No.of 6-59 Month Old Infant	Get Vitamin A	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	56,035	52,436	93.6	344,941	328,022	95.1	400,976	380,458	94.9
2	North Sumatra	192,948	162,741	84.3	1,137,133	941,341	82.8	1,330,081	1,104,082	83.0
3	West Sumatra	56,537	50,667	89.6	389,229	345,727	88.8	445,766	396,394	88.9
4	Riau	140,263	121,042	86.3	570,743	501,396	87.8	711,006	622,438	87.5
5	Jambi	41,605	37,977	91.3	254,485	224,327	88.1	296,090	262,304	88.6
6	South Sumatra	90,117	81,734	90.7	669,022	585,749	87.6	759,139	667,483	87.9
7	Bengkulu	40,557	37,218	91.8	121,822	109,995	90.3	162,379	147,213	90.7
8	Lampung	83,302	71,997	86.4	643,232	529,121	82.3	726,534	601,118	82.7
9	Bangka Belitung Islands	14,653	13,269	90.6	107,950	94,426	87.5	122,603	107,695	87.8
10	Riau Islands	28,411	24,481	86.2	177,674	147,106	82.8	206,085	171,587	83.3
11	DKI Jakarta	90,404	68,671	76.0	694,751	465,765	67.0	785,155	534,436	68.1
12	West Java	482,904	432,505	89.6	3,349,301	2,838,117	84.7	3,832,205	3,270,622	85.3
13	Central Java	301,432	299,719	99.4	2,048,445	2,017,484	98.5	2,349,877	2,317,203	98.6
14	DI Yogyakarta	45,494	45,387	99.8	176,783	175,129	99.1	222,277	220,516	99.2
15	East Java	308,091	299,249	97.1	2,410,855	2,150,706	89.2	2,718,946	2,455,802	90.3
16	Banten	118,056	76,896	65.1	891,708	640,331	71.8	1,009,764	717,227	71.0
17	Bali	56,657	55,525	98.0	191,151	186,979	97.8	247,808	242,504	97.9
18	West Nusa Tenggara	110,076	107,745	97.9	385,892	371,007	96.1	495,968	478,752	96.5
19	East Nusa Tenggara	37,351	32,846	87.9	258,864	223,476	86.3	296,215	256,322	86.5
20	West Kalimantan	49,112	40,949	83.4	410,319	325,876	79.4	459,431	366,825	79.8
21	Central Kalimantan	26,042	19,422	74.6	177,456	134,709	75.9	203,498	154,131	75.7
22	South Kalimantan	36,281	33,226	91.6	279,911	236,369	84.4	316,192	269,595	85.3
23	East Kalimantan	38,837	31,679	81.6	382,840	249,250	65.1	421,677	280,929	66.6
24	North Kalimantan	7,579	6,809	89.8	61,002	39,770	65.2	68,581	46,579	67.9
25	North Sulawesi	34,096	30,171	88.5	201,400	174,035	86.4	235,492	203,902	86.6
26	Central Sulawesi	171,959	138,738	80.7	23,364	19,394	83.0	139,012	114,750	82.5
27	South Sulawesi	82,603	73,789	89.3	612,859	511,521	83.5	695,367	585,310	84.2
28	South East Sulawesi	26,874	23,087	85.9	196,686	156,872	79.8	223,560	179,959	80.5
29	Gorontalo	11,086	9,623	86.8	81,612	65,994	80.9	92,349	75,617	81.9
30	West Sulawesi	13,885	11,001	79.2	100,751	85,792	85.2	114,636	96,793	84.4
31	Maluku	tad	tad	tad	tad	tad	tad	202,853	134,075	66.1
32	North Maluku	13,720	11,596	84.5	60,247	51,117	84.8	85,967	72,713	84.6
33	West Papua	10,499	6,466	61.6	84,193	33,198	39.4	94,107	39,663	42.1
34	Papua	tad	tad	tad	tad	tad	tad	226,803	91,791	40.5
	Indonesia	2,817,466	2,508,661	89.0	17,496,621	14,960,100	85.5	20,698,399	17,666,788	85.4

Source: DG of Nutrition and MCH, MoH RI, 2015

Annex 5.23

**COVERAGE OF EXCLUSIVE BREASTFEEDING IN 0-6 MONTH OLD INFANT
BY PROVINCE, 2014**

No	Province	0-6 Month Old	Exclusive Breastfeeding	% Exclusive Breastfeeding
(1)	(2)	(3)	(4)	(5)
1	Aceh	44,128	24,456	55.4
2	North Sumatra	163,522	61,416	37.6
3	West Sumatra	38,005	27,967	73.6
4	Riau	116,506	64,897	55.7
5	Jambi	33,544	21,565	64.3
6	South Sumatra	60,356	38,910	64.5
7	Bengkulu	13,350	10,486	78.5
8	Lampung	66,589	42,427	63.7
9	Bangka Belitung Islands	10,246	5,630	54.9
10	Riau Islands	14,196	7,136	50.3
11	DKI Jakarta	26,956	18,100	67.1
12	West Java	462,962	101,062	21.8
13	Central Java	260,419	156,124	60.0
14	DI Yogyakarta	26,879	19,028	70.8
15	East Java	247,990	183,573	74.0
16	Banten	38,185	24,817	65.0
17	Bali	35,332	25,500	72.2
18	West Nusa Tenggara	48,603	41,172	84.7
19	East Nusa Tenggara	25,139	19,446	77.4
20	West Kalimantan	33,608	16,641	49.5
21	Central Kalimantan	9,214	3,751	40.7
22	South Kalimantan	28,741	19,326	67.2
23	East Kalimantan	17,397	11,789	67.8
24	North Kalimantan	3,326	2,106	63.3
25	North Sulawesi	19,717	7,595	38.5
26	Central Sulawesi	11,515	6,490	56.4
27	South Sulawesi	49,350	34,214	69.3
28	South East Sulawesi	21,228	13,910	65.5
29	Gorontalo	4,684	2,753	58.8
30	West Sulawesi	9,222	5,994	65.0
31	Maluku	18,467	8,372	45.3
32	North Maluku	6,724	4,179	62.2
33	West Papua	9,923	2,710	27.3
34	Papua	24,177	12,631	52.2
	Indonesia	2,000,200	1,046,173	52.3

Source: DG of Nutrition and MCH, MoH RI, 2015

Annex 5.24

**COVERAGE OF UNDERFIVE WEIGHING
BY PROVINCE, 2014**

No	Province	Number of Underfive	Weighed Underfive (D/S)	
			Total	% of Coverage
(1)	(2)	(3)	(4)	(5)
1	Aceh	453,311	392,102	86.5
2	North Sumatra	1,558,123	1,275,911	81.9
3	West Sumatra	491,329	415,910	84.7
4	Riau	1,059,058	789,515	74.5
5	Jambi	306,606	256,435	83.6
6	South Sumatra	763,119	607,276	79.6
7	Bengkulu	158,732	133,330	84.0
8	Lampung	812,981	665,066	81.8
9	Bangka Belitung Islands	134,233	101,389	75.5
10	Riau Islands	246,501	161,480	65.5
11	DKI Jakarta	836,594	556,267	66.5
12	West Java	4,306,505	3,883,233	90.2
13	Central Java	2,623,995	2,197,314	83.7
14	DI Yogyakarta	208,648	175,478	84.1
15	East Java	3,045,458	2,446,207	80.3
16	Banten	1,059,617	883,957	83.4
17	Bali	247,171	215,008	87.0
18	West Nusa Tenggara	487,284	444,258	91.2
19	East Nusa Tenggara	452,989	372,885	82.3
20	West Kalimantan	410,653	260,779	63.5
21	Central Kalimantan	200,035	146,657	73.3
22	South Kalimantan	367,038	280,664	76.5
23	East Kalimantan	317,465	214,296	67.5
24	North Kalimantan	58,503	36,540	62.5
25	North Sulawesi	183,865	151,974	82.7
26	Central Sulawesi	417,085	297,292	71.3
27	South Sulawesi	746,267	597,648	80.1
28	South East Sulawesi	277,389	218,293	78.7
29	Gorontalo	103,452	82,668	79.9
30	West Sulawesi	123,970	108,786	87.8
31	Maluku	208,163	155,811	74.9
32	North Maluku	107,676	81,595	75.8
33	West Papua	70,826	41,351	58.4
34	Papua	374,959	113,912	30.4
Indonesia		23,219,600	18,761,287	80.8

Source: DG of Nutrition and MCH, MoH RI, 2015

Annex 5.25
DETECTION AND TREATMENT OF UNDERFIVE WITH SEVERE MALNUTRITION
BY PROVINCE, 2014

No	Province	Children with Severe Malnutrition Case		
		Detected	Treated	%
(1)	(2)	(3)	(4)	(5)
1	Aceh	388	388	100
2	North Sumatra	1,334	1,334	100
3	West Sumatra	583	583	100
4	Riau	294	294	100
5	Jambi	101	101	100
6	South Sumatra	310	310	100
7	Bengkulu	123	123	100
8	Lampung	138	138	100
9	Bangka Belitung Islands	67	67	100
10	Riau Islands	280	280	100
11	DKI Jakarta	1,448	1,448	100
12	West Java	2,953	2,953	100
13	Central Java	4,107	4,107	100
14	DI Yogyakarta	299	299	100
15	East Java	6,772	6,772	100
16	Banten	2,242	2,242	100
17	Bali	212	212	100
18	West Nusa Tenggara	449	449	100
19	East Nusa Tenggara	3,415	3,415	100
20	West Kalimantan	342	342	100
21	Central Kalimantan	92	92	100
22	South Kalimantan	172	172	100
23	East Kalimantan	231	231	100
24	North Kalimantan	138	138	100
25	North Sulawesi	54	54	100
26	Central Sulawesi	463	463	100
27	South Sulawesi	245	245	100
28	South East Sulawesi	274	274	100
29	Gorontalo	597	597	100
30	West Sulawesi	283	283	100
31	Maluku	208	208	100
32	North Maluku	663	663	100
33	West Papua	570	570	100
34	Papua	2,674	2,674	100
Indonesia		32,521	32,521	100

Source: DG of Nutrition and MCH, MoH RI, 2015

Annex 5.26

**PERCENTAGE OF DISTRICT / MUNICIPALITY
WITH MINIMUM OF 2 HEALTH CENTERS PROVIDING CHILD ABUSE TREATMENT
BY PROVINCE, 2014**

No	Province	Number of Health Center providing Child Abuse Treatment	Number of District/Municipality with Health Center providing Child Abuse Treatment	Number of District/Municipality with minimum 2 Health Centers providing Child Abuse Treatment	% of District/Municipality
(1)	(2)	(3)	(3)	(4)	(5)
1	Aceh	23	62	23	100
2	North Sumatra	33	130	13	39.39
3	West Sumatra	19	45	14	73.68
4	Riau	12	30	12	100.00
5	Jambi	11	33	11	100
6	South Sumatra	15	33	15	100.00
7	Bengkulu	10	53	10	100
8	Lampung	14	41	14	100.00
9	Bangka Belitung Islands	7	17	6	85.71
10	Riau Islands	7	31	6	85.71
11	DKI Jakarta	6	12	6	100
12	West Java	26	122	26	100.00
13	Central Java	35	225	32	91.43
14	DI Yogyakarta	5	28	5	100.00
15	East Java	38	160	23	60.53
16	Banten	8	76	7	87.50
17	Bali	9	18	9	100
18	West Nusa Tenggara	10	20	10	100.00
19	East Nusa Tenggara	21	76	18	85.71
20	West Kalimantan	14	72	9	64.29
21	Central Kalimantan	14	32	10	71.43
22	South Kalimantan	13	40	9	69.23
23	East Kalimantan	14	47	7	50
24	North Sulawesi	15	59	15	100.00
25	Central Sulawesi	11	22	11	100
26	South Sulawesi	24	59	23	95.83
27	South East Sulawesi	12	25	9	75
28	Gorontalo	6	10	5	83.33
29	West Sulawesi	5	9	2	40
30	Maluku	11	34	7	63.64
31	North Maluku	9	14	5	55.56
32	West Papua	11	40	11	100.00
33	Papua	29	19	5	17.24
Indonesia		497	1,694	388	78.07

Source: DG of Nutrition and MCH, MoH RI, 2015 (update until March 10th, 2015)

Annex 5.27

**PERCENTAGE OF DISTRICT / MUNICIPALITY
WITH MINIMUM OF 4 HEALTH CENTERS PROVIDING YOUTH HEALTH CARE
BY PROVINCE, 2014**

No	Province	Number of District/ Municipality	Number of Health Center with Youth Health Care	Number of District/Municipality with Youth Health Care	% of District/Municipality with Youth Health Care
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	23	92	15	65.22
2	North Sumatra	33	241	27	81.82
3	West Sumatra	19	85	18	94.74
4	Riau	12	83	11	91.67
5	Jambi	11	54	10	90.91
6	South Sumatra	15	134	12	80.00
7	Bengkulu	10	71	8	80.00
8	Lampung	14	64	14	100.00
9	Bangka Belitung Islands	7	39	7	100
10	Riau Islands	7	40	5	71.43
11	DKI Jakarta	6	22	5	83.33
12	West Java	26	356	26	100.00
13	Central Java	35	265	33	94.29
14	DI Yogyakarta	5	76	5	100.00
15	East Java	38	277	37	97.37
16	Banten	8	54	7	87.50
17	Bali	9	50	9	100
18	West Nusa Tenggara	10	40	10	100.00
19	East Nusa Tenggara	21	146	18	85.71
20	West Kalimantan	14	124	13	92.86
21	Central Kalimantan	14	57	10	71.43
22	South Kalimantan	13	85	9	69.23
23	East Kalimantan	14	51	8	57.14
24	North Sulawesi	15	78	12	80.00
25	Central Sulawesi	11	41	9	81.82
26	South Sulawesi	24	101	23	95.83
27	South East Sulawesi	12	49	12	100
28	Gorontalo	6	22	5	83.33
29	West Sulawesi	5	18	3	60.00
30	Maluku	11	92	6	54.55
31	North Maluku	9	22	4	44.44
32	West Papua	11	41	9	81.82
33	Papua	29	25	5	17.24
Indonesia		497	2,995	405	81.49

Source: DG of Nutrition and MCH, MoH RI, 2015 (updated until March 10th, 2015)

Annex 5.28
**NUMBER OF HEALTH CENTER PROVIDING CHILD HEALTH CARE
IN NEGLECTED CHILDREN ORPHANAGE BY PROVINCE, 2014**

No	Province	Health Center with Neglected Children Orphanage	Health Center Providing Health Care		Number of Orphanage in Area
			Total	%	
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	97	52	53.61	127
2	North Sumatra	20	19	95.00	22
3	West Sumatra	67	67	100	101
4	Riau	51	31	60.78	68
5	Jambi	31	31	100	48
6	South Sumatra	60	48	80.00	115
7	Bengkulu	9	4	44.44	13
8	Lampung	59	55	93.22	117
9	Bangka Belitung Islands	10	9	90.00	13
10	Riau Islands	22	22	100.00	52
11	DKI Jakarta	31	31	100	80
12	West Java	85	85	100.00	130
13	Central Java	29	29	100	41
14	DI Yogyakarta	32	32	100.00	53
15	East Java	415	324	78.07	993
16	Banten	41	32	78.05	43
17	Bali	27	27	100	59
18	West Nusa Tenggara	97	28	28.87	227
19	East Nusa Tenggara	85	85	100	130
20	West Kalimantan	54	53	98.15	117
21	Central Kalimantan	tad	tad	tad	tad
22	South Kalimantan	44	44	100.00	84
23	East Kalimantan	45	45	100	65
24	North Sulawesi	20	20	100.00	34
25	Central Sulawesi	56	39	69.64	112
26	South Sulawesi	150	67	44.67	215
27	South East Sulawesi	50	47	94.00	70
28	Gorontalo	18	18	100.00	29
29	West Sulawesi	tad	tad	tad	tad
30	Maluku	20	16	80.00	80
31	North Maluku	13	10	76.92	77
32	West Papua	tad	tad	tad	tad
33	Papua	tad	tad	tad	tad
Indonesia		1,738	1,370	78.83	3,315

Source: DG of Nutrition and MCH, MoH RI, 2015 (updated until January 9th, 2015)

Annex 5.29

**COVERAGE OF ELEMENTARY SCHOOL CONDUCTING HEALTH EXAMINATION TO 1ST GRADE STUDENT
BY PROVINCE, 2014**

No	Province	Total of Elementary School	Coverage of Elementary School which Conducting Screening to 1st Grade Student	
			Total	%
(1)	(2)	(3)	(4)	(5)
1	Aceh	3,948	3,158	79.99
2	North Sumatra	9,517	5,517	57.97
3	West Sumatra	4,276	4,233	98.99
4	Riau	2,999	2,143	71.46
5	Jambi	2,644	2,534	95.84
6	South Sumatra	4,827	2,037	42.20
7	Bengkulu	1,412	1,220	86.40
8	Lampung	5,116	4,794	93.71
9	Bangka Belitung Islands	816	816	100.00
10	Riau Islands	899	833	92.66
11	DKI Jakarta	3,394	3,374	99.41
12	West Java	22,932	21,832	95.20
13	Central Java	23,195	19,927	85.91
14	DI Yogyakarta	2,041	2,041	100.00
15	East Java	24,779	22,702	91.62
16	Banten	4,993	3,363	67.35
17	Bali	2,464	2,464	100.00
18	West Nusa Tenggara	3,870	3,549	91.71
19	East Nusa Tenggara	2,976	411	13.81
20	West Kalimantan	4,326	4,326	100.00
21	Central Kalimantan	2,728	1,987	72.84
22	South Kalimantan	3,221	2,829	87.83
23	East Kalimantan	1,913	1,709	89.34
24	North Sulawesi	2,153	1,387	64.42
25	Central Sulawesi	2,769	2,533	91.48
26	South Sulawesi	6,877	5,965	86.74
27	South East Sulawesi	2,305	1,647	71.45
28	Gorontalo	994	918	92.35
29	West Sulawesi	1,426	674	47.27
30	Maluku	1,658	830	50.06
31	North Maluku	1,061	579	54.57
32	West Papua	751	314	41.81
33	Papua	2,140	0	0.00
Indonesia		161,420	132,646	82.17

Source: DG of Nutrition and MCH, MoH RI, 2015 (updated until March 10th, 2015)

Annex 5.30

**HEALTH CENTER SUPERVISING CHILDREN IN PRISON
BY PROVINCE, 2014**

No	Province	Number of Health Center had Detention Center/Prison	Health Center Supervising Health of Childern Faced With Law (Ind: ABH) on Prison in 29 Province		Total of all Prison in Health Center Work Area
			Total	%	
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	1	1	100	1
2	North Sumatera	8	8	100	8
3	West Sumatera	2	2	100	2
4	Riau	10	10	100	10
5	Jambi	1	1	100	1
6	South Sumatera	10	9	90	10
7	Bengkulu	tad	tad	tad	tad
8	Lampung	2	1	50	2
9	Bangka Belitung Islands	4	4	100	4
10	Riau Islands	tad	tad	tad	tad
11	DKI Jakarta	1	1	100	1
12	West Java	7	7	100	7
13	Central Java	9	8	88.89	8
14	DI Yogyakarta	tad	tad	tad	tad
15	East Java	38	38	100	38
16	Banten	2	2	100	2
17	Bali	2	2	100	2
18	West Nusa Tenggara	1	1	100	1
19	East Nusa Tenggara	22	21	95.45	22
20	West Kalimantan	1	1	100	1
21	Central Kalimantan	tad	tad	tad	tad
22	South Kalimantan	1	1	100	1
23	East Kalimantan	tad	tad	tad	tad
24	North Sulawesi	1	1	100	1
25	Central Sulawesi	9	4	44.44	9
26	South Sulawesi	2	2	100	2
27	South East Sulawesi	5	5	100	6
28	Gorontalo	2	2	100	2
29	North Maluku	tad	tad	tad	tad
Indonesia		141	132	93.62	141

Source: DG of Nutrition and MCH, MoH RI, 2015 (updated until January 9th, 2015)

Annex 5.31
**HEALTH CENTER CONDUCTING HEALTH SERVICES TO DISABLED CHILDREN
VIA SCHOOL HEALTH PROGRAM AT SPECIAL SCHOOL (Ind: SLB) UNTIL 2014**

No	Province	Number of Health Center had SLB	Health Center Conducting Health Services to Disable Children via School Health Program in 27 Province		Total of all SLB in Health Center Working Are
			Total	%	
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	1	1	100	1
2	North Sumatera	12	12	100	13
3	West Sumatera	67	67	100	96
4	Riau	1	1	100	1
5	Jambi	11	11	100	11
6	South Sumatera	19	18	94.74	28
7	Bengkulu	7	7	100	14
8	Lampung	9	4	44.44	9
9	Bangka Belitung Islands	7	7	100	7
10	Riau Islands	5	5	100	5
11	DKI Jakarta	5	5	100	0
12	West Java	114	114	100	132
13	Central Java	45	45	100	49
14	DI Yogyakarta	43	43	100	47
15	East Java	1	1	100	1
16	Banten	29	21	72.41	29
17	Bali	12	12	100	12
18	West Nusa Tenggara	27	5	18.52	28
19	East Nusa Tenggara	tad	tad	tad	tad
20	West Kalimantan	tad	tad	tad	tad
21	South Kalimantan	11	11	100	11
22	East Kalimantan	13	12	92.31	18
23	North Sulawesi	tad	tad	tad	tad
24	Central Sulawesi	8	8	100	9
25	South Sulawesi	43	28	65.12	43
26	Gorontalo	8	8	100	11
27	North Maluku	3	3	100	3
Indonesia		501	449	89.62	578

Source: DG of Nutrition and MCH, MoH RI, 2015 (updated until January 9th, 2015)

Annex 5.32

**PREVALENCE OF NUTRITIONAL STATUS OF UNDERFIVE BASED ON WEIGHT TO AGE STANDARD
BY PROVINCE, 2013**

No	Province	Nutritional Status based on Weight to Age Standard			
		Severe Malnutrition (%)	Underweight (%)	Normal (%)	Overweight (%)
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	7.9	18.4	70.7	2.9
2	North Sumatra	8.3	14.1	72.8	4.8
3	West Sumatra	6.9	14.3	76.0	2.8
4	Riau	9.0	13.5	70.8	6.7
5	Jambi	5.7	14.0	75.6	4.8
6	South Sumatra	6.3	12.0	74.5	7.2
7	Bengkulu	6.0	12.7	73.3	8.0
8	Lampung	6.9	11.9	73.7	7.6
9	Bangka Belitung Islands	2.8	12.3	80.4	4.6
10	Riau Islands	4.0	11.6	81.7	2.6
11	DKI Jakarta	2.8	11.2	78.5	7.5
12	West Java	4.4	11.3	79.9	4.3
13	Central Java	4.1	13.5	78.9	3.5
14	DI Yogyakarta	4.0	12.2	80.3	3.5
15	East Java	4.9	14.2	76.7	4.1
16	Banten	4.3	12.9	78.1	4.7
17	Bali	3.0	10.2	81.4	5.5
18	West Nusa Tenggara	6.3	19.4	71.5	2.8
19	East Nusa Tenggara	11.5	21.5	64.4	2.5
20	West Kalimantan	10.3	16.2	68.5	5.0
21	Central Kalimantan	6.6	16.7	72.3	4.4
22	South Kalimantan	8.2	19.2	69.2	3.4
23	East Kalimantan	3.9	12.7	77.6	5.8
24	North Sulawesi	3.7	12.8	79.0	4.5
25	Central Sulawesi	6.6	17.5	73.5	2.5
26	South Sulawesi	6.6	19.0	71.5	2.9
27	South East Sulawesi	8.0	15.9	72.2	3.9
28	Gorontalo	6.9	19.2	70.9	3.0
29	West Sulawesi	7.0	22.1	66.9	4.0
30	Maluku	10.5	17.8	67.2	4.5
31	North Maluku	9.2	15.7	71.7	3.4
32	West Papua	11.9	19.0	66.2	2.9
33	Papua	9.2	12.6	71.9	6.3
Indonesia		5.7	13.9	75.9	4.5

Source: National Institute of Health Research Development (NHRD), MoH RI, *Riskesdas*, 2013

Annex 5.33

**PREVALENCE OF NUTRITIONAL STATUS OF UNDERFIVE
BASED ON HEIGHT TO AGE STANDARD BY PROVINCE, 2013**

No	Province	Nutritional Status based on Height to Age Standard		
		Severe Stunting (%)	Stunting (%)	Normal (%)
(1)	(2)	(3)	(4)	(5)
1	Aceh	20.1	21.4	58.5
2	North Sumatra	22.7	19.8	57.5
3	West Sumatra	18.4	20.8	60.8
4	Riau	20.0	16.8	63.2
5	Jambi	19.0	18.9	62.1
6	South Sumatra	19.9	16.8	63.3
7	Bengkulu	22.5	17.2	60.3
8	Lampung	27.6	15.0	57.4
9	Bangka Belitung Islands	12.6	16.1	71.3
10	Riau Islands	10.0	16.3	73.7
11	DKI Jakarta	12.1	15.4	72.5
12	West Java	16.9	18.4	64.7
13	Central Java	16.8	19.9	63.2
14	DI Yogyakarta	8.2	19.1	72.8
15	East Java	16.8	19.0	64.2
16	Banten	16.4	16.6	67.0
17	Bali	13.1	19.5	67.5
18	West Nusa Tenggara	20.5	24.7	54.7
19	East Nusa Tenggara	26.2	25.5	48.3
20	West Kalimantan	22.5	16.1	61.4
21	Central Kalimantan	18.4	22.9	58.7
22	South Kalimantan	20.4	23.8	55.8
23	East Kalimantan	11.8	15.8	72.5
24	North Sulawesi	17.0	17.8	65.2
25	Central Sulawesi	17.7	23.3	58.9
26	South Sulawesi	16.4	24.5	59.1
27	South East Sulawesi	21.2	21.4	57.4
28	Gorontalo	14.7	24.2	61.1
29	West Sulawesi	22.3	25.7	52.0
30	Maluku	20.4	20.2	59.4
31	North Maluku	18.3	22.8	59.0
32	West Papua	21.9	22.8	55.4
33	Papua	25.0	15.1	59.9
	Indonesia	18.0	19.2	62.8

Source: National Institute of Health Research Development (NHRD), MoH RI, *Riskesmas*, 2013

Annex 5.34

**PREVALENCE OF NUTRITIONAL STATUS OF UNDERFIVE BASED ON WEIGHT TO HEIGHT STANDARD
BY PROVINCE, *RISKESDAS* 2013**

No	Province	Nutritional Status based on Weight to Height Standard			
		Severe Wasting (%)	Wasting (%)	Normal (%)	Overweight (%)
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	6.1	9.6	74.5	9.8
2	North Sumatra	7.5	7.4	72.2	12.8
3	West Sumatra	5.2	7.4	77.3	10.1
4	Riau	6.9	8.7	70.2	14.3
5	Jambi	5.8	7.7	73.3	13.1
6	South Sumatra	5.9	6.4	70.9	16.7
7	Bengkulu	6.9	7.9	68.7	16.4
8	Lampung	5.6	6.2	66.8	21.4
9	Bangka Belitung Islands	4.0	6.2	76.1	13.6
10	Riau Islands	6.0	6.3	78.7	8.9
11	DKI Jakarta	4.4	5.8	78.1	11.7
12	West Java	5.0	5.9	77.3	11.8
13	Central Java	4.5	6.6	76.9	12.0
14	DI Yogyakarta	4.7	4.7	80.2	10.3
15	East Java	4.4	7.0	76.9	11.8
16	Banten	6.5	7.3	74.4	11.8
17	Bali	3.4	5.4	78.6	12.6
18	West Nusa Tenggara	5.2	6.7	79.7	8.5
19	East Nusa Tenggara	7.4	8.1	76.6	8.0
20	West Kalimantan	10.4	8.3	68.9	12.5
21	Central Kalimantan	5.4	7.0	76.7	10.9
22	South Kalimantan	4.5	8.3	77.4	9.9
23	East Kalimantan	3.9	7.7	75.9	12.6
24	North Sulawesi	3.4	6.5	79.6	10.5
25	Central Sulawesi	3.6	5.8	82.1	8.5
26	South Sulawesi	3.8	7.2	82.2	6.8
27	South East Sulawesi	5.9	5.5	79.0	9.6
28	Gorontalo	5.6	6.1	81.4	6.9
29	West Sulawesi	4.6	6.2	81.3	7.9
30	Maluku	6.1	10.1	77.4	6.4
31	North Maluku	3.9	8.3	80.5	7.3
32	West Papua	6.2	9.2	77.1	7.5
33	Papua	8.0	6.8	70.2	15.0
	Indonesia	5.3	6.8	76.1	11.8

Source: National Institute of Health Research Development (NHRD), MoH RI, *Riskesdas*, 2013

Annex 5.35

**PREVALENCE OF NUTRITIONAL STATUS OF UNDERFIVE BASED ON HEIGHT TO AGE STANDARD AND
WEIGHT TO HEIGHT STANDARD BY PROVINCE, 2013**

No	Province	Nutritional Status based on Height to Age and Weight to Height Standard					
		Short - Underweight (%)	Short-Normoweight (%)	Short-Overweight (%)	Short-Overweight (%)	Normal-Normal (%)	Normal-Overweighth (%)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Aceh	4.13	31.00	6.16	11.54	43.48	3.69
2	North Sumatra	3.51	30.00	8.34	11.41	42.22	4.51
3	West Sumatra	2.23	30.18	7.00	10.36	47.09	3.13
4	Riau	3.58	25.19	7.88	11.97	44.97	6.41
5	Jambi	3.16	25.22	8.27	10.42	48.05	4.88
6	South Sumatra	2.24	23.73	9.89	10.13	47.18	6.83
7	Bengkulu	2.00	26.08	9.87	12.84	42.66	6.55
8	Lampung	2.46	26.31	12.60	9.38	40.45	8.79
9	Bangka Belitung Islands	2.40	20.79	5.79	7.84	55.36	7.83
10	Riau Islands	0.98	20.29	4.45	11.33	58.46	4.49
11	DKI Jakarta	1.06	20.56	4.49	9.13	57.57	7.18
12	West Java	1.98	26.35	6.65	8.91	50.93	5.18
13	Central Java	1.80	27.02	7.28	9.30	49.85	4.75
14	DI Yogyakarta	1.81	22.23	2.89	7.67	57.99	7.41
15	East Java	2.45	26.55	6.18	8.95	50.30	5.57
16	Banten	1.93	23.46	6.84	11.85	50.91	5.00
17	Bali	1.58	24.10	6.18	7.25	54.46	6.42
18	West Nusa Tenggara	2.96	36.88	5.32	8.91	42.77	3.15
19	East Nusa Tenggara	5.25	41.35	5.93	10.19	35.24	2.04
20	West Kalimantan	3.51	27.27	7.50	15.15	41.61	4.96
21	Central Kalimantan	3.31	30.73	7.42	9.06	45.98	3.51
22	South Kalimantan	5.08	33.29	5.42	7.68	44.09	4.43
23	East Kalimantan	2.12	19.08	5.31	9.41	56.84	7.25
24	North Sulawesi	2.25	25.94	5.98	7.67	53.67	4.48
25	Central Sulawesi	2.55	32.91	5.35	6.82	49.23	3.14
26	South Sulawesi	3.11	34.11	3.54	7.89	48.06	3.29
27	South East Sulawesi	3.44	32.58	6.66	7.98	46.42	2.92
28	Gorontalo	3.18	32.18	3.65	8.52	49.26	3.21
29	West Sulawesi	2.54	40.91	4.47	8.26	40.41	3.41
30	Maluku	5.60	30.34	4.13	10.58	47.08	2.27
31	North Maluku	4.33	31.90	4.95	7.83	48.62	2.37
32	West Papua	5.73	33.65	5.25	9.70	43.44	2.23
33	Papua	2.71	27.03	9.80	12.10	43.18	5.19
	Indonesia	2.53	27.46	6.70	9.59	48.66	5.06

Source: National Institute of Health Research Development (NHRD), MoH RI, *Riskesdas*, 2013

Annex 5.36

**PREVALENCE OF ADULT'S (>18 YEARS OLD) NUTRITIONAL STATUS
BASED ON BODY MASS INDEX (BMI) AND PROVINCE, 2013**

No	Province	BMI Category			
		Underweight (%)	Normal (%)	Overweight (%)	Obese (%)
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	11.07	61.08	11.57	16.28
2	North Sumatra	6.46	62.47	12.97	18.09
3	West Sumatra	11.84	64.62	10.08	13.46
4	Riau	8.89	65.39	12.05	13.68
5	Jambi	10.42	66.84	10.42	12.32
6	South Sumatra	11.08	68.14	9.86	10.92
7	Bengkulu	8.77	67.53	10.84	12.86
8	Lampung	8.41	73.08	9.80	8.72
9	Bangka Belitung Islands	9.20	60.34	12.50	17.96
10	Riau Islands	8.58	60.94	12.30	18.18
11	DKI Jakarta	9.28	55.85	14.03	20.84
12	West Java	10.97	62.09	11.75	15.19
13	Central Java	12.22	64.20	10.77	12.81
14	DI Yogyakarta	15.15	58.26	10.82	15.76
15	East Java	11.97	59.97	11.69	16.36
16	Banten	12.46	62.72	11.18	13.64
17	Bali	8.70	62.56	13.27	15.46
18	West Nusa Tenggara	15.05	65.48	9.24	10.23
19	East Nusa Tenggara	19.50	67.54	6.72	6.23
20	West Kalimantan	9.93	69.91	9.72	10.45
21	Central Kalimantan	11.45	65.53	10.79	12.23
22	South Kalimantan	15.10	60.22	10.67	14.01
23	East Kalimantan	7.87	56.75	14.78	20.61
24	North Sulawesi	5.56	53.90	16.47	24.07
25	Central Sulawesi	10.46	61.42	11.75	16.37
26	South Sulawesi	12.74	63.05	10.65	13.56
27	South East Sulawesi	10.31	66.30	10.99	12.40
28	Gorontalo	8.59	56.74	13.69	20.98
29	West Sulawesi	11.59	67.61	10.63	10.16
30	Maluku	12.11	62.94	10.89	14.06
31	North Maluku	7.73	61.66	12.30	18.30
32	West Papua	8.14	61.39	12.42	18.04
33	Papua	6.98	63.40	13.77	15.86
	Indonesia	11.09	62.68	11.48	14.76

Source: National Institute of Health Research Development (NHRD), MoH RI, *Riskesdas*, 2013

ANNEX 6.1

**NUMBER OF AFP POSITIVE NEW CASE FOR PULMONARY TUBERCULOSIS
BY SEX AND PROVINCE, 2014**

No	Province	Sex				Male + Female
		Male		Female		
		Total	%	Total	%	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	2,641	64.9	1,429	35.1	4,070
2	North Sumatra	9,859	65.6	5,172	34.4	15,031
3	West Sumatra	3,071	65.2	1,641	34.8	4,712
4	Riau	2,308	64.8	1,256	35.2	3,564
5	Jambi	1,691	62.9	997	37.1	2,688
6	South Sumatra	3,273	61.1	2,080	38.9	5,353
7	Bengkulu	925	65.0	498	35.0	1,423
8	Lampung	3,042	59.5	2,067	40.5	5,109
9	Bangka Belitung Islands	605	66.1	310	33.9	915
10	Riau Islands	876	65.4	463	34.6	1,339
11	DKI Jakarta	5,189	61.4	3,263	38.6	8,452
12	West Java	18,132	57.6	13,337	42.4	31,469
13	Central Java	9,254	57.6	6,825	42.4	16,079
14	DI Yogyakarta	721	58.2	518	41.8	1,239
15	East Java	12,653	56.9	9,591	43.1	22,244
16	Banten	2,858	61.0	1,830	39.0	4,688
17	Bali	1,001	61.9	615	38.1	1,616
18	West Nusa Tenggara	2,670	60.7	1,726	39.3	4,396
19	East Nusa Tenggara	1,957	58.2	1,407	41.8	3,364
20	West Kalimantan	2,787	65.3	1,478	34.7	4,265
21	Central Kalimantan	983	62.8	582	37.2	1,565
22	South Kalimantan	2,005	62.5	1,202	37.5	3,207
23	East Kalimantan	1,061	63.9	599	36.1	1,660
24	North Kalimantan	230	61.0	147	39.0	377
25	North Sulawesi	3,233	61.9	1,993	38.1	5,226
26	Central Sulawesi	1,468	60.3	965	39.7	2,433
27	South Sulawesi	4,977	60.0	3,320	40.0	8,297
28	South East Sulawesi	2,345	59.6	1,587	40.4	3,932
29	Gorontalo	915	60.4	599	39.6	1,514
30	West Sulawesi	709	59.3	486	40.7	1,195
31	Maluku	1,219	57.6	896	42.4	2,115
32	North Maluku	520	57.6	383	42.4	903
33	West Papua	344	59.6	233	40.4	577
34	Papua	929	56.0	731	44.0	1,660
Indonesia		106,451	60.3	70,226	39.7	176,677

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

(91% of District/Municipality reported per March 29th 2015)

ANNEX 6.2

**NUMBER OF AFP POSITIVE NEW CASE FOR PULMONARY TUBERCULOSIS
BY AGE GROUP, SEX AND PROVINCE, 2014**

No	Province	Age Group (Year)																	
		0 - 14		15 - 24		25 - 34		35 - 44		45 - 54		55 - 64		≥ 65		Total			
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	T	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
1	Aceh	10	11	289	225	489	299	527	273	583	290	486	208	257	123	2,641	1,429	4,070	
2	North Sumatra	21	29	1,098	953	2,059	1,181	2,045	1,061	2,205	967	1,655	689	776	292	9,859	5,172	15,031	
3	West Sumatra	19	21	380	283	624	325	528	296	606	300	560	256	354	160	3,071	1,641	4,712	
4	Riau	6	11	295	224	494	310	499	252	501	239	338	146	175	74	2,308	1,256	3,564	
5	Jambi	8	13	195	157	326	236	347	198	322	199	333	143	160	51	1,691	997	2,688	
6	South Sumatra	16	10	384	284	683	474	678	443	633	399	568	298	311	172	3,273	2,080	5,353	
7	Bengkulu	5	8	110	75	169	109	167	109	177	88	183	71	114	38	925	498	1,423	
8	Lampung	30	25	307	277	555	417	605	420	616	420	539	299	390	209	3,042	2,067	5,109	
9	Bangka Belitung Island	0	1	75	53	120	74	134	64	125	54	109	47	42	17	605	310	915	
10	Riau Islands	5	2	129	86	240	161	214	100	147	53	93	41	48	20	876	463	1,339	
11	DKI Jakarta	22	39	858	667	1,295	828	1,091	629	1,006	638	636	333	281	129	5,189	3,263	8,452	
12	West Java	91	156	3,283	3,191	4,002	3,059	3,488	2,588	3,352	2,244	2,764	1,521	1,152	578	18,132	13,337	31,469	
13	Central Java	36	48	1,073	1,167	1,696	1,433	1,641	1,272	1,848	1,301	1,827	1,048	1,133	556	9,254	6,825	16,079	
14	DI Yogyakarta	1	4	111	117	145	97	123	105	129	70	124	72	88	53	721	518	1,239	
15	East Java	64	101	1,417	1,553	1,978	1,810	2,247	1,811	2,835	2,152	2,809	1,555	1,303	609	12,653	9,591	22,244	
16	Banten	13	8	474	360	755	448	546	384	498	342	367	205	205	83	2,858	1,830	4,688	
17	Bali	2	1	106	90	205	162	197	107	189	88	135	91	167	76	1,001	615	1,616	
18	West Nusa Tenggara	12	18	327	303	484	311	455	305	530	379	570	310	292	100	2,670	1,726	4,396	
19	East Nusa Tenggara	9	5	284	319	411	329	350	231	330	183	284	184	289	156	1,957	1,407	3,364	
20	West Kalimantan	22	22	309	240	499	302	575	256	568	302	554	246	260	110	2,787	1,478	4,265	
21	Central Kalimantan	12	15	110	84	218	123	195	127	206	107	149	98	93	28	983	582	1,565	
22	South Kalimantan	9	12	202	186	358	213	413	277	441	241	376	187	206	86	2,005	1,202	3,207	
23	East Kalimantan	10	6	169	134	246	168	201	98	191	94	170	66	74	33	1,061	599	1,660	
24	North Kalimantan	1	1	23	25	44	43	47	25	51	34	43	15	21	4	230	147	377	
25	North Sulawesi	10	13	399	320	579	365	591	384	652	388	591	329	411	194	3,233	1,993	5,226	
26	Central Sulawesi	9	8	155	164	239	224	298	182	295	183	279	125	193	79	1,468	965	2,433	
27	South Sulawesi	11	13	541	520	920	651	990	639	1,003	684	891	517	621	296	4,977	3,320	8,297	
28	South East Sulawesi	12	14	286	256	454	362	427	305	491	305	420	223	255	122	2,345	1,587	3,932	
29	Gorontalo	4	5	143	107	172	103	144	129	190	100	148	95	114	60	915	599	1,514	
30	West Sulawesi	5	2	101	84	150	102	154	110	140	98	86	50	73	40	709	486	1,195	
31	Maluku	7	7	191	185	254	198	217	158	223	154	199	134	128	60	1,219	896	2,115	
32	North Maluku	2	7	97	93	128	86	93	67	71	68	83	41	46	21	520	383	903	
33	West Papua	4	2	89	52	98	91	61	37	43	35	42	14	7	2	344	233	577	
34	Papua	21	21	271	260	281	206	153	118	110	65	60	39	33	22	929	731	1,660	
	Indonesia	509	659	14,281	13,094	21,370	15,300	20,441	13,560	21,307	13,264	18,471	9,696	10,072	4,653	106,451	70,226	176,677	
		0.66%		15.49%		20.76%		19.24%		19.57%		15.94%		8.33%		100.00%			

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

Note: M = Male F = Female T = Male + Female

(91% of District/Municipality reported per March 29th 2015)

ANNEX 6.3

**COVERAGE OF PULMONARY TUBERCULOSIS CASE DETECTION
BY PROVINCE, 2014**

No	Province	Population	Case Detection Coverage							
			All Cases			Positive AFP			Case Notification Rate (CNR)	
			Male	Female	Male + Female	Male	Female	Male + Female	All Cases	Positive AFP
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	4,731,705	3,328	1,872	5,200	2,641	1,429	4,070	110	86
2	North Sumatra	13,527,937	12,466	6,596	19,062	9,859	5,172	15,031	141	111
3	West Sumatra	5,098,790	4,323	2,520	6,843	3,071	1,641	4,712	134	92
4	Riau	6,358,636	3,029	1,719	4,748	2,308	1,256	3,564	75	56
5	Jambi	3,412,459	1,915	1,157	3,072	1,691	997	2,688	90	79
6	South Sumatra	7,996,535	4,809	3,146	7,955	3,273	2,080	5,353	99	67
7	Bengkulu	1,828,291	1,172	649	1,821	925	498	1,423	100	78
8	Lampung	7,972,246	3,929	2,753	6,682	3,042	2,067	5,109	84	64
9	Bangka Belitung Islands	1,380,762	953	538	1,491	605	310	915	108	66
10	Riau Islands	2,031,895	1,692	982	2,674	876	463	1,339	132	66
11	DKI Jakarta	10,135,030	10,197	6,877	17,074	5,189	3,263	8,452	168	83
12	West Java	46,300,543	34,572	27,402	61,974	18,132	13,337	31,469	134	68
13	Central Java	32,779,832	15,404	11,779	27,183	9,254	6,825	16,079	83	49
14	DI Yogyakarta	3,594,290	1,415	1,129	2,544	721	518	1,239	71	34
15	East Java	38,529,481	22,840	18,248	41,088	12,653	9,591	22,244	107	58
16	Banten	11,834,087	4,209	2,981	7,190	2,858	1,830	4,688	61	40
17	Bali	4,225,384	1,754	1,192	2,946	1,001	615	1,616	70	38
18	West Nusa Tenggara	4,702,389	3,799	2,537	6,336	2,670	1,726	4,396	135	93
19	East Nusa Tenggara	5,070,746	2,726	1,960	4,686	1,957	1,407	3,364	92	66
20	West Kalimantan	4,546,439	3,525	1,904	5,429	2,787	1,478	4,265	119	94
21	Central Kalimantan	2,368,654	1,503	901	2,404	983	582	1,565	101	66
22	South Kalimantan	3,913,908	2,881	1,866	4,747	2,005	1,202	3,207	121	82
23	East Kalimantan	3,508,012	1,912	1,225	3,137	1,061	599	1,660	89	47
24	North Kalimantan	607,729	382	266	648	230	147	377	107	62
25	North Sulawesi	2,382,941	3,555	2,228	5,783	3,233	1,993	5,226	243	219
26	Central Sulawesi	2,839,290	2,013	1,348	3,361	1,468	965	2,433	118	86
27	South Sulawesi	8,395,747	6,668	4,531	11,199	4,977	3,320	8,297	133	99
28	South East Sulawesi	2,417,962	2,570	1,725	4,295	2,345	1,587	3,932	178	163
29	Gorontalo	1,134,498	981	644	1,625	915	599	1,514	143	133
30	West Sulawesi	1,284,620	839	591	1,430	709	486	1,195	111	93
31	Maluku	1,708,190	2,063	1,655	3,718	1,219	896	2,115	218	124
32	North Maluku	1,141,561	794	575	1,369	520	383	903	120	79
33	West Papua	877,437	873	655	1,528	344	233	577	174	66
34	Papua	3,486,432	2,203	1,809	4,012	929	731	1,660	115	48
	Indonesia	252,124,458	167,294	117,960	285,254	106,451	70,226	176,677	113	70
	Case Detection Rate							70.08%		

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015
(91% of District/Municipality reported per March 29th 2015)

ANNEX 6.4

**COVERAGE OF POSITIVE AFP PULMONARY TB, CURED, COMPLETE TREATMENT
AND SUCCESS RATE BY PROVINCE, 2014**

No	Province	Positive AFP Case*	Cured		Complete Treatment		Success Rate	
			Total	%	Total	%	Total	% Success Rate
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Aceh	3,424	1,511	44.1	117	3.4	1,628	47.5
2	North Sumatra	16,930	14,742	87.1	599	3.5	15,341	90.6
3	West Sumatra	4,810	3,917	81.4	330	6.9	4,247	88.3
4	Riau	3,513	2,539	72.3	426	12.1	2,965	84.4
5	Jambi	3,120	2,094	67.1	137	4.4	2,231	71.5
6	South Sumatra	5,838	4,762	81.6	472	8.1	5,234	89.7
7	Bengkulu	1,703	1,331	78.2	111	6.5	1,442	84.7
8	Lampung	6,411	5,685	88.7	382	6.0	6,067	94.6
9	Bangka Belitung Islands	980	795	81.1	19	1.9	814	83.1
10	Riau Islands	1,429	613	42.9	331	23.2	944	66.1
11	DKI Jakarta	8,627	5,657	65.6	1,382	16.0	7,039	81.6
12	West Java	33,460	26,071	77.9	2,459	7.3	28,530	85.3
13	Central Java	20,446	12,928	63.2	803	3.9	13,731	67.2
14	DI Yogyakarta	1,278	513	40.1	50	3.9	563	44.1
15	East Java	23,703	20,245	85.4	1,436	6.1	21,681	91.5
16	Banten	7,985	4,764	59.7	800	10.0	5,564	69.7
17	Bali	1,475	1,111	75.3	184	12.5	1,295	87.8
18	West Nusa Tenggara	4,142	3,338	80.6	426	10.3	3,764	90.9
19	East Nusa Tenggara	4,303	3,659	85.0	414	9.6	4,073	94.7
20	West Kalimantan	4,555	1,988	43.6	56	1.2	2,044	44.9
21	Central Kalimantan	1,446	821	56.8	312	21.6	1,133	78.4
22	South Kalimantan	3,424	3,044	88.9	127	3.7	3,171	92.6
23	East Kalimantan	2,079	1,675	80.6	206	9.9	1,881	90.5
24	North Kalimantan	516	331	64.1	65	12.6	396	76.7
25	North Sulawesi	5,175	4,944	95.5	212	4.1	5,156	99.6
26	Central Sulawesi	2,705	2,242	82.9	238	8.8	2,480	91.7
27	South Sulawesi	8,932	6,842	76.6	500	5.6	7,342	82.2
28	South East Sulawesi	4,210	2,522	59.9	328	7.8	2,850	67.7
29	Gorontalo	1,825	1,554	85.2	192	10.5	1,746	95.7
30	West Sulawesi	1,270	933	73.5	59	4.6	992	78.1
31	Maluku	2,242	1,461	65.2	229	10.2	1,690	75.4
32	North Maluku	1,049	333	31.7	223	21.3	556	53.0
33	West Papua	736	230	31.3	182	24.7	412	56.0
34	Papua	2,569	525	20.4	154	6.0	679	26.4
	Indonesia	196,310	145,720	74.2	13,961	7.1	159,681	81.3

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

Note: *kohort year 2014

(Start from March 29, 2015, district/municipality that have given a valid and complete report 81%)

ANNEX 6.5

**NUMBER OF NEW CASES AND CUMULATIVE CASES OF AIDS
BY PROVINCE UNTIL DECEMBER 2014**

No	Province	Number of New Cases			Number of Cummulative Cases
		2012	2013	2014	1987-2013
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	27	47	44	209
2	North Sumatra	260	41	231	1,573
3	West Sumatra	120	150	240	1,192
4	Riau	130	172	167	1,168
5	Jambi	62	83	59	500
6	South Sumatra	62	-	87	409
7	Bengkulu	25	37	19	230
8	Lampung	137	94	71	494
9	Bangka Belitung Islands	28	59	16	319
10	Riau Islands	99	7	-	382
11	DKI Jakarta	1,187	996	130	7,963
12	West Java	184	33	60	4,191
13	Central Java	798	524	740	4,079
14	DI Yogyakarta	243	134	-	916
15	East Java	1,778	2,583	827	12,347
16	Banten	208	253	92	1,199
17	Bali	708	682	727	4,811
18	West Nusa Tenggara	128	83	53	526
19	East Nusa Tenggara	287	335	389	1,927
20	West Kalimantan	98	221	21	2,131
21	Central Kalimantan	9	11	23	122
22	South Kalimantan	88	83	76	429
23	East Kalimantan	53	176	206	795
24	North Sulawesi	144	146	163	961
25	Central Sulawesi	52	90	112	322
26	South Sulawesi	231	328	209	1,998
27	South East Sulawesi	56	51	54	266
28	Gorontalo	16	16	6	87
29	West Sulawesi	3	4	3	10
30	Maluku	117	142	106	365
31	North Maluku	79	65	57	294
32	West Papua	154	626	13	1,734
33	Papua	2,078	1,891	493	11,841
Indonesia		9,649	10,163	5,494	65,790

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

ANNEX 6.6

**NUMBER OF HIV NEW CASES
BY PROVINCE, YEAR 2012 - 2014**

No	Province	Number of HIV Infection		
		2012	2013	2014
(1)	(2)	(3)	(4)	(5)
1	Aceh	26	46	60
2	North Sumatra	1,337	1,603	1,628
3	West Sumatra	133	222	321
4	Riau	314	412	550
5	Jambi	203	208	170
6	South Sumatra	230	262	252
7	Bengkulu	40	79	92
8	Lampung	335	189	256
9	Bangka Belitung Islands	132	97	113
10	Riau Islands	792	926	973
11	DKI Jakarta	3,926	5,865	5,851
12	West Java	1,416	3,041	3,740
13	Central Java	1,110	2,322	2,867
14	DI Yogyakarta	272	489	614
15	East Java	2,912	3,391	4,508
16	Banten	395	502	680
17	Bali	1,737	1,690	2,129
18	West Nusa Tenggara	110	170	149
19	East Nusa Tenggara	242	259	249
20	West Kalimantan	465	525	699
21	Central Kalimantan	46	57	113
22	South Kalimantan	88	174	227
23	East Kalimantan	392	467	539
24	North Sulawesi	212	264	392
25	Central Sulawesi	86	147	131
26	South Sulawesi	524	792	839
27	South East Sulawesi	71	100	160
28	Gorontalo	8	26	24
29	West Sulawesi	7	0	30
30	Maluku	295	236	414
31	North Maluku	92	54	63
32	West Papua	535	448	600
33	Papua	3,028	3,974	3,278
Indonesia		21,511	29,037	32,711

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

ANNEX 6.7
**NUMBER AND PERCENTAGE OF AIDS CASE AMONG INTRAVENOUS DRUG USER (IDU)
BY PROVINCE UNTIL DECEMBER 2014**

No	Province	Number of AIDS New Cases	Number of AIDS New Cases among IDU	Percentage of AIDS New Cases among IDU
(1)	(2)	(3)	(4)	(5)
1	Aceh	44	2	4.5
2	North Sumatra	231	6	2.6
3	West Sumatra	240	17	7.1
4	Riau	167	6	3.6
5	Jambi	59	13	22.0
6	South Sumatra	87	6	6.9
7	Bengkulu	19	1	5.3
8	Lampung	71	9	12.7
9	Bangka Belitung Islands	16	0	0.0
10	Riau Islands	0	0	-
11	DKI Jakarta	130	0	0.0
12	West Java	60	3	5.0
13	Central Java	740	11	1.5
14	DI Yogyakarta	0	0	-
15	East Java	827	32	3.9
16	Banten	92	17	18.5
17	Bali	727	1	0.1
18	West Nusa Tenggara	53	0	0.0
19	East Nusa Tenggara	389	0	0.0
20	West Kalimantan	21	2	9.5
21	Central Kalimantan	23	1	4.3
22	South Kalimantan	76	0	0.0
23	East Kalimantan	206	8	3.9
24	North Sulawesi	163	2	1.2
25	Central Sulawesi	112	2	1.8
26	South Sulawesi	209	37	17.7
27	South East Sulawesi	54	0	0.0
28	Gorontalo	6	1	16.7
29	West Sulawesi	3	1	33.3
30	Maluku	106	0	0.0
31	North Maluku	57	4	7.0
32	West Papua	13	0	0.0
33	Papua	493	0	0.0
Indonesia		5,494	182	3.3

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

ANNEX 6.8

**NUMBER OF SERVICES, COUNSELING VISIT, AND DIAGNOSTIC TEST OF HIV
BY PROVINCE, 2014**

No	Province	Total Service	No. of Client Visit	No. of Counseling Before HIV Test	No. of Client Having HIV Test	No of Client with Counseling after HIV test	No of Positive HIV Client	% of Positive HIV Client
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Aceh	14	2,989	2,567	2,584	2,577	60	2.3
2	North Sumatra	49	40,997	40,902	40,952	40,953	1,628	4.0
3	West Sumatra	23	16,240	16,171	16,369	16,183	321	2.0
4	Riau	40	40,214	39,984	39,612	39,646	550	1.4
5	Jambi	11	3,869	3,667	3,765	3,694	170	4.5
6	South Sumatra	23	22,021	22,021	22,021	22,021	252	1.1
7	Bengkulu	12	8,897	8,895	8,899	8,898	92	1.0
8	Lampung	16	6,221	6,220	6,216	6,200	256	4.1
9	Bangka Belitung Islands	4	1,559	1,559	1,558	1,557	113	7.3
10	Riau Islands	17	34,041	30,834	30,664	30,349	973	3.2
11	DKI Jakarta	77	125,443	121,364	120,704	120,189	5,851	4.8
12	West Java	380	246,439	246,323	246,135	245,187	3,740	1.5
13	Central Java	174	123,925	123,869	123,645	125,221	2,867	2.3
14	DI Yogyakarta	39	14,332	14,324	14,294	14,398	614	4.3
15	East Java	211	95,806	95,796	96,013	95,297	4,508	4.7
16	Banten	66	19,164	19,053	19,003	18,967	680	3.6
17	Bali	48	36,749	36,501	36,531	36,016	2,129	5.8
18	West Nusa Tenggara	21	19,921	19,915	19,864	19,857	149	0.8
19	East Nusa Tenggara	4	8,219	8,188	8,188	8,190	249	3.0
20	West Kalimantan	25	29,832	29,787	29,498	29,451	699	2.4
21	Central Kalimantan	9	5,067	4,981	5,038	4,982	227	4.5
22	South Kalimantan	35	22,564	22,265	22,408	22,214	539	2.4
23	East Kalimantan	15	2,147	2,078	2,114	2,110	113	5.3
24	North Sulawesi	25	27,732	27,687	27,343	28,041	392	1.4
25	Central Sulawesi	8	3,153	3,151	3,146	3,127	131	4.2
26	South Sulawesi	89	48,748	48,556	48,506	47,956	839	1.7
27	South East Sulawesi	3	10,959	10,959	10,959	10,959	160	1.5
28	Gorontalo	1	2,035	2,033	2,035	2,035	24	1.2
29	West Sulawesi	6	705	705	701	703	30	4.3
30	Maluku	21	11,694	11,684	11,858	11,796	414	3.5
31	North Maluku	1	849	847	847	847	63	7.4
32	West Papua	40	19,762	19,760	19,537	19,201	600	3.1
33	Papua	76	59,538	55,853	54,141	53,175	3,278	6.1
Indonesia		1,583	1,111,831	1,098,499	1,095,148	1,091,997	32,711	3.0

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

ANNEX 6.9

**NUMBER OF PNEUMONIA IN UNDERFIVE CHILDREN
BY PROVINCE AND AGE GROUP, 2014**

No	Province	Underfive Children as Target of Pneumonia Case Finding	Actual Pneumonia Case Found in Underfive Children							
			Pneumonia		Severe Pneumonia		All Type of Pneumonia		Total	%
			< 1 y.o	1-4 y.o	< 1 y.o	1-4 y.o	< 1 y.o	1-4 y.o		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	30,811	311	895	56	107	367	1,002	1,369	4.44
2	North Sumatra	135,914	13,180	13,696	237	160	13,417	13,856	27,273	20.07
3	West Sumatra	49,377	3,528	9,558	157	141	3,685	9,699	13,384	27.11
4	Riau	59,526	2,513	7,638	80	136	2,593	7,774	10,367	17.42
5	Jambi	31,916	1,276	4,148	32	43	1,308	4,191	5,499	17.23
6	South Sumatra	77,840	5,670	11,167	301	246	5,971	11,413	17,384	22.33
7	Bengkulu	18,350	338	851	8	10	346	861	1,207	6.58
8	Lampung	79,755	2,806	6,872	78	56	2,884	6,928	9,812	12.30
9	Bangka Belitung Islands	13,602	2,214	5,293	95	64	2,309	5,357	7,666	56.36
10	Riau Islands	-	-	-	-	-	-	-	-	-
11	DKI Jakarta	101,350	13,372	25,628	438	426	13,810	26,054	39,864	39.33
12	West Java	457,362	67,094	122,162	4,761	3,637	71,855	125,799	197,654	43.22
13	Central Java	332,801	23,841	67,373	4,063	4,188	27,904	71,561	99,465	29.89
14	DI Yogyakarta	25,219	724	2,183	53	36	777	2,219	2,996	11.88
15	East Java	301,312	31,480	70,956	1,496	2,619	32,976	73,575	106,551	35.36
16	Banten	114,356	11,218	22,407	669	559	11,887	22,966	34,853	30.48
17	Bali	41,065	1,279	3,366	22	45	1,301	3,411	4,712	11.47
18	West Nusa Tenggara	46,813	8,389	13,720	860	1,209	9,249	14,929	24,178	51.65
19	East Nusa Tenggara	-	-	-	-	-	-	-	-	-
20	West Kalimantan	46,895	681	1,692	33	37	714	1,729	2,443	5.21
21	Central Kalimantan	26,163	180	221	3	12	183	233	416	1.59
22	South Kalimantan	37,247	6,311	8,778	1,983	1,748	8,294	10,526	18,820	50.53
23	East Kalimantan	22,639	215	377	18	12	233	389	622	2.75
24	North Sulawesi	27,780	3,617	7,244	191	156	3,808	7,400	11,208	40.35
25	Central Sulawesi	78,951	2,158	5,518	117	130	2,275	5,648	7,923	10.04
26	South Sulawesi	24,033	1,193	2,773	64	138	1,257	2,911	4,168	17.34
27	South East Sulawesi	11,370	1,883	3,003	129	66	2,012	3,069	5,081	44.69
28	Gorontalo	12,352	523	1,010	17	22	540	1,032	1,572	12.73
29	West Sulawesi	15,269	82	127	17	17	99	144	243	1.59
30	Maluku	11,071	287	446	19	8	306	454	760	6.86
31	North Maluku	-	-	-	-	-	-	-	-	-
32	West Papua	-	-	-	-	-	-	-	-	-
33	Papua	-	-	-	-	-	-	-	-	-
Indonesia		2,231,138	206,363	419,102	15,997	16,028	222,360	435,130	657,490	29.47

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

ANNEX 6.10

**PNEUMONIA CASE FATALITY RATE IN UNDERFIVE CHILDREN
BY PROVINCE AND AGE GROUP, 2014**

No	Province	Under five Children with Pneumonia			No of Death caused by Pneumonia in Underfive Children			CFR (%)		
		< 1 y.o	1-4 y.o	Total	< 1 y.o	1-4 y.o	Total	< 1 y.o	1-4 y.o	0-4 y.o
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	367	1,002	1,369	7	5	12	1.91	0.50	0.88
2	North Sumatra	13,417	13,856	27,273	7	2	9	0.05	0.01	0.03
3	West Sumatra	3,685	9,699	13,384	8	5	13	0.22	0.05	0.10
4	Riau	2,593	7,774	10,367	0	0	0	0.00	0.00	0.00
5	Jambi	1,308	4,191	5,499	0	0	0	0.00	0.00	0.00
6	South Sumatra	5,971	11,413	17,384	0	0	0	0.00	0.00	0.00
7	Bengkulu	346	861	1,207	0	0	0	0.00	0.00	0.00
8	Lampung	2,884	6,928	9,812	0	0	0	0.00	0.00	0.00
9	Bangka Belitung Island	2,309	5,357	7,666	0	0	0	0.00	0.00	0.00
10	Riau Islands	-	-	-	-	-	-	-	-	-
11	DKI Jakarta	13,810	26,054	39,864	0	0	0	0.00	0.00	0.00
12	West Java	71,855	125,799	197,654	17	15	32	0.02	0.01	0.02
13	Central Java	27,904	71,561	99,465	0	0	0	0.00	0.00	0.00
14	DI Yogyakarta	777	2,219	2,996	0	0	0	0.00	0.00	0.00
15	East Java	32,976	73,575	106,551	13	11	24	0.04	0.01	0.02
16	Banten	11,887	22,966	34,853	0	0	0	0.00	0.00	0.00
17	Bali	1,301	3,411	4,712	0	10	10	0.00	0.29	0.21
18	West Nusa Tenggara	9,249	14,929	24,178	32	5	37	0.35	0.03	0.15
19	East Nusa Tenggara	-	-	-	-	-	-	-	-	-
20	West Kalimantan	714	1,729	2,443	2	2	4	0.28	0.12	0.16
21	Central Kalimantan	183	233	416	0	0	0	0.00	0.00	0.00
22	South Kalimantan	8,294	10,526	18,820	0	0	0	0.00	0.00	0.00
23	East Kalimantan	233	389	622	1	0	1	0.43	0.00	0.16
24	North Sulawesi	3,808	7,400	11,208	0	0	0	0.00	0.00	0.00
25	Central Sulawesi	2,275	5,648	7,923	128	165	293	5.63	2.92	3.70
26	South Sulawesi	1,257	2,911	4,168	13	37	50	1.03	1.27	1.20
27	South East Sulawesi	2,012	3,069	5,081	0	0	0	0.00	0.00	0.00
28	Gorontalo	540	1,032	1,572	0	0	0	0.00	0.00	0.00
29	West Sulawesi	99	144	243	8	1	9	8.08	0.69	3.70
30	Maluku	306	454	760	2	0	2	0.65	0.00	0.26
31	North Maluku	-	-	-	-	-	-	-	-	-
32	West Papua	-	-	-	-	-	-	-	-	-
33	Papua	-	-	-	-	-	-	-	-	-
Indonesia		222,360	435,130	657,490	238	258	496	0.11	0.06	0.08

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

ANNEX 6.11

**CASE DETECTION AND TREATMENT OF DIARRHEA
BY PROVINCE, 2014**

No	Province	Estimation of Diarrhea in Health Center	Treated Cases	% Treated Cases
(1)	(2)	(3)	(4)	(5)
1	Aceh	101,258	106,791	105.46
2	North Sumatra	-	-	-
3	West Sumatra	109,114	111,804	102.47
4	Riau	134,955	125,463	92.97
5	Jambi	73,027	64,180	87.89
6	South Sumatra	174,735	169,769	97.16
7	Bengkulu	39,125	10,653	27.23
8	Lampung	174,175	98,446	56.52
9	Bangka Belitung Islands	26,247	8,973	34.19
10	Riau Islands	-	-	-
11	DKI Jakarta	216,890	223,579	103.08
12	West Java	999,809	1,068,685	106.89
13	Central Java	701,488	393,829	56.14
14	DI Yogyakarta	-	-	-
15	East Java	824,531	1,015,968	123.22
16	Banten	253,249	246,077	97.17
17	Bali	90,423	51,447	56.90
18	West Nusa Tenggara	100,631	189,168	187.98
19	East Nusa Tenggara	-	-	-
20	West Kalimantan	-	-	-
21	Central Kalimantan	49,405	32,634	66.05
22	South Kalimantan	83,758	96,098	114.73
23	East Kalimantan	-	-	-
24	North Kalimantan	-	-	-
25	North Sulawesi	-	-	-
26	Central Sulawesi	179,669	206,494	114.93
27	South Sulawesi	-	-	-
28	South East Sulawesi	24,278	25,430	104.74
29	Gorontalo	-	-	-
30	West Sulawesi	-	-	-
31	Maluku	-	-	-
32	North Maluku	-	-	-
33	West Papua	-	-	-
34	Papua	4,356,768	4,245,488	97.45
Indonesia		8,713,537	8,490,976	97.45

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015
Data per March 30th, 2015

ANNEX 6.12

**NUMBER OF LEPROCY NEW CASE AND CASE DETECTION RATE (CDR) PER 100,000 POPULATION
BY PROVINCE AND SEX, 2014**

No	Province	Population			Classification			Sex of Leprosy Cases			Case Detection Rate per 100,000 Population		
		Male	Female	Male + Female	PB	MB	PB + MB	Male	Female	Male + Female	Male	Female	Male + Female
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	2,365,626	2,366,079	4,731,705	146	437	583	316	267	583	13.36	11.28	12.32
2	North Sumatra	6,753,829	6,774,108	13,527,937	20	156	176	107	69	176	1.58	1.02	1.30
3	West Sumatra	2,527,260	2,571,530	5,098,790	42	117	159	107	52	159	4.23	2.02	3.12
4	Riau	3,273,675	3,084,961	6,358,636	20	100	120	92	28	120	2.81	0.91	1.89
5	Jambi	1,742,763	1,669,696	3,412,459	9	69	78	50	28	78	2.87	1.68	2.29
6	South Sumatra	4,068,596	3,927,939	7,996,535	36	268	304	192	112	304	4.72	2.85	3.80
7	Bengkulu	932,755	895,536	1,828,291	2	19	21	17	4	21	1.82	0.45	1.15
8	Lampung	4,101,852	3,870,394	7,972,246	20	122	142	95	47	142	2.32	1.21	1.78
9	Bangka Belitung Islands	714,779	665,983	1,380,762	7	47	54	35	19	54	4.90	2.85	3.91
10	Riau Islands	1,041,183	990,712	2,031,895	11	6	17	8	9	17	0.77	0.91	0.84
11	DKI Jakarta	5,136,173	4,998,857	10,135,030	26	232	258	156	102	258	3.04	2.04	2.55
12	West Java	23,557,049	22,743,494	46,300,543	194	1,723	1,917	1,238	679	1,917	5.26	2.99	4.14
13	Central Java	16,286,404	16,493,428	32,779,832	259	1,601	1,860	1,181	679	1,860	7.25	4.12	5.67
14	DI Yogyakarta	1,774,459	1,819,831	3,594,290	0	79	79	61	18	79	3.44	0.99	2.20
15	East Java	19,021,215	19,508,266	38,529,481	507	3,609	4,116	2,453	1,663	4,116	12.90	8.52	10.68
16	Banten	6,051,954	5,782,133	11,834,087	117	706	823	532	291	823	8.79	5.03	6.95
17	Bali	2,127,969	2,097,415	4,225,384	13	68	81	68	13	81	3.20	0.62	1.92
18	West Nusa Tenggara	2,279,683	2,422,706	4,702,389	70	211	281	164	117	281	7.19	4.83	5.98
19	East Nusa Tenggara	2,516,606	2,554,140	5,070,746	72	306	378	302	76	378	12.00	2.98	7.45
20	West Kalimantan	2,321,739	2,224,700	4,546,439	8	35	43	35	8	43	1.51	0.36	0.95
21	Central Kalimantan	1,233,335	1,135,319	2,368,654	11	51	62	59	3	62	4.78	0.26	2.62
22	South Kalimantan	1,979,604	1,934,304	3,913,908	17	139	156	130	26	156	6.57	1.34	3.99
23	East Kalimantan	2,165,984	1,949,757	4,115,741	9	145	154	103	51	154	4.76	2.62	3.74
24	North Sulawesi	1,215,227	1,167,714	2,382,941	35	314	349	233	116	349	19.17	9.93	14.65
25	Central Sulawesi	1,453,503	1,385,787	2,839,290	51	218	269	180	89	269	12.38	6.42	9.47
26	South Sulawesi	4,098,674	4,297,073	8,395,747	153	990	1,143	691	452	1,143	16.86	10.52	13.61
27	South East Sulawesi	1,212,907	1,205,055	2,417,962	35	233	268	160	108	268	13.19	8.96	11.08
28	Gorontalo	567,181	567,317	1,134,498	19	133	152	107	45	152	18.87	7.93	13.40
29	West Sulawesi	642,684	641,936	1,284,620	62	137	199	122	77	199	18.98	11.99	15.49
30	Maluku	861,747	846,443	1,708,190	133	412	545	336	209	545	38.99	24.69	31.91
31	North Maluku	582,295	559,266	1,141,561	104	440	544	313	231	544	53.75	41.30	47.65
32	West Papua	462,254	415,183	877,437	285	348	633	374	259	633	80.91	62.38	72.14
33	Papua	1,850,900	1,635,532	3,486,432	319	742	1,061	638	423	1,061	34.47	25.86	30.43
Indonesia		126,921,864	125,202,594	252,124,458	2,812	14,213	17,025	10,655	6,370	17,025	8.39	5.09	6.75

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

ANNEX 6.13

**PROPORTION OF LEPROSY DISABILITY AND LEPROSY CASE ON 0-14 YEARS OLD CHILDREN
BY PROVINCE, 2014**

No	Province	No. of New Case	Leprosy Disability Grade 1		Leprosy Disability Grade 2		0 - 14 y.o	
			Total	%	Total	%	Total	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Aceh	583	15	2.57	68	11.66	75	12.86
2	North Sumatra	176	24	13.64	20	11.36	20	11.36
3	West Sumatra	159	5	3.14	18	11.32	17	10.69
4	Riau	120	3	2.50	8	6.67	4	3.33
5	Jambi	78	16	20.51	11	14.10	6	7.69
6	South Sumatra	304	39	12.83	29	9.54	11	3.62
7	Bengkulu	21	2	9.52	4	19.05	1	4.76
8	Lampung	142	29	20.42	11	7.75	6	4.23
9	Bangka Belitung Islands	54	0	0.00	2	3.70	7	12.96
10	Riau Islands	17	4	23.53	0	0.00	4	23.53
11	DKI Jakarta	258	18	6.98	10	3.88	30	11.63
12	West Java	1,917	333	17.37	225	11.74	137	7.15
13	Central Java	1,860	233	12.53	240	12.90	109	5.86
14	DI Yogyakarta	79	8	10.13	0	0.00	0	0.00
15	East Java	4,116	554	13.46	528	12.83	387	9.40
16	Banten	823	110	13.37	87	10.57	111	13.49
17	Bali	81	1	1.23	0	0.00	5	6.17
18	West Nusa Tenggara	281	15	5.34	14	4.98	37	13.17
19	East Nusa Tenggara	378	22	5.82	32	8.47	43	11.38
20	West Kalimantan	43	2	4.65	7	16.28	2	4.65
21	Central Kalimantan	62	4	6.45	3	4.84	10	16.13
22	South Kalimantan	156	3	1.92	26	16.67	3	1.92
23	East Kalimantan	154	4	2.60	5	3.25	9	5.84
24	North Sulawesi	349	9	2.58	12	3.44	40	11.46
25	Central Sulawesi	269	34	12.64	22	8.18	30	11.15
26	South Sulawesi	1,143	226	19.77	113	9.89	82	7.17
27	South East Sulawesi	268	6	2.24	3	1.12	34	12.69
28	Gorontalo	152	7	4.61	10	6.58	7	4.61
29	West Sulawesi	199	23	11.56	9	4.52	17	8.54
30	Maluku	545	79	14.50	16	2.94	73	13.39
31	North Maluku	544	15	2.76	31	5.70	104	19.12
32	West Papua	633	10	1.58	6	0.95	212	33.49
33	Papua	1,061	44	4.15	26	2.45	261	24.60
Indonesia		17,025	1,897	11.14	1,596	9.37	1,894	11.12

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

ANNEX 6.14

**NUMBER OF LEPROCY NEW CASE AND PREVALANCE RATE PER 100,000 POPULATION
BY PROVINCE AND SEX, 2014**

No	Province	Population	PB		MB		PB + MB	Prevalance Rate per 10.000 population	0-14 y.o	
			Total	%	Total	%			Total	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	4,731,705	110	16.3	565	83.7	675	1.43	106	15.7
2	North Sumatra	13,527,937	13	6.9	175	93.1	188	0.14	25	13.3
3	West Sumatra	5,098,790	36	22.8	122	77.2	158	0.31	17	10.8
4	Riau	6,358,636	34	20.1	135	79.9	169	0.27	14	8.3
5	Jambi	3,412,459	31	18.8	134	81.2	165	0.48	12	7.3
6	South Sumatra	7,996,535	88	15.3	487	84.7	575	0.72	19	3.3
7	Bengkulu	1,828,291	0	0.0	25	100.0	25	0.14	1	4.0
8	Lampung	7,972,246	33	12.3	236	87.7	269	0.34	22	8.2
9	Bangka Belitung Islands	1,380,762	5	9.4	48	90.6	53	0.38	7	13.2
10	Riau Islands	2,031,895	11	21.6	40	78.4	51	0.25	6	11.8
11	DKI Jakarta	10,135,030	35	5.3	623	94.7	658	0.65	70	10.6
12	West Java	46,300,543	154	6.9	2,068	93.1	2,222	0.48	207	9.3
13	Central Java	32,779,832	138	7.5	1,691	92.5	1,829	0.56	95	5.2
14	DI Yogyakarta	3,594,290	4	5.8	65	94.2	69	0.19	0	0.0
15	East Java	38,529,481	287	7.0	3,832	93.0	4,119	1.07	370	9.0
16	Banten	11,834,087	63	7.1	819	92.9	882	0.75	135	15.3
17	Bali	4,225,384	14	15.7	75	84.3	89	0.21	7	7.9
18	West Nusa Tenggara	4,702,389	47	16.1	245	83.9	292	0.62	33	11.3
19	East Nusa Tenggara	5,070,746	91	14.7	527	85.3	618	1.22	60	9.7
20	West Kalimantan	4,546,439	10	18.5	44	81.5	54	0.12	4	7.4
21	Central Kalimantan	2,368,654	14	11.9	104	88.1	118	0.50	13	11.0
22	South Kalimantan	3,913,908	12	4.9	235	95.1	247	0.63	2	0.8
23	East Kalimantan	4,115,741	8	4.3	179	95.7	187	0.45	10	5.3
24	North Sulawesi	2,382,941	21	5.3	379	94.8	400	1.68	34	8.5
25	Central Sulawesi	2,839,290	32	11.7	241	88.3	273	0.96	35	12.8
26	South Sulawesi	8,395,747	82	7.2	1,057	92.8	1,139	1.36	75	6.6
27	South East Sulawesi	2,417,962	30	9.7	280	90.3	310	1.28	42	13.5
28	Gorontalo	1,134,498	17	8.2	190	91.8	207	1.82	14	6.8
29	West Sulawesi	1,284,620	61	24.5	188	75.5	249	1.94	27	10.8
30	Maluku	1,708,190	105	17.4	497	82.6	602	3.52	119	19.8
31	North Maluku	1,141,561	60	10.1	534	89.9	594	5.20	104	17.5
32	West Papua	877,437	238	33.9	464	66.1	702	8.00	197	28.1
33	Papua	3,486,432	372	21.1	1,389	78.9	1,761	5.05	411	23.3
Indonesia		252,124,458	2,256	11.3	17,693	88.7	19,949	0.79	2,293	11.5

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

ANNEX 6.15

**NUMBER OF NEONATAL TETANUS CASE AND RISK FACTOR
BY PROVINCE, 2014**

No	Province	Total	Death	Case Fatality Rate (%)	Risk Factor																							
					Ante Natal Care					Immunization Status				Birth Attendant				Umbilical Cord Care			Umbilical Cord Cutting				Admitted to Hospital			
					Physician	Midwife/Nurse	Traditional	Without Examination	Unknown	TT2+	TT1	Without Immunization	Unknown	Physician	Midwife/Nurse	Traditional	Unknown	Alcohol/Iodine	Traditional	Others	Unknown	Scissor	Bamboo	Other	Unknown	Yes	No	Unknown
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
1	Aceh	7	6	85.7	1	6	0	0	0	1	0	6	0	0	6	1	0	1	2	4	0	2	5	0	0	2	5	0
2	North Sumatra	1	1	100.0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	1	1	0	0	0	1	0	0
3	West Sumatra	1	0	0.0	0	1	0	0	0	0	0	0	0	1	0	0	1	0	0	0	1	0	0	1	0	0	1	0
4	Riau	5	1	20.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Jambi	3	3	100.0	0	0	0	2	1	0	0	2	1	0	0	1	2	0	2	1	0	0	0	3	0	3	0	0
6	South Sumatra	2	1	50.0	0	0	0	1	0	0	0	1	0	0	0	1	1	0	2	0	0	0	1	0	0	2	0	0
7	Bengkulu	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Lampung	3	3	100.0	0	2	1	0	0	0	2	0	1	0	2	1	0	1	1	0	1	1	1	1	0	1	2	0
9	Bangka Belitung Islan	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0
10	Riau Islands	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	DKI Jakarta	2	1	50.0	0	0	0	1	0	0	0	1	1	0	0	2	0	2	0	0	0	2	0	0	0	1	0	0
12	West Java	2	2	100.0	0	0	2	0	0	0	0	2	0	0	0	2	0	2	0	0	0	2	0	0	0	2	0	0
13	Central Java	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	DI Yogyakarta	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	East Java	17	7	41.2	1	15	0	1	0	2	3	12	0	1	5	10	1	5	0	12	0	14	2	1	0	17	0	0
16	Banten	22	19	86.4	0	16	3	3	0	6	2	14	0	0	7	15	0	4	17	1	0	17	1	4	0	20	2	0
17	Bali	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	West Nusa Tenggara	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	East Nusa Tenggara	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	West Kalimantan	9	1	11.1	0	5	0	4	0	0	2	7	0	0	0	8	1	0	4	5	0	2	6	1	0	6	3	0
21	Central Kalimantan	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	South Kalimantan	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	East Kalimantan	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	North Sulawesi	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Central Sulawesi	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	South Sulawesi	6	6	100.0	0	3	1	2	0	1	0	4	1	0	2	4	0	0	3	1	2	3	0	3	0	6	0	0
27	South East Sulawesi	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Gorontalo	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	West Sulawesi	3	2	66.7	0	1	0	1	1	0	0	3	0	0	0	3	0	0	0	1	2	1	0	1	1	1	1	0
30	Maluku	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	North Maluku	1	1	100.0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	1	0	0	0	0	1	0	1	0	0
32	West Papua	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33	Papua	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Indonesia	84	54	64.3	2	49	7	16	2	10	9	54	5	1	22	50	6	15	32	26	7	46	16	16	1	64	14	0

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015
data per March 31th, 2015

ANNEX 6.16

**CASE, DEATH AND INCIDENCE RATE (IR) OF MEASLES
BY PROVINCE, 2014**

No	Province	Population	Case	Incidence Rate (per 100,000 Population)	Death
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	4,731,705	1,749	36.96	0
2	North Sumatra	13,527,937	150	1.11	0
3	West Sumatra	5,098,790	417	8.18	0
4	Riau	6,358,636	297	4.67	3
5	Jambi	3,412,459	579	16.97	1
6	South Sumatra	7,996,535	589	7.37	1
7	Bengkulu	1,828,291	133	7.27	0
8	Lampung	7,972,246	236	2.96	0
9	Bangka Belitung Islands	1,380,762	47	3.40	0
10	Riau Islands	2,031,895	405	19.93	2
11	DKI Jakarta	10,135,030	1,361	13.43	0
12	West Java	46,300,543	95	0.21	0
13	Central Java	32,779,832	199	0.61	0
14	DI Yogyakarta	3,594,290	1,222	34.00	0
15	East Java	38,529,481	1,071	2.78	0
16	Banten	11,834,087	1,149	9.71	0
17	Bali	4,225,384	382	9.04	0
18	West Nusa Tenggara	4,702,389	16	0.34	0
19	East Nusa Tenggara	5,070,746	58	1.14	0
20	West Kalimantan	4,546,439	933	20.52	0
21	Central Kalimantan	2,368,654	53	2.24	0
22	South Kalimantan	3,913,908	121	3.09	0
23	East Kalimantan	4,115,741	283	6.88	1
24	North Sulawesi	2,382,941	112	4.70	0
25	Central Sulawesi	2,839,290	168	5.92	0
26	South Sulawesi	8,395,747	829	9.87	0
27	South East Sulawesi	2,417,962	40	1.65	0
28	Gorontalo	1,134,498	15	1.32	0
29	West Sulawesi	1,284,620	73	5.68	0
30	Maluku	1,708,190	32	1.87	0
31	North Maluku	1,141,561	129	11.30	0
32	West Papua	877,437	-	-	-
33	Papua	3,486,432	-	-	-
Indonesia		252,124,458	12,943	5.13	8

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

Data per 31 Maret 2015

ANNEX 6.17

**MEASLES CASE AND VACCINATED MEASLES CASE
BY AGE GROUP AD PROVINCE, 2014**

No	Province	Cases based on Age group (Year)										Total of Case	Total Vaccinated	Proportion of Vaccinated Case
		<1 y.o		1-4 y.o		5-9 y.o		10-14 y.o		≥ 15 y.o				
		Total	Vaccinated	Total	Vaccinated	Total	Vaccinated	Total	Vaccinated	Total	Vaccinated			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1	Aceh	141	28	408	162	538	242	263	107	399	115	1,749	654	37.39
2	North Sumatra	2	2	59	21	65	37	15	13	9	5	150	78	52.00
3	West Sumatra	44	8	142	55	112	60	64	38	55	12	417	173	41.49
4	Riau	24	6	75	47	90	46	43	20	65	23	297	142	47.81
5	Jambi	47	16	135	78	178	106	84	53	135	33	579	286	49.40
6	South Sumatra	49	28	250	200	160	129	69	57	61	46	589	460	78.10
7	Bengkulu	7	2	28	24	36	28	22	19	40	39	133	112	84.21
8	Lampung	16	6	48	24	62	37	36	17	74	18	236	102	43.22
9	Bangka Belitung Island	7	1	12	2	14	10	3	2	11	4	47	19	40.43
10	Riau Islands	51	17	138	80	133	85	44	36	39	14	405	232	57.28
11	DKI Jakarta	178	22	408	189	415	203	153	77	207	50	1,361	541	39.75
12	West Java	10	5	19	15	25	24	17	14	24	10	95	68	71.58
13	Central Java	8	3	36	17	52	20	41	26	62	16	199	82	41.21
14	DI Yogyakarta	35	13	260	157	349	214	132	68	446	206	1,222	658	53.85
15	East Java	87	28	334	130	341	118	131	44	178	35	1,071	355	33.15
16	Banten	163	13	411	147	334	107	129	43	112	24	1,149	334	29.07
17	Bali	20	5	106	74	130	79	51	34	75	21	382	213	55.76
18	West Nusa Tenggara	1	1	3	2	6	6	1	1	5	4	16	14	87.50
19	East Nusa Tenggara	0	0	10	9	27	22	21	19	0	0	58	50	86.21
20	West Kalimantan	82	2	214	1	239	8	146	8	252	3	933	22	2.36
21	Central Kalimantan	2	0	17	0	14	0	8	0	12	0	53	0	0.00
22	South Kalimantan	2	0	30	16	39	18	21	7	29	11	121	52	42.98
23	East Kalimantan	13	5	67	34	91	59	37	26	75	22	283	146	51.59
24	North Sulawesi	14	3	31	20	37	27	22	14	8	3	112	67	59.82
25	Central Sulawesi	9	2	7	5	53	47	36	17	63	2	168	73	43.45
26	South Sulawesi	67	18	225	152	253	191	122	84	162	74	829	519	62.61
27	South East Sulawesi	4	0	10	5	9	3	8	4	9	6	40	18	45.00
28	Gorontalo	1	0	4	2	0	1	3	3	7	0	15	6	40.00
29	West Sulawesi	3	1	23	6	38	7	9	2	0	0	73	16	21.92
30	Maluku	4	2	18	5	4	1	4	1	2	1	32	10	31.25
31	North Maluku	26	1	47	22	41	5	8	0	7	1	129	29	22.48
32	West Papua	0	0	0	0	0	0	0	0	0	0	0	0	-
33	Papua	0	0	0	0	0	0	0	0	0	0	0	0	-
Indonesia		1,117	238	3,575	1,701	3,885	1,940	1,743	854	2,623	798	12,943	5,531	42.73

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015
Data per March 31th, 2015

ANNEX 6.18

**OUTBREAK FREQUENCY AND MEASLES CASE DURING OUTBREAK
BY PROVINCE, 2014**

No	Province	Outbreak report					
		Total Outbreak	Freq of Outbreak with Specimen > 5	Freq of Outbreak with Full Investigation	Frequency of Outbreak with report to Disease Center	Total Case	Death
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Aceh	3	3	3	0	29	0
2	North Sumatra	10	8	8	0	91	0
3	West Sumatra	5	5	4	0	49	0
4	Riau	1	0	0	0	0	0
5	Jambi	14	7	7	0	254	0
6	South Sumatra	14	11	11	0	215	3
7	Bengkulu	4	4	4	0	81	0
8	Lampung	6	6	6	1	62	0
9	Bangka Belitung Islands	0	0	0	0	0	0
10	Riau Islands	0	0	0	0	0	0
11	DKI Jakarta	0	0	0	0	0	0
12	West Java	0	0	0	0	0	0
13	Central Java	2	1	1	0	18	0
14	DI Yogyakarta	0	0	0	0	0	0
15	East Java	41	25	25	0	187	18
16	Banten	18	10	7	0	154	0
17	Bali	10	5	5	0	122	0
18	West Nusa Tenggara	1	0	0	0	5	0
19	East Nusa Tenggara	0	0	0	0	0	0
20	West Kalimantan	0	0	0	0	0	0
21	Central Kalimantan	3	3	0	0	66	0
22	South Kalimantan	11	10	8	0	237	0
23	East Kalimantan	0	0	0	0	0	0
24	North Kalimantan	0	0	0	0	0	0
25	North Sulawesi	2	2	2	0	34	0
26	Central Sulawesi	4	4	4	0	27	0
27	South Sulawesi	3	2	2	1	47	0
28	South East Sulawesi	6	4	3	0	58	0
29	Gorontalo	0	0	0	0	0	0
30	West Sulawesi	3	3	2	0	42	0
31	Maluku	12	5	5	0	326	0
32	North Maluku	0	0	0	0	0	0
33	West Papua	0	0	0	0	0	0
34	Papua	0	0	0	0	0	0
	Indonesia	173	118	107	2	2,104	21

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

Data per January 31th, 2015

ANNEX 6.19

**MEASLES OUTBREAK BASED ON LABORATORY CONFIRMATION
BY PROVINCE, 2014**

No	Province	Laboratory Confirmation											Without Specimen	
		Total Blood Sample (Serum)	Measles		Rubella		Combination of (Measles and Rubella)		Negative		Pending Lab.			
			Freq.	Case	Freq.	Case	Freq.	Case	Freq.	Case	Freq.	Case	Freq.	Case
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1	Aceh	18	2	16	0	0	0	0	0	0	1	13	0	0
2	North Sumatra	60	7	67	1	19	0	0	2	5	0	0	0	0
3	West Sumatra	26	0	0	0	0	0	0	0	0	5	49	0	0
4	Riau	0	0	0	0	0	0	0	0	0	1	0	0	0
5	Jambi	43	4	65	1	5	0	0	0	0	9	184	0	0
6	South Sumatra	79	2	16	1	9	0	0	0	0	11	190	0	0
7	Bengkulu	21	4	81	0	0	0	0	0	0	0	0	0	0
8	Lampung	40	6	62	0	0	0	0	0	0	0	0	0	0
9	Bangka Belitung Islands	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Riau Islands	0	0	0	0	0	0	0	0	0	0	0	0	0
11	DKI Jakarta	0	0	0	0	0	0	0	0	0	0	0	0	0
12	West Java	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Central Java	7	1	12	0	0	0	0	0	0	1	6	0	0
14	DI Yogyakarta	0	0	0	0	0	0	0	0	0	0	0	0	0
15	East Java	176	28	145	1	5	2	8	3	24	7	5	0	0
16	Banten	84	8	58	1	5	1	5	1	12	7	74	0	0
17	Bali	31	2	45	1	7	0	0	0	0	7	70	0	0
18	West Nusa Tenggara	0	0	0	0	0	0	0	0	0	1	5	0	0
19	East Nusa Tenggara	0	0	0	0	0	0	0	0	0	0	0	0	0
20	West Kalimantan	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Central Kalimantan	21	0	0	0	0	0	0	0	0	0	0	0	0
22	South Kalimantan	53	1	21	0	0	0	0	0	0	10	216	0	0
23	East Kalimantan	0	0	0	0	0	0	0	0	0	0	0	0	0
24	North Kalimantan	0	0	0	0	0	0	0	0	0	0	0	0	0
25	North Sulawesi	17	1	14	0	0	0	0	0	0	1	20	0	0
26	Central Sulawesi	28	3	22	0	0	0	0	1	5	0	0	0	0
27	South Sulawesi	14	1	8	1	19	0	0	0	0	1	20	0	0
28	South East Sulawesi	29	2	16	0	0	0	0	0	0	4	42	0	0
29	Gorontalo	0	0	0	0	0	0	0	0	0	0	0	0	0
30	West Sulawesi	34	3	42	0	0	0	0	0	0	0	0	0	0
31	Maluku	39	2	47	0	0	0	0	0	0	10	279	0	0
32	North Maluku	0	0	0	0	0	0	0	0	0	0	0	0	0
33	West Papua	0	0	0	0	0	0	0	0	0	0	0	0	0
34	Papua	0	0	0	0	0	0	0	0	0	0	0	0	0
Indonesia		820	77	737	7	69	3	13	7	46	76	1,173	0	0

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

Data per April 30th, 2015

ANNEX 6.20

DIPHTHERIA CASE BY AGE GROUP
AND PROVINCE, 2014

No	Province	No of cases based on age group (Years old)										Total Case	Total Vaccinated	Proportion of Vaccinated case	Total Death	Case Fatality Rate (%)
		<1 Years old		1-4 Years old		5-9 Years old		10-14 Years old		≥ 15 Years old						
		Case	Vaccinated	Case	Vaccinated	Case	Vaccinated	Case	Vaccinated	Case	Vaccinated					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1	Aceh	0	0	3	0	1	0	1	0	0	0	5	0	0.00	1	20.00
2	North Sumatra	0	0	2	0	2	2	0	0	0	0	4	2	50.00	1	25.00
3	West Sumatra	0	0	5	5	3	2	1	1	0	0	9	8	88.89	0	0.00
4	Riau	0	0	1	1	0	0	0	0	0	0	1	1	100.00	0	0.00
5	Jambi	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-
6	South Sumatra	0	0	1	1	2	0	0	0	0	0	3	1	33.33	1	33.33
7	Bengkulu	0	0	0	0	0	0	0	0	0	0	0	0	-	1	-
8	Lampung	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-
9	Bangka Belitung Islands	0	0	0	0	0	0	0	0	1	0	1	0	0.00	0	0.00
10	Riau Islands	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-
11	DKI Jakarta	0	0	0	0	0	0	0	0	2	0	2	0	0.00	0	0.00
12	West Java	0	0	2	2	6	6	2	1	6	3	16	12	75.00	1	6.25
13	Central Java	0	0	1	1	0	0	0	0	1	0	2	1	50.00	0	0.00
14	DI Yogyakarta	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-
15	East Java	5	4	77	70	89	77	35	25	89	25	295	201	68.14	3	1.02
16	Banten	0	0	3	1	6	0	6	3	2	0	17	4	23.53	5	29.41
17	Bali	0	0	1	1	0	0	0	0	0	0	1	1	100.00	0	0.00
18	West Nusa Tenggara	0	0	1	1	0	0	0	0	0	0	1	1	100.00	0	0.00
19	East Nusa Tenggara	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-
20	West Kalimantan	1	0	5	1	11	4	1	0	3	1	21	6	28.57	1	4.76
21	Central Kalimantan	0	0	0	0	1	0	0	0	0	0	1	0	0.00	1	100.00
22	South Kalimantan	0	0	0	0	3	1	0	0	0	0	3	1	33.33	0	0.00
23	East Kalimantan	0	0	2	2	0	0	0	0	0	0	2	2	100.00	0	0.00
24	North Sulawesi	0	0	0	0	1	1	1	1	1	0	3	2	66.67	0	0.00
25	Central Sulawesi	0	0	0	0	2	1	0	0	0	0	2	1	50.00	0	0.00
26	South Sulawesi	0	0	0	0	3	3	2	2	0	0	5	5	100.00	0	0.00
27	South East Sulawesi	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-
28	Gorontalo	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-
29	West Sulawesi	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-
30	Maluku	0	0	0	0	0	0	1	0	0	0	1	0	0.00	1	100.00
31	North Maluku	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-
32	West Papua	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-
33	Papua	0	0	0	0	1	0	0	0	0	0	1	0	0.00	0	0.00
	Indonesia	6	4	104	86	131	97	50	33	105	29	396	249	62.88	16	4.04

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015
Data per April 30th, 2015

ANNEX 6.21

**NON POLIO AFP RATE PER 100,000 POPULATION OF LESS THAN 15 YEARS OLD
AND PERCENTAGE OF ADEQUATE SPECIMEN BY PROVINCE, 2014**

No	Province	Non Polio AFP Case	Non Polio AFP Rate per 100,000 Population Age < 15 Years Old	Adequate Specimen (%)
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
1	Aceh	49	3.16	85.7
2	North Sumatra	102	2.27	95.0
3	West Sumatra	37	2.24	94.5
4	Riau	43	2.00	67.4
5	Jambi	27	2.57	81.4
6	South Sumatra	35	1.43	94.2
7	Bengkulu	17	2.83	94.1
8	Lampung	54	2.30	88.8
9	Bangka Belitung Islands	17	3.78	62.5
10	Riau Islands	13	2.17	84.6
11	DKI Jakarta	48	1.96	56.2
12	West Java	324	2.39	90.4
13	Central Java	198	2.30	98.4
14	DI Yogyakarta	26	3.25	92.3
15	East Java	255	2.70	84.3
16	Banten	75	2.11	93.3
17	Bali	41	3.73	68.2
18	West Nusa Tenggara	39	2.60	94.8
19	East Nusa Tenggara	70	3.68	90.7
20	West Kalimantan	37	1.90	80.0
21	Central Kalimantan	14	1.87	85.7
22	South Kalimantan	29	2.52	63.3
23	East Kalimantan	15	1.30	80.0
24	North Kalimantan	2	0.67	66.6
25	North Sulawesi	26	3.71	84.6
26	Central Sulawesi	32	3.37	75.0
27	South Sulawesi	53	2.04	86.7
28	South East Sulawesi	22	2.59	72.7
29	Gorontalo	18	4.50	88.8
30	West Sulawesi	6	1.20	83.3
31	Maluku	13	2.00	69.2
32	North Maluku	8	1.78	75.0
33	West Papua	2	0.67	50.0
34	Papua	15	1.20	60.0
Indonesia		1,762	2.38	86.4

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

Data per April 23th, 2015

ANNEX 6.22

**NUMBER OF CASE AND ANNUAL PARASITE INCIDENCE PER 1,000 POPULATION AT RISK OF MALARIA
BY PROVINCE, 2014**

No	Province	Population at Risk	Suspect	Blood Specimen Taken			Positive	% of positive blood specimen	Annual Parasite Incidence (API) per 1,000 population
				Microscopic Examination	Rapid Diagnostic Test	Total			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	Aceh	4,731,705	42,352	39,229	2,870	42,099	778	1.85	0.16
2	North Sumatra	13,527,937	88,205	39,093	38,212	77,305	9,357	12.10	0.69
3	West Sumatra	5,098,790	4,182	3,855	234	4,089	908	22.21	0.18
4	Riau	6,358,636	13,441	9,338	3,002	12,340	845	6.85	0.13
5	Jambi	3,412,459	32,484	24,052	5,899	29,951	2,855	9.53	0.84
6	South Sumatra	7,996,535	36,529	22,418	4,064	26,482	2,371	8.95	0.30
7	Bengkulu	1,828,291	34,636	23,761	6,731	30,492	3,971	13.02	2.17
8	Lampung	7,972,246	24,468	17,265	6,675	23,940	4,389	18.33	0.55
9	Bangka Belitung Islands	1,380,762	67,650	57,134	10,440	67,574	1,192	1.76	0.86
10	Riau Islands	2,031,895	4,753	3,702	1,032	4,734	836	17.66	0.41
11	DKI Jakarta	10,135,030	32	32	0	32	32	-	0.00
12	West Java	46,300,543	17,125	18,847	16	18,863	282	1.49	0.01
13	Central Java	32,779,832	44,798	44,476	7	44,483	1,629	3.66	0.05
14	DI Yogyakarta	3,594,290	86	86	0	86	86	100.00	0.02
15	East Java	38,529,481	21,589	21,344	84	21,428	315	1.47	0.01
16	Banten	11,834,087	1,405	858	612	1,470	46	3.13	0.00
17	Bali	4,225,384	4,780	4,780	0	4,780	10	0.21	0.00
18	West Nusa Tenggara	4,702,389	94,530	91,067	2,991	94,058	3,662	3.89	0.78
19	East Nusa Tenggara	5,070,746	296,845	295,467	16,510	311,977	64,953	20.82	12.81
20	West Kalimantan	4,546,439	29,295	21,132	16,303	37,435	753	2.01	0.17
21	Central Kalimantan	2,368,654	24,167	11,028	13,099	24,127	3,130	12.97	1.32
22	South Kalimantan	3,913,908	15,898	10,354	5,544	15,898	5,303	33.36	1.35
23	East Kalimantan	3,508,012	9,177	5,774	5,337	11,111	1,115	10.04	0.32
24	North Kalimantan	607,729	4,303	4,088	1,238	5,326	57	1.07	0.09
25	North Sulawesi	2,382,941	18,846	16,768	6,886	23,654	2,244	9.49	0.94
26	Central Sulawesi	2,839,290	41,785	21,395	16,695	38,090	2,282	5.99	0.80
27	South Sulawesi	8,395,747	22,641	18,499	4,077	22,576	800	3.54	0.10
28	South East Sulawesi	2,417,962	16,666	8,890	7,769	16,659	1,124	6.75	0.46
29	Gorontalo	1,134,498	14,121	7,648	6,541	14,189	949	6.69	0.84
30	West Sulawesi	1,284,620	26,252	19,656	12,819	32,475	325	1.00	0.25
31	Maluku	1,708,190	54,212	44,396	6,572	50,968	10,249	20.11	6.00
32	North Maluku	1,141,561	25,986	19,603	4,850	24,453	3,790	15.50	3.32
33	West Papua	877,437	82,487	70,847	8,547	79,394	18,294	23.04	20.85
34	Papua	3,486,432	360,181	303,953	33,805	337,758	103,095	30.52	29.57
Indonesia		252,124,458	1,575,907	1,300,835	249,461	1,550,296	252,027	16.26	0.99

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

ANNEX 6.23

ANNUAL PARASITE INCIDENCE (API) OF MALARIA
BY PROVINCE YEAR 2011-2014

No	Province	API			
		2011	2012	2013	2014
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	0.76	0.44	0.44	0.16
2	North Sumatra	0.85	0.84	1.30	0.69
3	West Sumatra	0.09	0.25	0.26	0.18
4	Riau	0.15	0.20	0.23	0.13
5	Jambi	1.08	1.29	1.11	0.84
6	South Sumatra	0.22	0.20	0.39	0.30
7	Bengkulu	3.89	5.32	3.89	2.17
8	Lampung	0.49	0.18	0.34	0.55
9	Bangka Belitung Islands	3.66	2.66	1.28	0.86
10	Riau Islands	1.91	2.47	0.49	0.41
11	DKI Jakarta	0.00	0.00	0.00	0.00
12	West Java	0.01	0.01	0.00	0.01
13	Central Java	0.01	0.03	0.04	0.05
14	DI Yogyakarta	0.00	0.06	0.02	0.02
15	East Java	0.00	0.02	0.00	0.01
16	Banten	0.01	0.02	0.01	0.00
17	Bali	0.00	0.00	0.00	0.00
18	West Nusa Tenggara	0.93	0.82	0.57	0.78
19	East Nusa Tenggara	22.09	19.41	16.37	12.81
20	West Kalimantan	2.21	0.85	0.23	0.17
21	Central Kalimantan	3.74	3.48	2.00	1.32
22	South Kalimantan	2.31	2.06	1.43	1.35
23	East Kalimantan	1.46	1.15	0.47	0.32
24	North Kalimantan	-	-	-	0.09
25	North Sulawesi	3.21	2.35	1.11	0.94
26	Central Sulawesi	3.35	2.49	1.13	0.80
27	South Sulawesi	0.38	0.19	0.25	0.10
28	South East Sulawesi	1.48	0.79	0.62	0.46
29	Gorontalo	2.14	1.64	1.08	0.84
30	West Sulawesi	2.22	1.23	0.40	0.25
31	Maluku	8.34	7.42	8.25	6.00
32	North Maluku	4.57	5.08	4.51	3.32
33	West Papua	73.21	52.27	38.44	20.85
34	Papua	52.80	60.56	42.65	29.57
	Indonesia	1.75	1.69	1.38	1.00

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

ANNEX 6.24

**CASE, DEATH, CASE FATALITY RATE (%) AND INCIDENCE RATE PER 100,000 POPULATION
OF DENGUE HAEMORRHAGIC FEVER (DHF)
BY PROVINCE, 2014**

No	Province	Population Number	Dengue Haemorrhagic Fever (DHF)			
			Number of Case	Incidence Rate per 100,000 Population	Number of Death Case	Case Fatality Rate (%)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	4,731,705	2,208	46.66	7	0.32
2	North Sumatra	13,527,937	5,378	39.75	30	0.56
3	West Sumatra	5,098,790	2,328	45.66	10	0.43
4	Riau	6,358,636	2,342	36.83	31	1.32
5	Jambi	3,412,459	1,308	38.33	16	1.22
6	South Sumatra	7,996,535	1,500	18.76	3	0.20
7	Bengkulu	1,828,291	464	25.38	13	2.80
8	Lampung	7,972,246	1,317	16.52	16	1.21
9	Bangka Belitung Islands	1,380,762	321	23.25	11	3.43
10	Riau Islands	2,031,895	1,882	92.62	13	0.69
11	DKI Jakarta	10,135,030	8,447	83.34	9	0.11
12	West Java	46,300,543	18,116	39.13	178	0.98
13	Central Java	32,779,832	11,075	33.79	159	1.44
14	DI Yogyakarta	3,594,290	1,955	54.39	11	0.56
15	East Java	38,529,481	9,273	24.07	107	1.15
16	Banten	11,834,087	3,002	25.37	37	1.23
17	Bali	4,225,384	8,629	204.22	17	0.20
18	West Nusa Tenggara	4,702,389	824	17.52	1	0.12
19	East Nusa Tenggara	5,070,746	167	3.29	0	0.00
20	West Kalimantan	4,546,439	5,049	111.05	68	1.35
21	Central Kalimantan	2,368,654	880	37.15	12	1.36
22	South Kalimantan	3,913,908	828	21.16	17	2.05
23	East Kalimantan	3,508,012	4,752	135.46	55	1.16
24	North Kalimantan	607,729	781	128.51	4	0.51
25	North Sulawesi	2,382,941	1,271	53.34	23	1.81
26	Central Sulawesi	2,839,290	1,302	45.86	9	0.69
27	South Sulawesi	8,395,747	2,904	34.59	24	0.83
28	South East Sulawesi	2,417,962	838	34.66	8	0.95
29	Gorontalo	1,134,498	223	19.66	14	6.28
30	West Sulawesi	1,284,620	315	24.52	0	0.00
31	Maluku	1,708,190	12	0.70	2	16.67
32	North Maluku	1,141,561	148	12.96	2	1.35
33	West Papua	877,437	77	8.78	0	0.00
34	Papua	3,486,432	431	12.36	0	0.00
Indonesia		252,124,458	100,347	39.80	907	0.90

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

ANNEX 6.25

**DISTRICTS/MUNICIPALITIES INFECTED BY DENGUE HAEMORRHAGIC FEVER
BY PROVINCE YEAR 2012 - 2014**

No	Province	Number of District/Municipality		Infected District/Municipality					
		2012/2013	2014	2012		2013		2014	
				Total	%	Total	%	Total	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	Aceh	23	23	22	95.65	20	86.96	21	91.30
2	North Sumatra	33	33	25	75.76	26	78.79	30	90.91
3	West Sumatra	19	19	18	94.74	17	89.47	18	94.74
4	Riau	12	12	12	100.00	12	100.00	12	100.00
5	Jambi	11	11	9	81.82	11	100.00	10	90.91
6	South Sumatra	15	17	14	93.33	13	86.67	16	94.12
7	Bengkulu	10	10	10	100.00	10	100.00	10	100.00
8	Lampung	14	15	11	78.57	14	100.00	15	100.00
9	Bangka Belitung Islands	7	7	7	100.00	7	100.00	7	100.00
10	Riau Islands	7	7	5	71.43	4	57.14	5	71.43
11	DKI Jakarta	6	6	6	100.00	6	100.00	5	83.33
12	West Java	26	27	26	100.00	26	100.00	27	100.00
13	Central Java	35	35	35	100.00	35	100.00	35	100.00
14	DI Yogyakarta	5	5	5	100.00	5	100.00	5	100.00
15	East Java	38	38	38	100.00	38	100.00	38	100.00
16	Banten	8	8	8	100.00	8	100.00	8	100.00
17	Bali	9	9	9	100.00	9	100.00	9	100.00
18	West Nusa Tenggara	10	10	9	90.00	9	90.00	10	100.00
19	East Nusa Tenggara	21	22	11	52.38	7	33.33	6	27.27
20	West Kalimantan	14	14	14	100.00	12	85.71	14	100.00
21	Central Kalimantan	14	14	13	92.86	12	85.71	14	100.00
22	South Kalimantan	13	13	13	100.00	13	100.00	13	100.00
23	East Kalimantan	14	10	14	100.00	14	100.00	10	100.00
24	North Kalimantan		5					5	100.00
25	North Sulawesi	15	15	12	80.00	14	93.33	14	93.33
26	Central Sulawesi	11	13	11	100.00	11	100.00	13	100.00
27	South Sulawesi	24	24	23	95.83	22	91.67	22	91.67
28	South East Sulawesi	12	14	7	58.33	8	66.67	9	64.29
29	Gorontalo	6	6	6	100.00	6	100.00	6	100.00
30	West Sulawesi	5	6	4	80.00	5	100.00	6	100.00
31	Maluku	11	11	6	54.55	4	36.36	4	36.36
32	North Maluku	9	10	5	55.56	7	77.78	6	60.00
33	West Papua	11	13	3	27.27	6	54.55	3	23.08
34	Papua	29	29	6	20.69	1	3.45	7	24.14
Indonesia		497	511	417	83.90	412	82.90	433	84.74

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

ANNEX 6.26

**RABIES CASE BY PROVINCE
IN INDONESIA YEAR 2012-2014**

No	Province	2012			2013			2014		
		GHPR	VAR	LYSSA	GHPR	VAR	LYSSA	GHPR	VAR	LYSSA
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	138	103	0	524	323	1	607	375	1
2	North Sumatra	4,563	3,816	18	3,468	2,721	5	1,592	1,286	4
3	West Sumatra	2,606	1,975	14	3,037	2,274	8	3,262	2,435	8
4	Riau	1,500	1,252	0	5,106	4,359	12	848	716	3
5	Jambi	674	516	0	778	638	0	104	94	0
6	South Sumatra	982	681	1	772	234	0	114	62	0
7	Bengkulu	775	607	3	926	736	3	804	559	5
8	Lampung	450	413	1	1,102	945	0	626	461	3
9	Bangka Belitung Islands*	0	0	0	0	0	0	0	0	0
10	Riau Islands*	0	0	0	0	0	0	0	0	0
11	DKI Jakarta*	0	0	0	0	0	0	0	0	0
12	West Java	530	192	1	396	317	0	112	58	0
13	Central Java*	0	0	0	0	0	0	0	0	0
14	DI Yogyakarta*	0	0	0	0	0	0	0	0	0
15	East Java*	0	0	0	0	0	0	0	0	0
16	Banten	14	9	0	48	18	0	23	8	0
17	Bali	55,836	52,250	8	37,066	30,359	1	21,161	18,164	1
18	West Nusa Tenggara*	0	0	0	0	0	0	0	0	0
19	East Nusa Tenggara	5,564	5,176	7	5,067	4,172	6	5,340	4,582	0
20	West Kalimantan	0	0	0	0	0	0	111	48	13
21	Central Kalimantan	1,265	825	5	778	581	0	991	862	5
22	South Kalimantan	119	0	0	241	201	0	175	165	1
23	East Kalimantan	92	74	0	141	111	2	0	0	0
24	North Kalimantan	-	-	-	-	-	-	38	15	0
25	North Sulawesi	3,527	1,706	35	2,795	1,331	30	3,601	1,701	22
26	Central Sulawesi	1,197	960	4	1,239	1,066	8	890	675	2
27	South Sulawesi	1,201	841	9	2,022	997	6	775	444	0
28	South East Sulawesi	413	389	3	614	541	12	632	571	3
29	Gorontalo	458	292	6	507	350	8	471	346	4
30	West Sulawesi	603	601	0	678	215	1	331	147	0
31	Maluku	198	152	3	1,528	1,275	11	80	57	0
32	North Maluku	2,045	1,501	19	303	295	5	270	264	6
33	West Papua*	0	0	0	0	0	0	0	0	0
34	Papua*	0	0	0	0	0	0	0	0	0
Indonesia		84,750	74,331	137	69,136	54,059	119	42,958	34,095	81
Persentase VAR/GHPR		87.7%			78.2%			79.4%		

Source: DC: Ditjen PP & PL, Kemenkes RI, 2015

Note GHPR = Bite of potential rabies transmitting animal (*Gigitan Hewan Penular Rabies*); VAR = Anti rabies vaccinated case; LYSSA = Rabies positive and death

* Rabies Free Area

ANNEX 6.27

**FILARIASIS CASES BY PROVINCE
IN INDONESIA YEAR 2010-2014**

No	Province	Number of Clinical Case of Filariasis		
		2012	2013	2014
(1)	(2)	(3)	(4)	(5)
1	Aceh	2,359	2,359	2,375
2	North Sumatra	186	186	141
3	West Sumatra	193	193	274
4	Riau	310	310	532
5	Jambi	300	300	257
6	South Sumatra	185	185	232
7	Bengkulu	85	85	94
8	Lampung	74	74	74
9	Bangka Belitung Islands	207	105	207
10	Riau Islands	39	39	31
11	DKI Jakarta	53	53	53
12	West Java	480	877	811
13	Central Java	412	412	419
14	DI Yogyakarta	37	37	37
15	East Java	238	238	325
16	Banten	81	81	91
17	Bali	18	18	18
18	West Nusa Tenggara	71	71	14
19	East Nusa Tenggara	1,730	2,203	3,175
20	West Kalimantan	269	269	253
21	Central Kalimantan	238	238	227
22	South Kalimantan	422	422	365
23	East Kalimantan	409	409	524
24	North Kalimantan	-	-	13
25	North Sulawesi	30	30	30
26	Central Sulawesi	474	517	649
27	South Sulawesi	133	133	129
28	South East Sulawesi	119	119	213
29	Gorontalo	224	224	227
30	West Sulawesi	96	96	96
31	Maluku	70	70	70
32	North Maluku	27	27	27
33	West Papua	988	988	1,765
34	Papua	1,346	1,346	1,184
Indonesia		11,903	12,714	14,932

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

ANNEX 6.28

**CASE, DEATH AND CASE FATALITY RATE (CFR) OF LEPTOSPIROSIS
BY PROVINCE YEAR 2012 - 2014**

No	Province	2012			2013			2014		
		C	D	CFR	C	D	CFR	C	D	CFR
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	DKI Jakarta	10	0	0	66	7	10.61	106	18	16.98
2	West Java	0	-	-	1	0	0	0	-	-
3	Central Java	129	20	15.50	156	17	10.90	198	32	16.16
4	DI Yogyakarta	72	7	9.72	163	8	4.91	154	9	5.84
5	East Java	28	2	7.14	244	25	10.25	61	2	3.28
6	Banten	0	-	-	10	3	-	0	-	-
Indonesia		239	29	12.13	640	60	9.38	519	61	11.75

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

Note : C= Case, D= Death, CFR= Case Fatality Rate

**ANTHRAX CASE ON HUMAN
BY PROVINCE YEAR 2012 - 2014**

No.	Province	2012			2013			2014		
		Case	Treated	Death	Case	Treated	Death	Case	Treated	Death
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	East Nusa Tenggara	18	18	0	0	-	-	0	-	-
2	South Sulawesi	4	4	0	11	11	1	13	13	0
Indonesia		22	22	0	11	11	1	13	13	0

Source: DG of Diseases Control and Environmental Health, MoH RI, 2015

Annex 7.1

**NUMBER OF VILLAGE (DESA) CONDUCTING COMMUNITY-BASED TOTAL SANITATION (Ind: STBM)
2012- 2014**

No	Province	2012			2013			2014		
		Number of Village	Number of STBM Village	%	Number of Village	Number of STBM Village	%	Number of Village	Number of STBM Village	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	6,429	87	1.35	6,464	122	1.89	6,474	409	6.32
2	North Sumatra	5,687	109	1.92	5,945	121	2.04	6,080	466	7.66
3	West Sumatra	1,014	639	63.02	1,145	647	56.51	1,139	405	35.56
4	Riau	1,629	363	22.28	1,835	387	21.09	1,835	176	9.59
5	Jambi	1,406	159	11.31	1,553	169	10.88	1,561	296	18.96
6	South Sumatra	3,126	617	19.74	3,144	633	20.13	3,194	710	22.23
7	Bengkulu	1,448	112	7.73	1,524	125	8.20	1,513	172	11.37
8	Lampung	2,423	71	2.93	2,580	256	9.92	2,640	528	20.00
9	Bangka Belitung Islands	361	91	25.21	380	95	25.00	387	250	64.60
10	Riau Islands	351	35	9.97	415	96	23.13	416	102	24.52
11	DKI Jakarta	267	2	0.75	267	2	0.75	267	5	1.87
12	West Java	5,863	504	8.60	5,934	779	13.13	5,960	1,816	30.47
13	Central Java	8,589	1,423	16.57	8,578	2,817	32.84	8,559	3,257	38.05
14	DI Yogyakarta	438	34	7.76	438	63	14.38	438	377	86.07
15	East Java	8,523	2,838	33.30	8,505	3,618	42.54	8,499	4,737	55.74
16	Banten	1,535	116	7.56	1,551	149	9.61	1,551	144	9.28
17	Bali	714	10	1.40	714	672	94.12	716	246	34.36
18	West Nusa Tenggara	962	834	86.69	1,080	1,071	99.17	1,137	932	81.97
19	East Nusa Tenggara	2,925	1,084	37.06	3,200	1,531	47.84	3,268	1,678	51.35
20	West Kalimantan	1,958	206	10.52	1,986	252	12.69	1,997	295	14.77
21	Central Kalimantan	1,469	330	22.46	1,558	451	28.95	1,572	380	24.17
22	South Kalimantan	1,984	342	17.24	2,009	391	19.46	2,007	557	27.75
23	East Kalimantan	1,460	56	3.84	1,492	56	3.75	1,029	6	0.58
24	North Kalimantan *	-	-	-	-	-	-	482	89	18.46
25	North Sulawesi	1,634	26	1.59	1,790	50	2.79	1,822	338	18.55
26	Central Sulawesi	1,740	298	17.13	1,936	318	16.43	2,007	818	40.76
27	South Sulawesi	2,955	268	9.07	3,024	331	10.95	3,038	232	7.64
28	South East Sulawesi	1,971	36	1.83	2,142	118	5.51	2,197	188	8.56
29	Gorontalo	700	111	15.86	729	319	43.76	729	358	49.11
30	West Sulawesi	570	132	23.16	604	192	31.79	647	77	11.90
31	Maluku	902	59	6.54	1,169	77	6.59	1,224	138	11.27
32	North Maluku	1,062	72	6.78	1,151	107	9.30	1,180	166	14.07
33	West Papua	1,373	65	4.73	1,554	100	6.44	1,715	131	7.64
34	Papua	3,997	36	0.90	4,857	113	2.33	5,225	18	0.34
	Indonesia	77,465	11,165	14.41	81,253	16,228	19.97	82,505	20,497	24.84

Source: DG of Disease Control & Environmental Health, MoH RI, 2015

Note: *) In 2012 and 2013, North Kalimantan Data still combined with East Kalimantan Data

Annex 7.2

ACHIEVEMENT OF HOUSEHOLD CONDUCTING HEALTHY AND CLEAN LIFESTYLE (Ind: PHBS), 2014

No	Province	Number of Household	Number of Monitored Household	Household Conducting PHBS	Achievement (%)
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	1,100,855	172,878	52,439	30.33
2	North Sumatra	2,826,627	1,277,713	767,103	60.04
3	West Sumatra	1,065,762	716,709	381,888	53.28
4	Riau	1,419,169	274,735	142,458	51.85
5	Jambi	980,273	268,312	194,380	72.45
6	South Sumatra	2,487,172	1,098,700	703,547	64.03
7	Bengkulu	436,300	219,655	118,273	53.84
8	Lampung	1,997,440	1,025,730	620,109	60.46
9	Bangka Belitung Islands	260,270	61,555	39,961	64.92
10	Riau Islands	661,179	334,714	126,390	37.76
11	DKI Jakarta	1,674,145	652,620	451,948	69.25
12	West Java	10,241,714	6,182,810	3,178,032	51.40
13	Central Java	5,862,785	3,686,050	2,621,471	71.12
14	DI Yogyakarta	1,039,995	456,272	170,918	37.46
15	East Java	11,115,604	2,101,342	1,013,984	48.25
16	Banten	3,012,974	917,588	560,707	61.11
17	Bali	976,428	138,783	103,041	74.25
18	West Nusa Tenggara	1,305,302	50,907	15,008	29.48
19	East Nusa Tenggara	1,013,882	242,617	118,942	49.02
20	West Kalimantan	876,869	111,336	45,336	40.72
21	Central Kalimantan	617,700	160,473	70,742	44.08
22	South Kalimantan	894,552	222,701	110,772	49.74
23	East Kalimantan	870,912	264,645	199,184	75.26
24	North Sulawesi	634,990	406,199	311,206	76.61
25	Central Sulawesi	663,589	2,633	828	31.45
26	South Sulawesi	1,847,825	1,247,789	666,694	53.43
27	South East Sulawesi	472,315	329,813	146,818	44.52
28	Gorontalo	243,981	57,610	39,965	69.37
29	West Sulawesi	258,559	90,165	48,354	53.63
30	Maluku	316,597	183,048	70,268	38.39
31	North Maluku	196,762	37,482	20,625	55.03
32	West Papua	168,076	22,275	5,681	25.50
33	Papua	658,584	498,894	186,790	37.44
Indonesia		58,199,187	23,514,753	13,303,862	56.58

Source : Center of Health Promotion, MoH RI, 2015

Annex 7.3

**NUMBER OF DISTRICT/MUNICIPALITY CONDUCTING HEALTHY DISTRICT/MUNICIPALITY (Ind: KKS)
IN INDONESIA, 2014**

No.	Province	Number of District/Municipality	Number of District/Municipality That Organize KKS	%
(1)	(2)	(3)	(4)	(5)
1	Aceh	23	2	8.70
2	North Sumatra	33	17	51.52
3	West Sumatra	20	20	100.00
4	Riau	12	9	75.00
5	Jambi	11	8	72.73
6	South Sumatra	16	13	81.25
7	Bengkulu	10	8	80.00
8	Lampung	15	9	60.00
9	Bangka Belitung Islands	7	7	100.00
10	Riau Islands	7	2	28.57
11	DKI Jakarta	6	6	100.00
12	West Java	26	26	100.00
13	Central Java	36	36	100.00
14	DI Yogyakarta	5	5	100.00
15	East Java	38	38	100.00
16	Banten	8	6	75.00
17	Bali	9	9	100.00
18	West Nusa Tenggara	10	10	100.00
19	East Nusa Tenggara	19	7	36.84
20	West Kalimantan	14	8	57.14
21	Central Kalimantan	14	2	14.29
22	South Kalimantan	13	10	76.92
23	East Kalimantan	13	13	100.00
24	North Kalimantan	5	0	0.00
25	North Sulawesi	15	10	66.67
26	Central Sulawesi	13	5	38.46
27	South Sulawesi	24	24	100.00
28	South East Sulawesi	14	9	64.29
29	Gorontalo	6	6	100.00
30	West Sulawesi	6	4	66.67
31	Maluku	10	0	0.00
32	North Maluku	11	1	9.09
33	West Papua	13	0	0.00
34	Papua	29	1	3.45
Indonesia		511	331	64.77

Source : DG of Disease Control & Environmental Health, MoH RI, 2015

Annex 7.4

**PERCENTAGE OF HOUSEHOLD WITH ACCESS TO PROPER DRINKING WATER
2013 - 2014**

No.	Province	2013*)	2014
(1)	(2)	(3)	(4)
1	Aceh	60.76	61.10
2	North Sumatra	68.00	67.13
3	West Sumatra	64.34	61.20
4	Riau	73.17	73.18
5	Jambi	77.90	60.78
6	South Sumatra	61.73	59.14
7	Bengkulu	61.18	35.17
8	Lampung	65.72	51.48
9	Bangka Belitung Islands	39.30	62.53
10	Riau Islands	53.37	83.27
11	DKI Jakarta	92.64	91.23
12	West Java	63.50	63.92
13	Central Java	65.57	71.41
14	DI Yogyakarta	69.58	77.70
15	East Java	78.81	74.82
16	Banten	75.19	67.76
17	Bali	88.59	93.22
18	West Nusa Tenggara	59.45	63.94
19	East Nusa Tenggara	54.85	52.65
20	West Kalimantan	64.70	60.91
21	Central Kalimantan	54.10	58.73
22	South Kalimantan	61.59	57.67
23	East Kalimantan	78.93	75.11
24	North Sulawesi	70.06	70.16
25	Central Sulawesi	56.80	58.26
26	South Sulawesi	60.21	68.68
27	South East Sulawesi	66.95	73.74
28	Gorontalo	47.27	66.18
29	West Sulawesi	69.43	50.88
30	Maluku	58.49	63.01
31	North Maluku	57.19	61.98
32	West Papua	67.03	68.80
33	Papua	47.70	49.42
Indonesia		67.93	68.11

Source: BPS - Statistics Indonesia, 2015

Socio-Economic Survey of Indonesia (Ind: *SUSENAS*) third quarter period in both 2013 and 2014

Note: The 2013 data was recalculated using weighting from adapted 2014 data

Annex 7.5

**PERCENTAGE OF QUALIFIED DRINKING WATER
2014**

No	Province	2014		
		Number of Sample	Number of Adequat Sample	Percentage of Qualified Drinking Water (%)
(1)	(2)	(3)	(4)	(5)
1	Aceh	23	20	86.96
2	North Sumatra	18	18	100.00
3	West Sumatra	73	62	84.93
4	Riau	-	-	-
5	Jambi	-	-	-
6	South Sumatra	5	5	100.00
7	Bengkulu	15	15	100.00
8	Lampung	54	23	42.59
9	Bangka Belitung Islands	8	8	100.00
10	Riau Islands	-	-	-
11	DKI Jakarta	40	40	100.00
12	West Java	140	107	76.43
13	Central Java	89	60	67.42
14	DI Yogyakarta	30	24	80.00
15	East Java	57	51	89.47
16	Banten	38	2	5.26
17	Bali	-	-	-
18	West Nusa Tenggara	37	36	97.30
19	East Nusa Tenggara	37	37	100.00
20	West Kalimantan	-	-	-
21	Central Kalimantan	120	88	73.33
22	South Kalimantan	180	138	76.67
23	East Kalimantan	120	100	83.33
24	North Sulawesi	79	79	100.00
25	Central Sulawesi	20	20	100.00
26	South Sulawesi	90	76	84.44
27	South East Sulawesi	-	-	-
28	Gorontalo	40	29	72.50
29	West Sulawesi	36	18	50.00
30	Maluku	38	36	94.74
31	North Maluku	80	40	50.00
32	West Papua	2	1	50.00
33	Papua	4	4	100.00
Indonesia		1,473	1,137	77.19

Source : DG of Disease Control & Environmental Health, MoH RI, 2015

Annex 7.6

**PERCENTAGE OF HOUSEHOLDS WITH ACCESS TO PROPER SANITATION
2013 - 2014**

No	Province	2013*)	2014*)
(1)	(2)	(3)	(4)
1	Aceh	49.81	29.54
2	North Sumatra	63.77	67.64
3	West Sumatra	45.59	40.07
4	Riau	58.44	45.73
5	Jambi	73.61	55.25
6	South Sumatra	58.29	58.24
7	Bengkulu	54.48	39.85
8	Lampung	77.55	34.67
9	Bangka Belitung Islands	35.06	80.13
10	Riau Islands	46.37	59.68
11	DKI Jakarta	86.60	86.81
12	West Java	58.92	63.25
13	Central Java	68.62	69.07
14	DI Yogyakarta	65.11	82.54
15	East Java	82.03	65.13
16	Banten	59.81	68.09
17	Bali	85.15	74.35
18	West Nusa Tenggara	54.35	59.35
19	East Nusa Tenggara	24.91	12.77
20	West Kalimantan	48.50	44.97
21	Central Kalimantan	37.50	29.48
22	South Kalimantan	55.16	19.36
23	East Kalimantan	72.61	66.95
24	North Sulawesi	70.99	68.17
25	Central Sulawesi	50.25	54.51
26	South Sulawesi	54.12	72.97
27	South East Sulawesi	68.87	66.50
28	Gorontalo	48.02	59.83
29	West Sulawesi	57.59	59.48
30	Maluku	58.17	61.70
31	North Maluku	57.49	58.97
32	West Papua	51.89	65.80
33	Papua	25.37	24.78
Indonesia		60.55	61.06

Source: BPS - Statistics Indonesia, 2015

Socio-Economic Survey of Indonesia (Ind: *SUSENAS*) third quarter period in both 2013 and 2014

Note: The 2013 data was recalculated using weighting from adapted 2014 data

Annex 7.7

**PERCENTAGE OF HOUSE THAT FULFILL HEALTH CRITERIA
2014**

No.	Province	Percentage Of House That Fulfill Health Criteria (%)
(1)	(2)	(3)
1	Aceh	36.76
2	North Sumatra	73.40
3	West Sumatra	72.88
4	Riau	74.00
5	Jambi	73.53
6	South Sumatra	72.28
7	Bengkulu	69.70
8	Lampung	71.25
9	Bangka Belitung Islands	71.57
10	Riau Islands	75.50
11	DKI Jakarta	73.00
12	West Java	67.31
13	Central Java	70.40
14	DI Yogyakarta	69.85
15	East Java	74.00
16	Banten	69.43
17	Bali	88.12
18	West Nusa Tenggara	71,12
19	East Nusa Tenggara	60.30
20	West Kalimantan	64.70
21	Central Kalimantan	59.70
22	South Kalimantan	48.10
23	East Kalimantan	72.37
24	North Sulawesi	70.65
25	Central Sulawesi	79.66
26	South Sulawesi	76.60
27	South East Sulawesi	59,09
28	Gorontalo	59,79
29	West Sulawesi	76.04
30	Maluku	33.05
31	North Maluku	81.80
32	West Papua	52.00
33	Papua	-
Indonesia		61.81

Source : DG of Disease Control & Environmental Health, MoH RI, 2015

Annex 7.8

**PERCENTAGE OF PUBLIC AREAS (Ind: TTU) THAT FULFILL HEALTH CRITERIA
2014**

No.	Province	Percentage of Public Areas that Fulfill Health Criteria (%)
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>
1	Aceh	53.46
2	North Sumatra	75.50
3	West Sumatra	81.89
4	Riau	59.61
5	Jambi	52.48
6	South Sumatra	84.78
7	Bengkulu	55.45
8	Lampung	47.35
9	Bangka Belitung Islands	58.21
10	Riau Islands	75.01
11	DKI Jakarta	83.50
12	West Java	56.60
13	Central Java	60.80
14	DI Yogyakarta	87.90
15	East Java	76.00
16	Banten	64.71
17	Bali	72.85
18	West Nusa Tenggara	79.00
19	East Nusa Tenggara	-
20	West Kalimantan	58.91
21	Central Kalimantan	59.00
22	South Kalimantan	80.42
23	East Kalimantan	82.40
24	North Sulawesi	88.00
25	Central Sulawesi	89.41
26	South Sulawesi	86.05
27	South East Sulawesi	86,20
28	Gorontalo	83.00
29	West Sulawesi	62.22
30	Maluku	56.69
31	North Maluku	83.20
32	West Papua	61.00
33	Papua	-
Indonesia		68.24

Source : DG of Disease Control & Environmental Health, MoH RI, 2015

Annex 7.9

**PERCENTAGE OF FOOD INDUSTRY (Ind: TPM) THAT FULFILL HEALTH CRITERIA
2014**

No.	Province	Percentage of Food Industry that Fulfill Health Criteria (%)
(1)	(2)	(3)
1	Aceh	71.09
2	North Sumatra	76.54
3	West Sumatra	73.52
4	Riau	75.79
5	Jambi	71.05
6	South Sumatra	78.61
7	Bengkulu	69.15
8	Lampung	62.46
9	Bangka Belitung Islands	85.54
10	Riau Islands	73.44
11	DKI Jakarta	67.55
12	West Java	72.26
13	Central Java	71.42
14	DI Yogyakarta	80.01
15	East Java	75.78
16	Banten	75.01
17	Bali	90.01
18	West Nusa Tenggara	72.01
19	East Nusa Tenggara	76.62
20	West Kalimantan	75.35
21	Central Kalimantan	78.05
22	South Kalimantan	71.57
23	East Kalimantan	77.32
24	North Sulawesi	74.71
25	Central Sulawesi	79.70
26	South Sulawesi	80.00
27	South East Sulawesi	55.65
28	Gorontalo	75.01
29	West Sulawesi	60.45
30	Maluku	93.58
31	North Maluku	74.44
32	West Papua	93.18
33	Papua	75.06
Indonesia		75.21

Source : DG of Disease Control & Environmental Health, MoH RI, 2015

Annex 7.10

**PERCENTAGE OF DISTRICT/MUNICIPALITY CONDUCTING MEDICAL WASTE MANAGEMENT
IN HOSPITAL, 2014**

No.	Province	Number of District/Municipality	Number of District/Municipality Conducting Medical Waste Management	Percentage of District/Municipality Conducting Medical Waste Management (%)
(1)	(2)	(3)	(4)	(5)
1	Aceh	23	6	26.09
2	North Sumatra	33	8	24.24
3	West Sumatra	19	19	100.00
4	Riau	12	12	100.00
5	Jambi	11	11	100.00
6	South Sumatra	17	15	88.24
7	Bengkulu	10	10	100.00
8	Lampung	15	14	93.33
9	Bangka Belitung Islands	7	7	100.00
10	Riau Islands	7	7	100.00
11	DKI Jakarta	6	6	100.00
12	West Java	27	26	96.30
13	Central Java	35	35	100.00
14	DI Yogyakarta	5	5	100.00
15	East Java	38	38	100.00
16	Banten	8	8	100.00
17	Bali	9	9	100.00
18	West Nusa Tenggara	10	10	100.00
19	East Nusa Tenggara	22	17	77.27
20	West Kalimantan	14	14	100.00
21	Central Kalimantan	14	14	100.00
22	South Kalimantan	13	13	100.00
23	East Kalimantan	10	7	70.00
24	North Kalimantan	5	-	-
25	North Sulawesi	15	4	26.67
26	Central Sulawesi	13	3	23.08
27	South Sulawesi	24	24	100.00
28	South East Sulawesi	14	12	85.71
29	Gorontalo	6	6	100.00
30	West Sulawesi	6	3	50.00
31	Maluku	11	1	9.09
32	North Maluku	10	10	100.00
33	West Papua	13	2	15.38
34	Papua	29	6	20.69
Indonesia		511	382	74.76

Source : DG of Disease Control & Environmental Health, MoH RI, 2015

