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REPUBLIC OF INDONESIA

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Fax no: 62-21-5203874
E-mail: pusdatin@depkes.go.id
Web site: <http://www.kemkes.go.id>

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Contributors

Bureau of Planning and Budgeting; Bureau of Personnel; Bureau of Finance and State Owned Asset; Center for Health Promotion; Center of Health Financing and Assurance; Secretariat of Directorate General of Nutrition and Maternal and Child Health; Directorate of Maternal Health; Directorate of Child Health; Directorate of Nutrition; Secretariat of Directorate General of Health Effort; Directorate of Primary Health Effort; Directorate of Secondary Health Effort; Secretariat of Pharmaceutical and Health Device; Secretariat of Disease Control and Environmental Health; Directorate of Surveillance, Immunization Quarantine and Matra Health; Directorate of Direct Communicable Disease Control; Directorate of Vector Borne Disease Control; Directorate of Non-Communicable Disease Control; Secretariat of National Institute for Health Research and Development; Secretariat of Agency for Development and Empowerment Human Resources of Health; Center for Health Personnel Education and Training

Language Editor/Consultant

Dr. dr. Herqutanto MPH, MARS

Translators

Dr. dr. Herqutanto MPH, MARS; dr. Aria Kekalih, MTI; Yoli Farradika, SKM;
Yuni Dwi Anggraini, MPd; Heffy Dianawati, MPd

FOREWORD

SECRETARY GENERAL MINISTRY OF HEALTH RI



We Thank God the Almighty for the blessing to complete the Indonesia Health Profile 2013. Indonesia Health Profile is a comprehensive source of data and information related to health.

Indonesia Health Profile data are derived from technical units within the Ministry of Health and other institutions that have health-related data, such as the National Bureau of Statistics (BPS) and the National Coordinating Bureau of Family Planning (BKKBN).


Data shown in Indonesia Health Profile can help us in comparing performance among provinces in Indonesia, verifying achievement of health development in Indonesia, and can be used as a basis for further planning of health development programs.

There are systematic changes in the chapters of Indonesia Health Profile 2013 compared to Indonesia Health Profile published in subsequent years. In the previous version of Indonesia Health Profile the chapters consist of Introduction, Overview, Health Status Situation, Health Services, Health Resources and comparison between countries. In Indonesia Health Profile 2013 the chapters are Demography, Health Facilities, Health Workers, Health Financing, Family Health (Maternal & Child Health), as well as the Disease Control and Environmental Health.

Indonesia Health Profile 2013 is presented in the form of print outs and soft copy (CD) and can be downloaded at the website www.kemkes.go.id. Hopefully this publication will be useful for all parties, including government, professional organizations, academic institutions, private sector and the community. It is also expected to contribute positively to the health development in Indonesia. Criticisms and suggestions are expected for future refinement.

To those who have contributed in the preparation of Indonesia Health Profile 2013, we would like to express our gratitude.

Jakarta, July 2014
Secretary General
Ministry of Health RI



dr. Supriyantoro, Sp.P, MARS
NIP. 195408112010061001



FOREWORD

MINISTER OF HEALTH RI



Data and information is one of the crucial components at the planning stages of health development, before decisions are made. Therefore, I welcome the publication of Indonesia Health Profile 2013

Law Number 36 Year 2009 on Health explicitly mandates that every person has the right to access balanced and responsible information and education about the health. Thus it is our job together as stakeholders in the health sector to provide high quality data and information.

Indonesia Health Profile 2013 as the publication of data and health information continues to make refine and improve, now that it can present higher quality, valid, and consistent data and information. Fulfillment of data completeness and timeliness of data delivery in terms of both area coverage and indicators are the main problems encountered in the process of preparing Indonesia Health Profile. Therefore, commitment to the integration of data and information as well as coordination between central and local government are strongly needed.

I want to express my highest appreciation to all parties involved in the process of preparing Indonesia Health Profile 2013. I really hope this publication can be used as a reference in terms of data and information for all stakeholders in health development in Indonesia.

Jakarta, July 2014
Minister of Health,

dr. Nafsiah Mboi, Sp.A, MPH

ABBREVIATION

3M Plus	: Draining, Closing, Burying, plus Avoiding mosquito bites
ABH	: Children in Conflict Law
ACT	: Artemisinin-based Combination Therapy
ADB	: Asian Development Bank
ADD	: Children With Disabilities
AFP	: Acute Flaccid Paralysis
AHH	: Life Expectancy 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
AMH	: Literacy Rate
AMP	: Maternal Perinatal Audit
ANC	: Ante Natal Care
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

<i>ASEAN</i>	: 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	: Gratuitous defecation
BB/TB	: Nutritional status based on Weight by Height
BB/U	: Nutritional status based on Weight by Age
BBLR	: Low Birth Weight Babies
BCG	: Bacille Calmette-Guérin
BJP	: Not Piping Network
BOK	: Health Operational Fund
BPS	: BPS-Statistics Indonesia
BTA +	: Positive Acid Bacillus
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

DJJ	: Fetal Heart Rate
DO Rate	: Drop Out Rate
DPT	: Diphteri Pertusis Tetanus
DTPK	: Underdeveloped, Borders, and Islands Regions
EKG	: Electrocardiogram
EMAS	: Expanding Maternal and Neonatal Survival
FCP	: Female Cancer Program
FGD	: Focus Group Discussion
GHPR	: Animal bites transmitting rabies
HAM	: Human Rights
Hb	: Hemoglobin
HDI	: Human Development Index
HDK	: Hypertension In Pregnancy
HIV	: Human Immunodeficiency Virus
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
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
IR	: Incidence Rate
ISPA	: Acute Respiratory Infection

IVA	: Visual Inspection with Acetic Acid
IUD	: Intra Uterine Device
Jamkesmas	: Public Health Insurance
Jampersal	: Insurance for delivery
JMP	: Joint Monitoring Program
K1	: New visits of pregnant women, i.e. first visit of pregnant women 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
KF 3	: Postpartum visits; Service to the puerperal women 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	: Communication, Information, and Education
KKI	: Indonesian Medical Council
KKS	: Healthy District/Municipality
KLB	: Outbreak
KMS	: Health Card
KN1	: First neonates 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
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
LPA	: Child Protection Agency
LPP	: Rate of population growth
LSL	: Men Sex with Men/Homosexual
LSM	: Non-Governmental Organization
MA	: Islamic High School
MAK	: Labor Active Management
MB	: Multi Basilar
MDGs	: Millenium Development Goals
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
NAPZA	: Narcotics, Psychotropic and Other Addictive Substances
NCDR	: 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	: Large Pharmacy
PD3I	: Preventable Diseases by Immunization
PDAM	: Regional Water Company
Perpres	: Presidential Decree
PET	: Post Exposure Treatment
PHBS	: Clean and Healthy Behavior
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 Services
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
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	: Supporting Puskesmas (Supporting 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
SEARO	: WHO South-East Asia Regional
Sentra P3T	: Center of Development and Application of Traditional Medicine
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
SR	: 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
TOT	: Training of Trainer
TPT	: Unemployment Rate
TT	: Tetanus Toxoid

UCI	: Universal Child Immunization; complete primary immunization in infants (0-11 months), pregnant women, women 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 women and women 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.
UKBM	: Community Based Health Services; UKBM examples are Poskesdes, Polindes, UKK Post, Poskestren, TOGA, Saka Bhakti Husada,etc.
UKGS	: Dental Health School program
UKOT	: Small Business of Traditional Medicine
UKS	: School Health Program
UMOT	: Micro Business of Traditional Medicine
UNICEF	: United Nations Children's Fund
UPPA	: Woman and Child Protection Unit
UPT	: Technical Implementation Unit
VAR	: Anti Rabies Vaccine
VCT	: Voluntary, Counseling, and Testing
WDF	: World Diabetes Foundation
WHO	: World Health Organization
WNA	: Foreign Citizen
WUS	: Women of childbearing age/Women of Reproductive Age(WRA) ; state of the reproductive organs to function properly between 20-45 years old

FIGURE

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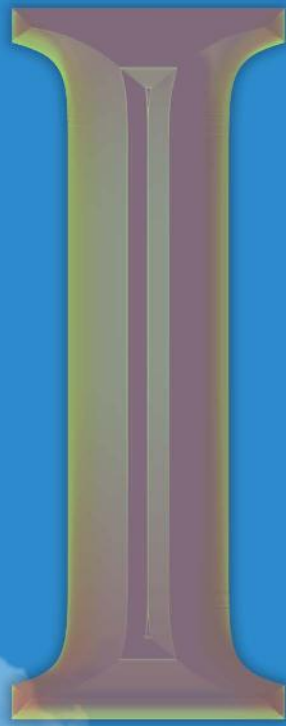
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A large, stylized Roman numeral 'I' is centered in the upper half of the image. It has a metallic, golden-brown gradient with a slight shadow, giving it a three-dimensional appearance. The background is a bright blue sky with white clouds on the left and a large, curved teal shape on the right.

DEMOGRAPHY



CHAPTER I

DEMOGRAPHY

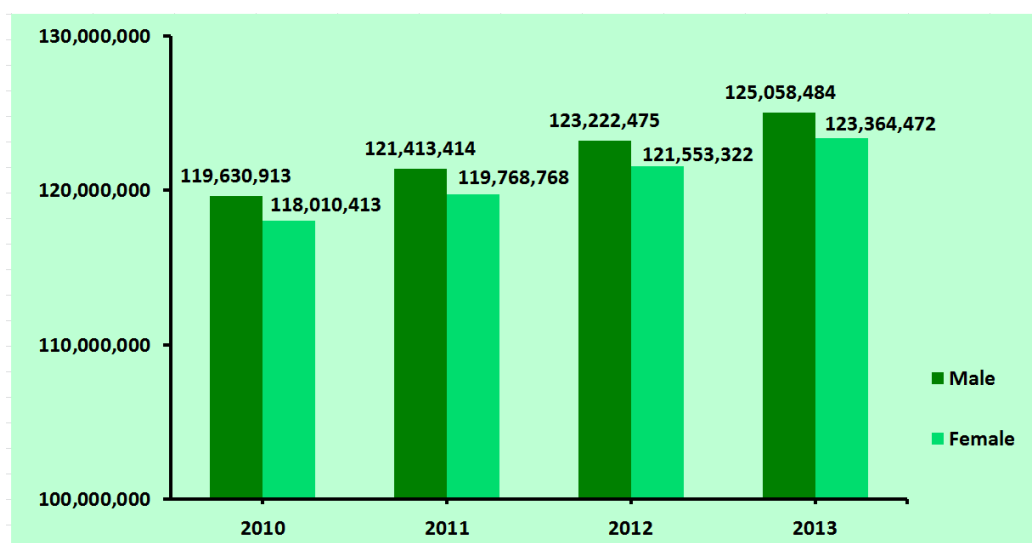
Geographically, Indonesia is located between two continents: Asia and Australia, and between two oceans: Indian and Pacific Ocean. Astronomically, Indonesia is located between 6° six degrees of northern latitude to 11° degrees of southern latitude and 95°- 141° of East longitude. Indonesia consists of 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.

In 2013, Indonesia was divided administratively into 33 provinces, 497 districts/municipalities (399 districts and 98 municipalities), 6,994 sub-districts, 8,309 desa, and 72,944 villages. This condition is based on Ministry of Home Affairs regulation no. 18 – 2013 about the code and Government Administrative Region, the Ministry of Home Affairs. Indonesian territorial division administratively based on the provinces in 2013 can be seen in annex 1.1.

A. THE STATE OF THE POPULATION

Ministry of Health with the guidance from BPS-Statistics Indonesia estimates the population number by 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 in different time.

FIGURE 1.1
THE NUMBER OF INDONESIA'S POPULATION BASED ON SEX IN 2010 – 2013

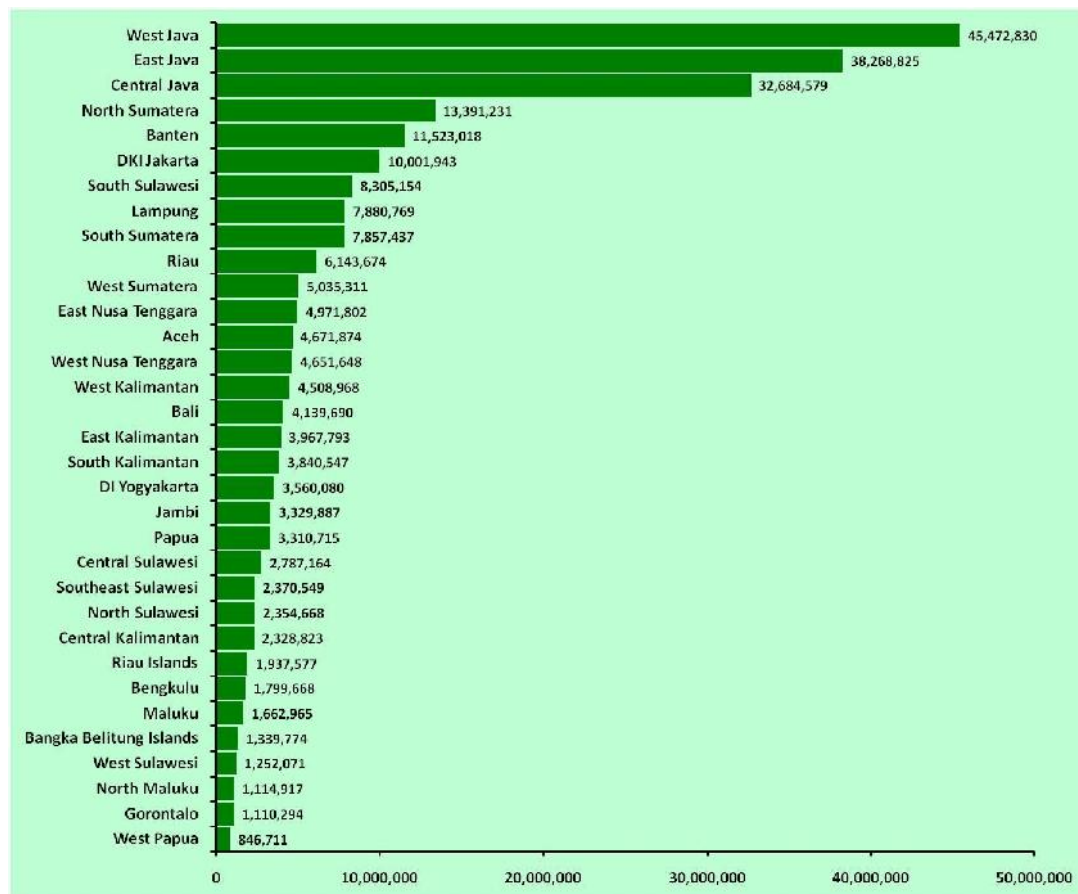


Source: BPS-Statistics Indonesia, 2010, The result of population census

Center for Data and Information, Ministry of Health of Republic of Indonesia, 2013, Estimation Result.

The estimated number of the population in 2013 was 248,422,936 people, which consisted of 125,058,484 men and 123,364,472 women. The number of Indonesia's population increases rapidly. 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 2013 was 101. This number means that there were 101 men among 100 women. The details of the population number by sex and province can be seen in annex 1.3.

FIGURE 1.2
NUMBER OF INDONESIA'S POPULATION BASED ON PROVINCE IN 2013

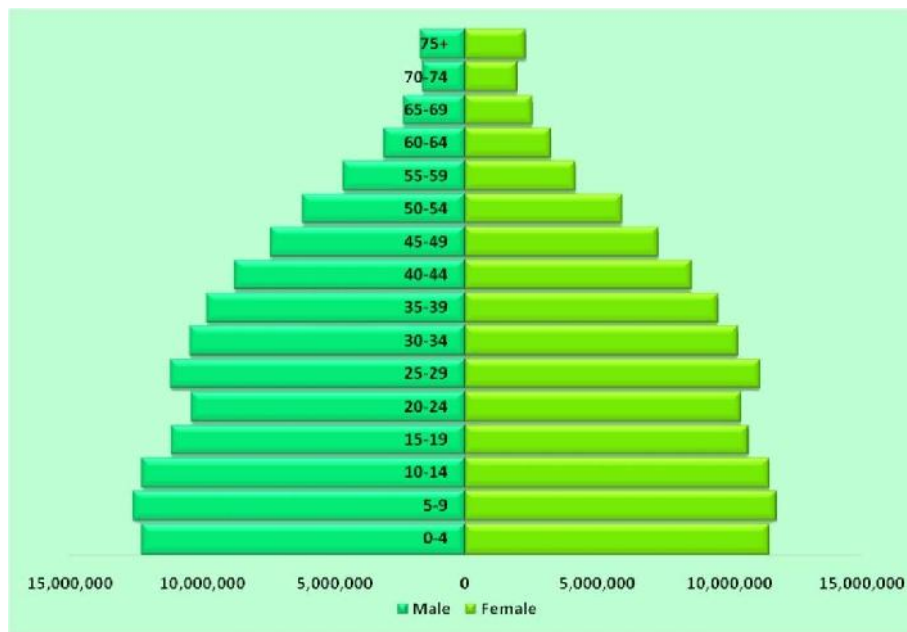


Source: Center for Data and Information, Ministry of Health of Republic of Indonesia, 2013, Estimation Result

In figure 1.2, based on the estimation, the highest number of population in Indonesia is in the Province of West Java – that is 45,472,830 people – followed by East Java with 38,268,825 people and Central Java with 32,684,579 people. While the lowest number of the population is in the Province of West Papua with 846,711 people, followed by Gorontalo with 1,110,294 people and North Maluku with 1,114,917 people.

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 which has been done, a pyramid of population in 2013 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
INDONESIAN'S POPULATION PYRAMID IN 2013

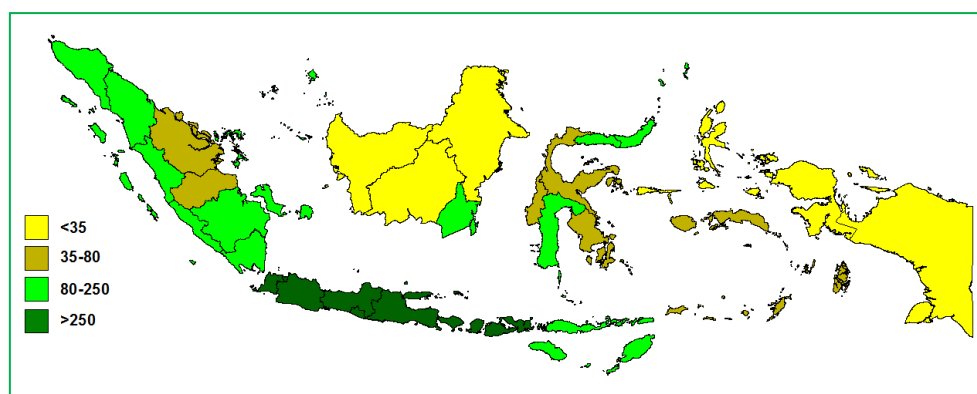


Source: Center for Data and Information, Ministry of Health of Republic of Indonesia, 2013, Estimation Result

Figure 1.3 above showed that the population structure in Indonesia includes young population and it 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 the increase of life expectancy, especially women. This condition can lead to the need of policy towards aging population. Increase number of the old population means increase of wealth and health condition, but on the other side it can become the burden because this group of population is not productive anymore. The detail of the number of the population based on sex and the age group in Indonesia in 2013 can be seen in annex 1.2.

Population concentration in an area can be learnt using population density. Population density shows that 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 130 population per square kilometer. Population density is useful as a reference to actualize the equalization and the distribution of the population. Population density based on the province can be seen in annex 1.4.

FIGURE 1.4
DISTRIBUTION MAP OF INDONESIAN POPULATION DENSITY IN 2013



Source: Center for Data and Information, Ministry of Health of Republic of Indonesia, 2013, Estimation Result.

In figure 1.4, the population density in Indonesia was not equitably distributed. The highest population density was in Java Island. The lowest population density was in Papua and Kalimantan Islands. The highest population density in Indonesia was in DKI Jakarta Province with 15,063 people as per square kilometer, West Java with 1,285 people as per square kilometer, and Banten with 1,193 people as per square kilometer. The lowest population density in Indonesia was in West Papua Province with nine people per square kilometer, Papua with ten people per square kilometer and Central Kalimantan with 15 people per square kilometer.

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 Island; the control of population number by decreasing the birth number through the program that we call 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 *Angka Beban Tanggungan* or 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 dependency ratio over the non-productive one. This number can be used as a rough indicator that can show economic situation in a certain country. The higher the percentage of the dependency ratio shows the higher burden that has to be taken by the productive people to finance the people who are not productive yet and the non-productive ones as well. 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.

TABLE 1.1
NUMBER OF THE POPULATION AND THE DEPENDENCY RATIO
BASED ON SEX AND PRODUCTIVE AGE AND NON-PRODUCTIVE AGE GROUPS
IN INDONESIA IN 2013

No	Age	Male	Female	Male and Female
1	0 – 14 y.o.	36,890,004	34,818,903	71,708,907
2	15–64 y.o.	82,545,369	81,615,459	164,160,828
3	65 y.o. and over	5,623,111	6,930,110	12,553,221
Total		125.058.484	123,364,472	248,422,956
Dependency Ratio		51.5	51.2	51.3

Source: Centre for Data and Information, Ministry of Health of Republic of Indonesia, 2013, Estimation Result

On Table 1.1, the dependency ratio of the Indonesia's population in 2013 was 51.3. it means that 100 productive Indonesia's population, besides taking the 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 men's dependency ratio is much more than the women's. In 2013, the men's dependency ratio was 51.5, meaning that 100 productive men, besides taking their own burden, will take burden of 51.5 men who are not productive yet or those who are nonproductive anymore.

People as the development determinant must get serious attention. The development program, including in the health field, 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. To support those efforts, the data about the population as the target of the health development programs is needed.

TABLE 1.2
THE POPULATION AS THE TARGET OF HEALTH DEVELOPMENT PROGRAMS
IN INDONESIA IN 2013

No	Program Target	Age group /Formula	Sex		Total
			Male	Female	
1	Infant	0 y.o.	2,360,851	2,235,686	4,596,537
2	Underthree	0 – 2 y.o.	7,206,110	6,813,909	14,020,019
3	Underfive Children	1 – 4 y.o.	9,826,945	9,277,194	19,104,139
4	Underfive	0 – 4 y.o.	12,187,810	11,512,866	23,700,676
5	Pre-School	5 – 6 y.o.	4,910,185	4,627,189	9,537,374
6	First year elementary/equal	7 y.o.	2,504,571	2,359,109	4,863,680
7	Elementary student SD/equal	7 – 12 y.o.	14,963,805	14,099,541	29,063,346
8	Young population	< 15 y.o.	36,890,004	34,818,903	71,708,907
9	Productive Age	15 – 64 y.o.	82,545,369	81,615,459	164,160,828
10	Middle-age	45 – 59 y.o.	18,083,505	17,511,166	35,594,671
11	Older Population	≥ 60 y.o.	8,666,060	10,195,760	18,861,820
12	Older population with high risk	≥ 70 y.o.	3,280,197	4,341,648	7,621,845
13	Women of Reproductive Age (WRA)	15 – 49 y.o.	-	68,133,634	68,133,634
14	WRA for Vaccination	15 – 39 y.o.	-	52,239,003	52,239,003
15	Pregnant women	1,1 X livebirth	-	5,212,568	5,212,568
16	Delivering women	1,05 X livebirth	-	4,975,633	4,975,633
17	Puerpurial women	1,05 X livebirth	-	4,975,633	4,975,633
18	Livebirth	-	2,433,864	2,304,828	4,738,692

Source: Center for Data and Information, Ministry of Health of Republic of Indonesia, 2013, Estimation Result

Population data as the target of the program is really needed for the program administrator especially those who make the planning (yearly, every five years) and the

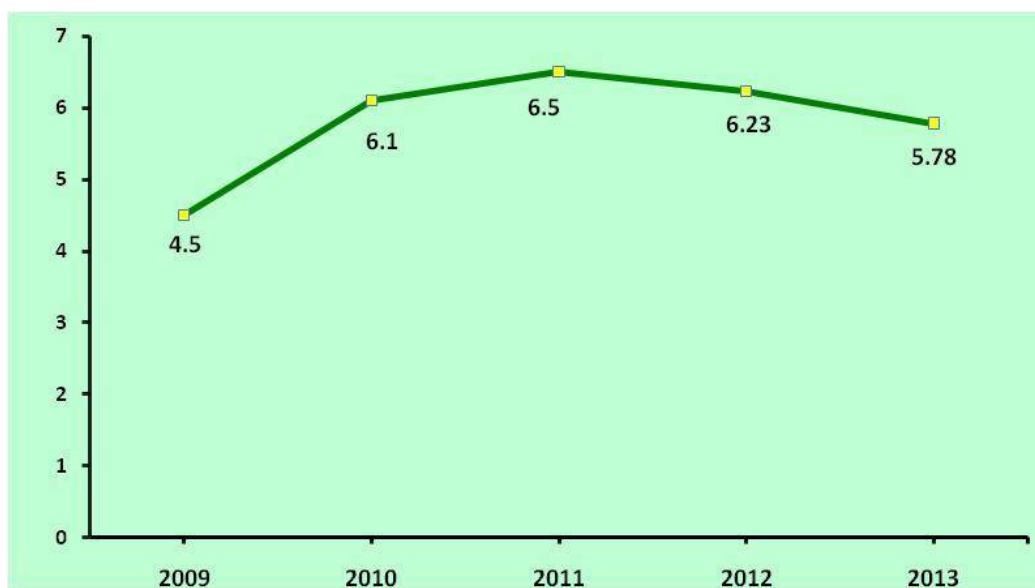
achievement evaluation of health efforts that have been carried out. In the planning, counting the targets, planning the activities and the need of the human resources who are going to carry out the actions are needed as well.

B. STATE OF THE 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 2013 on the basis of the prevailing price reached IDR 9,084.0 trillion, rising as much as IDR 151.4 trillion compared to in 2012. Based on the constants prices (in 2000) Indonesia's Gross Domestic Products in 2013 reached IDR 2,770.3 trillion, rising up to IDR 151.4 trillion compared to the one in 2012 (IDR 2,618.9 trillion).

Per-capita's Gross Domestic Product is Gross Domestic Product based on prevailing prices divided by the number of the population in the mid-year. Between 2009–2013, the per-capita's Gross Domestic Products based on the prevailing prices were increasing; the Gross Domestic Product in 2009 was IDR 23.9 million, IDR 27.0 million in 2010, IDR 30.7 million in 2011, IDR 33.5 million in 2012 and IDR 36.5 million in 2013.

FIGURE 1.5
INDONESIA'S ECONOMY GROWTH IN 2009 - 2013 (%)



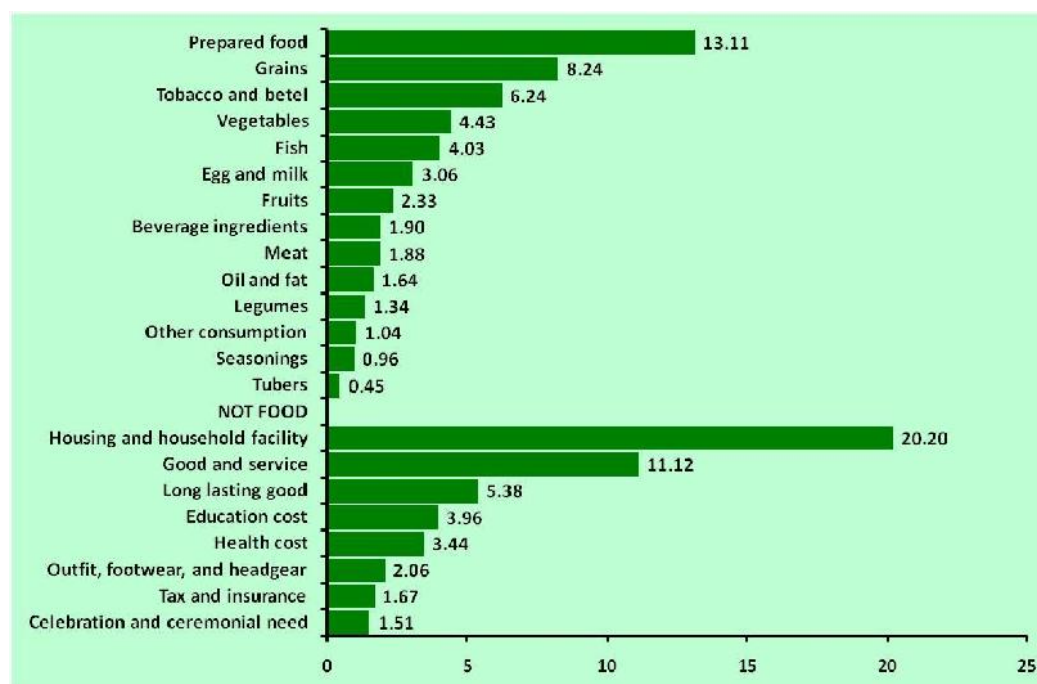
Source: BPS-Statistics Indonesia, 2014

In figure 1.5, the BPS-Statistic Indonesia data shows that the growth of Gross Domestic Products in 2013 increased by 5.78% compared to 2012. The economic growth that happened in 2013 was lower if compared to what happened in 2012 and 2013. This condition happened as the result of the global economy crisis, so that the revenues from the export sector and the tourist visits in Indonesia were also affected. The economic growth in Indonesia in 2009 - 2013 was not stable, which was also influenced by political condition and the existing investment climate.

The amount of the income received by the households can describe how prosperous a society is. However, the accurate income data is very difficult to get, 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.

FIGURE 1.6
PERCENTAGE OF PER-CAPITA'S MONTHLY AVERAGE EXPENDITURE
IN INDONESIA IN 2013



Source: BPS-Statistics Indonesia, 2014

In figure 1.6, based on the result of the first quarter of Consumption Module National Social Economy Survey (Ind:Susenas) in 2013, the expenditure percentage that was used to fulfill the non-food needs was lower compared to the expenditure for foods. This condition shows the characteristics of a developing country. The expenditure for non-food needs was 49.34% and the expenditure for foods was 50.66%. The most expenditure for foods was for processed foods, grains and tobacco/sirih leaves. While for non-foods, there were the expenditure for housing and the facilities of the households, goods and services, and durable goods. Monthly per-capita's health costs were just 3.44% of total expenditure. This number was lower compared to the needs of tobacco and *sirih* leaves, that was 6.24%.

The economic growth is closely related to jobs opportunities in Indonesia. The population, seen from the employment side, is a great supply for labor market, but not all population can do it because only those who are still productive can offer their services in labor 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 those who are active working and those who are seeking works. Those who are seeking works, those who are preparing business and those who already have jobs but have not started to work yet are called as open unemployment.

TABLE 1.3
GROWTH OF THE WORKFORCE, WORKING POPULATION
AND OPEN UNEMPLOYMENT IN INDONESIA IN 2011- 2013

Situation	February 2011	August 2011	February 2012	August 2012	February 2013	August 2013
Number of workforce	119,399,375	117,370,485	120,417,046	118,053,110	121,191,712	118,192,778
Workforce participation rate (%)	69.96	68.34	69.66	67.88	69.21	66.90
Number of population who are employed	111,281,744	109,670,399	112,802,805	110,808,154	114,021,189	110,804,041
Open unemployment	8,117,631	7,700,086	7,614,241	7,244,956	7,170,523	7,388,737
Rate of Open unemployment (%)	6.80	6.56	6.32	6.14	5.92	6.25

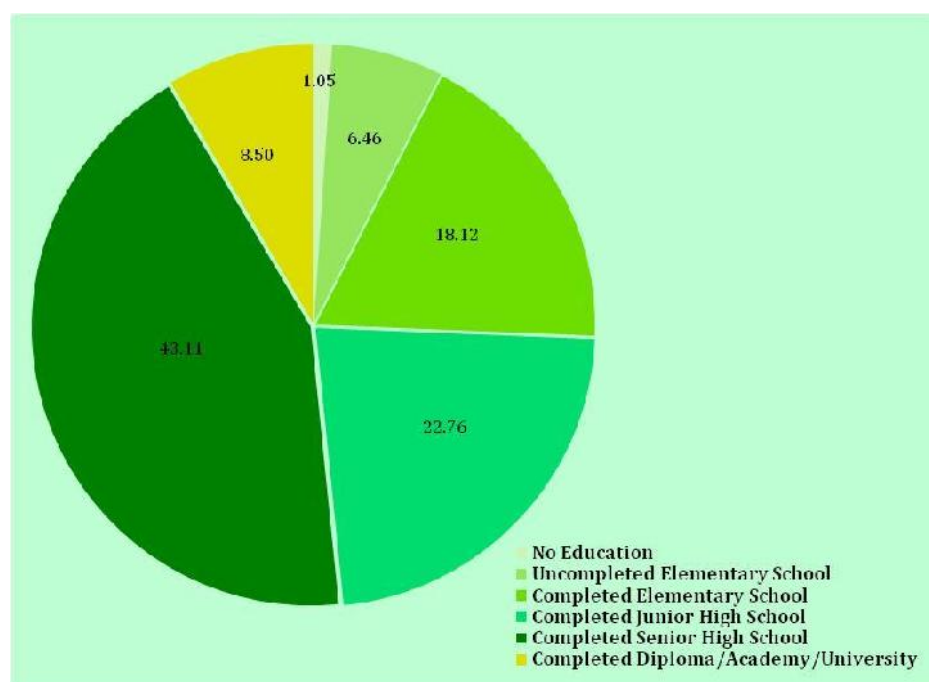
Source: BPS-Statistics Indonesia, 2014

The employment condition in Indonesia in 2013 can be seen in table 1.3. There was a decrease in the number of workforces, working population and there was an increase in the number of open unemployment in August 2013 compared to the condition in February 2013. The number of workforces in Indonesia in 2013 reached 118.3 million people, lower than the number of the workforces in February 2013 that reached 121.2 million people. The number of population who work in Indonesia in August 2013 reached 110.8 million people, lower than the condition in February 2013. Based on the level of participation, the workforce in August 2013 decreased if it was compared to the condition in February 2013 or in August 2012.

Based on BPS-Statistics Indonesia data publication, there was an increase in the number of unemployment in August 2013. The number of the unemployment in August 2013 reached 7.4 million, which was increasing compared to the condition in August 2012. The level of open unemployment (Ind:TPT) in August 2013 increasing up to 6.25% compared to the same condition in August 2012 and February 2013. The proportion of open unemployment from the workforce is useful as the reference for the government in opening new job vacancies in the future.

An interesting discussion about unemployment is the one based on the education levels. The percentage of the open unemployment is the comparison between number of job seekers and number of workforces. The definition of open unemployment is people who are seeking jobs or those who are preparing business, or even those who are not looking for jobs because they think it is impossible for them to get the jobs again, those who get the jobs but have not started to work yet. Those who are still studying or taking care of household chores are not included into the open unemployment.

FIGURE 1.7
THE PERCENTAGE OF OPEN UNEMPLOYMENT LEVELS BASED ON EDUCATION
IN INDONESIA – CONDITION IN AUGUST, 2013



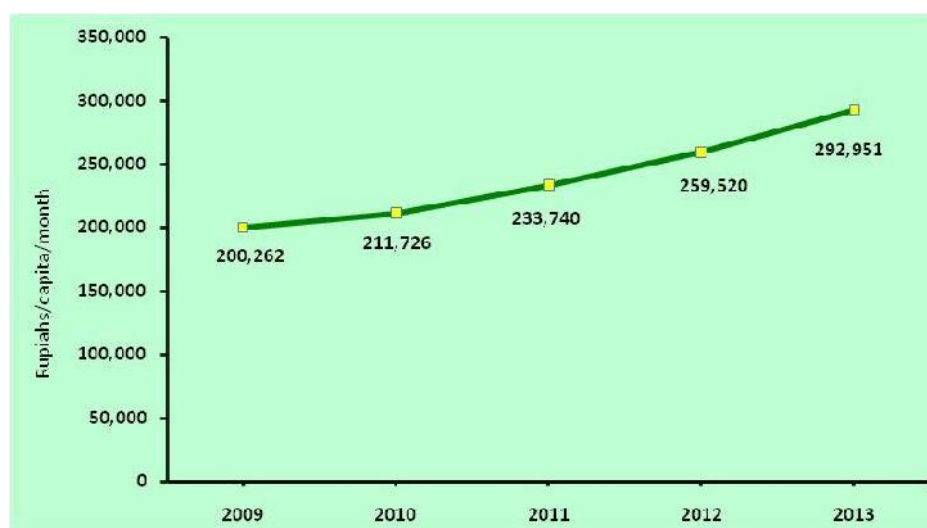
Source: BPS-Statistics Indonesia, 2014

Figure 1.7 shows the highest unemployment number is in the group of people whose level of education is in Senior High School and it reaches 43.11%. The second highest unemployment group is those with Junior High School level; which reaches 22.76% followed by the unemployment whose level of education is Elementary School at 18.12%. The last level of unemployment is taken by those whose level of education is diploma/university at 8.50%. The data above shows that in 2013, there was relatively high numbers of unemployment whose education level is high (Senior High School and above).

The poverty measurement from BPS-Statistics Indonesia USES the concepts that fulfill basic need approach. Poverty is described as a condition where someone or a group of people cannot afford to fulfill their basic needs to survive and develop dignified lives. 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 is described as population's economic incompetence to fulfill the basic needs of foods or non-foods which are measured from their expenditures.

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 border line to separate the poor population and not the poor one. 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 1.8
INDONESIA'S POVERTY LINE IN 2009 – 2013

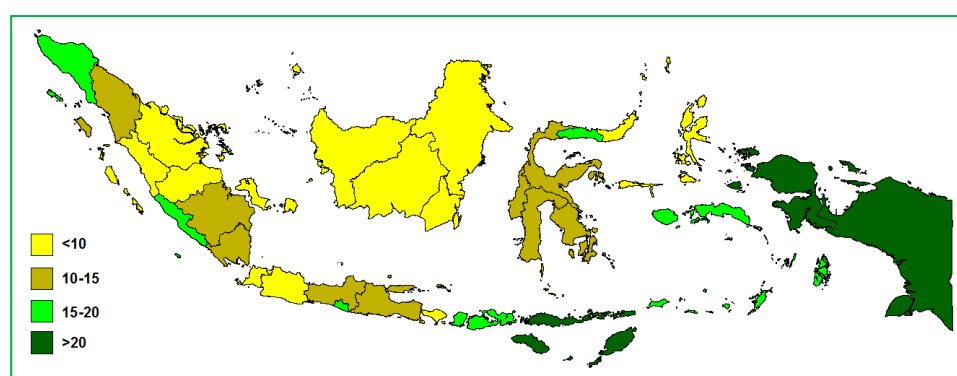


Source: BPS-Statistics Indonesia, 2014

Figure 1.8 shows the increase of poverty line in Indonesia. In 2013, the number of poor population in Indonesia with monthly per-capita expenditure level less than IDR 292,951.00 was higher than if it was compared with the same condition in 2012; that was IDR 259,520.00 per capita per month. Measurement of the poverty line was done by measuring the number of the poor population twice; they were in March and September. The measurement was differentiated based on the village area, city and village and city. On the measurement of the condition in September 2013, the category of the poor population in the village is those whose monthly per-capita expenditure less than IDR 275,779.00 and poor population in the city is those whose monthly per-capita expenditure is less than IDR 308,826.00. The detail about the village and city poverty line every year can be seen in annex 1.11.

To increase the effectivity of poverty eradication efforts, President has issued a decree; that is Presidential Decree *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. In 2013, the number of poor people in Indonesia was 28.55 million people; it decreased if it was compared to the condition in 2012 with 28.59 million people. In percentage, the poor population in 2013 was 11.47%. This percentage was high enough if compared with the target in 2014 that had been planned; that was eight to ten percents. It means that poverty was decreasing if compared to each year, but the number of the poor population in Indonesia is still high. The number and the percentage of the poor population completely can be seen in annex 1.11.

FIGURE 1.9
THE POOR POPULATION PERCENTAGE DISTRIBUTION MAP IN INDONESIA IN 2013



Source: BPS-Statistics Indonesia, 2014

Figure 1.9, shows the poor population percentage distribution map in Indonesia in September 2013. The highest percentage of poor population was in Papua Island. In Java Island, DI Yogyakarta Province had the highest percentage of poor population; it was at 15 – 20%. Different data was shown in Kalimantan Island in which its all provinces had the percentage of poor population less than 10%. The highest percentage of poor population in 2013 was in Papua Provinces, it reached 31.53% and the Province of West Papua had 27.14% of poor population and followed by East Nusa Tenggara by 20.24%. The lowest percentage of poor population in Indonesia was in the Province of DKI Jakarta with 3.72%, in Bali Province with 4.49%, and in South Kalimantan with 4.76%.

TABLE 1.4
DISTRIBUTION OF THE NUMBER AND PROPORTION OF POOR POPULATION
BASED ON BIG GROUPS OF ISLANDS IN INDONESIA IN 2011-2013

No	Island Group	2011		2012		2013	
		Number (thousand)	%	Number (thousand)	%	Number (thousand)	%
1	Sumatera	6,451.6	21.5	6,177.2	21.6	6,190.1	21.7
2	Java	16,726.9	55.7	15,882.6	55.3	15,546.9	54.4
3	Kalimantan	969.5	3.2	932.9	3.3	978.7	3.4
4	Bali and Nusa Tenggara	2,073.9	6.9	1,989.6	7.0	1,998.1	7.0
5	Sulawesi	2,144.6	7.1	2,04.6	7.1	2,139.6	7.5
6	Maluku and Papua	1,652.3	5.5	1,626.8	5.7	1,700.5	6.0
Total		30,018.9	100	28,594.7	100	28,553.9	100

Source: BPS-Statistics Indonesia, 2014

The number and the proportion of poor population among the islands are different. Tabel 1.4 shows that more than half of poor population in Indonesia are in Java Island. It is due to the fact that the number of population in Java Island is much bigger than those who live in

other islands. The population in Java is more than 141 million people or almost 57% of the Indonesia's population. Maluku and Papua areas had smaller number of population, but higher number in the percentage of poor population.

Poverty is not only the problem in the number and the percentage of the poor population, but there are also some other dimensions that need 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 index number, the farther the population's average expenditure from the poverty line. 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. The details about the index of the poverty depth and the index of poverty severity can be seen in annex 1.12.

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 1.9.

Economy development is expected to support the progress in every part of Indonesia especially areas which are considered as lagging areas. An area is categorized as a lagging area because of some factors; they are geographic, natural resources, human resources, infrastructures and facilities, disaster-prone and social conflict areas, and development policy. Limited infrastructure in many fields, including health field, causes the population who live in under-developed areas have difficulties in doing economic and social activities.

FIGURE 1.10
THE MAP OF UNDER-DEVELOPED DISTRICTS PERCENTAGE SPREAD IN INDONESIA IN 2013



Source: Ministry of Under-developed Area Development, 2014

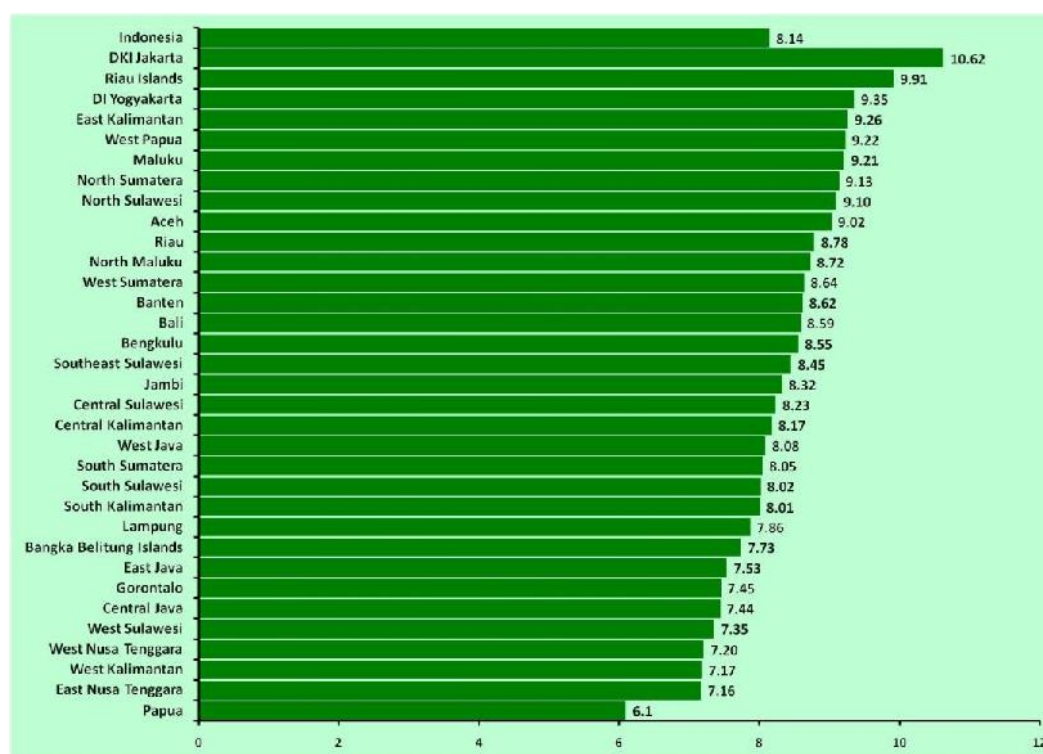
The Ministry of Under-developed Area Development (Ind:KPDT) has decided 183 districts categorized as under-developed districts. This provision is based on the Regulation of the President of Republic of Indonesia Number 5/2010 about RPJMN 2010-1014. There are 45 border districts, 33 populated outermost smallest islands, 183 under-developed areas, and 158 districts which get the priority of health quality development acceleration based on village in under-developed areas. The details of the priority of health quality development acceleration based on village in under-developed areas can be seen in annex 1.18.

The Ministry of Health through the Directorate of Basic Health Effort is also prioritizing the development in under-developed area, borders and islands. One of the activities agenda is the health development in 45 districts with national priority on the border with neighboring countries. By using priority scale, there are 45 districts and 101 health clinics with districts and national priorities, on the borders with neighboring countries.

C. STATE OF THE EDUCATION

Education is one of the indicators which are often used in measuring human development level in a country. It contributes the changes of the people's behavior. It 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. To increase the education role, quality of education should be increased. One of the ways is by increasing the average length of going to school.

FIGURE 1.11
AVERAGE LENGTH OF STUDY IN POPULATION
AGED 15 YEARS OLD AND ABOVE
BY PROVINCE IN INDONESIA IN 2013



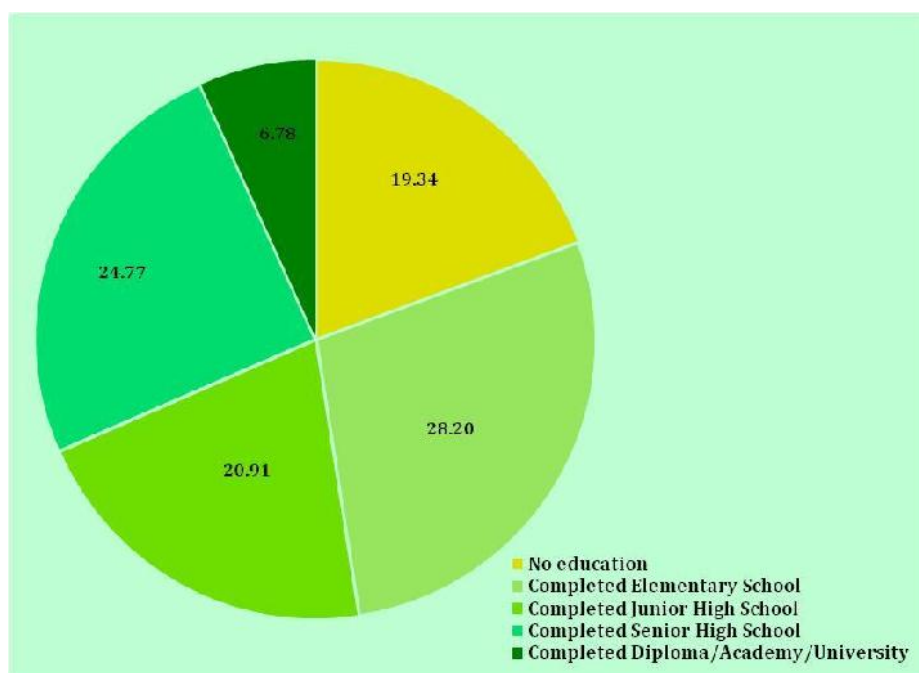
Source: BPS-Statistics Indonesia, 2014

In figure 1.11, based on the calculation from first quarter of Susenas in 2013, the average length of study in population aged 15 years old and above in Indonesia is 8.14 years. Even though this number is increasing every year. This number has not fulfilled the aims of 9 years of compulsory education. The highest average length of going to school is in the Province of DKI Jakarta, that is 10.62 years and the lowest is in the Province of Papua, 6.1 years. In the Province of DKI Jakarta, the average length of going to school can be caused by the accessible schools, the availability of the adequate facilities, and qualified teachers so that it has reached

the goals of nine years of compulsory education. While in the Province of Papua, the limited number of schools followed by the far and difficult access to reach the schools can be the cause of low average length of going to school.

Education is one of the ways to increase the population's intelligent and skills. Improvement of education quality must be pursued continuously, from opening great opportunities for the population to get education, to developing education's quantity and quality and infrastructure and facilities. The highest certificate owned by an individual is a primary indicator for formal education quality. The higher the certificate owned by the population in a country, the higher intellectual level in that country.

FIGURE 1.12
PERCENTAGE OF THE POPULATION AGED 15 AND ABOVE
BASED ON THE HIGHEST CERTIFICATE OWNED IN 2013



Source: Central Bureau of Statistics, 2014

In figure 1.12, based on the calculation from the first quarter of Susenas in 2013, the highest certificate/STTB owned was on the level of primary education (SD/MI/ Paket A) and secondary education (SMP/MTs/Paket B). The population with higher education certificate/STTB of Diploma/Akademi/Sarjana was 6.78%. While those who did not have certificate were high enough, that was 19.34%. If it was compared between sexes, the percentage of male population who had certificate/STTB of elementary school was higher than the female population.

The ability to read and write is the basic skills which are needed by the population to reach more dignified lives. This ability can be seen from the number of literacy and illiteracy. It can also be seen from the population aged 15 and above who can read and write Latin alphabets, Arabic alphabets, and other alphabets. The number of illiteracy has correlations with poverty; the population who cannot read, indirectly take themselves to the poverty.

Nationally, percentage of illiterate population in 2013 was 5.86% lower than that in 2012 that was 6.75%. The lowest percentage of the illiterate population was in the Province of DKI Jakarta, 0.81% and the highest was in the Province of Papua, 32.4%. If illiteracy in the village and in the urban is compared, the number of illiteracy in the village was higher. It might

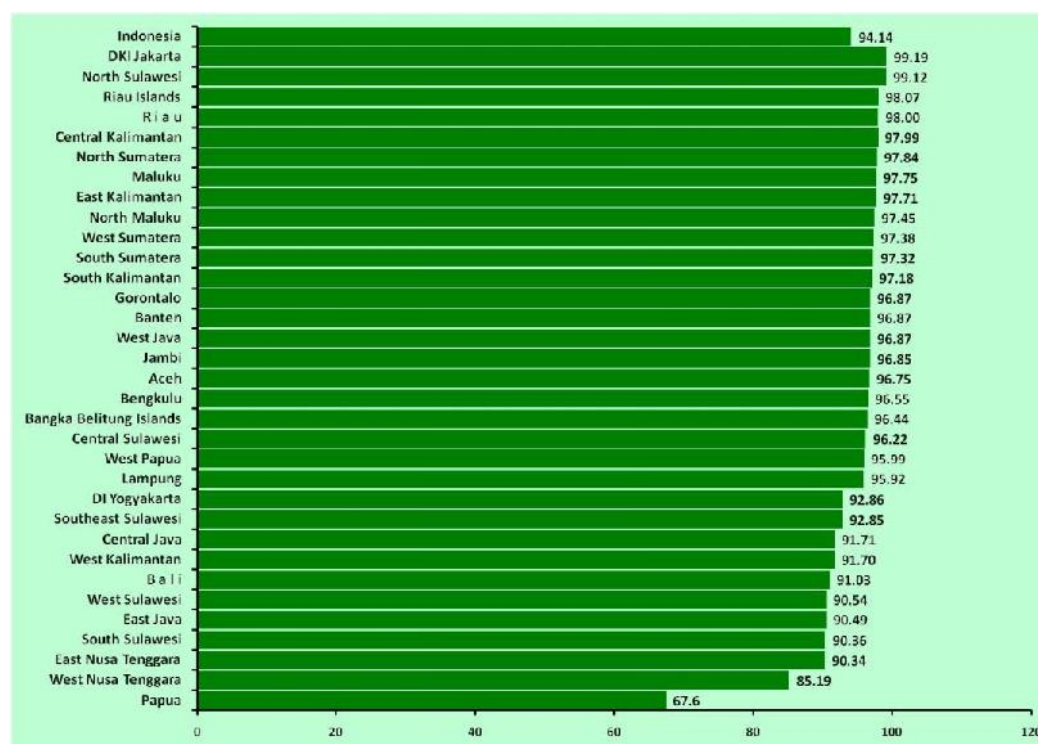
happen because there were so many opportunities to study and more facilities to support the teaching learning process in the .

Another education indicator is Literacy rate (Ind. Angka Melek Huruf/AMH); the percentage of the population aged 15 and above who can read and write, also understand a simple sentence in their daily life. Literacy rate is used:

1. To measure the success of the eradication of illiteracy programs, especially in village areas in which the number of the population who do not go to school or those who do not graduate from elementary school is high;
2. To show the population's ability in absorbing information from many media in a certain areas;
3. To show the ability to communicate orally and in written.

The literacy rate shows the potential intellectual development also the contribution of developing the area. The high number of Literacy rate is expected to decrease the poverty level so that the population's welfare is more increasing.

FIGURE 1.13
THE PERCENTAGE OF POPULATION AGED 15 AND ABOVE WHO ARE LITERATE
BASED ON THE PROVINCE IN 2013

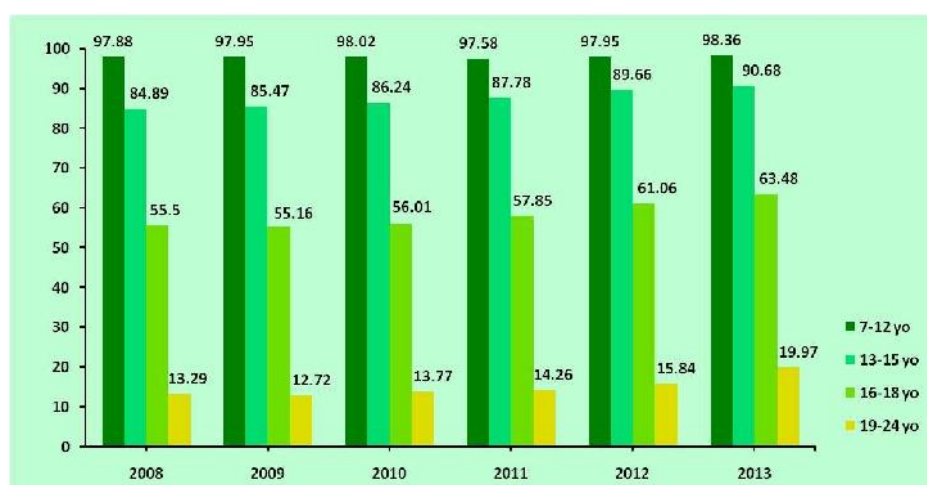


Source: Central Bureau of Statistics, 2014

In figure 1.13, the percentage of the population aged 15 and above who are literate nationally is 94.14% higher if it is compared to the same condition in 2012; 93.25%. The highest percentage of the literate population is in the Province of DKI Jakarta, while the lowest one is in the Province of Papua. The percentage of literate males is higher than female. If the comparison is between urban and rural, the percentage of the literacy rate is relatively higher in the urban area. (This condition might be caused by the modern education facilities and good access to go to the education centers in the urban area). The detail of the percentage of the population aged 15 and above who are literate in each province and based on sex can be seen in 1.16.

School Enrollment Ratio (Ind:Angka Partisipasi Sekolah/APS) is described as the comparison between the numbers of the students at a certain school age group who study in various education levels with the population at school age group and it is shown in the form of percentage. This indicator is used to know how many school-aged children are still going to schools at various levels of education. Basically, APS are divided into three age groups, they are 7 – 12 years old representing the SD (Elementary schools) age group, 13 – 15 years old representing SMP/MTs (Junior High Schools) age group, and 16 – 18 years old representing SMA/SMK (Senior High Schools) age group. The higher APS means many school-aged children who go to school. Based on this number, the summary can be drawn; that the higher the education level, the lower the APS number.

FIGURE 1.14
SCHOOL ENROLLMENT RATIO
BASED ON SCHOOL-AGED GROUP IN INDONESIA IN 2008 – 2013



Source: BPS-Statistics Indonesia, 2014

Figure 1.14 shows the APS number of Indonesia's education based on school-aged children from 2008 to 2013. The higher the age group, the lower the school participation level. It 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. APS in the age group of 7-12 and 13-15 is increasing every year. It is showing that the 9 years of compulsory education program is working well. The details about APS based on the provinces and the school-age from 2008 to 2013 can be seen in annex 1.13.

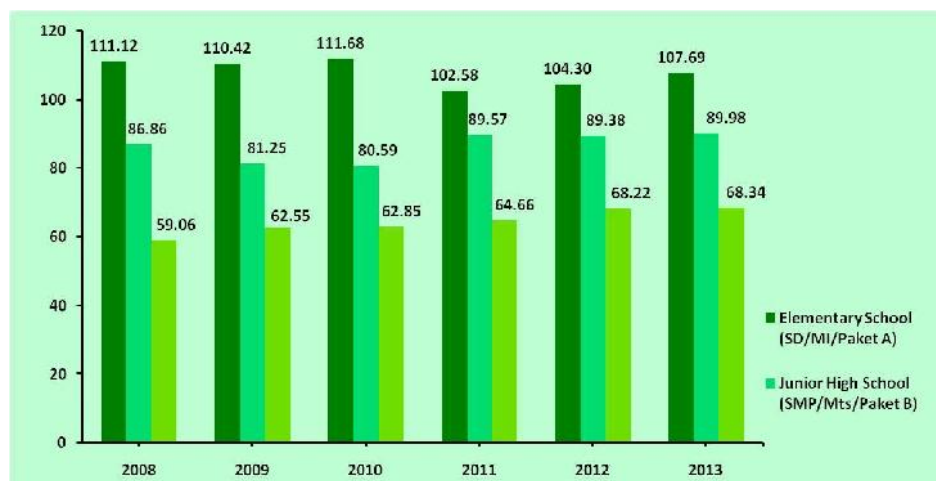
To analyze the education condition in Indonesia, two school participation indicators can be used; they are Crude Participation Rate (Angka Partisipasi Kasar/APK) and Net Participation Rate (Angka Partisipasi Murni/APM). Those two indicators measure the participation of school-aged population in education sector. The difference between those two indicators is the use of "standard" age group in every level of education. The standard age means the range of the age that is recommended by the government and can be used in all level of education generally.

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. This number is the simplest indicator to measure the absorption capacity of the school-aged population in each level of education. 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.

APK divides the number of the students into level of educations without using limitation of age group. This causes the number of APK exceeds 100%. This condition often happens in the level education of SD/MI because there are population under 7 years old who have gone to elementary schools, or the population aged 12 years old who are still studying at SD/MI.

FIGURE 1.15
THE PERCENTAGE OF CRUDE PARTICIPATION RATE
IN INDONESIA IN 2008 - 2013



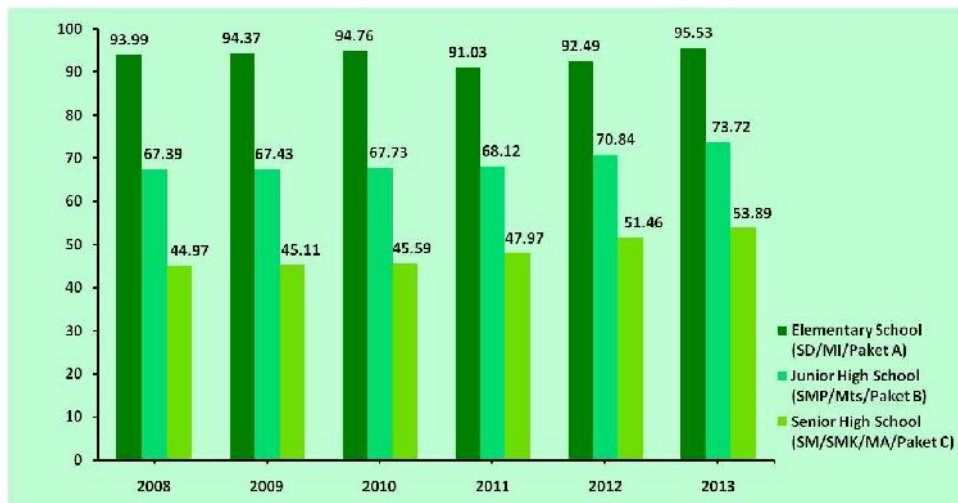
Source: BPS-Statistics Indonesia, 2014

In figure 1.15, it is seen that the *APK* number for SD/MI exceeds 100%, while for SMP/MTs and SMA/SMK/MA is lower than SD's *APK*. In 2013, the *APK* number for SD/similar level was 107.69%, SMP/similar level 89.98% and SMA/similar level 68.34%. The condition in 2013 was higher if it was compared to the condition in 2012 at all levels of education. The details about the *APK* percentage for each province can be seen in annex 1.14.

This *APK* number is not good enough to show reflect the education condition, because it includes all population at all levels of education without limiting the age group based on the educational levels. Therefore, indicator that can reflect more school participation is really needed, that is *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. 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.

FIGURE 1.16
THE PERCENTAGE OF NET PARTICIPATION RATE
IN INDONESIA IN 2008 – 2013



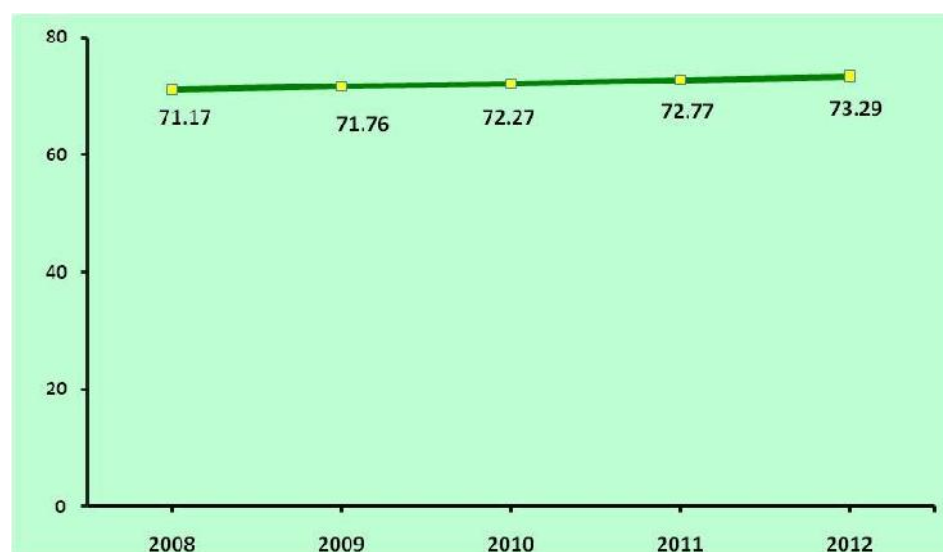
Source: BPS-Statistics Indonesia, 2014

APM divides the number of the students with education level by using age group limitation. This condition will not cause the number of the APM exceeding 100%, so that the APM number will be lower if it is compared to the *APK* number. Figure 2.16 shows the data that in 2012 the APM number for SD/MI level is 92.49%, SMP/MTs 70.84% and SMA/SMK 51.46%. This APM number is increasing compared to the condition in 2011 at all level of educations. This APM condition reflects the school participation condition. The detail about APM in each province can be seen in annex 1.15.

D. HUMAN DEVELOPMENT INDEX

The United Nations had set a standardized measurement of human development; that is Human Development Index (HDI). This index is built based on four indicators; they are life expectancy number, illiterate number, average length of going to school and purchasing capability. The life expectancy indicator represents the dimension of long lives and healthy. Next, illiterate number and the average length of going to school reflect the achievement of development in education sector. While the indicator of population's purchasing capability towards an amount of primary needs which is seen from the average of per-capita's expenditure is an approach that represents the achievement of developing a more dignified life.

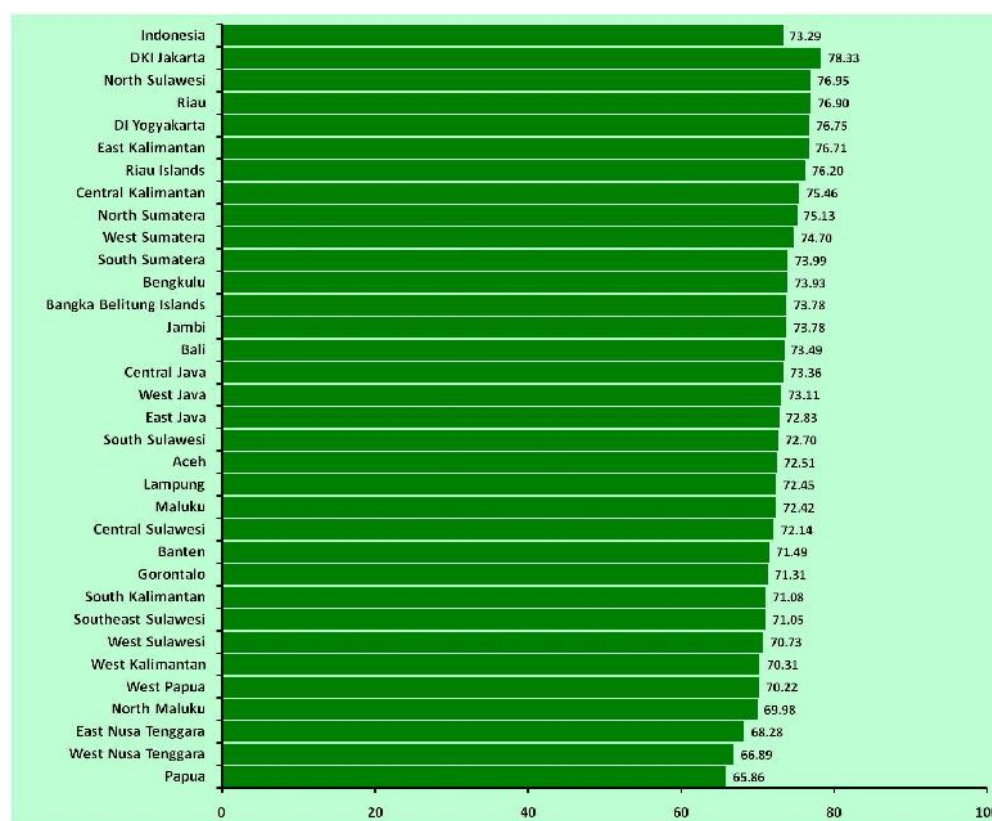
FIGURE 1.17
INDONESIA'S HUMAN DEVELOPMENT INDEX IN 2008 - 2012



Source: BPS-Statistics Indonesia, 2014

The HDI in 2012 was 73.29 higher than the same condition in 2011 which was at 72.77. This number is categorized as middle HDI number. This increase is caused by the number from the components that make this HDI is also increasing; they are the increase of the components of life expectancy and illiterate number. In 2008, the Indonesia's HDI number was 71.17 and this number is increasing into 71.76 in 2009, and in 2012 was at 73.29.

FIGURE 1.18
HUMAN DEVELOPMENT INDEX BASED ON PROVINCES IN 2012



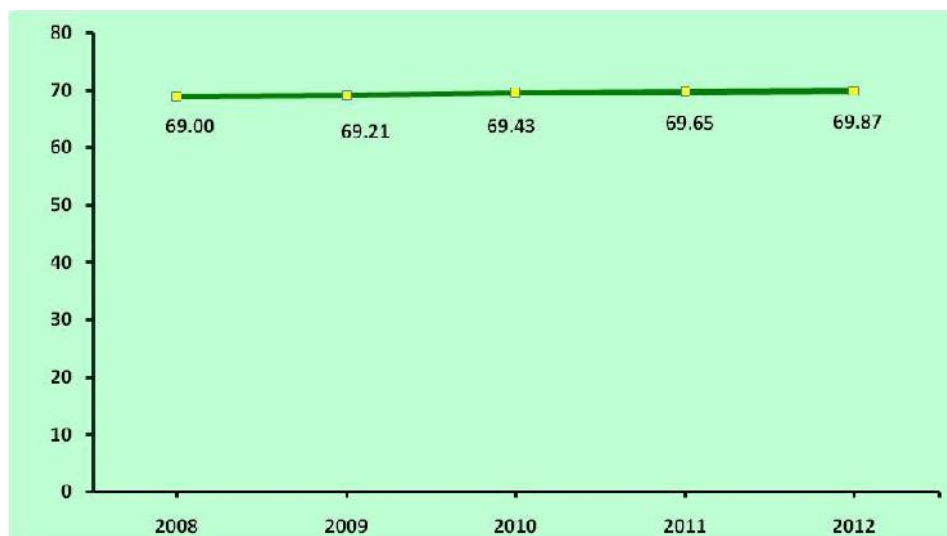
Source: BPS-Statistics Indonesia, 2014

Figure 1.18 shows the HDI number in Indonesia in 2012. The division of *HDI* number can be divided into three parts; they are high HDI number, middle and low. High HDI number has number ≥ 80 , the middle HDI number has number between 50-79.9 and middle HDI number has number < 50 . Based on those divisions, there is not any provinces in Indonesia which has high HDI number. All provinces in Indonesia are included into middle HDI category. The highest HDI number was at the Province of DKI Jakarta (78.33) and the lowest HDI was in the Province of Papua (65.86).

The national development strategy puts the human resource as the perspective of the development. The economy development happens at the same time with the development of human resource. There are some effective and important factors for the development of human resources; they are education and health. Those two factors are human basic needs that must be owned in order to increase their potencies in the development. Education is reflected in the average length of going to school and the number of illiterate, while the development in health sector is reflected in the life expectancy when they were born.

The life expectancy at birth (E_0) 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 number is the approach number that shows the ability to survive longer. E_0 is an equipment to evaluate the government's role in developing the population' welfare generally, and increasing the health level especially.

FIGURE 1.19
THE LIFE EXPECTANCY AT BIRTH (IN YEAR)
IN INDONESIA IN 2008 - 2012



Source: BPS-Statistics Indonesia, 2014

Figure 1.19 shows the increase of E_0 that happened in Indonesia in 2008-2012. In 2012, the Indonesia's E_0 number reached 69.87 years; higher than the E_0 in 2011; that was 69.65 years. The province with highest E_0 number was in the Province of DKI Jakarta with 73.49 and DI Yogyakarta with 73.33. The province with the lowest E_0 number was in Nusa Tenggara Barat, that was 62.73 and South Kalimantan with 64.52. The detail of the E_0 and HDI numbers can be seen in annex 1.17.



Guideline books of activity implementation

III

HEALTH FACILITIES





CHAPTER II

HEALTH FACILITIES

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

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

A. HEALTH CENTER (*Ind: PUSKESMAS*)

Health Ministerial Decree No. 128 of 2004 defines Puskesmas as Unit of Technical Implementation (Ind: UPT) of health districts/municipalities office, which are responsible for organizing the development of health in the working area. Health development is the implementation of health programs by all Indonesia people to increase awareness, willingness and ability of healthy life for every person to realize the optimal level of public health.

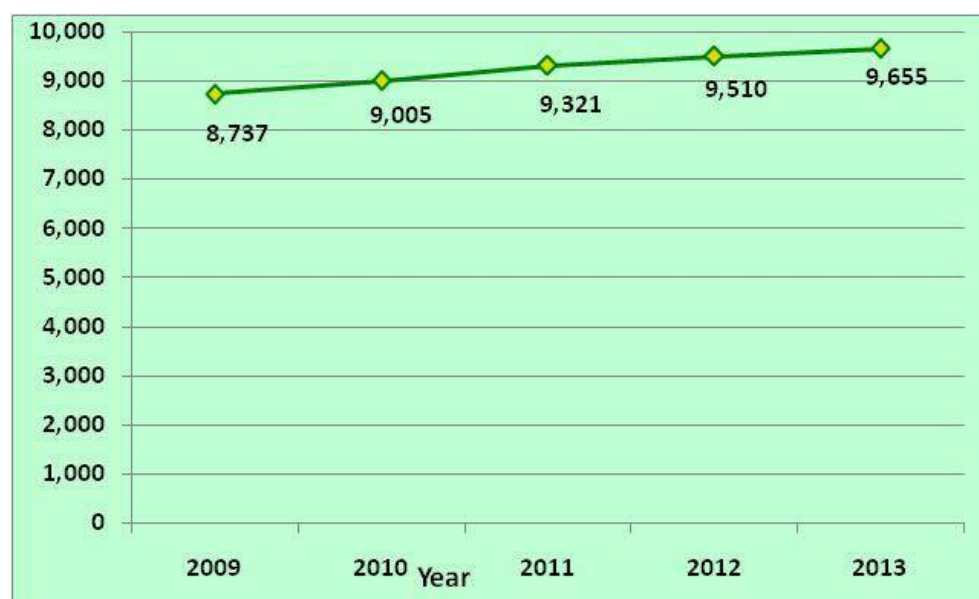
In carrying out its function as a center for health-oriented development, community empowerment centers, primary health care centers, and individual primary health care centers, Puskesmas, which in this report is shortened as “Puskesmas”, shall provide basic and additional health programs.

Basic Health Programs consist of

1. Health promotion
2. Environmental health
3. Maternal child health and family planning
4. Nutrition improvement
5. Prevention and eradication of infectious diseases
6. Medication

Number of Puskesmas in Indonesia until December 2013 amounted 9655 units, consisting of 3,317 inpatient and 6,338 outpatient health centers. This figure is higher than only 9510 Puskesmas in 2012. In the last 5 years, the number of Puskesmas had increased as explained in following figure.

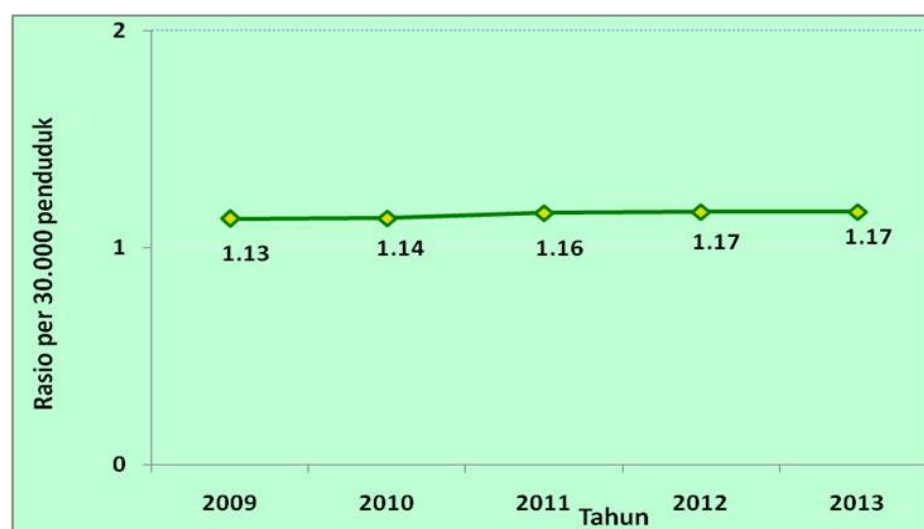
FIGURE 2.1
NUMBER OF PUSKESMAS 2009 - 2013



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

The figure above shows the increase in Puskesmas number from 2009 to 2013. It does not directly indicate how the existence of Puskesmas will meet the needs of primary health care in the community. Indicator to describe primary health care needs fulfillment by Puskesmas is the ratio of Puskesmas to 30,000 residents. This ratio in 2013 was 1.17 per 30,000 population Puskesmas. This ratio shows an increasing trend since 2009 to 2013, from 1.13 to 1.17 Puskesmas per 30,000 population. The trend is shown in the following figure.

FIGURE 2.2
RATIO PER 30,000 POPULATION PUSKESMAS IN 2009-2013

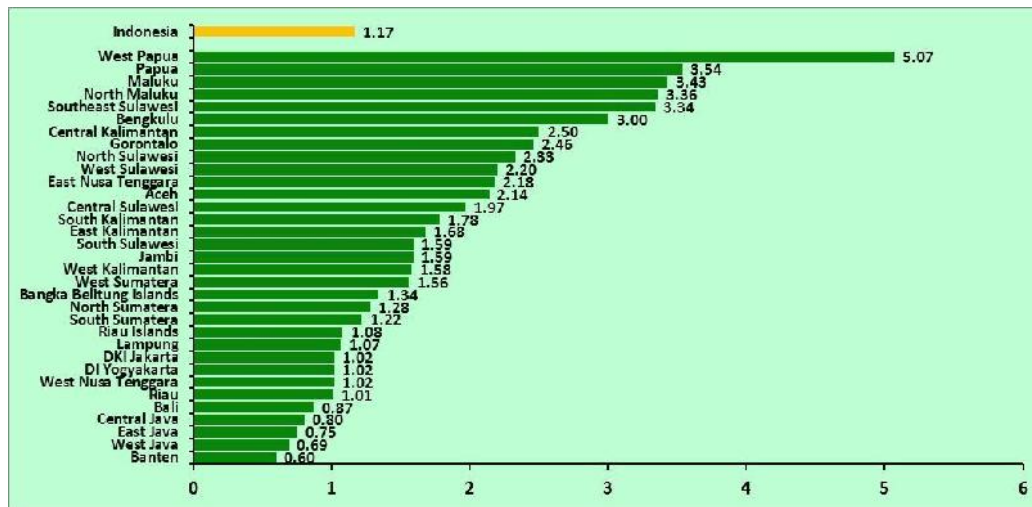


Source: Center for Data and Information, Ministry of Health, Republic of Indonesia, 2013

The ratio of Puskesmas per 30,000 population in 2013 was 1.17. This figure does not indicate any changes compared to 2012 figure. The highest ratio was West Papua province at 5.07 per 30,000 inhabitants, while the lowest was Banten province at 0.6. The ratio does not describe real conditions of accessibilities to basic health services. For example, three provinces

with the highest ratios are all located in the eastern region of West Papua, Papua, and Maluku. This is due to small number of inhabitant despite of vast working area.

FIGURE 2.3
RATIO OF PUSKESMAS PER 30,000 POPULATION IN INDONESIA 2013



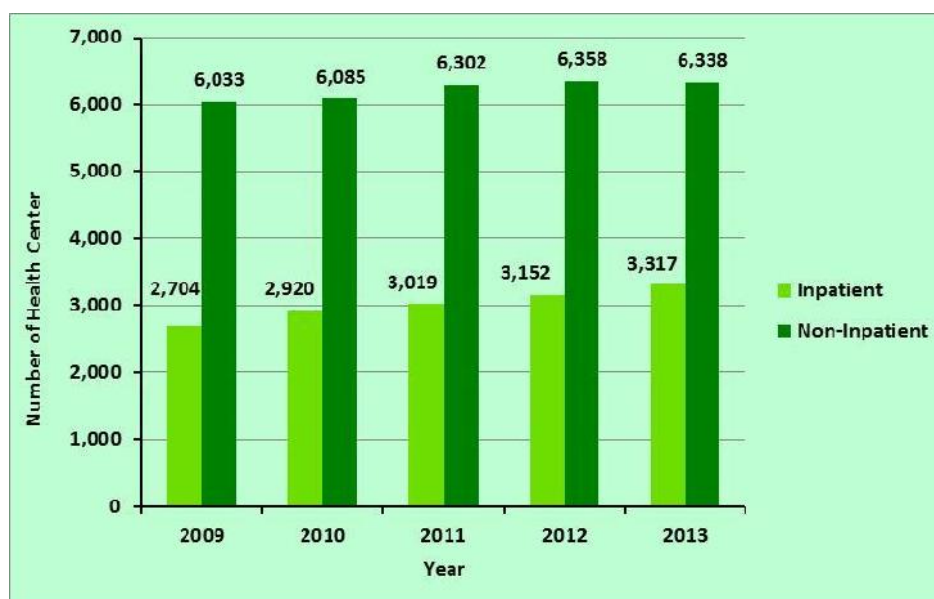
Source: Center for Data and Information, Ministry of Health, Republic of Indonesia, 2013

The figure above shows that besides Banten, other provinces such as West Java and East Java also have a low ratio at 0.69 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. From the ratio of the total population perspective, the entire province in Java has a low ratio. However, primary health care existence in all provinces in Java has a good 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 basic health care needs can be met by the private sector.

In carrying out its function as primary health care providers, Puskesmas implement individual and public health services. Individual health services consist of outpatient and inpatient care for certain Puskesmas that require it. Although public health service is the core of Puskesmas, individual health services is also a concern of the Government. For DTPK areas, Special Allocation Fund (Ind: DAK) is allocated to the health districts/municipalities office for developing sub-health center and Puskesmas and also for promoting outpatient health centers to become inpatient health center . For non-DTPK areas, DAK can be used for the rehabilitation of Puskesmas or officer houses, and also for increasing PONE

Below is trend of inpatient and out patient Puskesmas number from 2009 to 2013.

FIGURE 2.4
NUMBER OF INPATIENT AND OUT PATIENT PUSKESMAS
YEAR 2009 - 2013



Source: Center for Data and Information, Ministry of Health, Republic of Indonesia, 2013

The figure above shows that the number of out patient Puskesmas increased from 6,033 units in 2009 to 6,338 units in 2013. However, there was slight decline from 6358 units in 2012 to 6,338 units in 2013. This could be due to some changes of the Puskesmas' status from outpatient to inpatient Puskesmas. Increasing number also occurs in the inpatient Puskesmas from 2,704 units in 2009 to 3,317 units in 2013.

Besides providing six Basic Health Programs, Puskesmas also need to organize extended health programs. Extended health program can be in the form of Basic Emergency Obstetric and Neonatal Care (Ind: Poned), Youth health care (Ind: PKPR), occupational health program, sports health programs, 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 Puskesmas by province are in Annex 2.1 and Annex 2.2.

1. Puskesmas with Basic Emergency Obstetric and Neonatal Care (Ind: Poned)

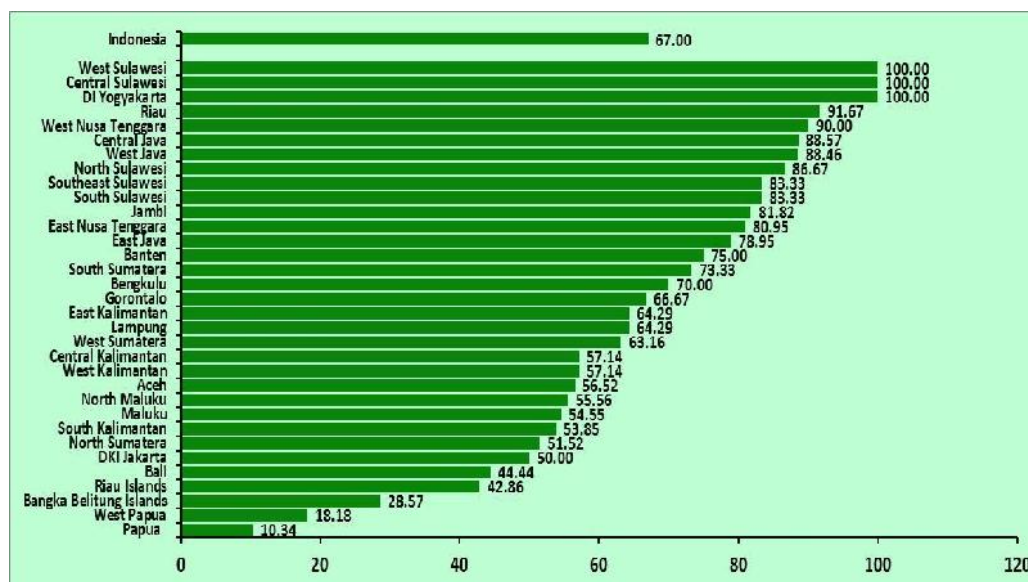
One important additional program in Puskesmas is Basic Emergency Obstetric Neonatal Care (Ind: Poned). This program is made to bring public access to basic emergency obstetric and neonatal care. Easier public access to this emergency services is expected to contribute to the reduction of Maternal Mortality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

World Health Organization (WHO) targets is minimal 4 Puskesmas are ready to provide Poned care in each district/municipality. Until 2013, cumulatively there are 2,782 Poned Puskesmas. As many as 333 districts/municipalities (67%) met the eligibility requirements. This figure is higher than in 2012 when 304 districts/ municipalities (61.17%) met the requirement. In 2013, the number of districts/municipalities that only have 1-3 Poned Puskesmas was 131 and there were 33 district/municipalities do not have it at all.

Provinces with the highest number of district/municipality with minimum four qualified Poned Puskesmas were Yogyakarta, Central Sulawesi and West Sulawesi with 100%

achievement. The province with the lowest percentage was Papua at 10.34%, West Papua at 18.18% and Bangka Belitung at 28.57%. The percentage of districts/municipalities that had at least 4 PONE D Puskesmas is explained in the following figure.

FIGURE 2.5
PERCENTAGE OF DISTRICT/MUNICIPALITIES WITH MINIMUM 4 PONE D PUSKESMAS
IN INDONESIA 2013



Source: DG. of Health Efforts, Ministry of Health, Republic of Indonesia, 2013

The inpatient concept of PONE D Puskesmas is different from the concept used in inpatient Puskesmas. Inpatient care concept at the PONE D Puskesmas is inpatient service to post emergency care patients (one day care). Thus, outpatient Puskesmas that have beds and are able to perform Basic Emergency Obstetric and Neonatal Care, can organize PONE D.

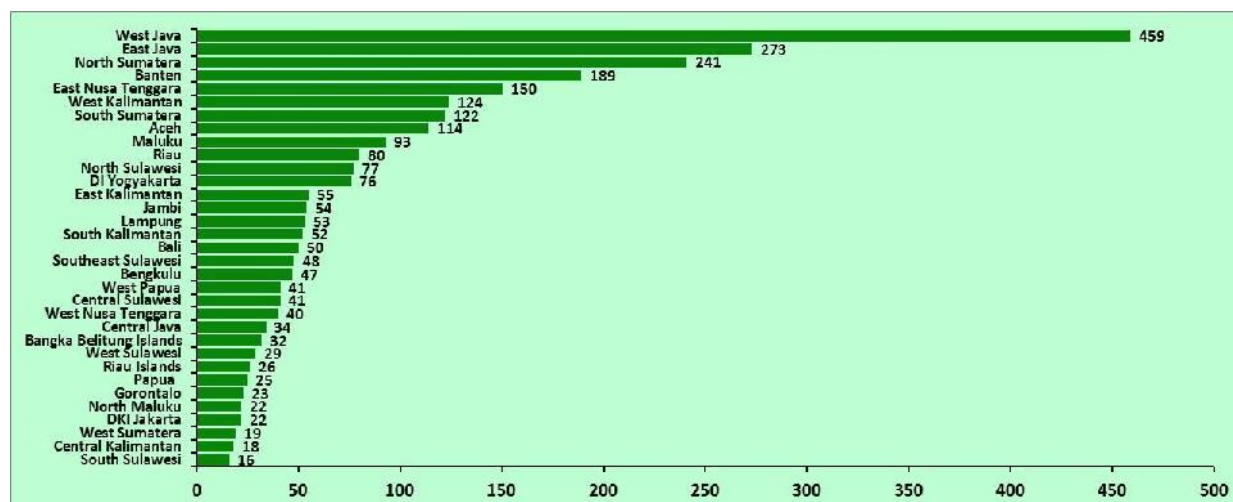
Ministry of Health Strategic Plan set target indicator for percentage of inpatient Puskesmas which ready to perform PONE D care in 2013 at 90%. The number of inpatient and PONE D ready Puskesmas in 2013 were 1,731. Thus, with total number of inpatient Puskesmas were 3,317 units, the percentage of inpatient and PONE D ready Puskesmas was 52.19%. This figure somehow still does not meet the target of 90% by 2013.

2. Puskesmas with Youth Health Care (Ind: PKPR)

Since 2003, Youth Health Care(Ind: PKPR) program has been developed. The services are held in Puskesmas and consisting of counseling, medical services, including clinical investigations, counseling, Healthy Life Skills Education (Ind:PKHS), training of peer educators and peer counselors and referral services. The health services are performed inside and outside of the building, and targeting group of teenagers inside and outside of school such as street children, youth group (Ind:karang taruna), mosque/church/ temple teens, religion boarding schools, dormitories and other youth groups.

The number of PKPR-ready Puskesmas in 2013 was 2,745. This number is lower than in 2012 which was 3,191. More detailed information about the number of PKPR-ready Puskesmas by province in 2013 can be seen in the following figure. Data and information on the number of PKPR-ready Puskesmas are in Annex 2.3.

FIGURE 2.6
NUMBER OF PUSKESMAS CONDUCTING YOUTH HEALTH SERVICES
IN INDONESIA 2013



Source: DG of Community Nutrition and MCH, Ministry of Health, Republic of Indonesia, 2013

3. Puskesmas with Occupational Health programs

Law No. 36 of 2009 on Health states 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. Occupational health programs also applies to any person in the workplace environment and also for health of the Indonesian National Army in land, sea, and air and also the Police.

Occupational health programs implementation is adjusted to circumstances and problems that exist in a specific region of Puskesmas. Therefore, occupational health programs are more focused on industrial areas.


Development of occupational health programs were undertaken through the strengthening programs, such as capamunicipality building of health personnel in the occupational health field, training Occupational Disease (Ind: PAK) diagnosis, improvement of health care facilities for occupational health, movement of healthy and productive women workers, including reproductive health in workplace and training of occupational health in the informal, formal and also office sectors and coaching Indonesian Workers candidate (Ind: CTKI) with a focus on health care training activities for them.

There was an increasing number of Puskesmas conducting occupational health care efforts, which was 764 Puskesmas in 2012 to 1,034 in 2013. Until the 2013, Puskesmas conducting occupational health care efforts were distributed in 26 provinces. It increased if compared to year 2012, when only 18 provinces had it. Data and information on the number of Puskesmas conducting occupational health programs are in Annex 2.3.

4. Puskesmas with Sports Health programs

Sports health 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 Year 2009. Sports health program can be implemented in primary health care such as Puskesmas and also in referral health care.

Sport health program in health center covers sport health coaching and services. Sport health coaching 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, elderly IHP, pregnant women, diabetes, osteoporosis prevention exercise group, Hajj physical fitness coaching, fitness center and other exercise groups. It provides sport consultation, measurement of physical fitness level, acute sports injuries management and as health team at particular sport events.

There are 671 Puskesmas organizing sports health programs until the year 2013. Gradual development will be made so that increase not only occurred in number of Puskesmas, but also the number of districts/municipalities that organize Puskesmas with sport health program. Until 2013, only 28 provinces had Puskesmas with services sports health programs. This number was higher than in 2012, when only 17 provinces had Puskesmas with sports health programs. More detailed data and information about the number of Puskesmas organizing sports health programs by province is shown in Annex 2.3.

5. Puskesmas with Case Management of Violence against Children (Ind: KtA)

Children are one of the valuable assets in health development. Violence will give permanent impact to the health of children who become victims. Thus, comprehensive and qualified health care is required to manage it. Health services for children as violence victims (Ind: KtA) can be provided through the primary health services at the primary level, like health center. The government via Ministry of Health have regulated that each district/municipality must have at least two (2) Puskesmas with capacity to manage of child violence cases or KtA-ready Puskesmas.

The number of KtA-ready Puskesmas in 2013 was 1,526 units scattered in 33 provinces in Indonesia. However, only 76.26% of districts/municipalities had at least 2 KtA-ready Puskesmas. More detailed information regarding the number of Puskesmas with capacity in managing of child violence cases by province are described in Annex 2.3.

6. Traditional, Alternative and Complementary Health Services

Traditional health care programs continue to grow and get special attention from the government. Traditional health care is the treatment or care and based on inherited experience and skills from generation to generation, which is empirically accountable and applicable based on norms in the society. Traditional treatment is scientifically proven through research to provide evidence of its safety and beneficial, so it can be implemented in health care facilities as an alternative and complementary medicine.

Unit conducting research/assessment/testing of traditional medicine is center of Development and Application of Traditional Medicine (Ind: Sentra P3T). The other functions of this center are for traditional health care, educational and training institutions for safe and beneficial traditional health practice, and also organizing information and documentation network.

In the year 2013, there were 846 Puskesmas and 224 districts/municipalities that had health centers with trained health personnel for traditional medicine. The percentage of the district/municipality that had health centers with trained health workers was 44.27%. There are four provinces with 100% district/municipality has trained health personnel, such as Yogyakarta, Banten, Bali and South Sulawesi. Achievement at 100% means that all districts/municipalities in the province have had Puskesmas with trained health personnel, although not all Puskesmas are in the district/municipality. Overview of the number of Puskesmas by province, district/municipality, and the percentage of the district/ municipality with trained health workers can be seen in Annex 2.4.

B. HOSPITAL

To improve public health, 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.

Regulation of the Minister of Health No. 147/Menkes/PER/I/2010 on Hospital Licensing classifies hospitals based on ownership, consisting of public and private hospitals. Public hospitals are hospitals 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 hospitals in Indonesia are 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 2013 was 1,562 units, consisting of 1,277 General Hospital (Ind: RSU) and 285 Special Hospitals (Ind: RSK).

In contrary, private hospitals are managed by state-owned enterprises and private (individuals, companies and other private). In the year 2013, there were 666 units of private hospitals in Indonesia, which consists of 448 units of general and 218 units of specific hospitals.

The number of public and private hospitals showed an increase in the period from 2011 to 2013, which is shown in the following table.

TABLE 2.1
TREND OF HOSPITAL BY OWNERSHIP
INDONESIA IN THE YEAR 2011 - 2013

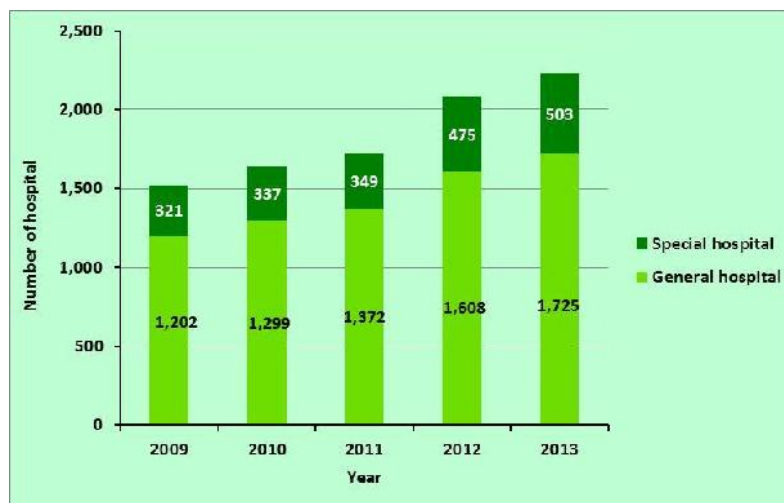
No	Ownership	2011	2012	2013
1	Public			
	MoH and Prov/District/ Municipalities Government	614	656	676
	Army/Police	134	154	159
	Other Ministry	3	3	3
	Non Profit Private	655	727	724
	Total No of Public	1,406	1,540	1,562
2	Private			
	State-owned company	77	75	67
	Private institution	238	468	599
	No of Private hospital	315	543	666
	Total	1,721	2,083	2,228

Source: Directorate General of Health Effort, Ministry of Health, Republic of Indonesia, 2014

Law No. 44 Year 2009 on Hospital categorize hospitals based on the type of services delivered into general and specialty hospitals. Public hospitals are hospitals that provide health services to all areas and types of diseases. As for the special hospital is a hospital that provides focused care to one area or one particular type of disease based on disciplines, age groups, organs, diseases, or other specifimunicipality.

Number of general hospitals and special hospitals in 2013 was 1,725 units and 503 units, respectively. This number is increased compared to the year 2012, which was 1,608 general and 475 specialty hospitals. The following figure illustrates the development of the number of general and specialty hospitals in the last five years.

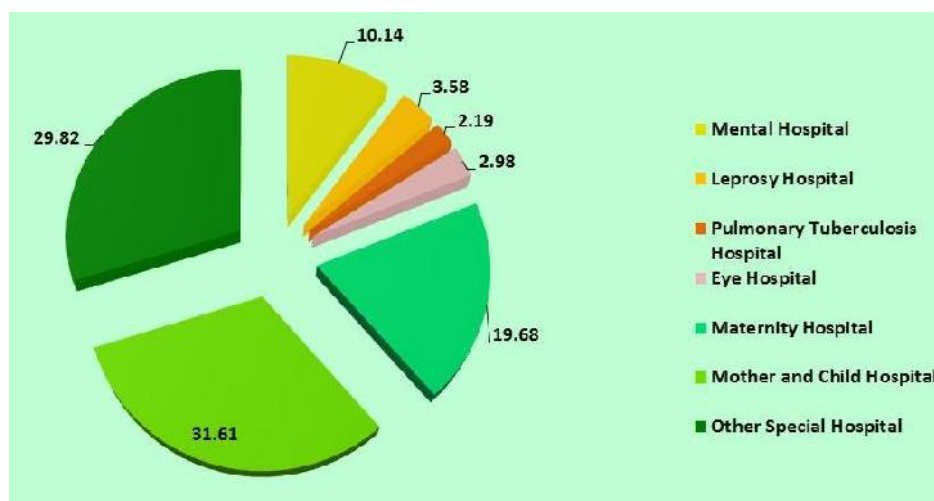
FIGURE 2.7
DEVELOPMENT OF GENERAL HOSPITAL AND SPECIAL HOSPITALS
INDONESIA IN THE YEAR 2009 - 2013



Source: Directorate General of Health Effort, Ministry of Health, Republic of Indonesia, 2013

Number of special hospitals in 2013 were mostly for maternal and child health hospital, which was 159 units with a percentage at 31.61%. The proportion of special hospitals in Indonesia 2013 were described in the following figure.

FIGURE 2.8
PERCENTAGE OF SPECIALTY HOSPITAL
BY TYPE IN INDONESIA 2013



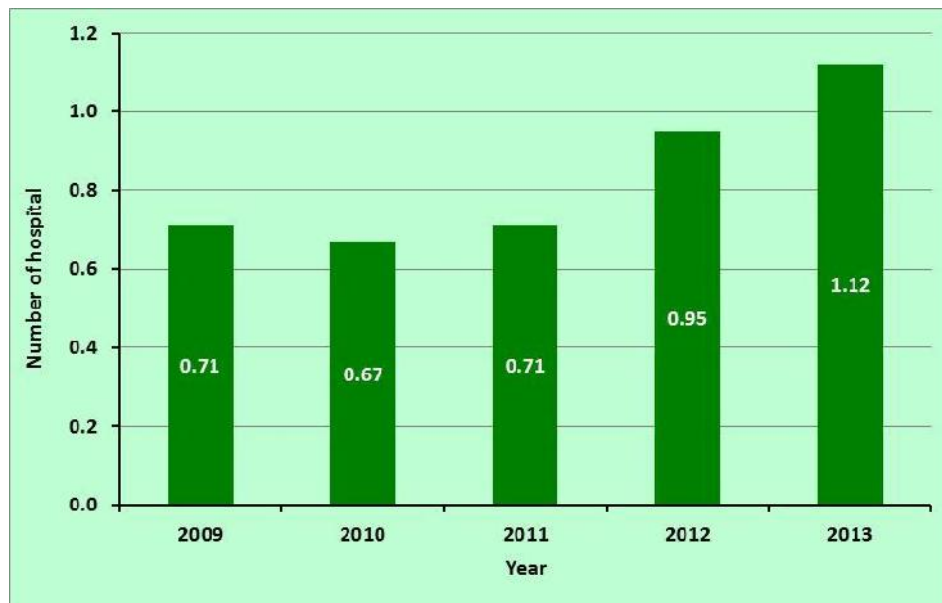
Source: Directorate General of Health Effort, Ministry of Health, Republic of Indonesia, 2013



Figure above shows that most hospitals are the Mother and Child Hospital. Other special hospital also has a large proportion at 29.82%; consist of Heart, Cancer, Orthopaedic, Infectious Disease, Stroke, MCH, Child, Surgery, Kidney, Teeth and Mouth, Brain, Internal Medicine, and ENT hospitals.

Ratio of beds to 1,000 residents can explain whether people's need for individual or referral care is fulfilled. The ratio of hospital beds in Indonesia in 2014 was 1.12 per 1,000 population. This ratio is higher than in 2012, which was 0.95 per 1,000 population. The ratio of hospital beds in Indonesia from 2009 to 2013 is shown in the following figure.

FIGURE 2.9
RATIO OF HOSPITAL BEDS
PER 1,000 POPULATION IN INDONESIA 2009-2013

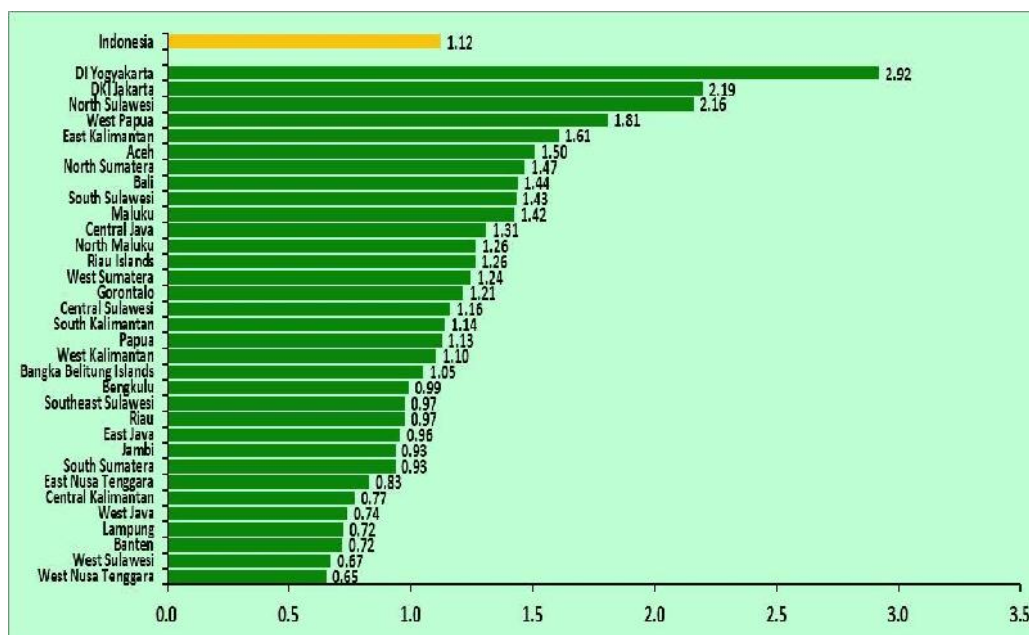


Source: Directorate General of Health Effort, Ministry of Health, Republic of Indonesia, 2013

Nationally, in 2013 it appears to have sufficient number of beds, but there were still some provinces with the bed ratio less than 1 bed per 1,000 populations.

At the provincial level, there were 13 provinces with the ratio less than 1 per 1,000 population. The highest ratio was in Yogyakarta at 2.92, Jakarta at 2.19, and North Sulawesi at 2.16 . While the lowest ratio was West Nusa Tenggara at 0.65, West Sulawesi at 0.67, and Banten at 0.72.

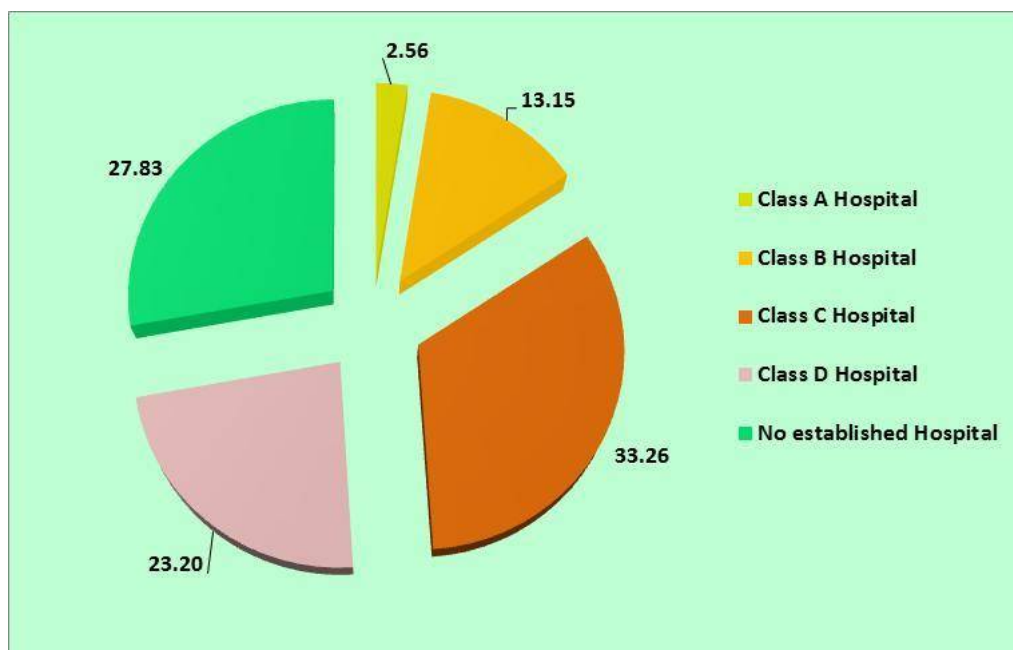
FIGURE 2:10
RATIO OF HOSPITAL BEDS
PER 1,000 POPULATION IN INDONESIA 2013



Source: Directorate General of Health Effort, Ministry of Health, Republic of Indonesia, 2013

The hospital is also grouped to classes based on facilities and service capabilities into Class A, Class B, Class C, and Class D. In 2013, there were 57 class A, 293 class B, 741 class C and 517 class D hospitals, and also 620 units of hospitals which do not have established class.

FIGURE 2.11
PERCENTAGE OF HOSPITALS BY CLASS
IN INDONESIA 2013



Source: Directorate General of Health Effort, Ministry of Health, Republic of Indonesia, 2013




Figure above shows that the C-class hospital had the highest percentage of 33.26%. While the lowest was class A hospitals at 2.56%. More detailed information about hospitals by province are described in Annex 2.5, 26, 2.7, 2.8, and 2.9.

2. Comprehensive Emergency Obstetric and Neonatal Care (Ind: PONEK)

Comprehensive Emergency Obstetric and Neonatal Care is the effort made to reduce Maternal Mortality and Child mortality rate. Several studies found that several maternal mortality and child mortality occurred in the hospital. Hospitals contribute to of 40-70% of maternal mortality rate, meanwhile deliveries at home contributes at 20-35%, and deliveries while transported at 10-18% (Lancet, 2005). Based on those facts, it can be concluded focused efforts to reduce maternal mortality rate are required in the hospital.

One of the health programs to reduce maternal mortality in hospital is the implementation of Comprehensive Emergency Obstetric and Neonatal Care (PONEK). Number of Hospitals providing PONEK in year 2013 was 424 units. This number increased compared to the year 2012, which was only 410 units.

C. PHARMACEUTICAL RESOURCES AND MEDICAL DEVICES

1. Production and Distribution of Pharmaceutical Products and Medical Devices

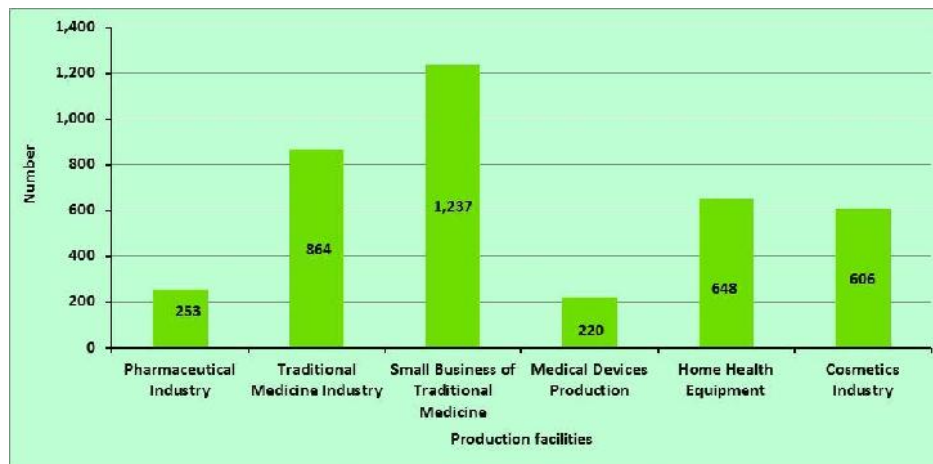
Availability of pharmaceuticals and medical devices is significant in health care. Public access to drugs, especially essential drugs is one of human rights. Thus the provision of essential medicines is an obligation for the government and health care institutions, both public and private. As a special 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 by controlling medicines and medical supplies to ensure the safety, efficacy and quality of pharmaceutical preparations and medical devices. 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 and 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, Home Health Equipment (Ind: PKRT), and Cosmetics Industry.

Production and distribution of medical devices in Indonesia still indicate disparity in distribution. Most of the means of production and distribution are located in Western part of Indonesia, which are Sumatera and Java, with proportion at 94.4% of production facilities and 78.4% 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 facilities 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 2013 was 3,828 facilities. This number is higher than in 2012, which was only 2,958 production facilities. In 2013, there were 8 provinces do not have the six types of pharmaceutical and medical devices industries mentioned above. The highest number was in West Java with 1,031 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 2013 are described in the following figure.

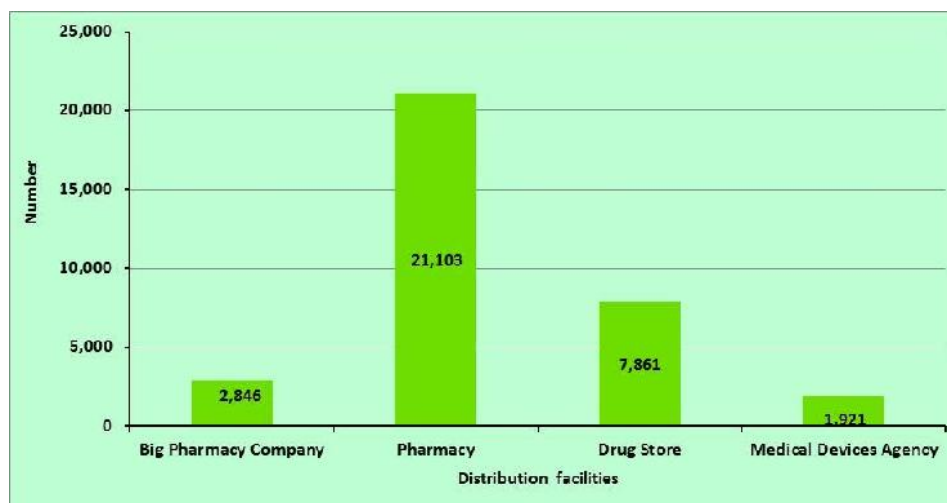
FIGURE 2:12
TOTAL PRODUCTION FACILITIES OF PHARMACEUTICAL AND MEDICAL DEVICES
IN INDONESIA 2013



Source: DG. Of Pharmaceutical and Medical Devices, Ministry of Health, Republic of Indonesia, 2014

Distribution facilities of pharmaceutical and medical devices monitored by DG of Pharmacy and Medical Devices among others are: Large Pharmacy Company (PBF), Pharmacies, Drug Stores and Medical Devices Agency (Ind: PAK). The number of distribution facilities of pharmaceutical and medical devices in 2013 was 33,731 facilities. The number was greater than the year 2012, which was 29,137 facilities. The following figure presents the number of pharmacy distribution facility in 2013 by province. More detailed data on the number of production facilities and pharmacy distribution are contained in Annex 2.10 and 2.11.

FIGURE 2.13
TOTAL DISTRIBUTION FACILITIES OF PHARMACEUTICAL AND MEDICAL DEVICES
IN INDONESIA 2013



Source: DG. Of Pharmaceutical and Medical Devices, Ministry of Health, Republic of Indonesia, 2013



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 Puskesmas. 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.

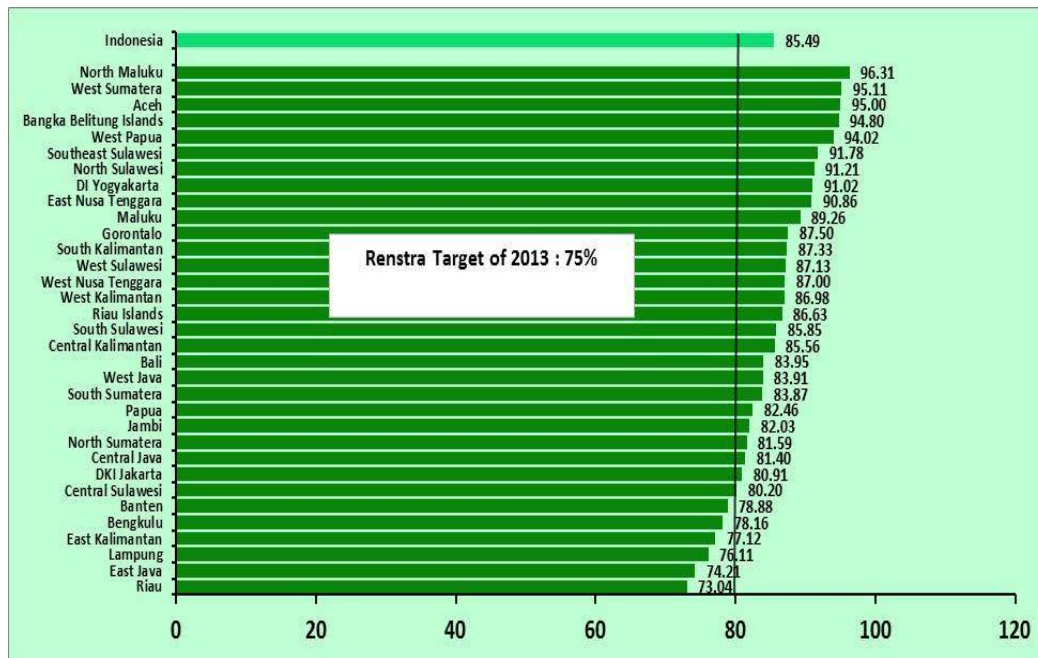
Monitoring of drugs and vaccines availability aims to obtain most current condition of drug and vaccines in Indonesia. Drugs monitored are drugs for primary health care and for supporting certain health programs. The number of drug items monitored are 144 drugs and vaccines consisting of 135 drugs for primary health care and 9 types of vaccines for basic immunization.

Targeted indicator of availability of drugs and vaccines percentage in 2013 is at 95%. Based on calculations performed by the Directorate General of Pharmacy and Medical Devices, national average in 2013 was at 96.93%. Thus, when compared with a target of 2013, the achievement was at 102.03%. 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 Drug 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 Puskesmas and hospitals. Average use of generic drugs in health care facilities in 2013 was 85.49%. It has met target in 2013, which is at 75%.

FIGURE 2.14
PERCENTAGE OF AVERAGE GENERIC DRUG USE
IN HEALTH CARE FACILITIES IN INDONESIA 2013



Source: Directorate General of Pharmaceutical and Medical Devices, Ministry of Health, Republic of Indonesia, 2014

The figure above shows that almost all provinces have met the target at 75%, which were in 31 provinces (93.94%). Province with the highest utilization average was North Maluku at 96.31, followed by West Sumatera at 95.11%, and Aceh at 95%. While the province with the lowest percentage is Riau at 73.04%, followed by East Java at 74.21% and Lampung at 76.11%. More detailed data and information on the use of generic drugs by province are in Annex 2.22.

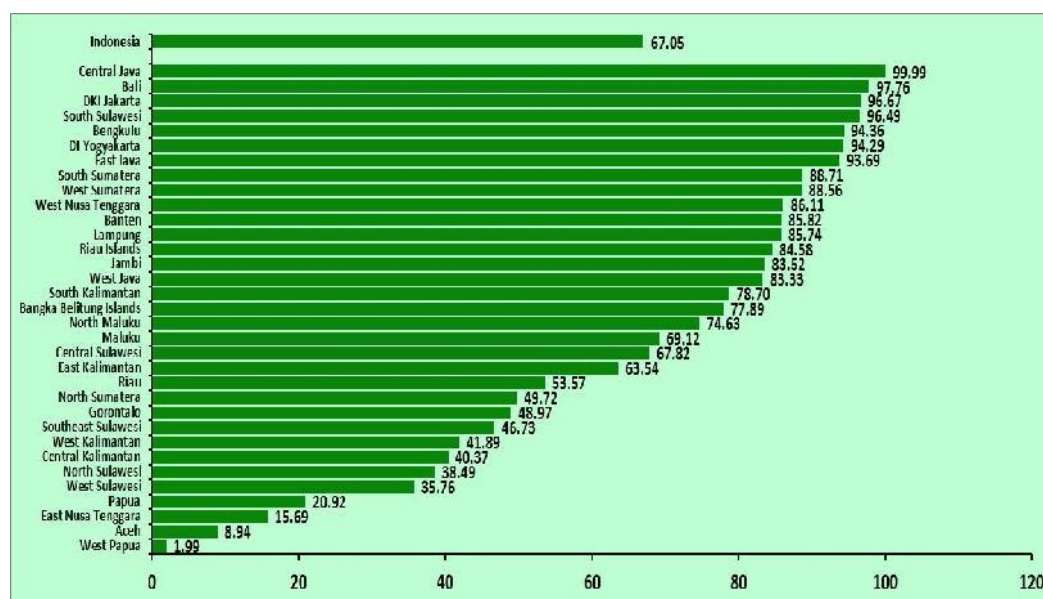
D. COMMUNITY BASED HEALTH PROGRAM

Health development to improve public health degree at optimal level need community involvement. Through Community Based Health Services (Ind: UKBM) concept, communities participate actively in the implementation of health programs. The forms of UKBM among other are Integrated Service Post (IHP), village health post (Poskesdes), and alert hamlet (RW)/village.

Alert RW 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).

There are 54,570 Alert RW/Village with a percentage of 67.05%. The highest percentage province are Central Java at 99.99%, Bali at 97.76%, Jakarta at 96.67%. While the lowest is the province of West Papua at 1.99%, Aceh at 8.94, and East Nusa Tenggara at 15.69%. In providing health care, Alert RW/Village is divided into four strata, which are beginner (pratama), medium (madya), complete (purnama), and independent (mandiri). Alert RW/village pratama were 28,404; madya were 10,976; purnama were 4,910 and mandiri were 1,550.

FIGURE 2.15
PERCENTAGE OF ON ALERT VILLAGE IN INDONESIA 2013



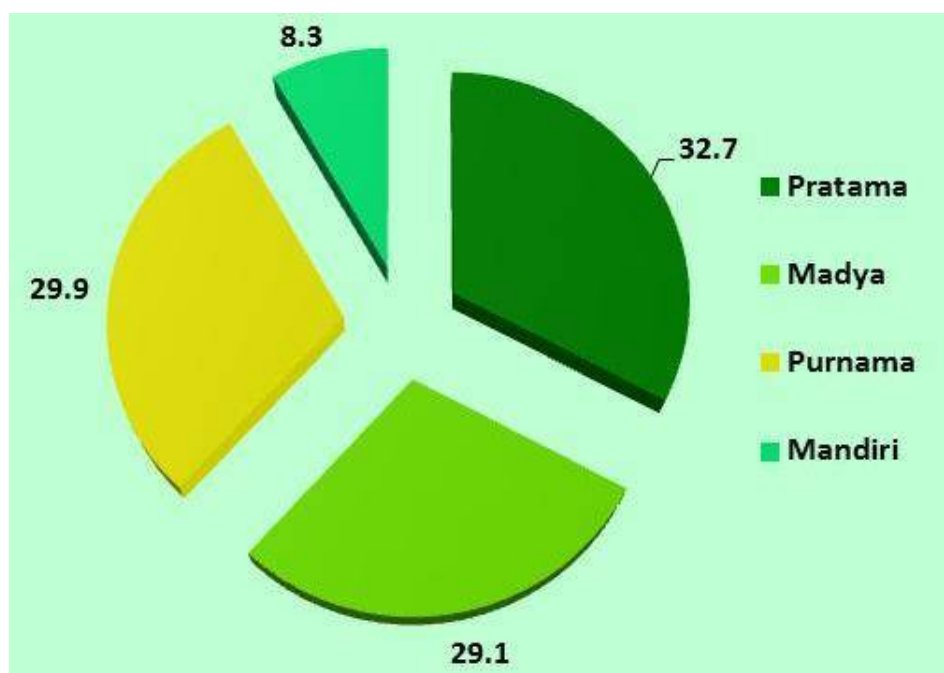
Source: Center for Health Promotion, Ministry of Health, Republic of Indonesia, 2014

Other type of community based health program is village health post (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 the village health post is health services for rural communities in the form of maternal health services, maternal health care nursing, 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 2013 were 54,731 units. This number increased compared to the year 2012 which were 54,142 units.

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

There are 280,225 Posyandu /IHP in Indonesia in 2013. Of these, posyandu pratama was 32.7%, middle was 29.1%, purnama was 29.9%, and mandiri /independent was 8.3%.

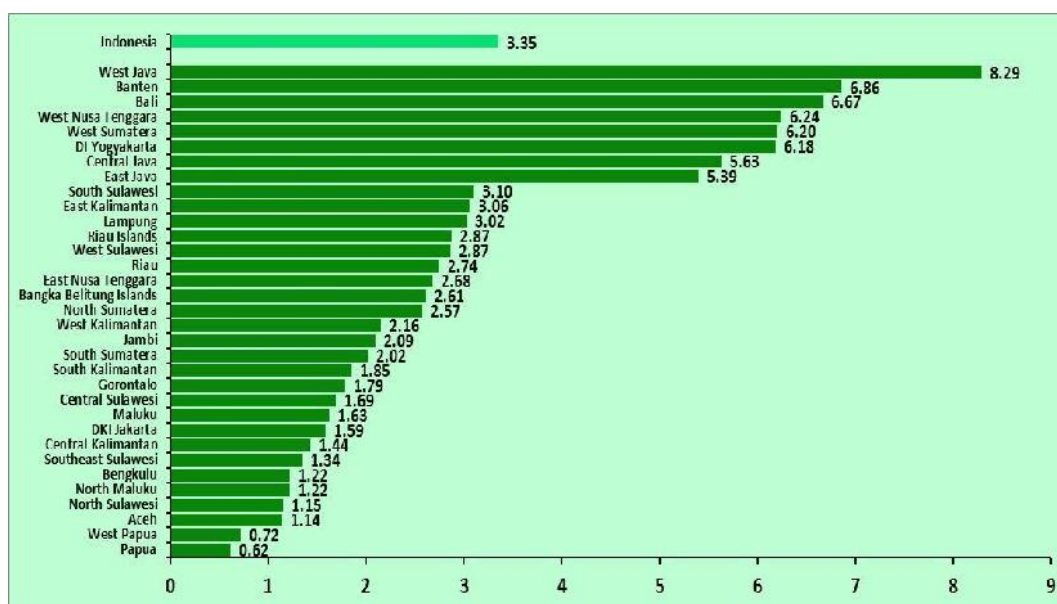
FIGURE 2.16
PERCENTAGE OF POSYANDU/ INTEGRATED HEALTH POST BY STRATA IN INDONESIA 2013



Source: Center for Health Promotion, Ministry of Health, Republic of Indonesia, 2014

Figure above shows that the highest proportion is posyandu pratama and the lowest proportion was independent Posyandu. Therefore, intensive efforts to increase the number of Posyandu mandiri is highly required. It is also important to measure Posyandu adequacy ratio to implement their function. In 2013, the ratio of Posyandu to village was 3.35. 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 2.17
RATIO OF INTEGRATED HEALTH POST /POSYANDU PER VILLAGE
IN INDONESIA 2013



Source: Center for Health Promotion, Ministry of Health, Republic of Indonesia, 2013

The figure above shows that West Java has the highest ratio at 8.29. Papua and West Papua have ratio less than one, respectively at 0.62 and 0.72. Community empowerment in health also requires participation of cadres and community/religion leader. In year 2013, there were 336,586 cadres or community and religion leader were trained. The ratio of trained cadres/community/religion leader to village in Indonesia was 4.02. There were 11 provinces with ratio at less than one. Data/more detailed information regarding the number of UKBM by province in 2013 described in Annex 2.12 and 2.13.

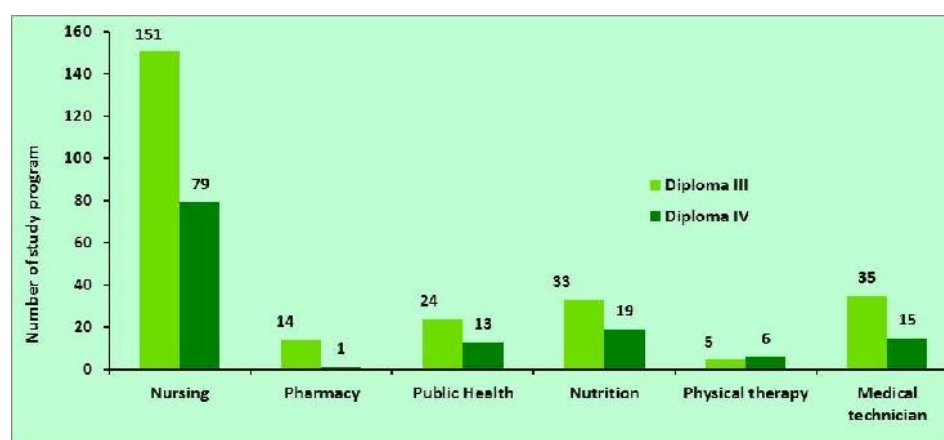
E. HEALTH POLYTECHNIC/EDUCATION INSTITUTIONS FOR HEALTH PERSONNEL (Ind: POLTEKKES)

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 (Poltekkes) and Non Health Polytechnic (Non Poltekkes). Ministry of Health provide coaching and guiding for polytechnic institutions. By December 2013, there were 38 Poltekkes in Indonesia, consist of 133 Diploma IV study programs, 262 Diploma III study programs.

FIGURE 2.18
NUMBER OF POLTEKKES STUDY PROGRAM DIPLOMA III AND IV
IN INDONESIA 2013



Source: The Agency for Development and Empowerment Human Resources of Health, Ministry of Health Republic of Indonesia, 2013

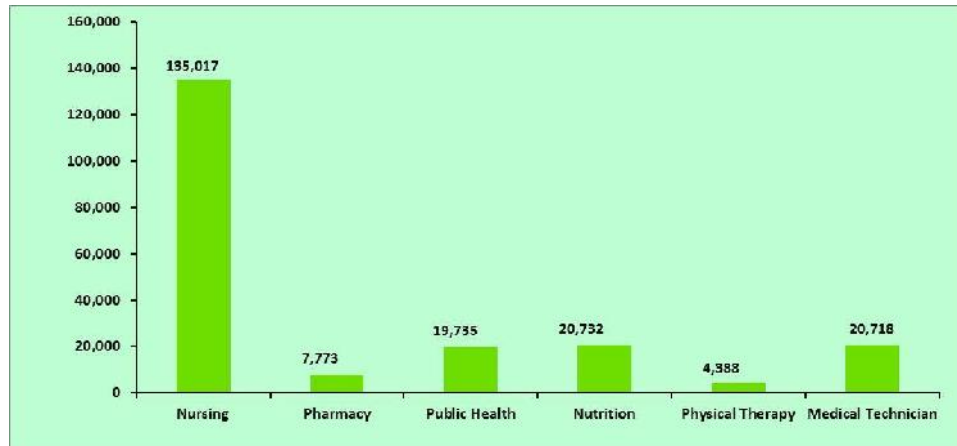
Figure above shows that the highest number of program study was nursery at 151 diploma III and 79 diploma IV study programs. Nursing courses consist of nursing, midwifery, and dental nursing. Physical therapy study program, consist of physiotherapist, occupational therapy, speech therapy, acupuncture, was the lowest, which were only 5 courses of diploma III and 6 courses of diploma IV.

2. Students

Diploma III students of polytechnic in Indonesia in 2013 consist of the first-level learners (academic year 2011/2012), level II (2012-2013 school year), and level III (school year 2013/2014) which were 208,363 people. It comprises of 66,699 student level I; 70, 890 student level II and 70,774 third level students. Highest number are from Nursing Study Programs

which were 135,017 students or 64.8% from total enrollment. While the lowest number of students are physical therapy which was 4,388 students, or only 2.11% of total enrollment.

FIGURE 2.19
NUMBER OF POLYTECHNIC DIPLOMA III STUDENTS
IN INDONESIA 2013



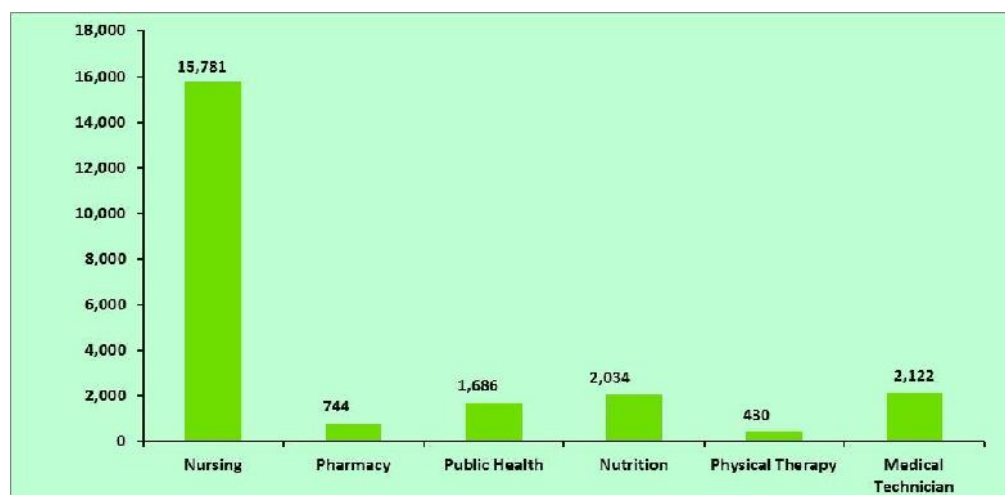
Source: The Agency for Development and Empowerment Human Resources of Health, Ministry of Health Republic of Indonesia, 2013

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

3. Graduates

Student who has completed education will be a polytechnic graduate. Number of graduates in 2013 was 22,797 people. This number increased compared to the year 2012, which was 21,630 people. Similar to majority of students comes from nursing courses; the highest number of graduates was nursing courses with 15,781 people or 69.22% of the total graduates.

FIGURE 2.20
NUMBER OF DIPLOMA III POLTEKKES GRADUATES
IN INDONESIA 2013



Source: The Agency for Development and Empowerment Human Resources of Health, Ministry of Health Republic of Indonesia, 2013

At the provincial level, three provinces producing the highest number of Poltekkes graduates from the Polytechnic were Central Java with 2,398 graduates, East Java with 2,124



graduates, and Jakarta with 1,365 graduates. Those provinces do have more than one Poltekkes. The number of Poltekkes graduates based on the study program is contained in Annex 2.18 and 2.19.

III

HEALTH PERSONNEL





CHAPTER III

HEALTH PERSONNEL

Regulation No. 36 Year 2009 on Health in article 21 states that the government manages the planning, procurement, utilization, development, and quality control of health personnel in providing health care. Presidential Regulation No. 72 Year 2012 on National Health System explains that in order to implement programs in health development, health personnel must be sufficient in quantity, type and quality, and also fairly and equally distributed.

Human resources presented in this chapter are more to health personnel group. Presidential Regulation No. 32 Year 1996 on Health Personnel decides that health professionals consist of medical doctor, nurse, pharmacist, community health personnels, nutritionist, physical therapist and medical technician personnel.

An overview of number, type, quality, and distribution of health personnel in all regions of Indonesia is conducted by collecting data on health care facilities either in the districts/municipalities or provincial health office. Data collection of health personnel includes central and local government employee (Ind: PNS), Non-permanent employee (Ind: PTT), Military/Police, and private sectors. Data collection was by bottom up data mechanism from lower level in districts/municipalities to provincial health office and then national level, which is administered by the The Agency for Development and Empowerment of Human Health Resources (Ind: PPSDMK) Ministry of Health using Health Personnel Information System.

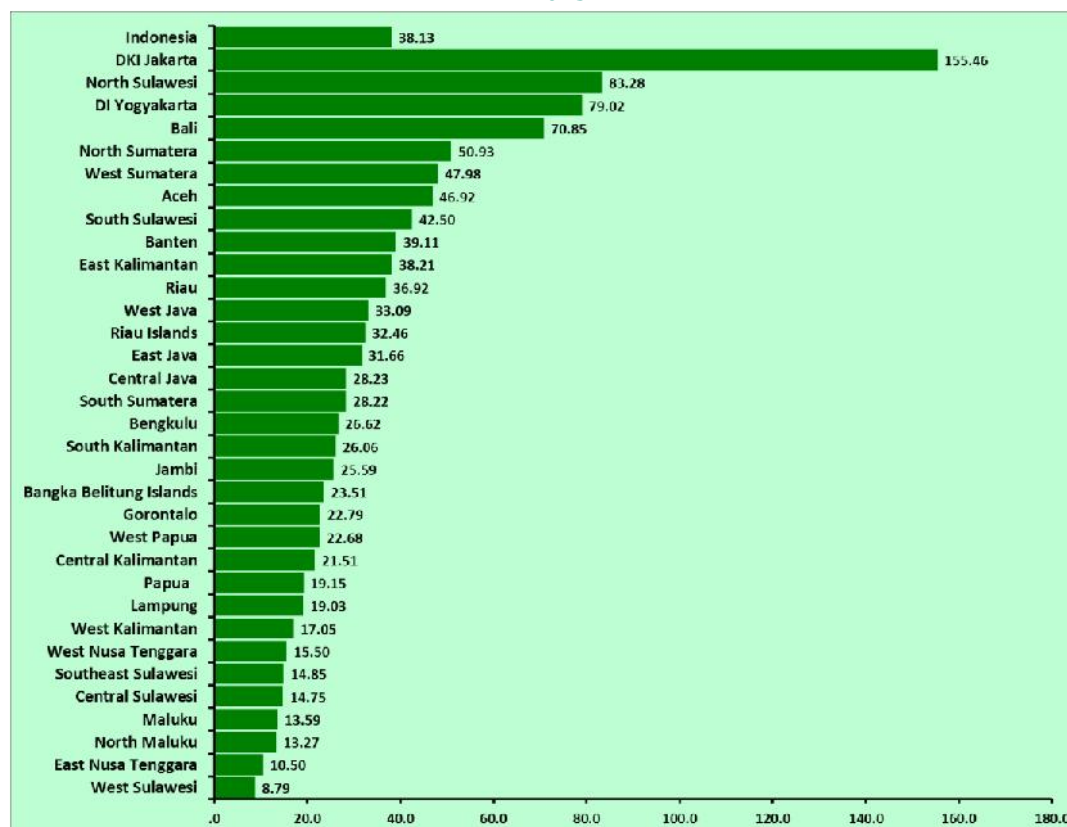
A. NUMBER AND RATIO OF HEALTH PERSONNEL

One of the important elements that play a role in accelerating the health care development is health personnel who provide service in health care facilities in the community. Health personnel are those who devote themselves in the areas of health and have the knowledge and skills through education in the health field. In certain conditions, health personnel require authority to provide health services.

Health personnel registration is conducted by the The Agency for Development and Empowerment of Human Health Resources (PPSDMK) based on their functional duties. In 2013 number of health personnel was 877,088, consisting of 681,634 health professionals and 195,454 non-medical personnel. Health professionals consist of 90,444 medical personnel (medical specialists, general practitioners and dentists); 288,405 nurses; 137,110 midwives; 40,181 pharmacists; and 125,494 other health personnel. Full details of the recapitulation of health personnel types are in Annex 3.1.

Registration of health personnel is also conducted by Secretariat of the Indonesian Medical Council (Ind: KKI). Doctors/medical specialists, dentists/dentist specialists must have a Certificate of Registration (Ind:STR). The number of general practitioners in Indonesia was 94,727. Based on the number of physicians and the population, ratio of physicians per 100,000 population can be calculated. The ratio of general practitioners in Indonesia in 2013 was 38.1 General Practitioner (GP)s per 100,000 population. The ratio of physicians to population by province in 2013 is shown in Figure 3.1 below.

FIGURE 3.1
RATIO OF GENERAL PRACTITIONER TO 100,000 POPULATION IN INDONESIA
YEAR 2013

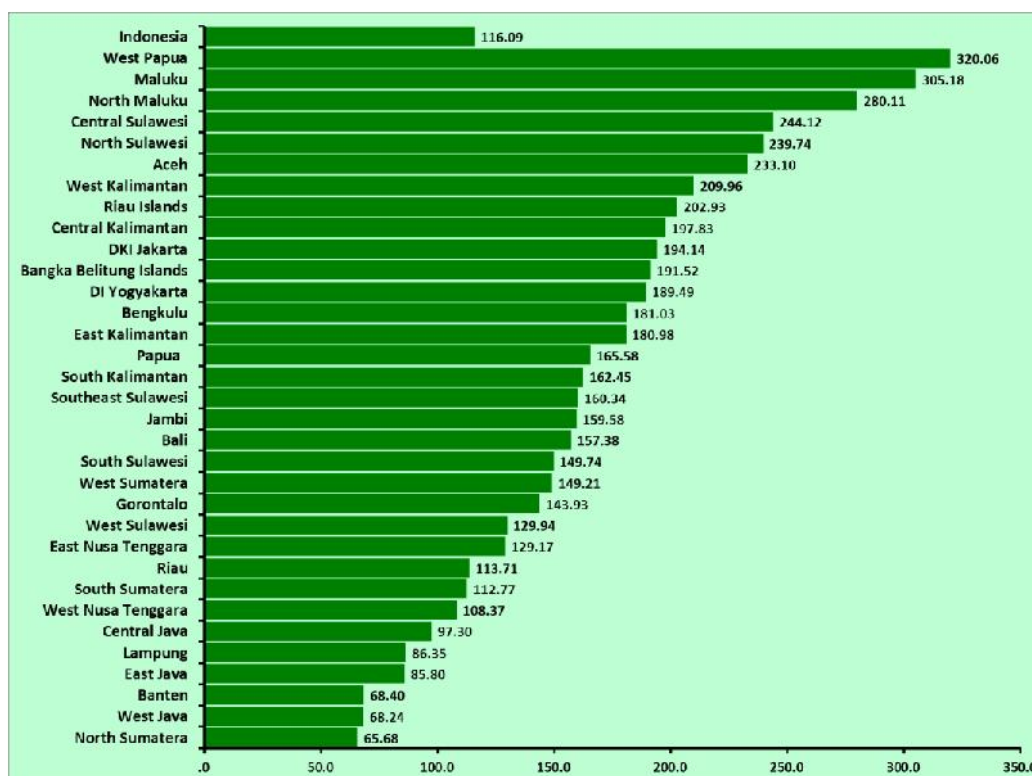


Source: Secretariat of the Indonesian Medical Council, Ministry of Health of Indonesia, 2014

The highest ratio of general practitioners to 100,000 populations was in DKI Jakarta and North Sulawesi at 155.5 and 83.3 consecutively. The lowest ratio was in West Sulawesi province at 8.8 and East Nusa Tenggara Province at 10.5 GPs per 100,000 populations. The number of dentists in 2013 were 24,598 and the number of dentist specialist were 2,182 people. The ratio of dentists per 100,000 population was 9.9. Full details about the number of registered doctors, specialists, dentists, and dentist specialists are in Annex 3.5.

The next health personnel is nursing staff, which consists of nurses and midwives. Based on the Regulation of the Minister of Health No. HK.02.02/Menkes/148/1/2010 on License and Implementation of Nursing Practice, a nurse is those who have graduated from nursing education institution, either in Indonesia or abroad, accredited by law and recognized by government. The number of nurses by 2013 were 288,405 people. Ratio of nurses to population by province in 2013 is shown in Figure 3.2 below.

FIGURE 3.2
NURSE RATIO TO 100,000 PEOPLE IN INDONESIA
YEAR 2013



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

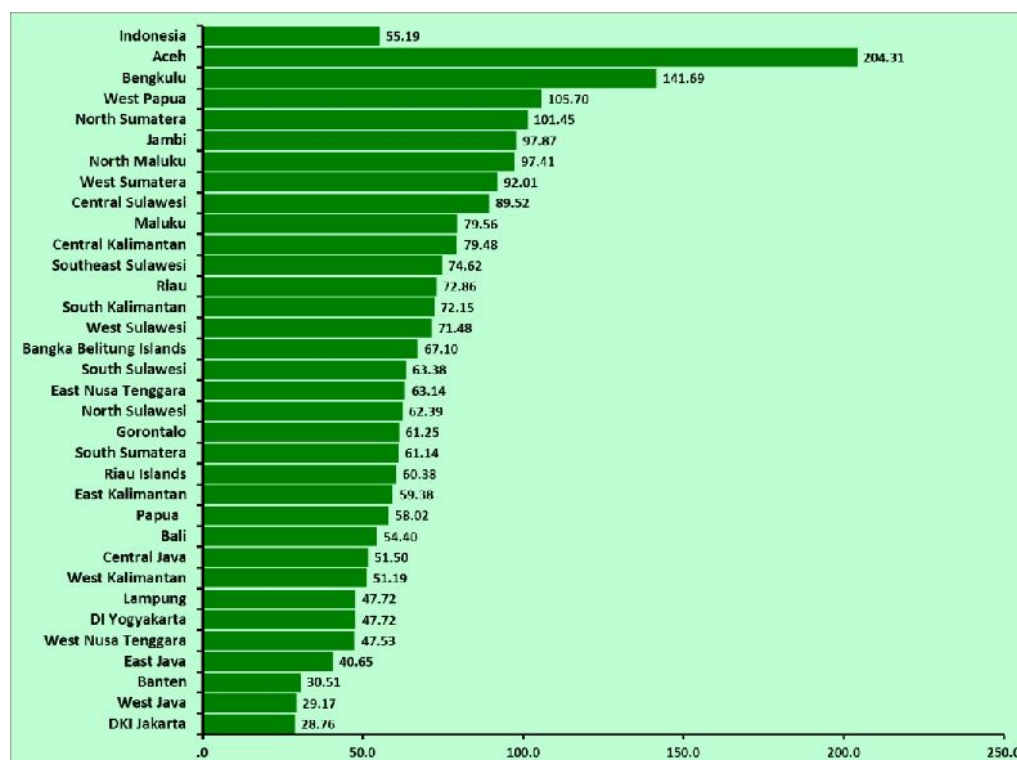
The ratio of nurses per 100,000 population was 116.1. The highest ratio was found in West Papua at 320.1; Maluku at 305.2, and North Maluku at 280.1. The lowest ratio was in North Sumatera at 65.7; West Java at 68.2, and Banten at 68.4.

Based on Decree of the Minister of Health No. 369 / Menkes / SK / III / 2007 on Midwives Professional Standards, midwife is someone who graduated from midwifery education recognized by government and professional organizations in Indonesia, and has the competence and qualifications to be registered, certified and legally licensed to run midwifery practice. The midwife is recognized as responsible and accountable professionals, who work as women partners to provide support, care and advice during pregnancy, post partum, to attend delivery process on her own responsibility and to provide care to newborns and infants. This care includes prevention, promotion of normal delivery, detection of complications in mother and child, provision of medical access or other appropriate assistance, as well as implementing emergency action.

The number of midwives in Indonesia in 2013 were 137,110 people, with ratio at 55.2 midwives per 100,000 population. The ratio of midwives to population by province in 2013 is shown in Figure 3.3.

The highest ratio of midwives to population was in Aceh at 204.3; Bengkulu at 141.7 and West Papua at 105.7 midwives per 100,000 population. The lowest ratio was in Jakarta at 28.8; West Java at 29.2; and Banten at 30.5 midwives per 100,000 population. The number of health personnel by province in 2013 can be seen in Annex 3.1.

FIGURE 3.3
MIDWIFE OF 100,000 POPULATION RATIO IN INDONESIA
YEAR 2013



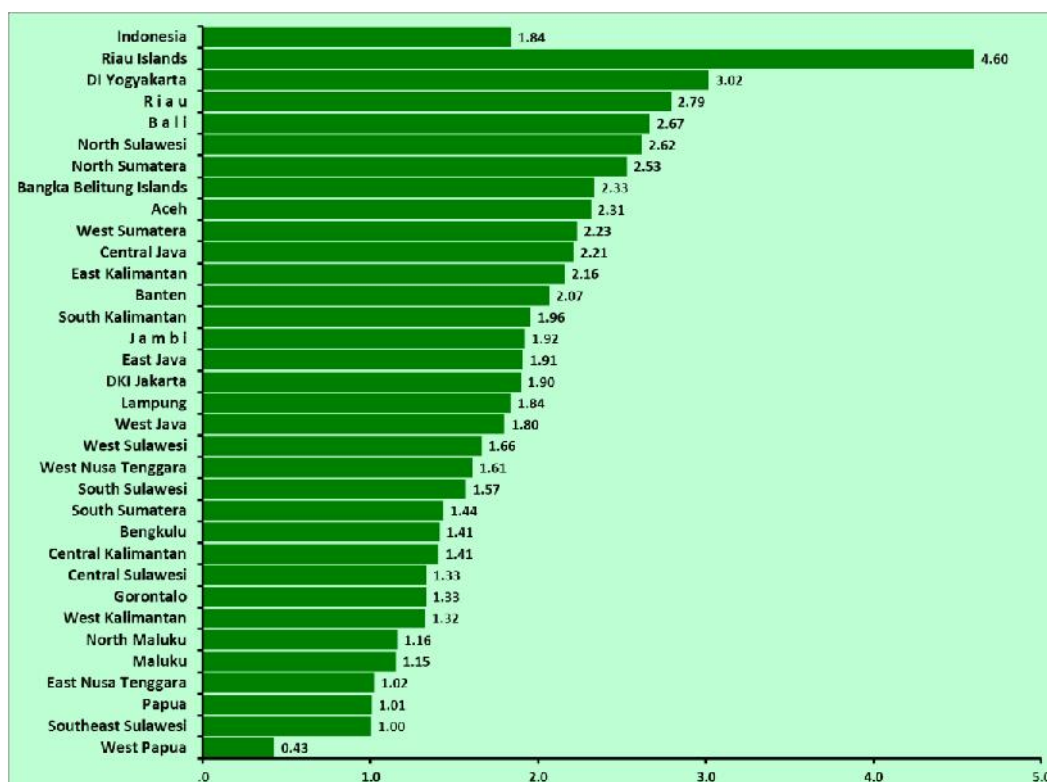
Source: The Agency for Development and Empowerment of Human Health Resources, Ministry of Health, Republic of Indonesia, 2014

1. Health Personnel in Health Center (Puskesmas)

Puskesmas is responsible to organize, complete, integrated and continuous primary health care. Performance of Puskesmas greatly depends on the availability of human resources, especially health personnel. In 2013, there were 349,198 people working at Puskesmas, consisting of 314,363 health personnel and 34,835 non-medical personnel. Overall, general practitioners in Puskesmas were 17,767 people, with a ratio of 1.84 physicians per Puskesmas. The ratio of general practitioners to Puskesmas by province in 2013 can be seen in Figure 3.4.

The highest ratio of general practitioners (GP) to the Puskesmas was in Riau Islands province at 4.6, DI Yogyakarta at 3.02 and Riau at 2.79 GP per Puskesmas. The lowest ratio was in West Papua Province at 0.43, Southeast Sulawesi at 1 and Papua at 1,01 GP per Puskesmas.

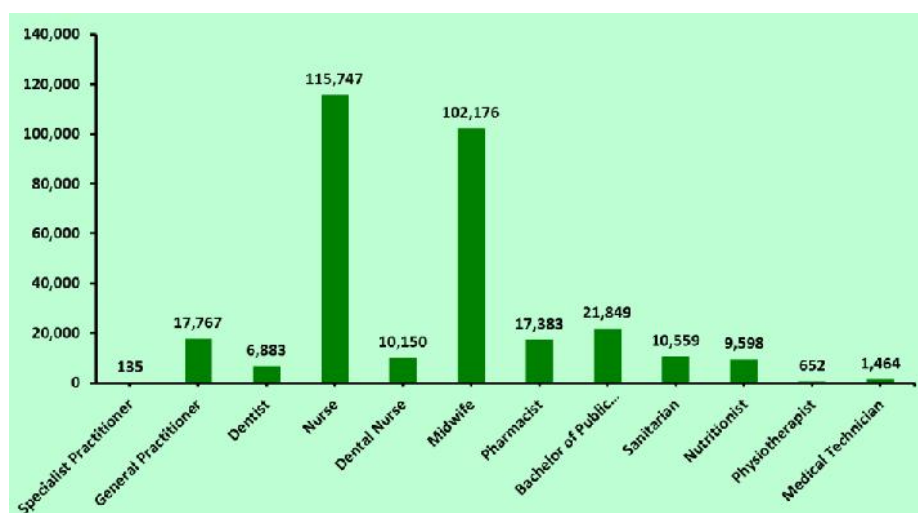
FIGURE 3.4
GENERAL PRACTITIONER IN THE RATIO OF TOTAL HEALTH
IN INDONESIA 2013



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

The number of specialist in Puskesmas in Indonesia in 2013 was 135. The number was highest in DKI Jakarta Province (34 people) and East Java (31 people). The number of dentists who served in Puskesmas in 2013 was 6,883 people. Compared to total number of Puskesmas in Indonesia (n=9655), not all Puskesmas have a dentist. Data of numbers of health personnel in Puskesmas are presented in Figure 3.5 below.

FIGURE 3.5
NUMBER OF HEALTH PERSONNEL BY TYPE IN PUSKESMAS
IN INDONESIA 2013



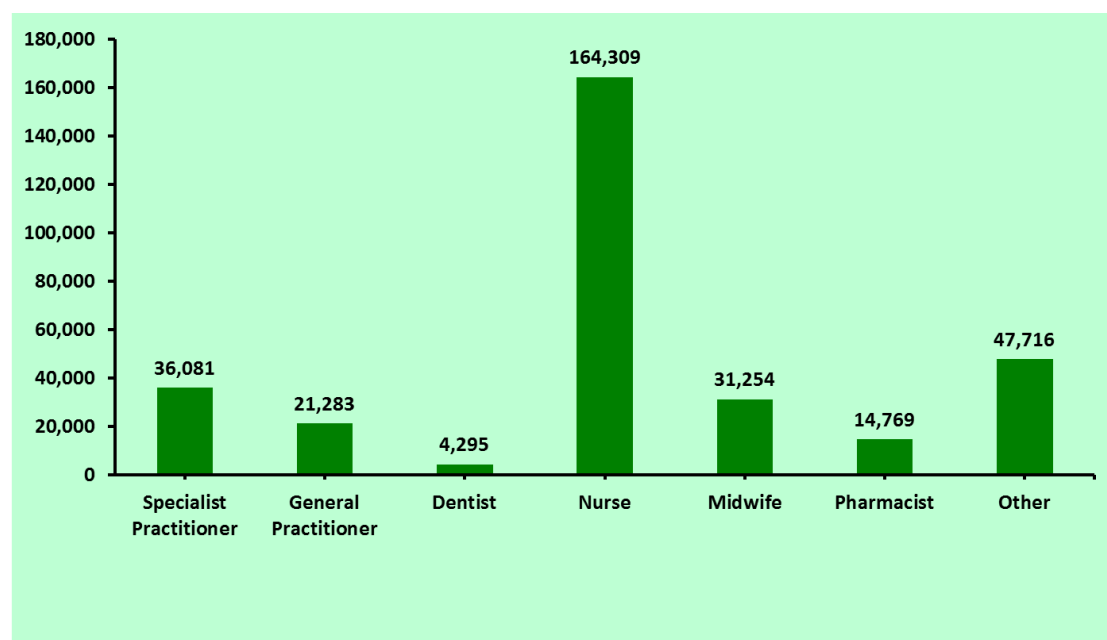
Source: The Agency for Development and Empowerment of Human Health Resources, MoH RI 2014

The number of nurses in all Puskesmas was 115,747 people, so on average each Puskesmas has 12 nurses. The number of dental nurse was 10,150. The number of midwives was 102,176, it means on average each Puskesmas has 11 midwives. Details of the number of health personnel in Puskesmas are in Annex 3.2.

2. Health Personnel in Hospitals

Based on the Regulation of the Minister of Health No. 340/Menkes/PER/III/2010 on Hospital Classification, hospital is a health care institution that organizes complete individual health care and provides inpatient, outpatient and emergency department. Therefore, health personnel play an important role in health care. Health personnel in charge at the hospital in 2013 were 458,340 people consisting of 319,707 health professionals and 138,633 non-medical personnel.

FIGURE 3.6
TOTAL HEALTH PERSONNEL BY TYPE IN HOSPITAL
IN INDONESIA 2013



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

Of all health personnel on duty at hospital, there were 36,081 specialists, with an average of 16 specialist per hospital; GP were 21,283 people, with an average of 10 GP per hospital and dentist were 4,295, with an average of 2 dentist per hospital. There were 164,309 nurses, with an average of 74 nurses per hospital and there were midwife 31,254, with an average of 14 midwives per hospital. Details of the number of health personnel in government hospitals are in Annex 3.4.

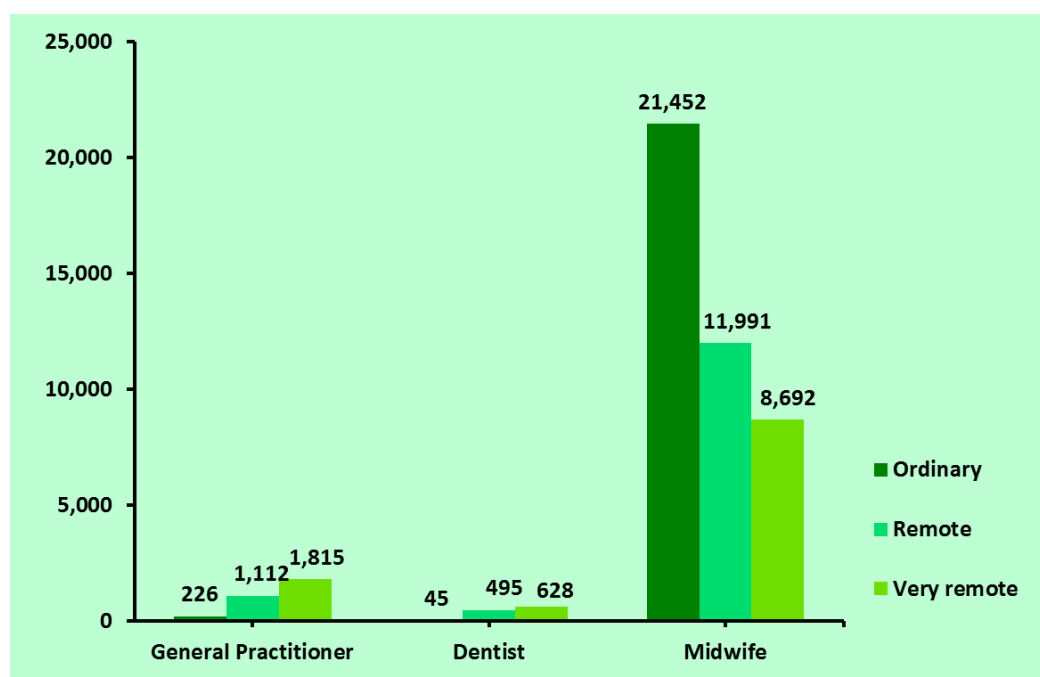
B. HEALTH PERSONNEL OF NON-PERMANENT EMPLOYEE (Ind: PTT)

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 socio-economic condition among regions. Yet, decentralization is still not effective in solving health personnel equity concerns, especially in Underdeveloped, Borders, and Islands Regions area.

One way to assign health personnels in health care, especially community Puskesmas and its networks in Underdeveloped, Borders, and Islands Regions (Ind:DTPK) as well as area with health problems (Ind: DBK), is by appointment of Non-permanent Employee (Ind: PTT) and Special Assignment.

Healthpersonnel with non-permanent status (Ind:PTT) consists of general practitioners, dentists, specialists, dental specialists and midwives. Their contribution in improving the quality of health services is significant. By 2013, there were 46,512 active, centrally assigned, non-permanent health personnel consisting of 56 specialists and specialist dentist, 3153 GP; 1168 dentists and 42,135 midwives.

FIGURE 3.7
NUMBER OF NON-PERMANENT EMPLOYEES: GENERAL PRACTITIONER, DENTIST AND MIDWIVES
BY REMOTE CRITERIA REGION IN INDONESIA 2013



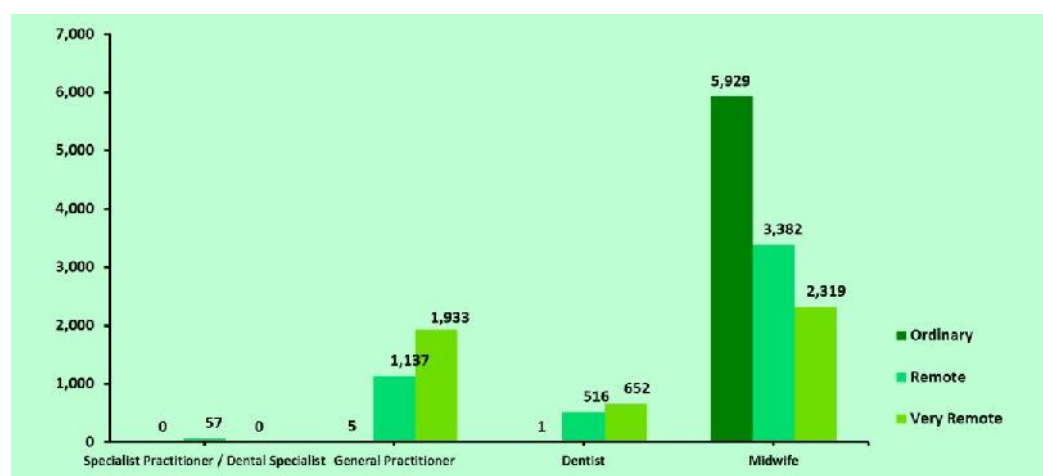
Source: Bureau of Personnel, Ministry of Health of Indonesia, 2014

Figure 3.7 shows that in 2013, most of non-permanent employee especially general practitioners and dentists work in very remote and remote areas. Non-permanent doctors in very remote area were 1,815 people, in remote areas were 1,112 people, while in regular area there were only 226 people. Non-permanent employee dentist in very remote and remote areas is also higher when compared with the number in the regular area. The number of dentists in a very remote area were 628 people, in remote area were 495 people, while in regular area there were only 45 people.

Different things happen in the active PTT midwives. PTT midwives in regular area is greater than in remote or very remote areas. The number of midwives in the regular areas were 21,452 people, while in remote areas were 11,991 people and very remote areas were 8692 people. Full details about the number of active, non-permanent employee (Ind:PTT) doctors/dentists specialists, general practitioners, dentists, and midwives based on region criteria and province in Indonesia 2013 can be seen in Annex 3.7 to 3.10.

In 2013, a total of 15,391 health professionals were appointed as non-permanent employee working in regular, remote, and very remote area, consisting of 57 specialists and dental specialist; 3,075 general practitioners; 1,169 dentist and 11,630 midwives.

FIGURE 3.8
NUMBER OF ASSIGNMENT OF DOCTOR/DENTAL SPECIALIST, GP, DENTIST AND MIDWIFE
AS A NON-PERMANENT EMPLOYEES (PTT)
BY CRITERIA REGION IN INDONESIA 2013



Source: Bureau of Personnel, Ministry of Health of Indonesia, 2014


Figure 3.8 shows the number of non-permanent health personnel assignment in regular remote and very remote areas in 2013 for doctors/dentists specialists, general practitioners, dentists and midwives. As many as 57 specialists or dental specialist were only assigned in remote areas. Assignment of general practitioners and dentists are more in very remote area. For midwife, the assignment was more in regular area than remote and very remote areas. Details regarding the number of specialist, dental specialists, general practitioners, dentists and midwives PTT assignment can be seen in Annex 3.12 to 3.15.

C. HEALTH PERSONNEL WITH SPECIAL ASSIGNMENT STATUS

Based on the Ministry of Health Regulation No. 9 of 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. Assigned health professionals consist of resident and health professionals 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) Puskesmas 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.

During the year 2013, special assignment has been implemented to 2,379 people, consisting of 873 residents, 927 nurses, 203 nutritionists, 181 environmental health personnel, 105 health analysts, 15 midwives, 52 pharmacist, 20 dental health professionals, 1 physiotherapist, 1 radiographer and 1 medical record and health informatics technician. The highest special assignments were in Aceh province by 290 people, Southeast Sulawesi by 249 people and East Nusa Tenggara Province by 229 people. Non-special assignment was in DKI



Jakarta and Yogyakarta. Totally, the number of resident and other special assignments is described in Annex 3.16.

D. HEALTH PERSONNEL REGISTRATION

Health personnel registration (besides medical personnel and pharmacy) is regulated in the Minister of Health Decree No. 161 / Menkes / Per / I / 2010 and revised in the Minister of Health Regulation No. 1796 / Menkes / Per / VIII / 2011 concerning the Registration of health personnel. Every health personnel who will run their practices is required to have a Certificate of Registration (Ind:STR). STR is written approvals given by the government to health personnels who already have a certificate of competency based on related regulation. To obtain STR, health personnel must have a letter of graduation and a certificate of competence. STR is valid for five years and can be renewed every five years. Details of the number of health personnel (beside medical personnel and pharmacy) who have had STR by province are described in Annex 3.6.

Registration of health personnel is regulated by Law No. 29 Year 2004 on the Practice of Medicine. Medical practice aims to provide protection to patients, maintain and improve the quality of medical services provided by doctors and dentists, and provide legal certainty to people. Every doctor and dentist who practices medicine in Indonesia must have a Certificate of Registration (STR) as applied to doctors and dentists, including graduates from abroad. STR for doctors and dentists is issued by Indonesian Medical Council (IMC) and is valid for five years and re-registered every five years.

Based on IMC data until December 31, 2013; as many as 146,048 doctors and dentists have had STR, consisting of 94,727 GP; 24,541 specialists; 24,598 dentists and 2,182 dental specialists. Overseas graduates doctors and dentists who will run practice of medicine in Indonesia must have a temporary or conditional STR. Temporary STR is given to foreigner doctors and dentists who will perform the activities such as education, training, research, health services in medicine or dentistry temporarily in Indonesia. Temporary STR is valid for one year and can be extended for another year. Conditional STR is given to foreigner student of specialist or dental specialist education program who participates in education and training in Indonesia. By the end of 2013, temporary STR were given to eight people and conditional STRs were given to twelve people.

Registration of pharmacy staff is regulated in the Decree of Minister of Health No. 889/ Menkes/Per/V/2011 about the Registration, practice and work license of pharmacy personnel. Each pharmacist who practice work of pharmacy must have a registration letter. Pharmacy personnel is those who do the work of pharmacy, consist of pharmacists and pharmacy technical personnel. Their scope of work is manufacturing and quality assurance of pharmaceutical, and also maintaining security, procurement, storage, distribution, and allocation of drugs, medication management, medication services over prescription, drug information services, and including development of drug, medicinal materials and traditional medicine. Pharmacists Registration Certificate (Ind: STRA) and Certificate of Registration of Pharmaceutical Technical Workers (Ind: STRTTK) are valid for 5 (five) years. Registration certificate is also required for foreigner and overseas graduates pharmacists who will run the pharmacy practice in Indonesia (Special STRA). STRA, STRTTK and Special STRA are issued by the National Pharmacy Committee.



Glucose test

IWV

HEALTH FINANCING



CHAPTER IV

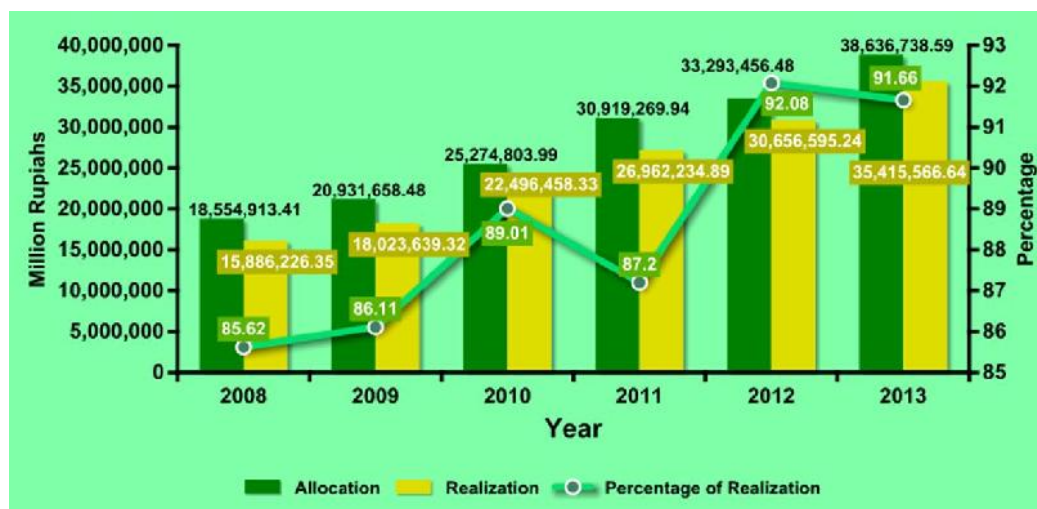
HEALTH FINANCING

Implementation of healthcare development requires financing. Regulation No.36 Year 2009 on Health system states that national health financing system is developed to provide sustainable, sufficient, equally allocated and well utilized health financing. The source of health financing consists of government and community-based resource.

A. MINISTRY OF HEALTH'S BUDGET

Health budget allocation managed by the Ministry of Health in 2013 was 38.64 trillion rupiahs with realization of 35.42 trillion rupiahs. Budget allocation and the realization increased compared to the year 2012, which allocated 33.29 trillion with realization of 30.66 trillion rupiahs. Although the budget has increased, its realization percentage in 2013 decreased compared to 2012, from 92.08% in 2012 to 91.66% in 2013.

FIGURE 4.1
BUDGET ALLOCATION AND REALIZATION OF MINISTRY OF HEALTH REPUBLIC OF INDONESIA
YEAR 2008-2013



Source: Bureau of Finance and BMN, the Indonesian Ministry of Health, 2014

The figure above shows increased budget allocation and realization of the Ministry of Health in the last five years. In 2008 the Ministry of Health allocated a budget of 18.55 trillion rupiahs with 15.89 trillion rupiahs realization, which means the realization percentage was 85.62%. This amount increased in 2013, up to 38.64 trillion rupiahs with the realization of 35.42 trillion rupiahs and the realization percentage was 91.66%.

Ministry of Health budget distribution, according to first echelon unit, indicated that the largest allocation was for the Directorate General of Health Services (DG of BUK) in amount of 25.27 trillion rupiahs, while the lowest was for Inspectorat General in amount of 96.08 billion rupiahs. The budget for the Directorate General of BUK was distributed to 429 work units

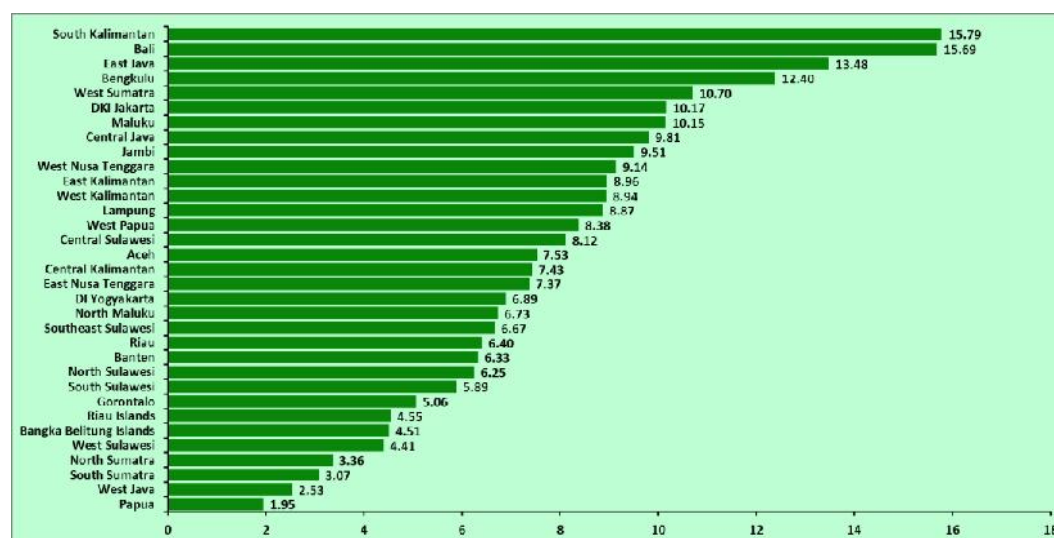
(headquarters and regional offices, through deconcentration and co administration fund), while the budget for the Inspector General was only for one work unit (Ind: Satker). First Echelon Unit with the highest percentage of budget realization was National Institute for Health Research and Development (Litbangkes) at 95.01%, while the lowest realization was Inspector General at 79.66%. Data and information on the budget allocation and realization by the Ministry of Health in 2013 are presented in Annex 4.1.

B. LOCAL BUDGET (Ind: APBD) ON HEALTH

Health financing aims at providing sustainable health development with sufficient number, equally allocated as well as effective and efficient usage. Therefore it ensures health development to always improve public health status. Health financing comes from central government, local government, community, private and others.

Based on Regulation No. 36/2009 on Health, provincial, and districts/municipalities health budget have been allocated at least ten percent of the total regional budget, excluding salary (personnel expenses). The percentage of the provincial health budget to the total provincial budget in 33 provinces in Indonesia are presented in the following figure.

FIGURE 4.2
PERCENTAGE OF HEALTH BUDGET TO TOTAL LOCAL BUDGET
BY PROVINCE IN INDONESIA 2013



Source: Bureau of Planning and Budget, Ministry of Health, Republic of Indonesia, 2013

The percentage of provincial health budget to total budget above includes employee's salaries. The figure above shows seven provinces with the percentage exceeding ten percents. It is increased compared to 2012, when only 6 provinces with the health budget over ten percent. Those seven provinces are South Kalimantan, Bali, East Java, Bengkulu, West Sumatera, Jakarta, and Maluku. The other 26 provinces have total budget percentage less than ten percent. More detailed data and information about the provincial budget by 2013 are presented in Annex 4.2.

C. COMMUNITY HEALTH INSURANCE BUDGET

Until December 2013 there were 181,292,912 population (76.18%) having had health insurance. This number was higher than health insurance participant in 2012, which were

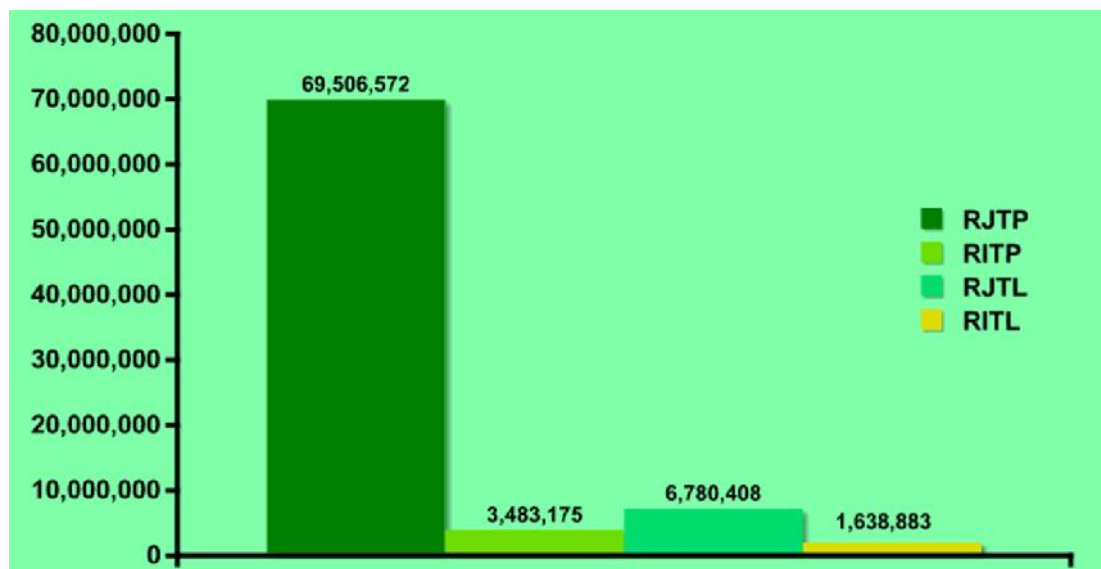
163,547,921 population (66.82%). One of the health insurance program organized by the government is the community health insurance (Ind: Jamkesmas).

Jamkesmas was organized to improve access and the quality of health services to all poor or near-poor people, in order to achieve an optimal degree of public health effectively and efficiently. Jamkesmas is expected to reduce maternal mortality, infant and under-five mortality, birth rate, and also to provide healthcare services to the poor. This program has provided benefits to increase access to health care for the poor and near-poor people in health center and hospitals networks, therefore it will provide financial protection from medical expenses due to illness.

The targeted population is fixed since 2008, which was 76.4 million people consisting of very poor, poor and low economy people. This number consists of 73,726,290 memberships related to Decree of Regent/Mayor, while others 2,673,710 memberships are not related. Memberships not related to the Regent/Mayor Decree consists of homeless, beggars, abandoned children, social institutions, prison, victims of post-disaster emergency response, participants of Ideal family (Ind:Keluarga Harapan) program (Ind: PKH) and patients with thalassemia major.

Coverage of Jamkesmas program consists of primary health care and health care referral hospital. Visits in health services at the health center consists of a First Level Outpatient (Ind: RJTP) and First Level Inpatient (Ind: RITP). While health care visits in the Hospital consists of Advanced Outpatient (Ind: RJTL) and Advanced Inpatient (Ind: RITL). The following figure presents the number of Jamkesmas participants visit in health centers and hospitals.

FIGURE 4.3
NUMBER OF VISITS
RJTP, RITP, RJTL & RITL IN INDONESIA 2013



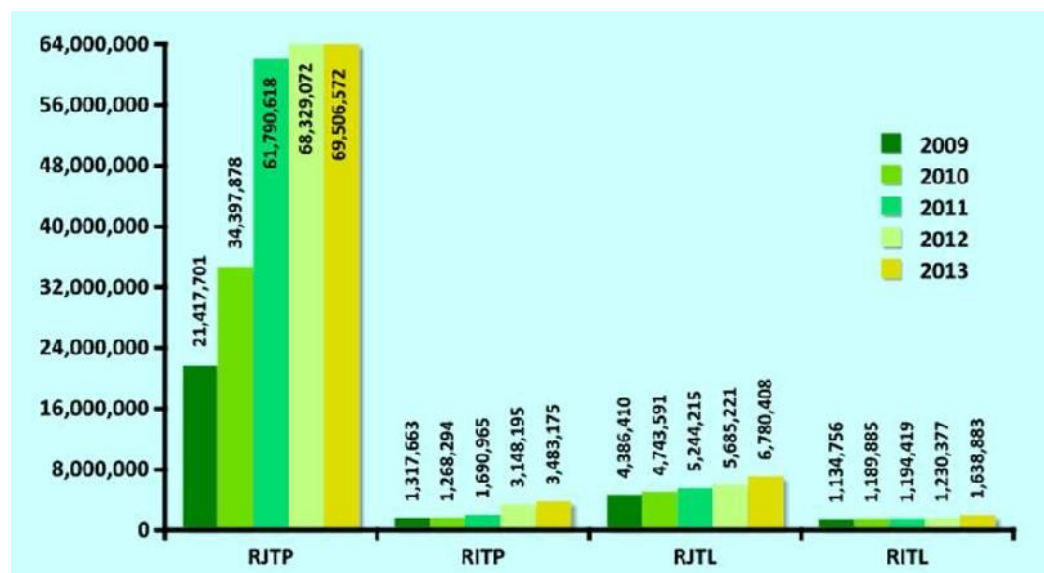
Source: Center for Financing and Health Insurance, Ministry of Health, Republic of Indonesia, 2013

In the figure above, the number of first level outpatient visits was much greater than the inpatient service. The same pattern was also shown in advanced healthcare services in hospitals, where outpatient visits was greater than inpatients.

In 2013, there were 76.29 million participant visits to outpatient services, consisted of 69.51 million first level visits and 6.78 million advanced visits. While, the total inpatient visits were 5.12 million, which consisted of 3.48 million first level visits and 1.64 million advanced

visits. The number of first level and advanced visits in 2013 was higher than the number in 2012, as depicted in the figure below.

FIGURE 4.4
NUMBER OF VISITS
RJTP, RITP, RJTL & RITL IN INDONESIA 2009-2013



Source: Center for Financing and Health Insurance, Ministry of Health, Republic of Indonesia, 2013

Since 2011, Jamkesmas program was extended by launching Maternity Insurance (Ind: Jampersal) based on the circular Decree of Ministry of Health, Republic of Indonesia No. TU / Menkes / E / 391 / II / 2011. Jampersal is a financing system for delivery service that includes prenatal care, deliveries, and post-partum care (postpartum family planning services and newborn care). Jampersal encompasses all mothers who do not have health insurance. The highest number of Jampersal visits found in 6,828,137 postpartum care visits, 5,760,455 first and 4th Ante Natal Care (K1 and K4) visits and 2,226,845 normal delivery visits. A high ANC visit is expected to help reducing maternal and neonatal complications and maternal and child mortality through early detection of high-risk pregnancies. More detailed data and information regarding Jamkesmas and Jampersal service coverage by province are presented in Annex 4.4, 4.5 4.6, 4.7, and 4.8.

D. HEALTH OPERATIONAL FUND

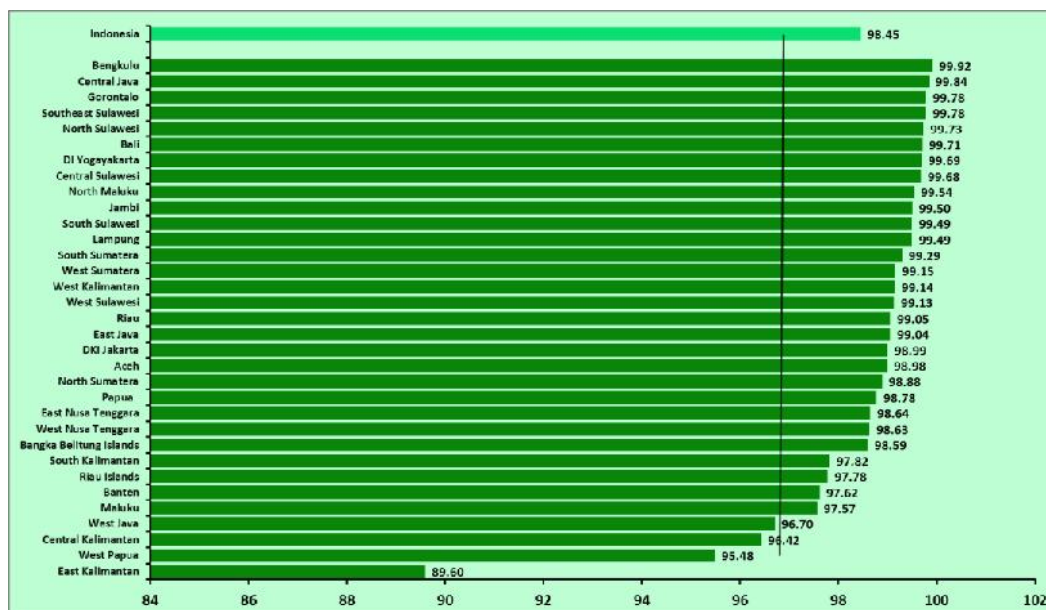
Health Operational Fund (Ind: BOK) is a grant from the Government through the Ministry of Health. It helps district / municipality government improving access and equity of health services through community health center empowerment to support the achievement of the Millennium Development Goals (MDGs) by 2015. Furthermore, it is also expected to improve the quality of 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 will also improve health care coverage for promotive and preventive activities in health centers and their network ie. village health post (Ind : Poskesdes) and IHC (Ind: Posyandu).

Utilization of BOK focuses on several health promotion and prevention efforts including MCH, family planning, immunization, public nutrition improvement, health promotion, environmental health and disease control, and other health measures and

appropriate risk major health problem in the local area with reference to the achievement of targets Minimum Service Standards (Ind: SPM) MDG targets of Health by 2015.

In the implementation process, the distribution of BOK through co administrative fund had been improved. The realization of BOK in 2013 was Rp 1,096,020,049,109 from allocation of Rp 1,113,255,075,000 with realization percentage at 98.45%. This achievement was higher than in 2012, which was at 96.7%.

FIGURE 4.5
PERCENTAGE OF HEALTH OPERATIONAL BUDGET (BOK) REALIZATION
BY PROVINCE IN 2013



Source: DG. Of Nutrition and MCH, Ministry of Health, Republic of Indonesia, 2013

The figure above shows that Bengkulu Province has the highest realization of health operational funds at 99.92% while East Kalimantan province has the lowest at 89.6%. In 2013, there were 8 provinces with lower realization compare to national realization percentage. Data and information on the allocation and realization of health operational fund by province in 2013 are presented in Annex 4.3.

BOK is one of the Ministry of Health, Republic of Indonesia strategic programs besides Jamkesmas / Jampersal, therefore improvement must always be applied to make sure that health centers utilize it optimally. The provincial health office (PHO) as representatives of the Ministry of Health also has a vital role to guide and evaluate the implementation of the BOK in the districts / municipalities. With BOK, it is expected that health workers will no longer experiencing difficulties in implementing closer access to the community. An important point to understand is, the BOK is not a major fund for health efforts implementation of the districts / municipalities, but it is only the additional funds, so it cannot solve all health problems. The main source of health financing should still be provided by the district / municipality local government.



More than half of technical trainees of Health Profile Training on national level in Bali

A large, stylized letter 'W' with a 3D, metallic appearance. The letter is rendered in shades of gold, brown, and red, with a gradient effect. It is positioned centrally in the upper half of the image, set against a background of a blue sky with white clouds and a large, curved green and teal shape that sweeps across the right side of the frame.

FAMILY HEALTH





CHAPTER V

FAMILY HEALTH

Family is the smallest unit of a society consisting of a group of people who live in a place under one roof and usually have a blood relationship or marriage, in a state of mutual dependence. Family has a strategic function in influencing health status among its members. Among the functions of the family in a community setting are to meet the nutritional needs and to care and protect the health of its members.

Mother and Child are two family members who need to be given priority in the implementation of health services. Assessment of the health status and performance of maternal and child health efforts are important. This is because maternal and child mortality are sensitive indicators to the quality of health care facilities. Quality health care facility includes the accessibility of health care facility.

A. MATERNAL HEALTH


Based on Indonesian Demographic and Health Survey (IDHS) in 2012, maternal mortality rate (which is related to pregnancy, childbirth, and puerperium) was 359 per 100,000 live births. This figure is still quite high especially when compared with neighboring countries.

Since 1990, strategic efforts undertaken in suppressing the Maternal Mortality Rate (MMR) is safe motherhood approach, assuming that every pregnancy carries the risk, although the condition of the mother before and during pregnancy is good. In Indonesia, Safe Motherhood initiative was followed up with the launch of the Mother Friendly Movement (Gerakan Sayang Ibu) in 1996 by the President, involving public sector share in addition to the health sector. One of the main programs intended to manage the problem of maternal mortality is the placement of midwives at the village level on a large scale, aiming at bringing better access to health services for mothers and newborns to the community. In 2000, the Ministry of Health strengthened the health sector intervention strategies to address maternal mortality by imposing Making Pregnancy Safer strategy. In 2012 the Ministry of Health launched Expanding Maternal and Neonatal Survival (EMAS) in order to reduce maternal and neonatal mortality by 25%. The program is implemented in the provinces and districts with high number of maternal and neonatal mortality, namely North Sumatera, Banten, West Java, Central Java, East Java, and South Sulawesi. Selection of the provinces was because 52.6% of the total incidence of maternal mortality in Indonesia comes from those six provinces. Therefore, reducing maternal mortality in six provinces are expected to reduce maternal mortality in Indonesia significantly.

Efforts to reduce maternal mortality and neonatal mortality through EMAS program is conducted by:

- Improving the quality of emergency obstetric and newborn care minimum at 150 hospitals (Comprehensive Emergency Obstetric and Neonatal Care/CEONC; Ind:PONEK) and 300 Puskesmas (Basic Emergency Obstetric and Neonatal Care/BEONC; Ind:PONED).
- Strengthening efficient and effective referral system between Puskesmas and hospitals.

In addition, the government and the community is also responsible for ensuring that all women have access to quality maternal health services, ranging from pregnancy, births assisted



by skilled health personnel, and postpartum care for mothers and babies, special care and referral in the event of complications, and to obtain maternity leave and access to family planning. In addition, It is important to do intervention further upstream, which is to the group of teenagers and young adults, in an effort to accelerate the decline of MMR.

1. Maternal Health Services

Maternal health services is implemented through 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 1 time in the second trimester (12-24 weeks gestation), and at least 2 times in the third trimester (gestational age 24 weeks - born). Standard service time is recommended to ensure the protection of the pregnant woman and or fetus, in the form of early detection of risk factors, prevention and early treatment of complications of pregnancy.

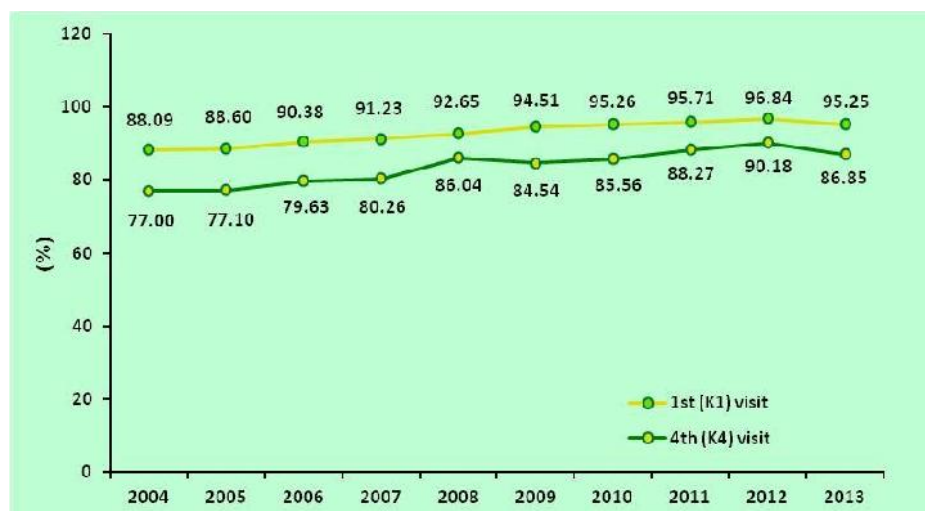
Antenatal services are aligned to meet quality standards, namely:

- a) Weighing and height measurement;
- b) Measurement of blood pressure;
- c) Measurement of Upper Arm Circumference (MUAC);
- d) Measurement of the peak height of the uterus (fundus uteri);
- e) Determination of tetanus immunization status and tetanus toxoid immunization appropriate to immunization status;
- f) Iron tablet supplementation for at least 90 tablets during pregnancy;
- g) Determination of fetal presentation and fetal heart rate (FHR);
- h) Implementation of communication session (granting interpersonal communication and counseling, including family planning);
- i) Simple laboratory test services, at least blood hemoglobin test (Hb), examination of urine protein and blood type (if it has not been done before), and
- j) Case management.

Achievement of maternal health services can be assessed using indicators Coverage of 1st visit (K1) and 4th visit (K4). Coverage of 1st visit (K1) is the number of pregnant women who have obtained 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 4th visit (K4) is the number of pregnant women who receive antenatal care, according to the standards of at least 4 times the recommended schedule, compared to the target number of pregnant women in the area during the period of one year. The indicator shows the access to health services to pregnant women and the level of compliance of pregnant women to do antenatal check up by health personnel.

Description of tendency 1st Visit (K1) and 4th Visit (K4) coverage from 2004 to 2013 can be seen in Figure 5.1

FIGURE 5.1
COVERAGE OF HEALTH CARE FOR PREGNANT WOMEN 1ST (K1) AND 4TH ANC VISIT (K4) IN INDONESIA
2004-2013

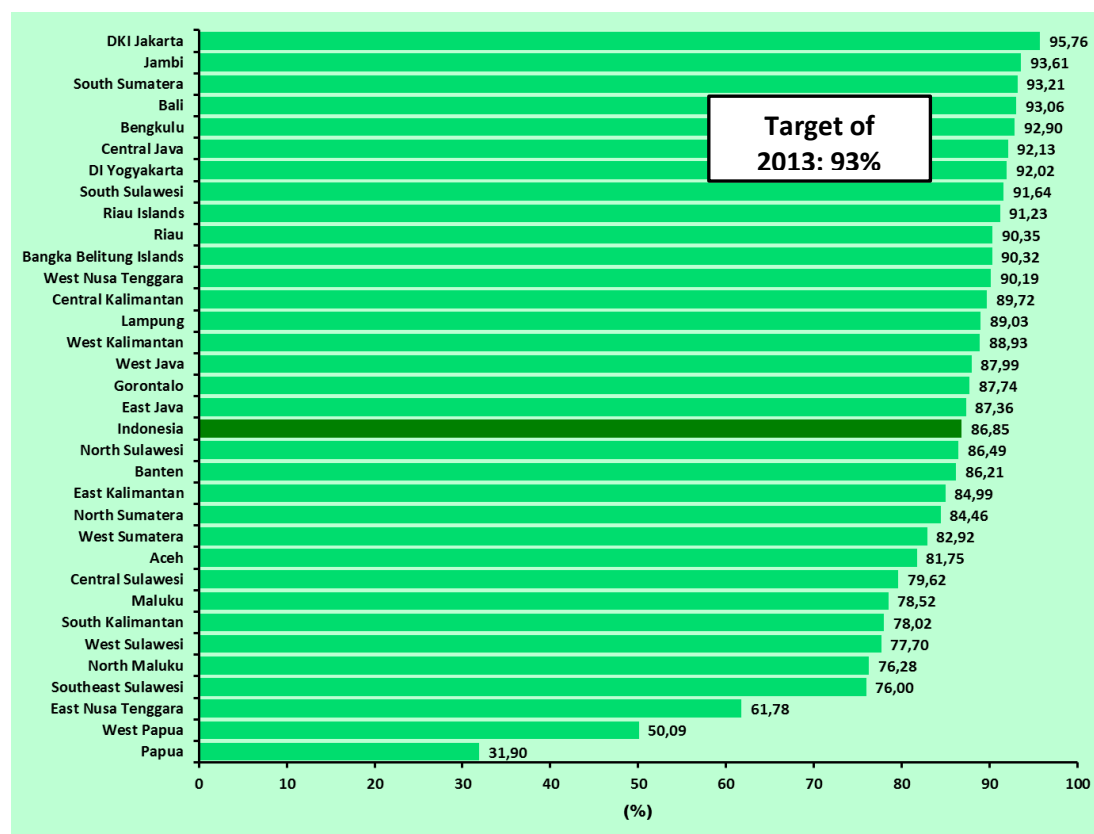


Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2014

Figure 5.1 above shows that the overall maternal health care coverage of K1 and K4 increased. Increasing K1 and K4 coverage generally indicates improvement of public access to maternal health services provided by health professionals. From the figure, it can also be seen that the increase of K1 coverage from year to year is relatively more stable when compared with K4 coverage. K1 coverage always increases, except in 2013 where the figure has decreased from 96.84% in 2012 to 95.25% in 2013. It is different from K4 coverage, which experienced a significant increase from 80.26% in 2007 to 86.04% in 2008, but then decreased to 84.54% in the following year. Then after continued to rise, K4 coverage declined in 2013 to 86.85% from 90.18% in the subsequent year.

Nationally, performance indicators of maternal health care K4 coverage in 2013 has not been able to reach the target of the Strategic Plan (Ind:Rencana Strategis/Renstra) of Ministry of Health, which was 93%. However, there are four provinces that have been able to achieve these targets. The four provinces are DKI Jakarta (95.76%), Jambi (93.61%), South Sumatera (93.21%), and Bali (93.06%). Achievement of maternal health services K4 from each province can be seen in Figure 5.2.

FIGURE 5.2
COVERAGE OF HEALTH CARE FOR PREGNANT WOMEN 4TH ANC VISIT (K4) BY PROVINCE, IN 2013



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

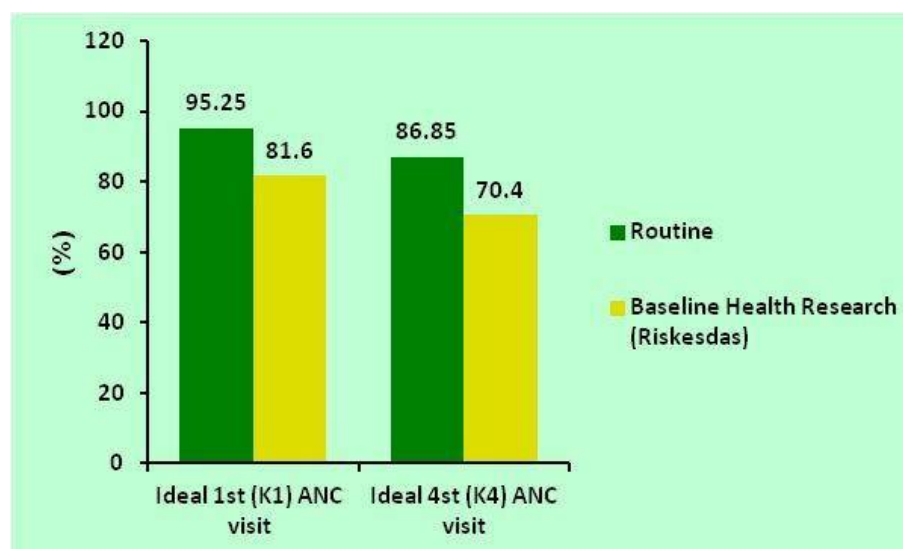
In figure 5.2, it can be seen that there are three provinces whose K4 coverage is relatively low, namely Papua (31.90%), West Papua (50.09%), and East Nusa Tenggara (61.78%). Nationally, health care coverage of pregnant women K4 in 2013 amounted to 86.85%.

Various programs and activities have been implemented by the Ministry of Health to improve access to quality health services to the people in remote villages, including to improve the coverage of antenatal care. In terms of health care facilities, until December, 2013, there were 9655 Puskesmas throughout Indonesia. Thus the ratio of Puskesmas for 30,000 population already exceeded the ideal ratio of 1: 30,000 population. Similarly, exceeding ratio were found for Community Based Health Services (UKBM) as Poskesdes and IHP/Integrated Health Post (Posyandu). Up to the year 2013, there were 54 731 operating Poskesdes and 280 225 IHP registered in Indonesia.

Efforts to improve the coverage of antenatal care is also further enhanced by the presence of Health Operational Assistance (BOK) since 2010 and the launch Maternity Insurance (Jampersal) since 2011, where the two are synergistic. BOK can be used for activities outside the building, such as data collection, service in Posyandu (IHP), home visits, drop out case sweeping, implementation of pregnant women class and strengthening partnerships between midwives and traditional birth attendant. Meanwhile Jampersal support package of antenatal care, including those carried out during home visits or sweeping, either in normal pregnancy or high risk pregnancy.

The strengthening cooperation and synergy of various programs undertaken by the Government, local government, and society, including the private sector is expected to drive the achievement of the antenatal care coverage target.

FIGURE 5.3
COVERAGE OF HEALTH CARE FOR IDEAL PREGNANT WOMEN 1ST (K1) AND 4TH (K4) ANC VISIT IN INDONESIA, 2013



Source: Directorate General of Nutrition and MCH, and the National Institute for Health Research Development, Ministry of Health Republic of Indonesia, 2014

Figure 5.3 above shows the difference between results of routine recording and Riskesdas (Baseline Health Research) in 2013 conducted by the National Institute for Health Research Development. For ideal 1st ANC(K1) coverage, according to the routine data recording is 95.25%, whereas 81.6% according Riskesdas. For ideal K4 coverage, according to the routine recording amounted to 86.85%, while according to Riskesdas is 70.4%. This difference is because in the Riskesdas 2013, the study sample was mothers with last child pregnancy occurred from January 1, 2010 until the time of the interview. In addition, there are differences in the perception of the operational definition of coverage K1 and K4. Data and information related to pregnant women health services are presented in Annex 5.1 - 5.6.

2. Maternity Health Services

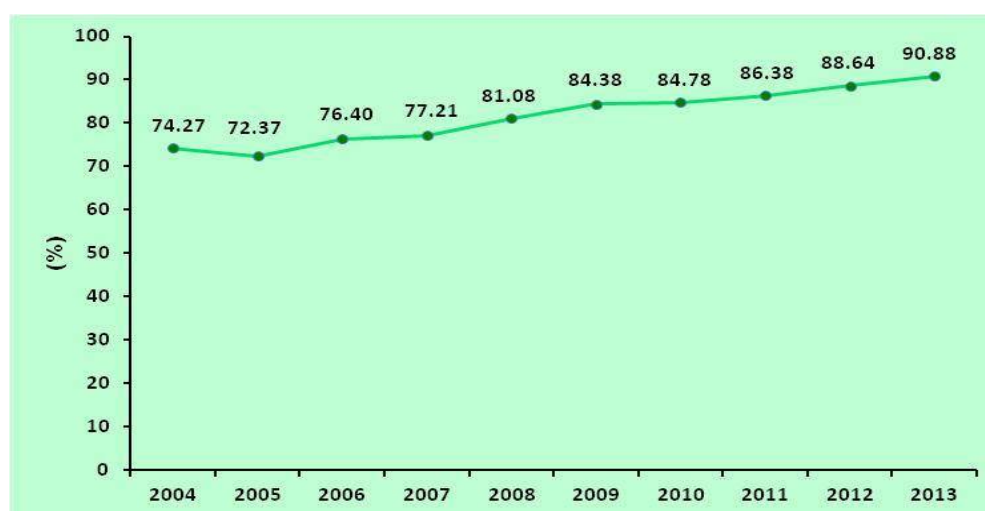
Maternity health services were implemented in order to encourage every birth attended by skilled health personnel, such as obstetrics and gynecology specialist (SpOG), general practitioners, and midwives, as well as the effort made in health care facilities. Maternity health services are services of delivery process that started in the first stage to the fourth stage of labor. Achievement of maternity health services is measured by indicator of percentage of births assisted by skilled health personnel (Coverage of Pn). This indicator shows government's ability to provide quality maternity service attended by skilled health personnel.

From Figure 5.4 it can be seen that the overall coverage of births assisted by health personnel in Indonesia has increased each year. Nationwide coverage in 2013 amounted to 90.88%; this figure has been able to meet the target of the Ministry of Health Strategic Plan in 2013 which amounted to 89%.

Most of the provinces (21 provinces) have been able to achieve the targets of the strategic plan, and the rest 12 provinces have not been able to reach the target. The three provinces with the highest coverage is Central Java (99.89%), South Sulawesi (99.78%), and North Sulawesi (99.59%), while the three provinces with the lowest coverage were Papua

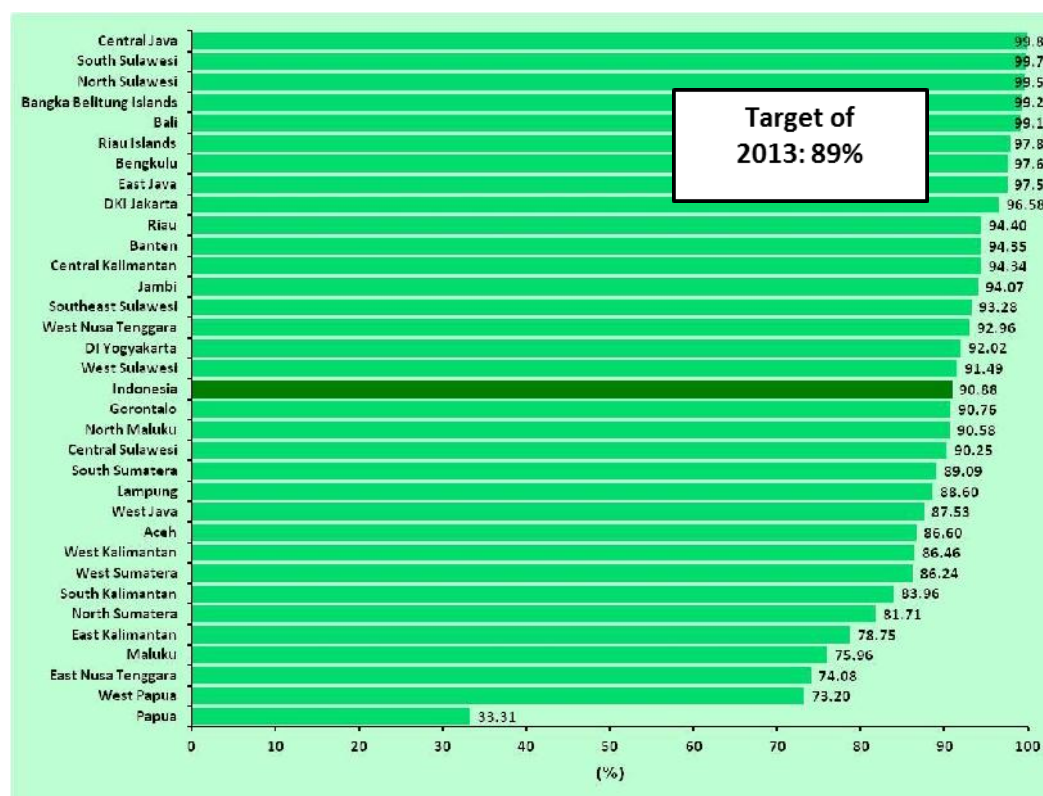
(33.31%), West Papua (73.20%), and East Nusa Tenggara (74.08%). In the three provinces with the lowest coverage, only Papua coverage decreased from the previous year, while two other provinces have increased. Coverage of births assisted by health personnel in the province of Papua in 2013 was 33.31%, while the achievements of the previous year amounted to 43.54%. More description about coverage of births assisted by health personnel in Indonesia by province in 2013 is presented in Figure 5.5.

FIGURE 5.4
COVERAGE OF DELIVERY ASSISTED BY HEALTH PERSONNEL IN INDONESIA, YEAR 2004 - 2013



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

FIGURE 5.5
COVERAGE OF DELIVERY ASSISTED BY HEALTH PERSONNEL BY PROVINCE, YEAR 2013



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

Analysis of maternal mortality conducted by the Directorate of Maternal Health in 2010 proved that maternal mortality is closely related to birth attendants and place/delivery facilities. Births attended by medical personnel proved to contribute to the decline of maternal mortality rate. Similarly for the place/facility, if the delivery is done at a health care facility, it will reduce the risk of maternal death.

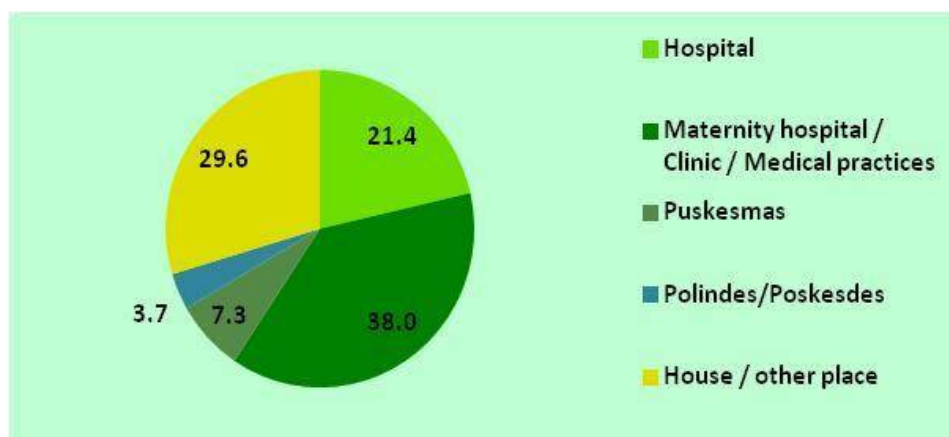
Therefore, the Ministry of Health remained consistent in applying policies that all deliveries should be attended by health professionals and are encouraged to be done in health care facilities. Policy of Special Allocation Fund (DAK) for Health Sector outlined that Puskesmas development must be at the same package with the development of house for health personnel. Similarly, the construction of Poskesdes must be at the same midwives houses. With availability of residence, the health workers, including midwives will be standby at their bases and can provide delivery assistance at any time.

For areas with difficult access, policy of the Ministry of Health is to develop a partnership program among Midwives and Traditional Birth Attendant (TBA) and Birth Waiting homes. The TBA 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 had no midwife nearby or away from health care facilities, the day before the estimated delivery, she should attempt to come to nearby health care facilities, namely in the birth waiting home. The birth waiting home can be a special house or relatives house close to health care facilities.

In addition, since 2011 until 2013 the Ministry of Health has also launched a Maternity Insurance (Jampersal), which is an insurance of the financing package from prenatal care, deliveries, post-partum care to include newborn care and postpartum family planning. Provision of Jampersal is believed to contribute in improving the Pn coverage (birth attended by health personnel) throughout Indonesia. Success in achieving the Pn indicator is the result of hard work and the implementation of various programs undertaken by the Government, local government, and society, including the private sector.

FIGURE 5.6
PROPORTION OF BIRTH BASED ON PLACE OF MATERNITY IN INDONESIA, RISKESDAS 2013

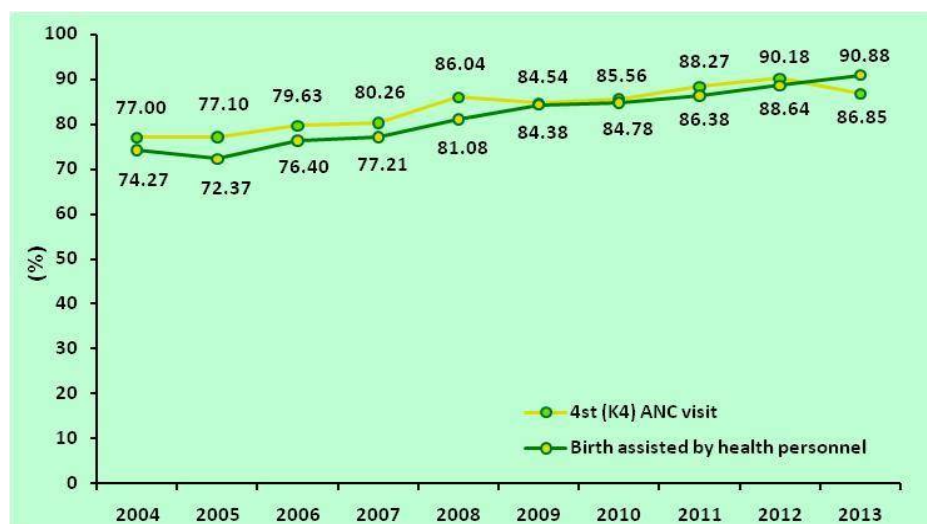


Source: Riskesdas 2013, National Institute for Health Research Development, Ministry of Health Republic of Indonesia 2014

As shown in Figure 5.6 above, the majority of births are conducted at Maternity Hospital/Clinic/Medical practices, amounted 38.0%. Second most are inside the house (29.6%), then in the hospital (21.4%). It appears that birth at home is still quite high, which is second

most favourable as a place of birth, while Polindes/Poskesdes is the least place of birth, where only 3.7% are using it as place of birth. In addition, at 7.3% of births were done at the Puskesmas/Puskesmas Pembantu.

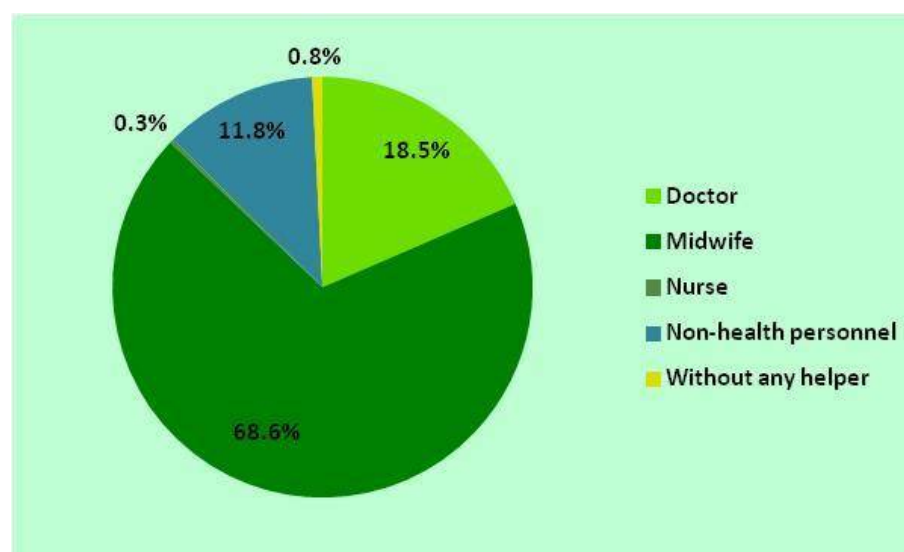
FIGURE 5.7
COVERAGE OF PREGNANT WOMEN K4 SERVICE AND BIRTH ASSISTED BY HEALTH PERSONNEL
IN INDONESIA, 2004 - 2013



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

From Figure 5.7 it can be seen that although the coverage of pregnant women 4th visit ANC (K4) nationally decreased, but coverage of births assisted by skilled health personnel has increased. The percentage even exceeds K4 coverage. It is a challenge for the Government. Antenatal care has a very important role, so early detection and management of potential complications during delivery could be conducted earlier. If the mother comes directly to deliver at health professionals without a history of previous antenatal care, the risk factors and the likelihood of complications during childbirth will be more difficult to be anticipated.

FIGURE 5.8
PROPORTIONS OF BIRTH ATTENDANTS WITH HIGHEST QUALIFICATION
IN INDONESIA, RISKESDAS 2013

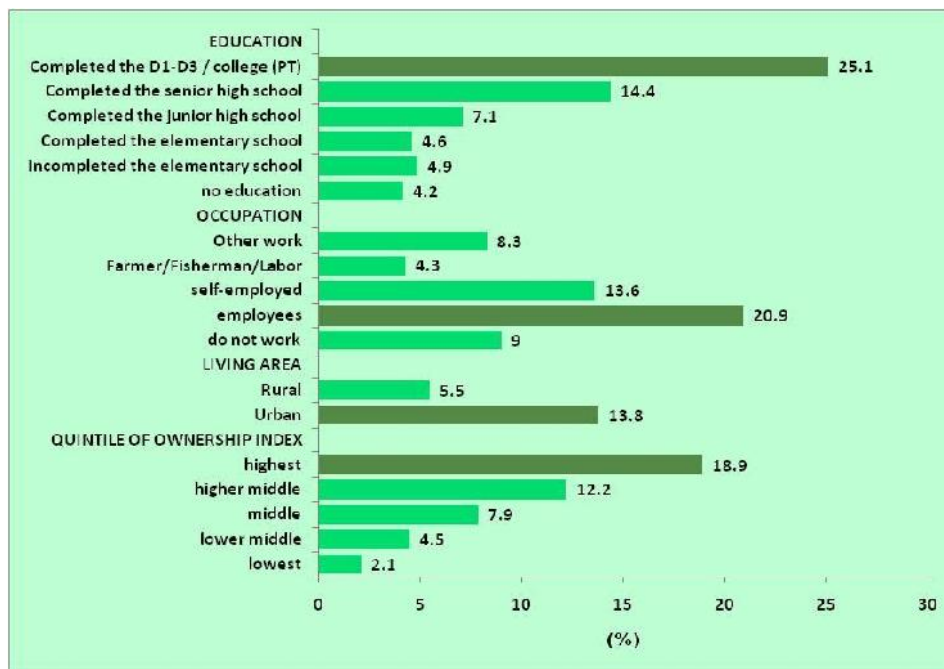


Source: Riskesdas 2013, the National Institute for Health Research Development, MoH RI

In Riskesdas analysis, birth attendants was expressed in the highest qualifications and the lowest qualification. Birth attendants had the highest qualification if there is more than one helper, similar with the lowest qualifications. From Figure 5.8 it appears that birth attendants with the highest qualifications was performed most by midwives (68.6%), followed by doctors (18.5%), and non-health workers (11.8%). But as much as 0.8% of births were performed without any helper, and only 0.3% of births are assisted by nurses as staff with the highest qualifications. Data and information related to maternal health services are presented in Annex 5.7 - 5.9.

Besides normal delivery, delivery can also be done by caesarian method. In 2013 Riskesdas asked about labor experience. Figure 5.9 presents the proportion of births by cesarean section according to characteristics. It can be seen that the general pattern of delivery through cesarean section according to the characteristics showed the highest proportion of mothers who completed the D1-D3 / college (PT) his (25.1%), work as employees (20.9%), living in urban areas (13.8%), and the top quintile economy / ownership index (18.9%).

FIGURE 5.9
PROPORTION OF CESAREAN DELIVERY BIRTH PERIOD SINCE JANUARY 1, 2010
UNTILL INTERVIEW TIME, BY CHARACTERISTICS IN INDONESIA, RISKESDAS2013



Source: Riskesdas 2013, National Institute for Health Research Development, Ministry of Health RI 2014

3. Puerperium/Postpartum Health Care

Puerperium is a period ranging from 6 hours to 42 days after delivery. Puerperium health care is standardized health care for postpartum women which is conducted at least three times as suggested 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.

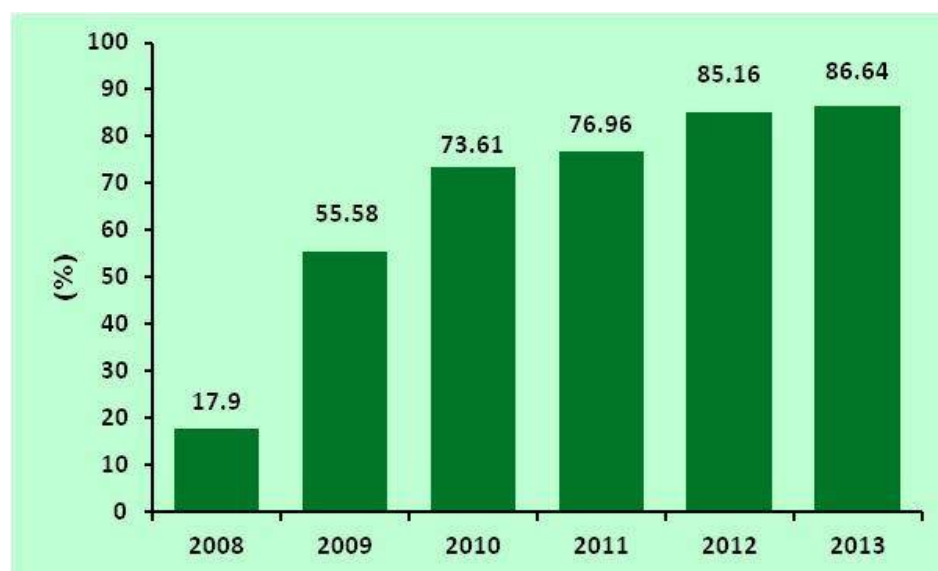
Type of postpartum maternal health services provided include:

- a) Examination of vital signs (blood pressure, pulse, respiration and temperature);
- b) Examination of the apex of the uterus (fundus);
- c) Examination 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 newborn infants, including family planning;
- f) Postpartum family planning services.

Success of puerperium health care was measured by coverage of post partum health care indicator (KF3 coverage). This indicator assesses the ability of the state to provide health care of postpartum mothers according to standard quality.

FIGURE 5.10
COVERAGE OF POSTPARTUM VISIT (KF3) IN INDONESIA, 2008 - 2013



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

From the figure above it can be seen that the achievement of postpartum visits coverage (KF3) in Indonesia within the last 6 years has increased. Achievement of increased complete KF indicators in the last 6 years is the result of the efforts made by the Government and society, including the private sector. Non-permanent Employee placement program (PTT) for doctors and midwives continue to be implemented. In addition, with the launch of Health Operational Assistance (BOK) since 2010, Puskesmas, village health post, and IHP was further assisted in intensifying the implementation of health services including puerperal women health services and *sweeping* activities or home visits for those who do not come to a healthcare facility. Government Support increased since the launch of Maternity Insurance (Jampersal) in 2011, where benefits package secured by Jampersal include postpartum services. Data and information related to post-partum maternal health services are presented in Annex 5.11.

4. Treatment/ Management of Obstetric Complications

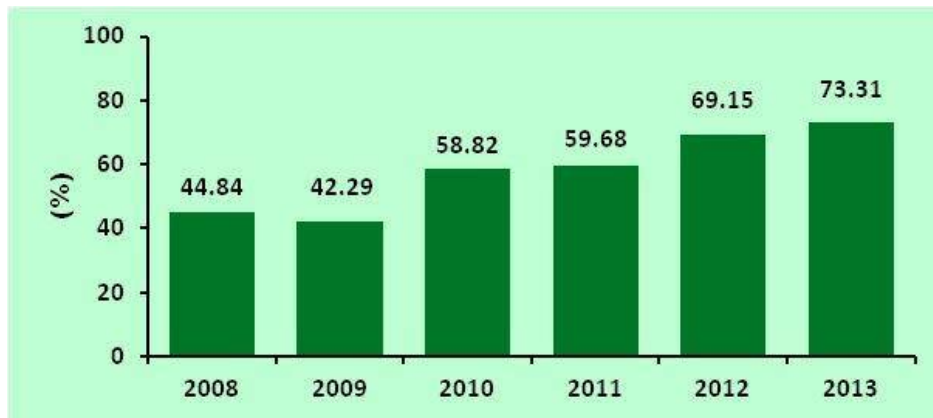
Obstetric complications are an illness in pregnant women, maternity, postpartum mother or fetus in the womb, either directly or indirectly, including infectious and non-communicable diseases that can be life-threatening to the mother or fetus, which is not caused by trauma/accident. Prevention and treatment of obstetric complications are services to women with obstetric complications for protection/prevention 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 (Coverage of PK). This

indicator measures the ability of the state in organizing professional health care to mothers (pregnant, maternity, postpartum) with complications.

Achievement of indicator of obstetric complications management in Indonesia from 2008 to 2013 are presented in the following figure.

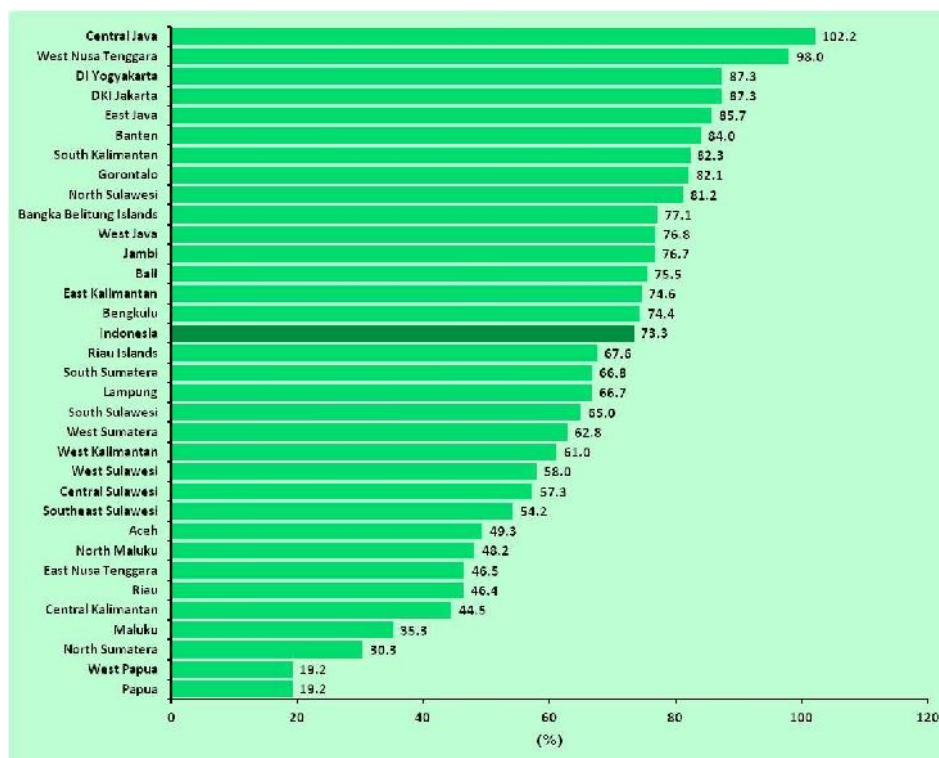
FIGURE 5.11
COVERAGE OF OBSTETRIC COMPLICATIONS MANAGEMENT IN INDONESIA, 2008 - 2013



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

In the picture 5.11 above, in general, coverage of obstetric complications management in Indonesia in the last 6 years period has increased, although in 2009 it decreased. National coverage of obstetric complications management in 2013 was 73.31%.

FIGURE 5.12
COVERAGE OF OBSTETRIC COMPLICATIONS MANAGEMENT BY PROVINCE, 2013

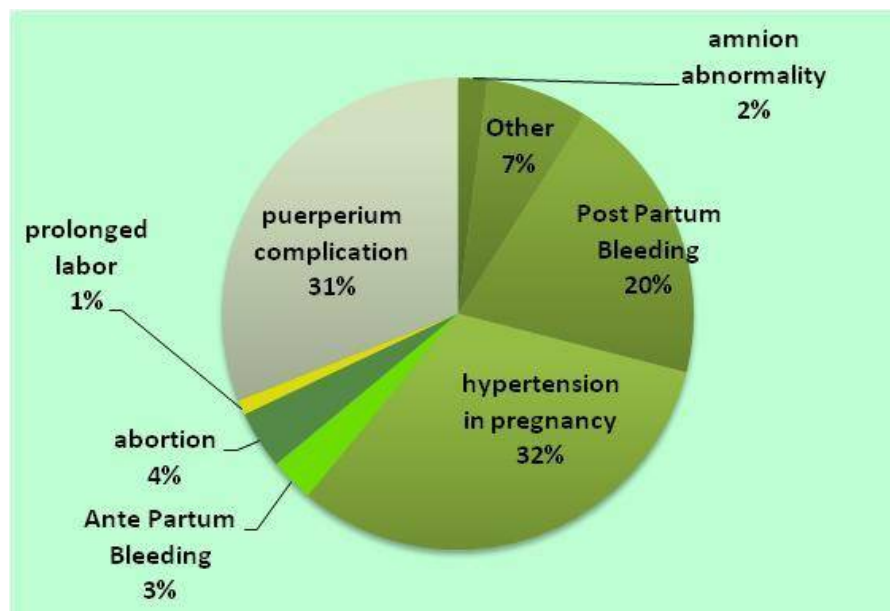


Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2014

Coverage of obstetric complications management in 2013 by province presented in Figure 5.12 above shows that the highest coverage was in Central Java Province (102,2%). Coverage exceeds 100% is possible because the number of targets used was estimation, which was estimated as many as 20% of the target number of pregnant women in the work area will experience obstetric complications during 1 year periode. Second and third best coverage was in West Nusa Tenggara Province (98%) and DIY (87.3%). While the lowest coverage respectively were Papua and West Papua (19.2%), and North Sumatera (30.3%).

The big five causes of maternal death are hemorrhage, hypertension in pregnancy (Ind: HDK), infection, prolonged labor, and abortion. Maternal mortality in Indonesia is still dominated by the three main causes of death that is bleeding, hypertension in pregnancy (HDK), and infections. Proportions of the three causes of maternal mortality has changed, where bleeding and infection tended to decrease while the proportion of HDK increased. More than 30% of maternal deaths in Indonesia in 2010 are caused by HDK.


FIGURE 5.13
CAUSE OF MATERNAL MORTALITY IN INDONESIA, 2010



Source: Directorate General of Nutrition and MCH, Ministry of Health RI, Advanced Analysis Results of 2010 Population Census

As already mentioned, it is estimated that 20% of pregnancies will experience complications. Most 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 professionals; 2) health workers perform appropriate management procedures, including the use of partograph to monitor the progress of labor, and the implementation of active management of the third stage (MAK III) to prevent postpartum bleeding; 3) health workers are able to identify early complications; 4) if complications occur, health workers can provide first aid and stabilization 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, namely 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 post partum health care by skilled health personnel, and 3) accesible PONEC and PONEK.



One of breakthrough efforts to decrease MMR and IMR in Indonesia is through the Maternity Planning and Complications Prevention Program (P4K) which emphasizes total and focused monitoring to early detection, prevention of health risks in pregnant women as well as provision of access to PONEK in Puskesmas and PONEK in hospital. In implementation, P4K is one element of the Alert Village. P4K was introduced in the year 2007. Until 2013, there were 66 629 (86%) rural/villages have implemented it. Implementation of P4K in these villages should be monitored to assist family in making a good maternity planning and improving family readiness in facing of danger 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 at the end of 2014, each district / municipality must contain at least 4 (four) inpatient health center capable to manage PONEK and 1 (one) Hospital capable of implementing PONEK. Through PONEK and PONEK service management and PONEK, Puskesmas 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 Pediatrician-*IDAI* and Indonesian Midwives-*IBI*) and the Indonesian Ministry of Health Agency, PPSDMKes. PONEK workshops was conducted over 5 days, including content of PONEK management and clinic, 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 2013 was as many as 424 of the 750 government owned hospitals, while the number of Puskesmas PONEK to December 2013 were 2,782 Puskesmas. Data and more information on PONEK ready hospitals and PONEK ready Puskesmas presented in Annex 2.3 and 2.5.

Beside that, there was Maternal Perinatal Audit (Ind: AMP), which is an effort to assess implementation and improvement of quality of health services for mothers and newborns through discussion of maternal or neonatal death cases, started from community level up to the health care facilities level. Constraints emerged in efforts to save the mother in the emergency maternal and newborn case will be documented and learned, to be able to produce recommendation of improvement in the future. The data and related information services / maternal complications management are presented in Annex 5.10.

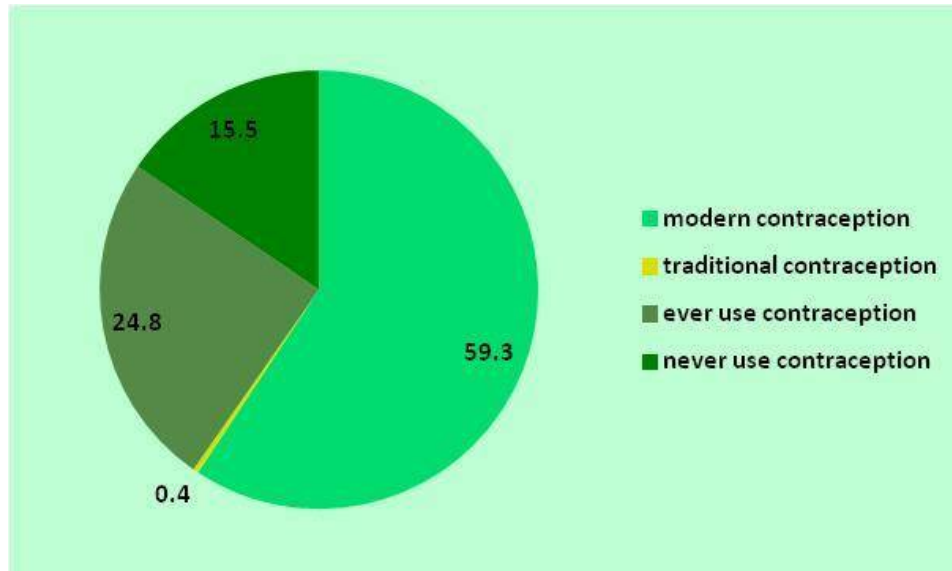
5. Contraception Services

Family Planning (Ind: KB) is one of the strategies to reduce maternal mortality, especially mothers with 4T conditions; too young to give birth (under age 20), too often give birth, too close in spacing between births, and too old birth (over 35 years). Family planning (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 establish how many children to have and when to have children. Through the stages of FP services counseling by health care workers, couples of childbearing 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. Target of FP programs are couples of childbearing age (Ind: PUS), more focused on Women at Reproductive Age (Ind: WUS) group, who is in the range of 15-49 years old.

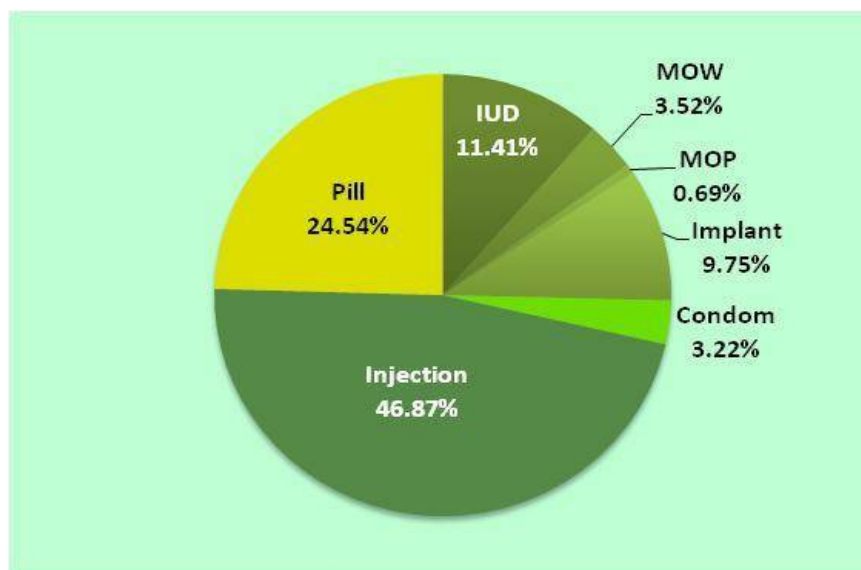
FIGURE 5.14
PERCENTAGE OF FAMILY PLANNING PROGRAM UTILIZATION IN MARRIED AND AT REPRODUCTIVE AGE (15-49 YEARS) WOMEN IN INDONESIA, RISKESDAS 2013



Source: Riskesdas 2013, National Institute for Health Research Development, 2014

From 5.14 images we can see that most of the WUS currently using contraception, which is as much as 59.7%. Where as many as 59.3% of women of childbearing age using modern contraception, and only 0.4% of them were using contraception in traditional way. In addition, it can also be shown that as many as 24.8% of WUS admitted to use contraception in the past, although currently not using. While 15.5% of women of childbearing age admitted never using contraception.

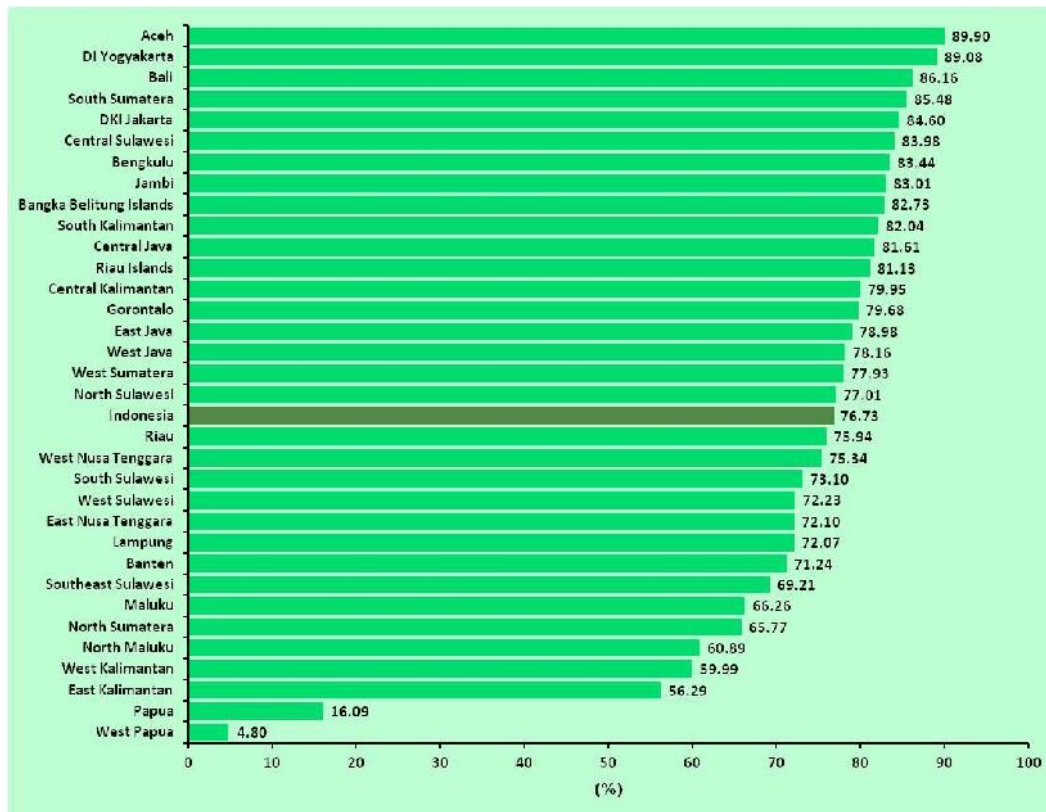
FIGURE 5.15
PERCENTAGE OF ACTIVE FP PARTICIPANT BY CONTRACEPTION METHOD IN INDONESIA, 2013



Source: Agency for Population and Family Planning, 2014

From the figure 5.15 , it can be seen that the contraceptive method most widely used by active participants is injection (46.87%) and the second is the pill (24.54%).While the least chosen contraceptive method is Male Operation Method (Ind: MOP), which is by 0.69%, then condoms by 3.22%.The percentage of active planning participants in each province can be seen in Figure 5.16.

FIGURE 5.16
PERCENTAGE OF ACTIVE FP PARTICIPANTS BY PROVINCE 2013

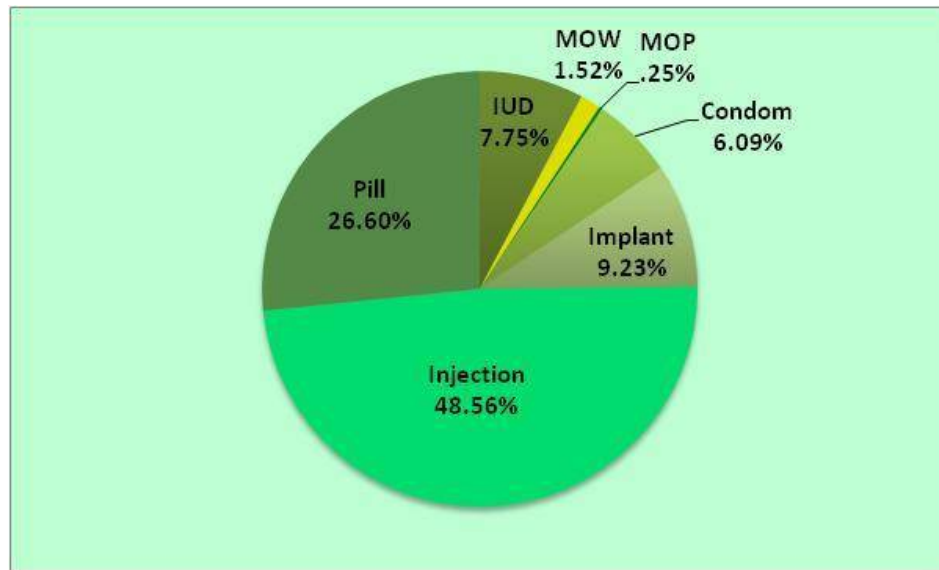


Source: Agency for Population and Family Planning, 2014

Figure 5.16 above shows that the provinces with the highest percentage of active FP participants were Aceh (89.9%), then DIY (89.08%), and Bali (86.16%). While the province with the lowest percentage of active FP participants was West Papua Province (4.80%) and Papua (16.09%). Nationally, the percentage of active planning participants in 2013 was at 76.73%.

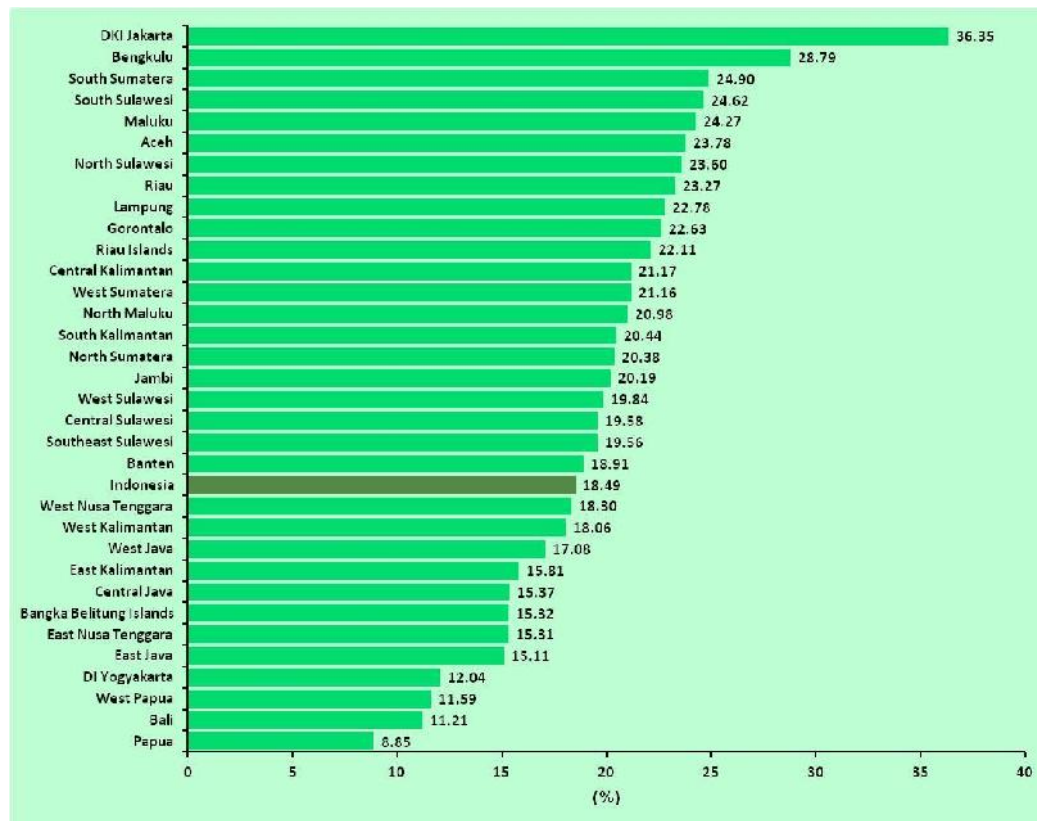
While the new FP participants, the most used contraceptive methods is injection, which amounted to 48.56%. The second was pills, at 26.60%. The least chosen method by the participants are Male Operation Method (MOP) of 0.25%, then the Female Operation Method (MOW) at 1.52%, and condoms (6.09%). An overview of the new FP participants according to percentage of contraceptive method in 2013 can be seen in Figure 5.17. In addition, the percentage of new FP acceptors by province in 2013 are presented in Figure 5.18.

FIGURE 5.17
PERCENTAGE OF FP PARTICIPANTS BY METHOD OF CONTRACEPTION, 2013




Source: Agency for Population and Family Planning, 2014

FIGURE 5.18
COVERAGE OF NEW FP PARTICIPANTS BY PROVINCE IN 2013



Source: Agency for Population and Family Planning, 2014

From figure 5.18 above, it can be seen that the province with the highest percentage of new FP acceptors is DKI Jakarta (36.35%), then Bengkulu (28.79%), and South Sumatera (24.9%). While the province with the lowest percentage is Papua Province (8.85%), Bali (11.21%), and West Papua (11.59%). Nationally, the percentage of new family planning



acceptors in 2013 amounted to 18.49%. The data and more related information of contraception is presented in Annex 5.12 to 5.18.

B. CHILD HEALTH

Efforts in maintaining infant and child health must be addressed, to prepare healthy, intelligent, and quality future generations and to reduce infant mortality and child. The efforts are conducted since the fetus 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 Underfive children Mortality Rate (Ind: AKABA). Based on the results of Indonesia Demographic and Health Survey (IDHS) in 2012, Neonatal Death rate (Ind: AKN) 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. Focus in reducing neonatal (0-28 days) mortality is important because neonatal deaths contribute to 56% of infant deaths.

To achieve the MDGs target of reducing infant mortality in 2015 to 23 per 1,000 live births, top priority is improving access and quality of care for the newborn (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 IHP, basic immunization, underfive 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.

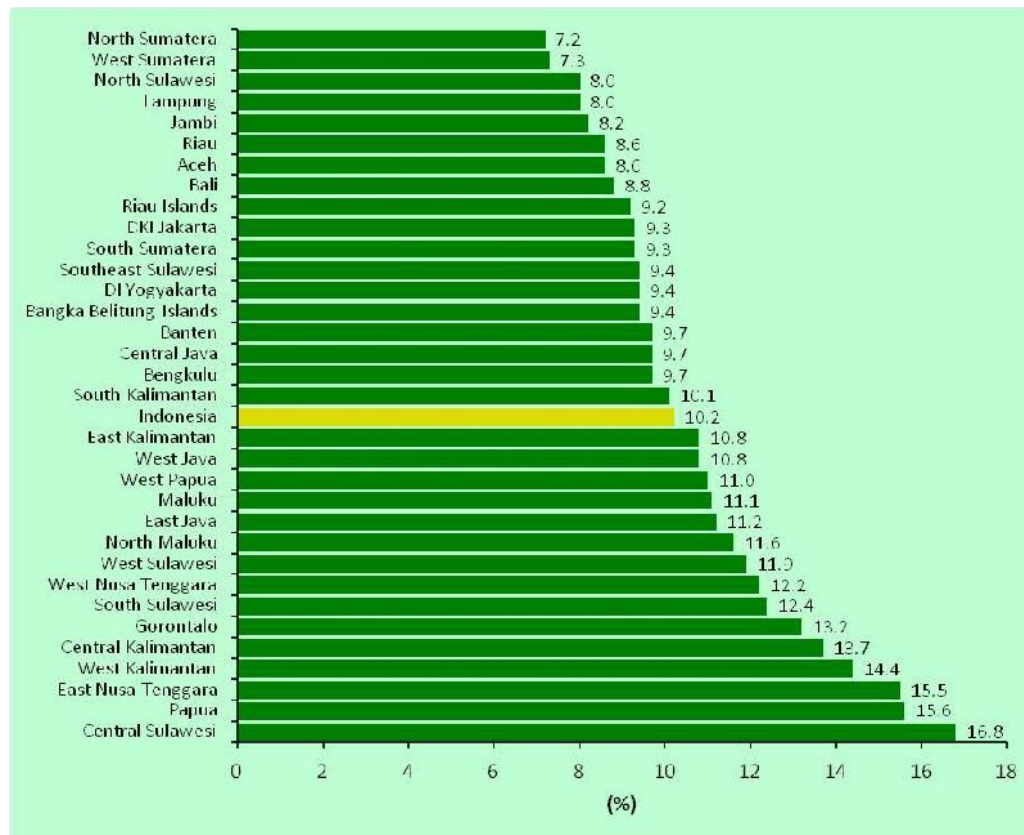
1. Infant Birth Weight

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

Associated with birth weight, infant birth weight can be grouped as (1) low birth weight (LBW), ie birth weight <2,500 g, (2) normal birth weight infants, ie between 2500-3999 grams birth weight, and (3) over weight, ie ≥ 4000 grams birth weight. The percentage of infants (0-59 months) according to birth weight by province Riskesdas in 2013 are presented in Annex 5.20.

Low Birth Weight (LBW) is a newborn whose weight at birth is less than 2500 grams. Since 1961, WHO has changed the terms of prematurity with Low Birth Weight (LBW). This is done because not all infants weighing less than 2500 grams at birth premature infants. The percentage of low birth weight are presented in the figure 5.15 below

FIGURE 5.19
PERCENTAGE OF LOW BIRTH WEIGHT INFANTS
BY PROVINCE, 2013 RISKESDAS



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

Riskesdas 2013 stated that the percentage of underfive children (0-59 months) with LBW was 10.2%. The percentage of LBW was highest in the province of Central Sulawesi (16.8%) and lowest in North Sumatera (7.2%).

Problems in infants with low birth weight (LBW) occurs 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 problem that often occurs in LBW is a disorder of the respiratory system, central nervous system, cardiovascular, hematologic, gastrointestinal, renal and thermoregulation.

2. Neonatal Complications Management

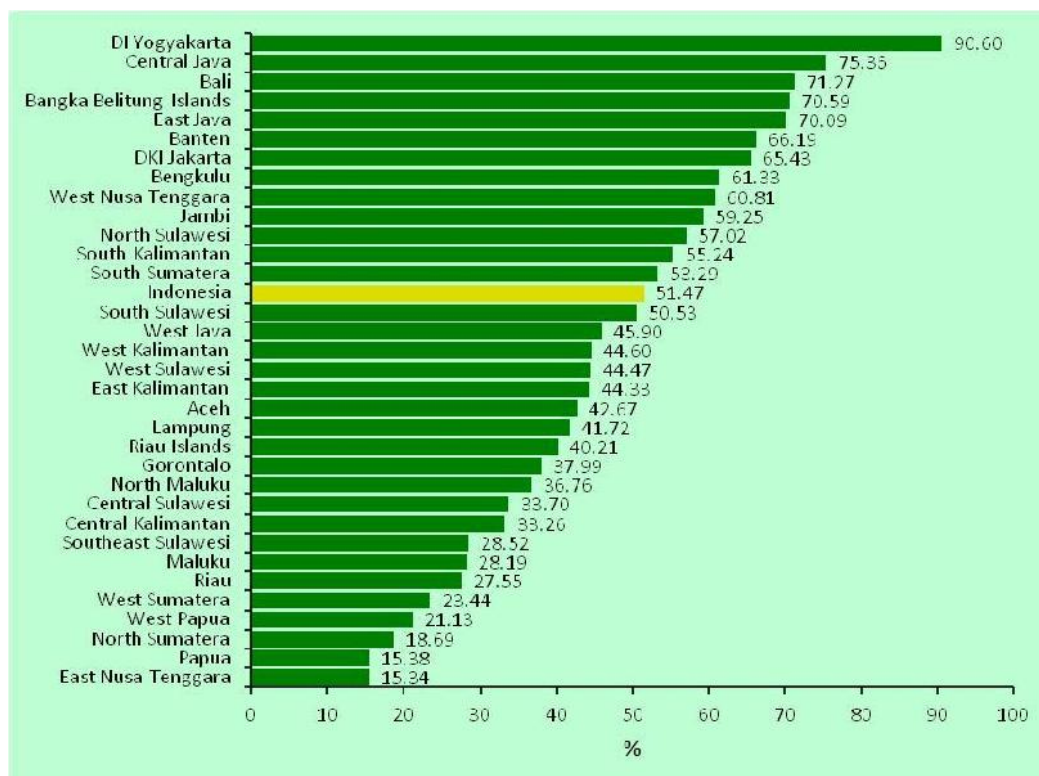
Neonatal complications were neonatal disease or disorder that can lead to disability and or death, such as asphyxia, jaundice, hypothermia, neonatal tetanus, infection/sepsis, birth trauma, low birth weight (birth weight <2,500 grams), respiratory disorder syndrome, and congenital abnormalities in yellow and red classification based on Integrated Management of Young Infants (Ind: MTBM) assessment.

Among the most fatal complications were asphyxia, low birth weight and infection (Riskesdas, 2007). These complications can actually be prevented and treated. But 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 help.

Neonatal complications management is the standardized care for handling neonatal illness or neonatal abnormalities/complications/emergencies, by skilled health personnel (doctor, midwife or nurse) who was trained either at home, basic health care facilities or referral health care facilities. Among standardized care are standard Integrated Management of Young Infants (Ind: MTBM), newborn asphyxia management, management of Low Birth Weight Babies, essential neonatal care guidelines in primary health care level, PONEC, PONEK or other services standards.

Following figure 5.20 overview coverage of neonatal with complication treatment by province in 2013.

FIGURE 5.20
COVERAGE OF NEONATAL COMPLICATIONS TREATMENT
BY PROVINCE IN 2013




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

Achievement of neonatal complications management has increased from the year 2012 which amounted to 48.48% to 51.47% in 2013. Despite of increase, there are still sizable disparity among provinces. The highest achievements are in DI Yogyakarta with a total of 90.60% followed by 75.36% in Central Java, and Bali by 71.27%. The lowest achievement are in East Nusa Tenggara province at 15.34%, followed by Papua at 15.38%, and North Sumatera at 18.69%.

More detailed information about the neonatal complications management by province is presented in Annex 5.23.

3. Neonatal Health Care

Neonates is newborn aged up to 28 days, who experience very big change from life inside to outside of the womb. At this time, organ maturation occurs in nearly all systems. Infants aged less than one month are in the highest risk of health problems. At this vulnerable



age, any kind of health problems can arise. Without proper treatment, health problem in neonates can be fatal. Several attempts were made to control health risks in this group, include the strive for health workers attended delivery at health facilities and ensuring availability of standardized health care for neonates visit.

The main problem causing death in infants and toddlers are occurred in the neonatal period (neonatal age 0-28 days). Riskesdas 2007 showed that 78.5% of neonatal deaths occur in the age of 0-6 days. Complications caused most death case were asphyxia, low birth weight and infection.

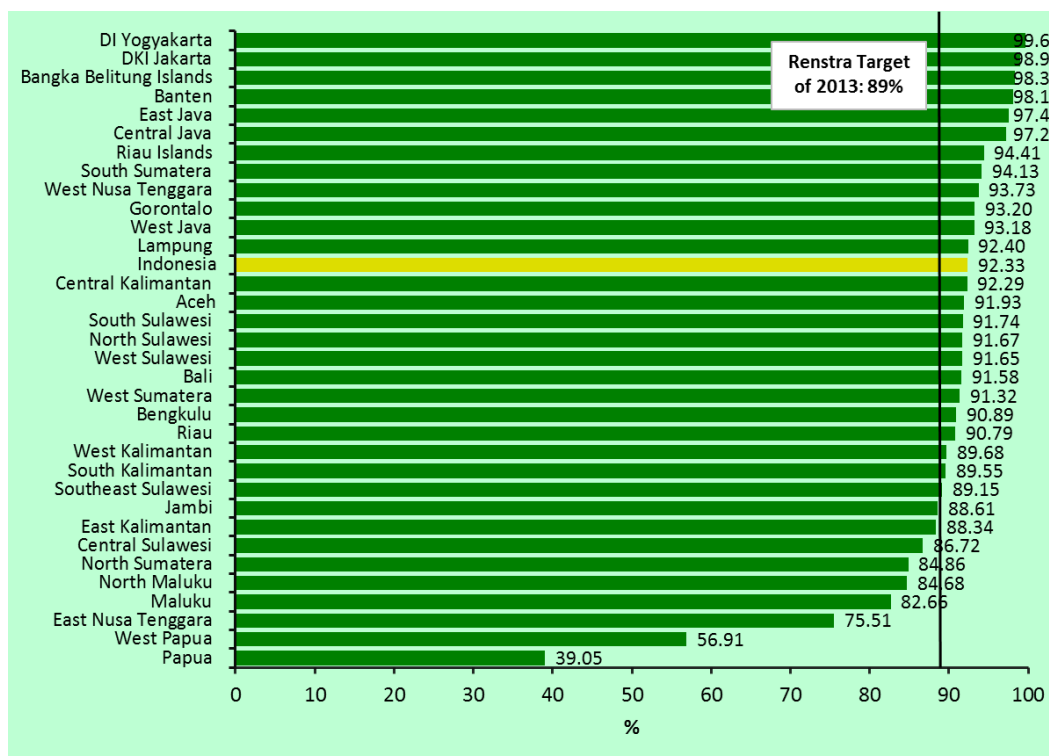
Since high risk of mortality and complications occurs in the first week, therefore every newborn should get more frequent inspection (at least 2 times) in the first week. This step is carried out to find any early signs of disease or danger in neonates, so help can be given to prevent more severe and fatal disease. Neonate visit is one intervention to reduce neonatal mortality.

Accordingly, 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). Therefore, neonatal visit schedule is currently implemented at the age of 6-48 hours, age 3-7 days and 8-28 days of age. This indicator measures the ability of Maternal and Child Health (MCH) program management in conducting a comprehensive neonatal services.

The first neonatal visit (KN1) is a health care for newborns (age 6 hours - 48 hours) in certain area and time, and provided based on standard by skilled health personnel throughout health care facilities. Health care is based on standard of Integrated Management of Young Infants (MTBM) and newborn care counseling, including exclusive breastfeeding and umbilical cord care. At first neonatal visit (KN1), newborns get vitamin K1 injection and immunization hepatitis B0 if they were not given at birth. Coverage of first neonatal visit by province indicator is illustrated in Figure 5.17.

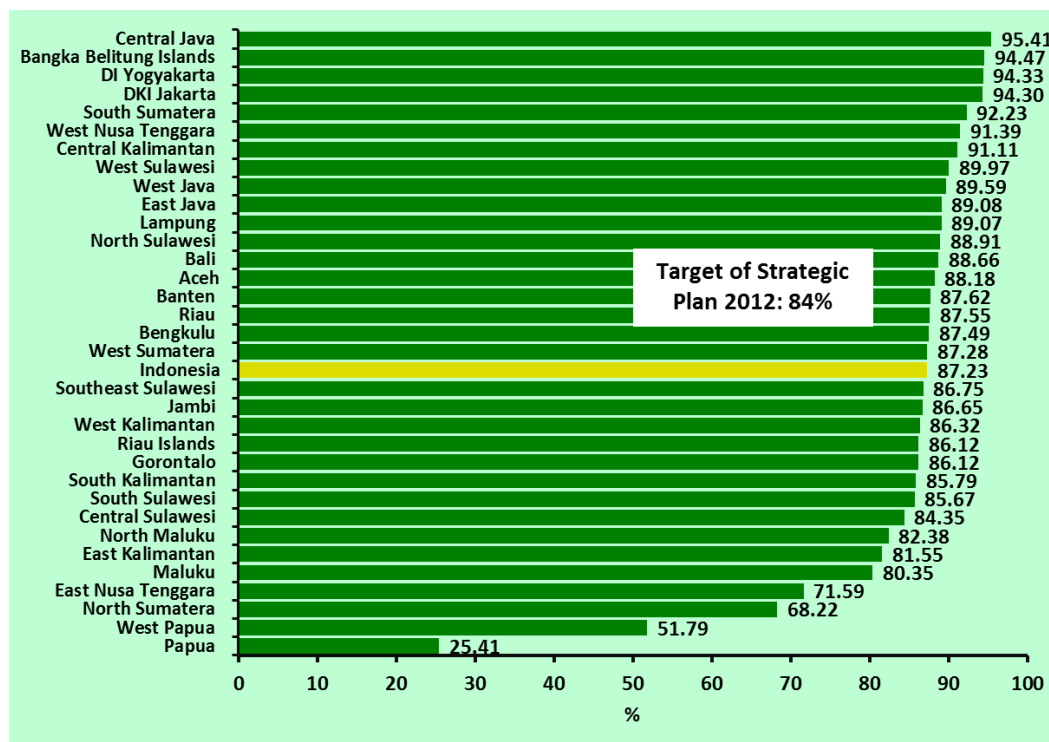
Beside KN1, indicator describing health care for the newborn is a complete KN, which require that every newborn obtain neonatal service visit at least 3 times, once at 6-48 hours, once in 3-7 days, and once on 8- 28 days according to the standard per working area in one year.

FIGURE 5.21
COVERAGE OF FIRST NEONATAL VISIT (KN1)
BY PROVINCE IN 2013



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

FIGURE 5.22
COVERAGE OF COMPLETE NEONATAL VISIT
BY PROVINCE IN 2013



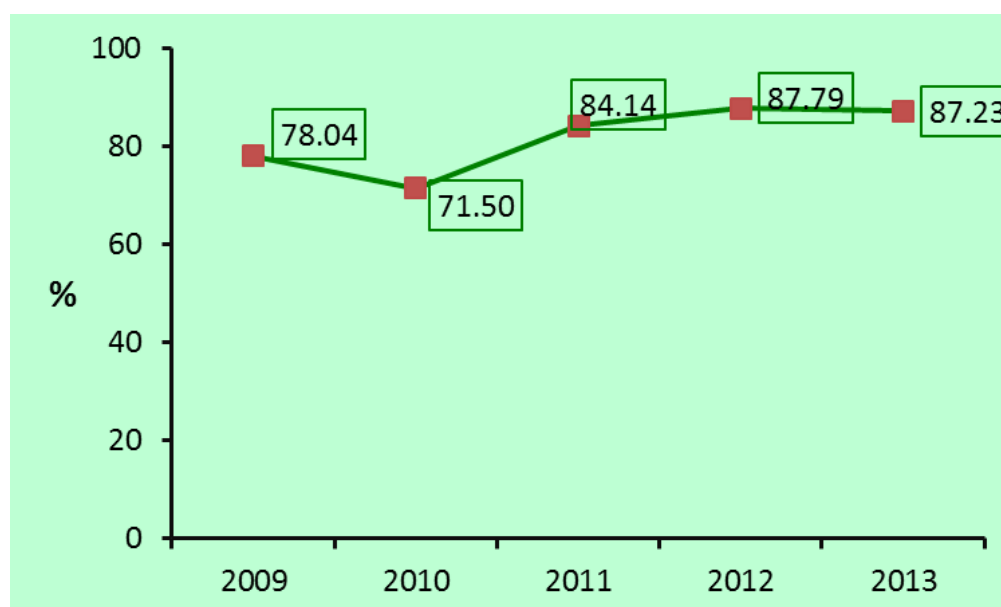
Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2014

KN complete achievements in Indonesia in 2013 was 87.23%. This achievement has met program target in 2013 by 84%. There are 27 provinces have met the target. Complete coverage of the visit KN picture by province in Indonesia is illustrated in figure 5.22 above.

In the picture above, it shows that achievement of complete KN was good enough in Indonesia, which can be seen from achievement in most provinces. There are 26 provinces have reached the strategic plan's target of 2013, which is 84%. The highest achievement was in Central Java at 95.41%, followed by Bangka Belitung at 94.47%, and 94.33% in DI Yogyakarta. While the lowest achievement is in Papua at 25.41%, followed by West Papua by 51.79%, and 68.22% in North Sumatera.

Achievement of complete *KN* nationally decreased compared to 2012, ie from 87.79% to 87.23% in 2013. Following figure shows the KN complete coverage from 2009 to the year 2013. In 2008, policy of complete neonatal visit requiring 3 visits began.

FIGURE 5.23
COVERAGE OF COMPLETE NEONATAL VISIT IN INDONESIA 2009-2013



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

Complete neonates visit coverage seemed to be experiencing a slight decline from 78.04% in 2009 to 71.5% in 2010. Nevertheless, it was bouncing back and increasing to 84.14% in 2011. Then, complete neonates visit coverage showed a tendency to increase in line with implementation of policy of complete neonates visit 2008, which requires 3 visits. Further information of neonatal visit are in Annex 5.22.

4. Infant Health Care

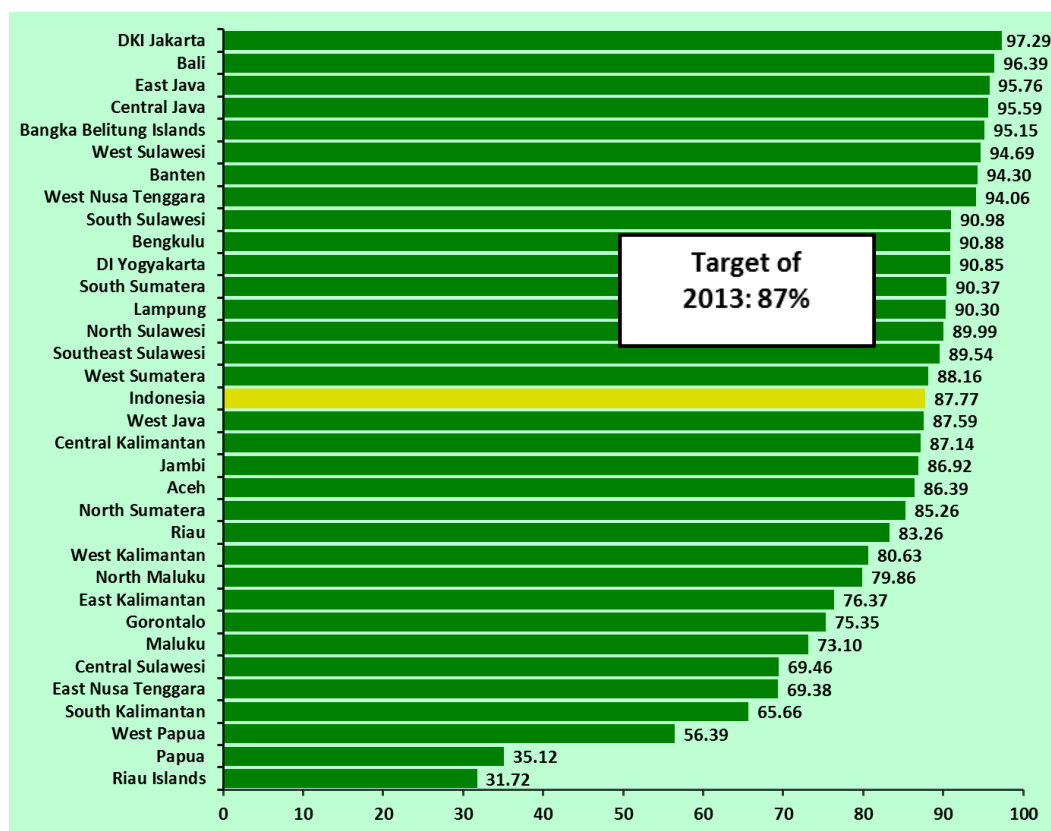
Phase of infant (less than one year old children) is one of vulnerable phase to suffer from health problems and disease. The health of infants and toddlers should be closely monitored to ensure that it always at optimum condition. Infant health care is one of several indicators measuring the success of improving infant and toddlers health efforts. Infants health care is aimed at infants aged 29 days to 11 months. It provides standardized health services 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 certain time by health workers who have clinical competence (doctors, midwives, and nurses).

It consists of weighing, provision of basic immunization (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 counseling, provision of complementary feeding (Ind: MP-ASI), etc.

Coverage of Infant health care can describe government efforts in increasing access to basic health care, increasing access for parents to knowing possibility of disease or abnormality at early stage, health maintenance and disease prevention as well as improving the quality of life baby.

Overview of this indicator achievements in 33 provinces showed that most provinces have meet strategic plan target by 2013, as shown in the following figure.

FIGURE 5.24
COVERAGE OF INFANT VISIT BY PROVINCE IN 2013




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

From figure 5.20 above, it can be seen that 18 provinces (54.5%) achieved more than 87%. DKI Jakarta has the highest achievement of 97.29%, followed by 96.39% in Bali and 95.76% in East Java. Riau Islands Province has the lowest performance of 31.72%, followed by 35.12% in Papua and 56.39% in West Papua. More detailed information of infant health services by province in 2013 are explained in Annex 5.27.

5. Process of Baby Start Breastfeeding

Riskesdas 2013 categorized process of baby start breastfeeding as (a) less than 1 hour (early breastfeeding initiation / IMD), (b) between 1 to 6 hours, (c) 7 to 23 hours, (d) 24 to 47 hours and (e) more than or equal to 47 hours .



The first twenty-four hours after birth is a very important moment for the further lactation success. At first hours after birth, oxytocin was produced and responsible for milk production.

First immediate breastfed after birth significantly increased the baby's life chance. If the baby start breastfeeding within 1 hour after birth, death of 22% of infants within the first 28 days (equivalent to one million newborns every year in the world) could be prevented. However, if breastfeeding is started within the first day, then only 16% of babies can be saved.

Early initiation of breastfeeding is the process of baby immediately breastfed after birth, where the baby alone is allowed to seek her mother nipples (not offered to the nipple).

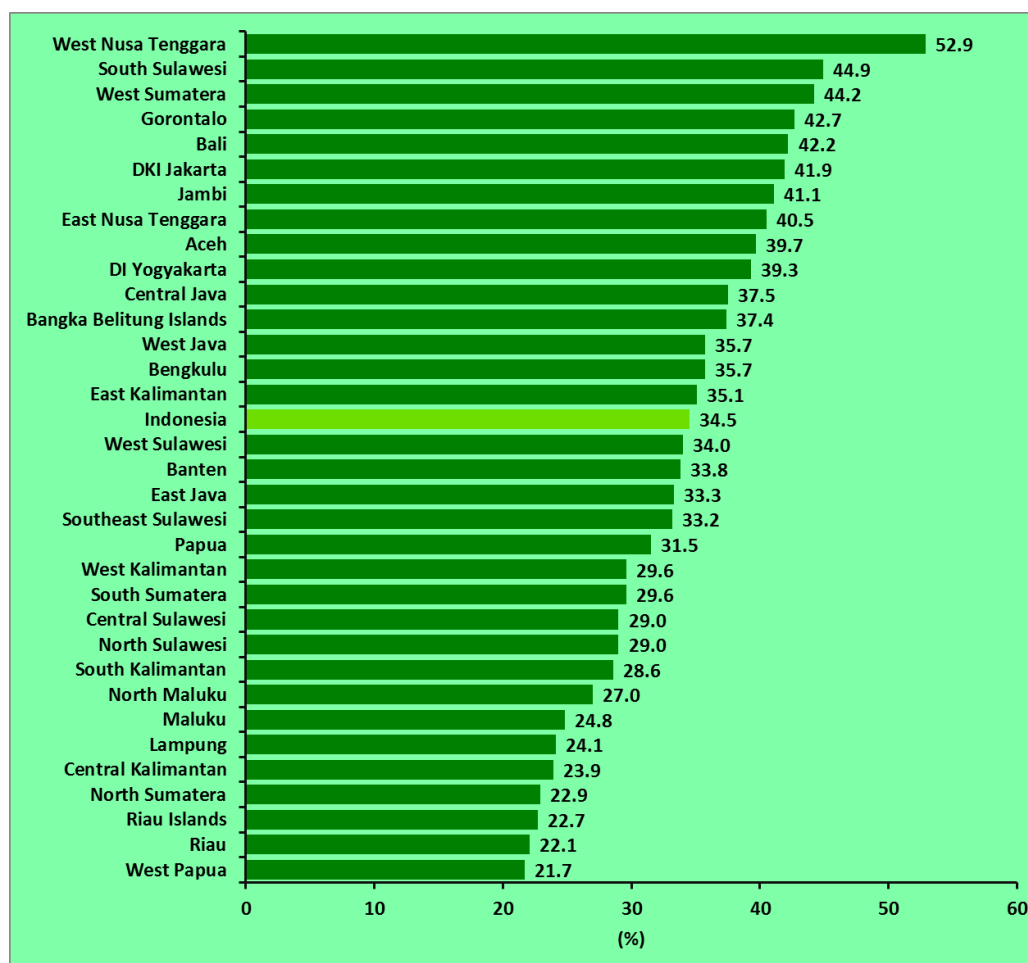
Early Breastfeeding have positive impact for both mother and baby. For baby, warmth while feeding will lower the risk of infant death due to hypothermia (freezing). In addition, infants obtain harmless bacteria from the mother; make them more resistant to infection from other bacteria in the environment. Within the first contact, babies obtain colostrum, which is essential for survival. Breast fed babies gain initial food that does not interfere bowel growth and function and allergies. Accordingly, baby will be healthier and maintain exclusive breastfeeding. Whilst, breastfeeding benefit to the mother by reducing morbidity and mortality since it will stimulate uterine contractions, then reduce postpartum hemorrhage

The Indonesian government supports WHO and UNICEF's policy in recommending early initiation of breastfeeding, as an act of "saving lives", because it can save 22% of infants who die before the one month age. It is expected that all health personnel at all levels of health care can socialize the program.

Riskesdas 2013 states that the percentage of breastfed start in less than an hour (early breastfeeding initiation) in children aged 0-23 months in 2013 was 34.5%. Percentage of breastfed process started between 1-6 hours was 35.2%, between 7- 23 hours was 3.7%, while between 24-47 hours was 13.0% and the percentage of starting breastfed in more than 47 hours was 13.7%.

Percentage of early breastfeeding initiation was highest in West Nusa Tenggara at 52.9% followed by 44.9% in South Sulawesi and 44.2% in West Sumatera. While the lowest percentage was in West Papua province at 21.7%, followed by Riau province at 22.1%, and Riau Islands at 22.7%. Overview of early breastfeeding initiation by province is presented in Figure 5.25.

FIGURE 5.25
PERCENTAGE OF BABY START BREASTFEEDING LESS THAN FIRST 1 HOUR
(Early Initiation of Breastfeeding) IN CHILDREN AGED 0-23 MONTHS
BY PROVINCE, RISKESDASYEAR 2013



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

Data and information regarding to percentages of start breastfeeding process in children aged 0-23 months in 2013 are described in Annex 5.21.

6. Coverage of Exclusive Breastfeeding

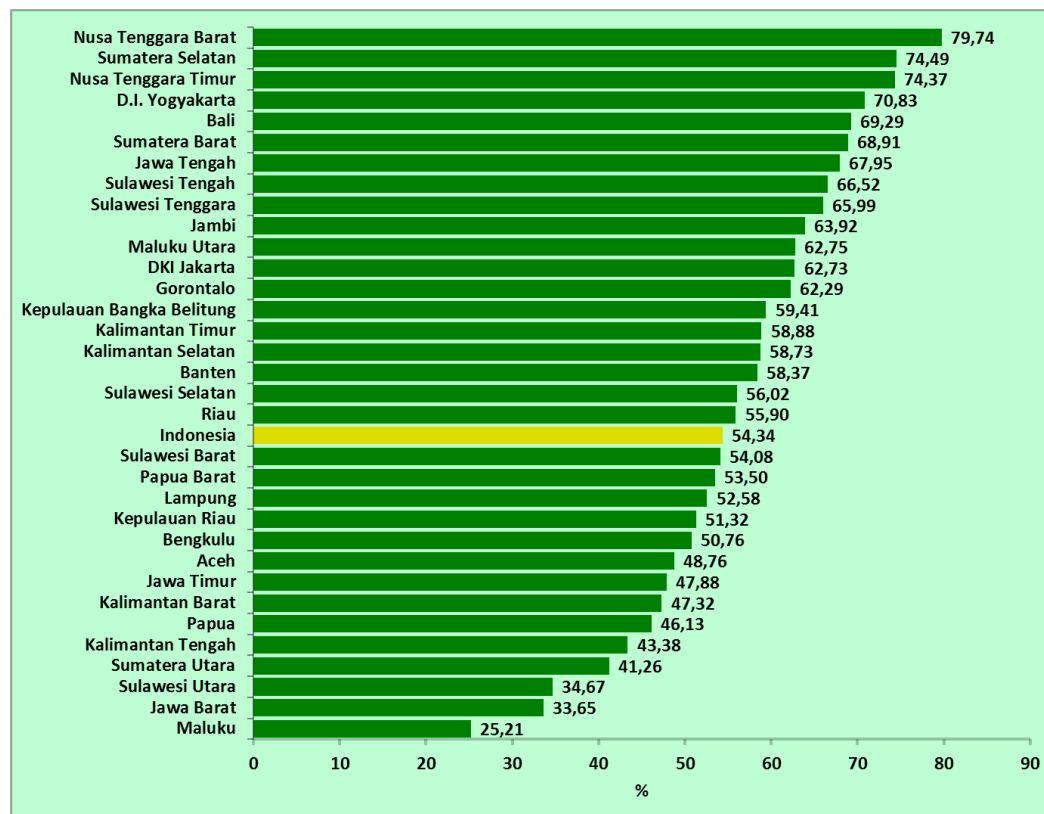
Appropriate method of infant feeding is exclusive breastfeeding from birth until the age of 6 months and continue to breastfeed children until the age of 24 months. Starting at age 6 months, babies need nutritious complementary foods to balance with the needs of growth.

Breast milk is the best food for infants, which contain white blood cells, proteins and antibodies suitable for babies. Breastfeeding helps child to grow and develop optimally and protect against disease.

The percentage of exclusive breastfeeding in 0-6 months infants in Indonesia in 2013 was 54.3%, which is a slight increase when compared to 2012 which amounted to 48.6%. The percentage of exclusive breastfeeding was highest in West Nusa Tenggara at 79.74%, followed by 74.49% in South Sumatera, and 74.37% in East Nusa Tenggara. While the percentage of lowest exclusive breastfeeding was in Maluku province at 25.21%, followed by West Java at

33.65% and North Sulawesi at 34.67%. Description of exclusive breastfeeding by province are presented in the following figure.

FIGURE 5.26
COVERAGE OF EXCLUSIVE BREASTFEEDING IN 0-6 MONTHS INFANTS
BY PROVINCE IN 2013



Source: Directorate of Nutrition and MCH MoH RI, 2014

Problems related to achievement of exclusive breastfeeding coverage among others:

- Infant formula marketing is still intensively conducted for 0-6 months infants, despite without any medical problems.
- There are many companies hiring women but fail to provide opportunity for working mother with 0-6 months babies to implement exclusive breastfeeding. Lacking of lactation room facility and its supporting tools is oftenly evidenced.
- There are many health professionals who do not care and support fulfillment of infant's right to obtain exclusive breastfeeding, and still recommend formula for 0-6 months infants.
- Limited breastfeeding counselor.
- Yet limited educational activities, breastfeeding related socialization, advocacy, and campaigns, and not all hospitals implement the 10 Steps to Successful Breastfeeding (Ind: LMKM).

Efforts made in solving the problem were:

- The Government Regulation No. 33 Year 2012 on Exclusive Breastfeeding
- Training breastfeeding and Complementary feeding (MP-ASI) counseling. Until 2012, 3,929 breastfeeding counsellor and 416 complementary feeding counsellor has trained.
- Implementing the 10 Steps to Successful Breastfeeding (LMKM), i.e:
 - Make a written policy on breastfeeding and communicate it to all health care staff;
 - Train all staff in the service of the nursing skills of implementing policy;

- 
- 3) Inform all pregnant women about the benefits and management of breastfeeding;
 - 4) Helping mothers breastfeed within the first 30 minutes early labor;
 - 5) Helping mothers how to breastfeed and maintain lactation even if the mother is separated from her infant;
 - 6) Giving only breast milk to newborns unless medically indicated;
 - 7) Applying rooming mother with her baby all the time (24 hours);
 - 8) Recommends breastfeeding baby on demand;
 - 9) Not giving pacifiers to babies;
 - 10) Encourage the establishment of breastfeeding support groups and refer mothers to the group after leaving the service facilities;
- d) Socialization and exclusive breastfeeding campaign
 - e) IEC through print and electronic media
 - f) Developing a Strategy to Increase Exclusive Breastfeeding
 - g) Creating an environment conducive to breastfeeding behavior through laws and policies or PP
 - h) Strengthening health care facilities (hospitals / RSIA, care Puskesmas, maternity clinics) in implementing the 10 LMKM
 - i) Increased commitment and capacity of stakeholders in improving, protecting, and supporting breastfeeding
 - j) Empowering mothers, families, and communities in the practice of breast-feeding
 - k) Ensuring the implementation of feeding strategies
 - l) Development of legislation and regulations and policies or PP
 - m) Implementation of hospital revitalization and health care facilities dear baby
 - n) Increased capacity of health workers
 - o) Empowerment of mothers, fathers, and families, and society
 - p) Protection of women workers
 - q) In cooperation with all relevant sectors in infant formula marketing surveillance and baby food products according to standards of food products (Codex Alimentarius)
 - r) Advocacy and promotion of improved breastfeeding

Data and information on exclusive breastfeeding in 2013 are presented in annex 5.33.

7. Coverage of Vitamin A Capsule Supplementation to Underfive Children (6-59 Months Age)

Up to the age of six months, breast milk is the main source of vitamin A if mother consume sufficient high vitamin A food or supplement. Children aged six months to five years can get vitamin A from various foods such as liver, eggs, fish, red palm oil, mango and papaya, oranges, potatoes, green leaf vegetables and carrots.

Children need vitamin A to help fight disease, protect their vision, as well as reducing the risk of death. Children with vitamin A deficiency are less able to fight off a variety of potential fatal disease and the risk of night blindness. Therefore, vitamin A supplementation is conducted in order to prevent and reduce the prevalence of Vitamin A Deficiency (VAD) in infants. High coverage of high doses vitamin A supplementation proved to be effective to overcome the problem of VAD on society.

In some countries where vitamin A deficiency has been rampant, and children often die from diarrhea, and measles, high-dose vitamin A capsules distributed twice a year to children aged six months to five years. Diarrhea and measles can deplete vitamin A from the child's body. Children who suffer from diarrhea or measles, or suffering from malnutrition should be treated with high-dose vitamin A supplements which can be obtained from a trained health worker.

The problem of vitamin A in infants clinically no longer a public health problem (prevalence xerophthalmia <0.5%). The study of micronutrient problems in 10 cities in 10

provinces in 2006, gained xerophthalmia prevalence in infants was 0.13%, while the result of vitamin A survey in 1992 showed that the prevalence was 0.33%.

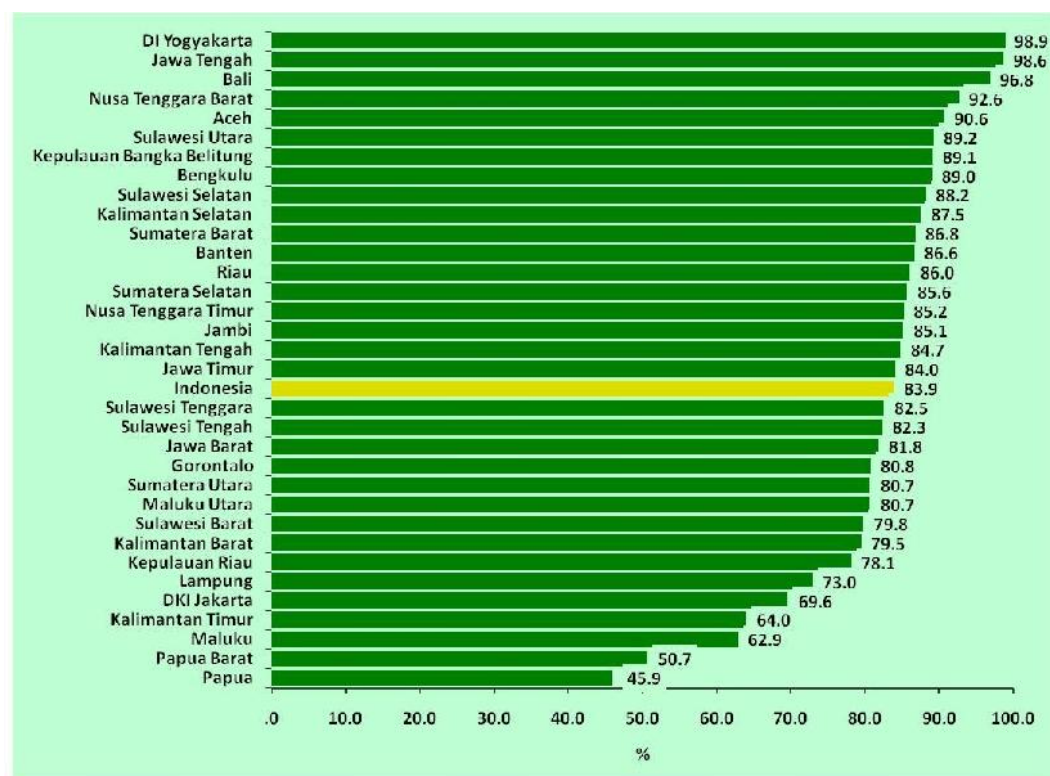
However, subclinical VAD, a level when real symptoms are still limited, were still found in toddler group. Subclinical level of VAD can only be determined by examining the levels of vitamin A in the blood in the laboratory. In addition, distribution of vitamin A supplementation coverage among underfive children by province there are still below 75%. Thus the activities of vitamin A in infants still needs to be continued, since it is not only for eye health and prevent blindness, but more importantly, vitamin A improves child survival, health and growth.

Vitamin A supplementation performed on infants (6-11 months age) with 100,000 IU doses, toddler (12-59 months) with 200,000 IU doses. Puerperal women were given vitamin A capsules 200,000 IU, so that the baby will get enough vitamin A through breastfeeding. Provision of Vitamin A capsules given simultaneously every February and August at 6-59 months.

Coverage of vitamin A supplementation in children aged 6-59 months in Indonesia in 2013 reached 83.9%. This achievement was slightly higher than in 2012, which amounted to 82.8%. With the only slight increase, it is still necessary to improve the vitamin A supplementation coverage efforts, among other through increasing of child health services integration, *sweeping* to low coverage area and vitamin A supplementation campaign

Provinces with the highest vitamin A supplementation coverage in 2013 was DI Yogyakarta at 98.88%, followed by Central Java and Bali at 98.61% and 96.79%. While among the lowest coverage were Papua province at 45.92%, followed by West Papua and Maluku at 50.70% and 62.91%. Vitamin A supplementation coverage by province is shown in Figure 5.27.

FIGURE 5.27
COVERAGE OF VITAMIN A CAPSULE SUPPLEMENTATION IN CHILDREN (6-59 MONTHS) BY PROVINCE IN 2013



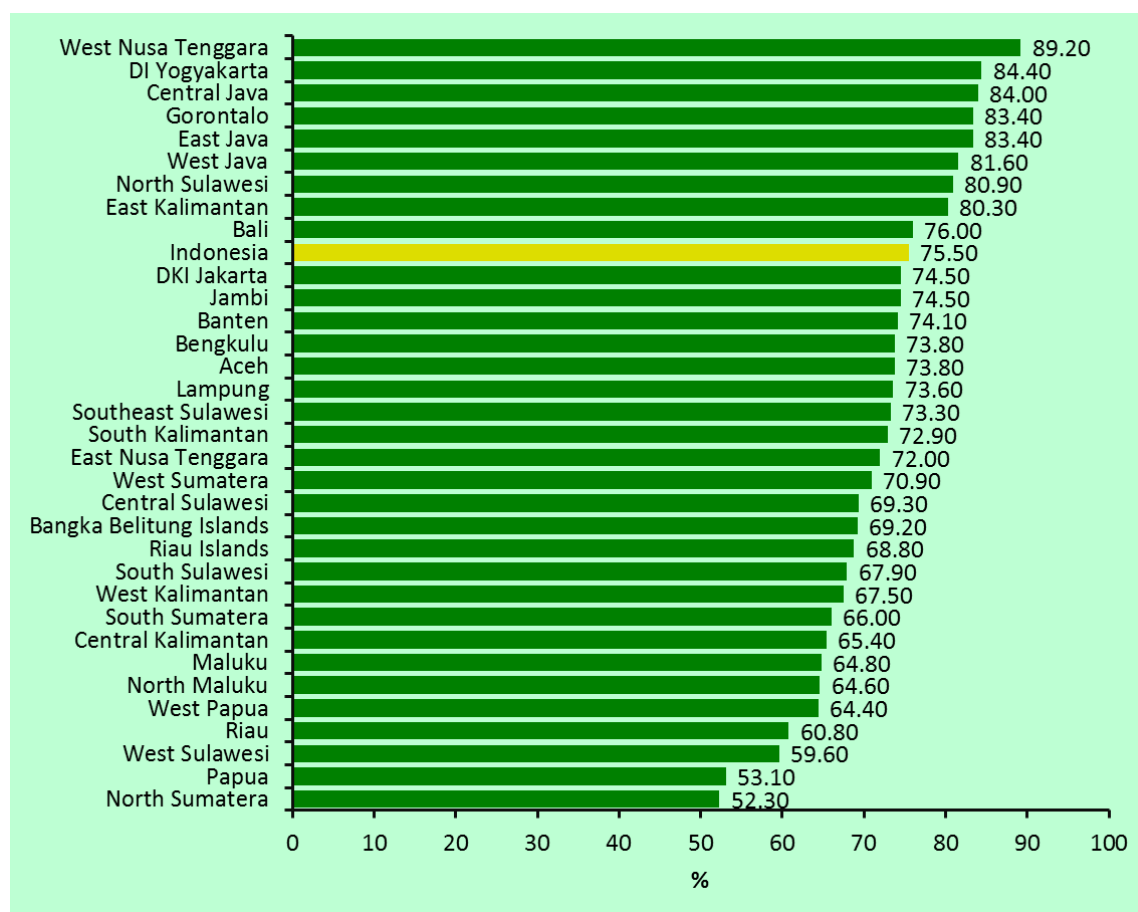
Source: Directorate General of Nutrition and MCH, Ministry of Health Republic of Indonesia, 2014

Data and information on vitamin A supplementation to underfive children by province in 2013 can be seen at annex 5.31.

According to the Riskesdas 2013 data, the percentage of children aged 6-59 months who received vitamin A capsules during the last six months in Indonesia reached 75.5%.

Provinces with the highest vitamin A supplementation coverage based Riskesdas 2013 were West Nusa Tenggara at 89.20%, followed by DI Yogyakarta at 84.40% and Central Java at 84.00%. While among the lowest coverage were North Sumatera province by 52.30%, followed by Papua at 53.10% and West Sulawesi at 59.60%. Vitamin A supplementation coverage by province based on Riskesdas 2013 is shown in the following figure.

FIGURE 5.28
PERCENTAGE OF VITAMIN A CAPSULE SUPPLEMENTATION TO CHILDREN AGED 6-59 MONTHS
DURING THE LAST SIX MONTHS, BY PROVINCE, RISKESDAS YEAR 2013



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

Data and information of vitamin A supplementation to infants during the last six months by province in 2013 can be seen in Annex 5.32.

8. Coverage of Underfive Children Weighing in Posyandu/IHP (D/S)

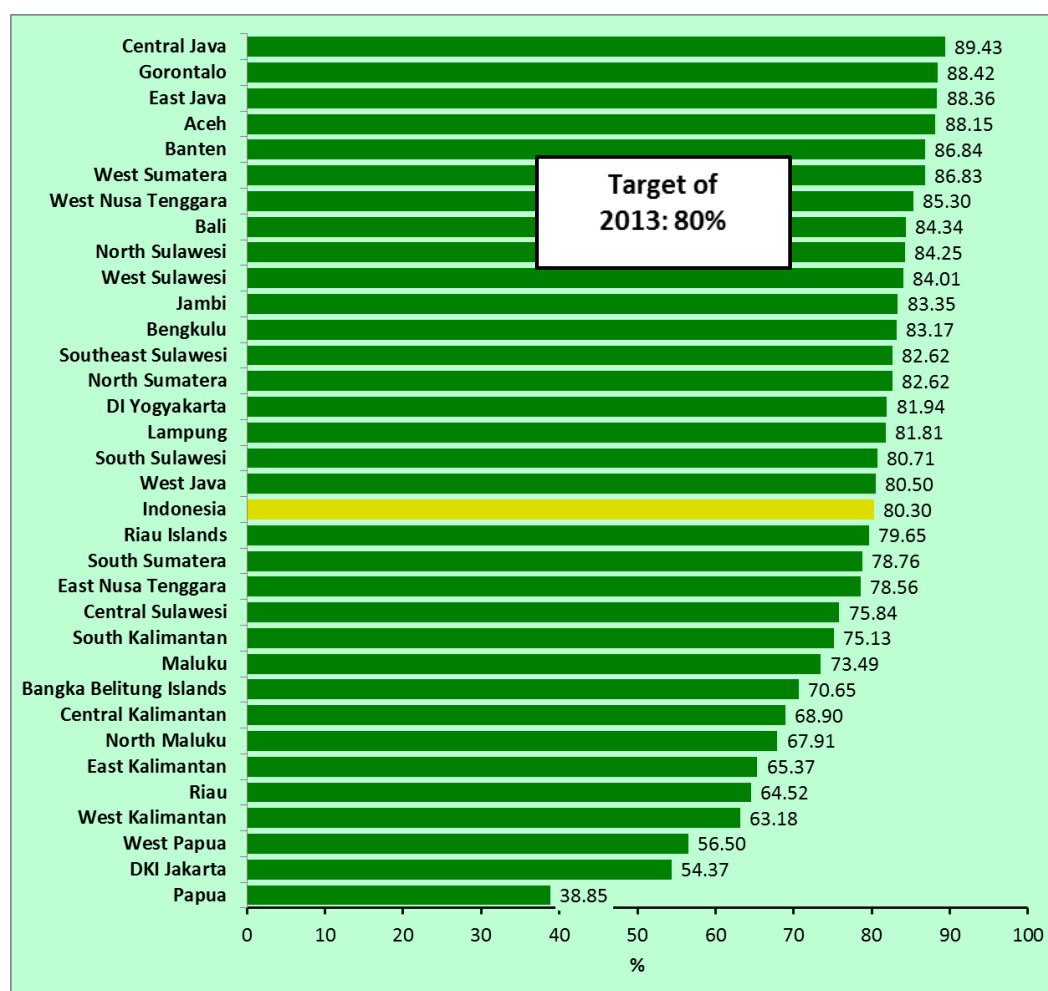
From birth until the age of five, children should be weighed regularly to measure growth. This method will find out early disorders of growth, so that appropriate action can be taken immediately.

The result of weighing, can determine whether a child is too quickly gain weight or otherwise compared to age. However, beside weighing, further child height measurement is needed, to determine whether a child is wasted or not.

Activities of a child weighing in IHP (D / S) is one indicator set by Ministry of Health Strategic Plan 2010-2014. This indicator relates to the coverage of nutrition program in underfive children, particularly coverage of immunization and malnutrition treatment in primary health care. The higher D / S coverage, the higher coverage of vitamin A and immunization and the lower prevalence of malnutrition.

Child weighing coverage in Posyandu (D / S) in Indonesia 2013 was 80.30%. This coverage is higher than in 2012 which amounted to 75.1%. This achievements have met the 2013 Strategic Plan targets by 80%. At the provincial level, there are 18 provinces with performance exceeding the target of 80% as shown in the following figure.


FIGURE 5.29
COVERAGE OF CHILDREN WEIGHING (D/S)
IN INDONESIA 2013



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

Figure above shown that among the highest achievement were in Central Java at 89.43%, followed by Gorontalo at 88.42%, and East Java at 88.36%. While the lowest achievement were in Papua Province at 38.85%, followed by DKI Jakarta at 54.37% and West Papua at 56.50%.

Each child must have a Health Card (Ind: KMS), as in MCH guidance book, in order to monitor growth. KMS will describe whether children grow up properly according to age. KMS was given to parents when visit to IHP. Therefore, number of visit to IHP was highly associated with D / S indicators.



However, there are several problems in IHP visit. These problems include: operational funds and infrastructure to run IHP activities, cadre's and health personnel's knowledge and ability to monitor growth and provide counseling, how family and community understand the benefits of IHP, and also cadre training. Data and information about a child weighing program in Posyanduis described in Annex 5.34.

9. Immunization

Annually, over 1.4 million children in the world die from diseases, that supposed to be preventable by immunization. Some infectious diseases are Immunization Preventable Diseases (Ind: PD3I) include: Diphtheria, Tetanus, Hepatitis B, meningitis, pneumonia, pertussis, and polio. Children who have been immunized 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 would be considered a foreign object by the body or the so-called antigens. Naturally immune system will form a substance called antibody to immobilize antigen. First time antibody interact with the antigen, the response is not too strong, due to antibodies do not "recognize" antigens. In the 2nd or further 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 naturally called natural immunization. While immunization stimulate the immune system to produce antibodies against the disease using attenuated antigen in vaccine. Immunisation is an active way to enhance one's disease immunity, so when he has next disease exposure it will not cause illness or only cause mild pain.

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

a. Basic Immunization in Infants

Immunizations protect children against some Immunization Preventable Diseases (PD3I). Immunization were given to child through injection or dripping through the mouth. In some countries, Hepatitis is still a problem. Ten out of 100 people will suffer from hepatitis throughout his life without the hepatitis B vaccine. Up to a quarter of children who suffer from hepatitis B can progress to serious liver disease conditions, such as liver cancer. Therefore, hepatitis B immunization must be given immediately after birth to prevent transmission of the hepatitis virus from mother to child.

BCG immunization can protect children from tuberculosis. DPT immunization can prevent diphtheria, pertussis and tetanus. Diphtheria causes upper respiratory tract infections, which in some cases can lead to difficulty breathing and even death. Tetanus causes muscle stiffness and painful muscle spasms which may cause death. Pertussis or whooping cough compromises the respiratory tract and causes coughing fund up to eight weeks.

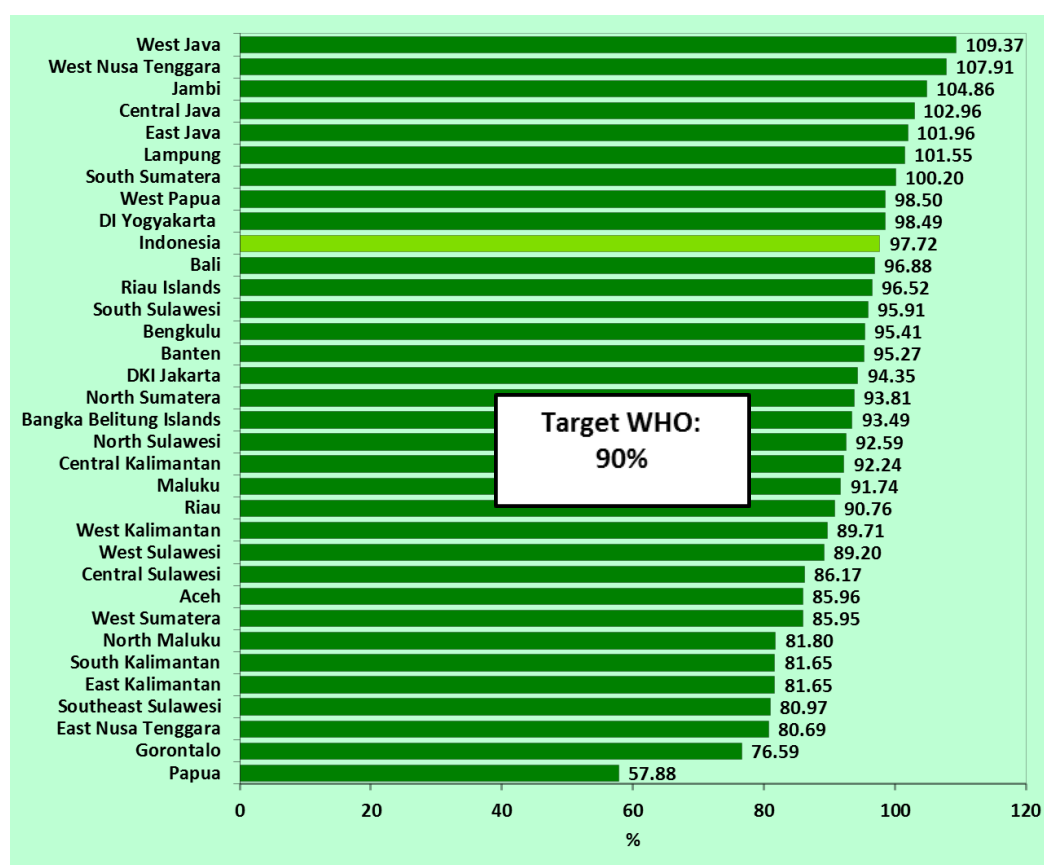
All children need to be immunized against polio. Signs of polio was suddenly paralyzed limbs and difficult to move. One of 200 children infected with polio will be disabled through his life.

As a targeted group for immunization program, each baby must obtain five complete basic immunization (Ind: LIL), which consists of: 1 dose of BCG, 3 doses of DPT, 4 doses of polio, 3 doses of hepatitis B, and 1 dose of measles. Among five complete basic immunization, measles

immunization received more attention, as evidenced by the commitment of Indonesia in ASEAN and SEARO to maintain measles immunization coverage at minimum 90%. This corresponds to the reality that measles is one of the leading causes of death in infants. Thus the prevention of measles have a significant role in the decline in child mortality.

Measles immunization coverage in Indonesia 2013 was 97.85%. The achievement has meet the target of 90%. Coverage in 2013 decreased compared to 2012 which amounted to 99.3%. At the provincial level, there are 21 provinces that have managed to reach the target of 90% as shown in the figure 5.25 below.

FIGURE 5.30
PERCENTAGE OF MEASLES IMMUNIZATION COVERAGE
BY PROVINCE IN 2013

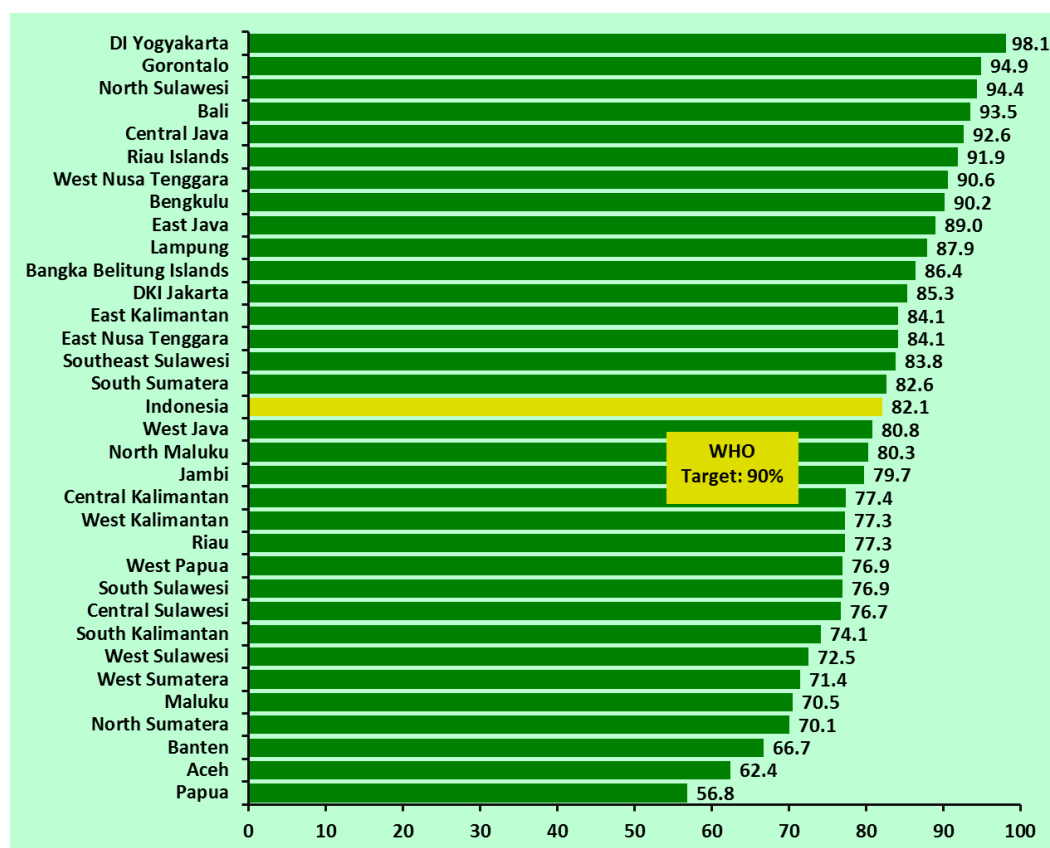


Source: DG of Centerfor Disease Control and Environmental Health (CDC&EH), MoH RI, 2014

Figure above shown that the West Java Province has the highest achievement of 109.37% followed by West Nusa Tenggara at 107.9% and Jambi at 104.86%. While the province with the lowest coverage were Papua at 57.88%, followed by West Papua at 76.59% and East Nusa Tenggara at 80.69%.

Meanwhile, according to Riskesdas 2013, the percentage of the national measles immunization in children aged 12-23 months was 82.1%. These achievements have not met the target of 90%. According to Riskesdas 2013, at the provincial level, only 8 provinces that have managed to reach the target of 90% as shown in the figure 5.26 below.

FIGURE 5.31
MEASLES IMMUNIZATION COVERAGE
CHILDREN AGE 12-23 MONTHS BY PROVINCE IN 2013

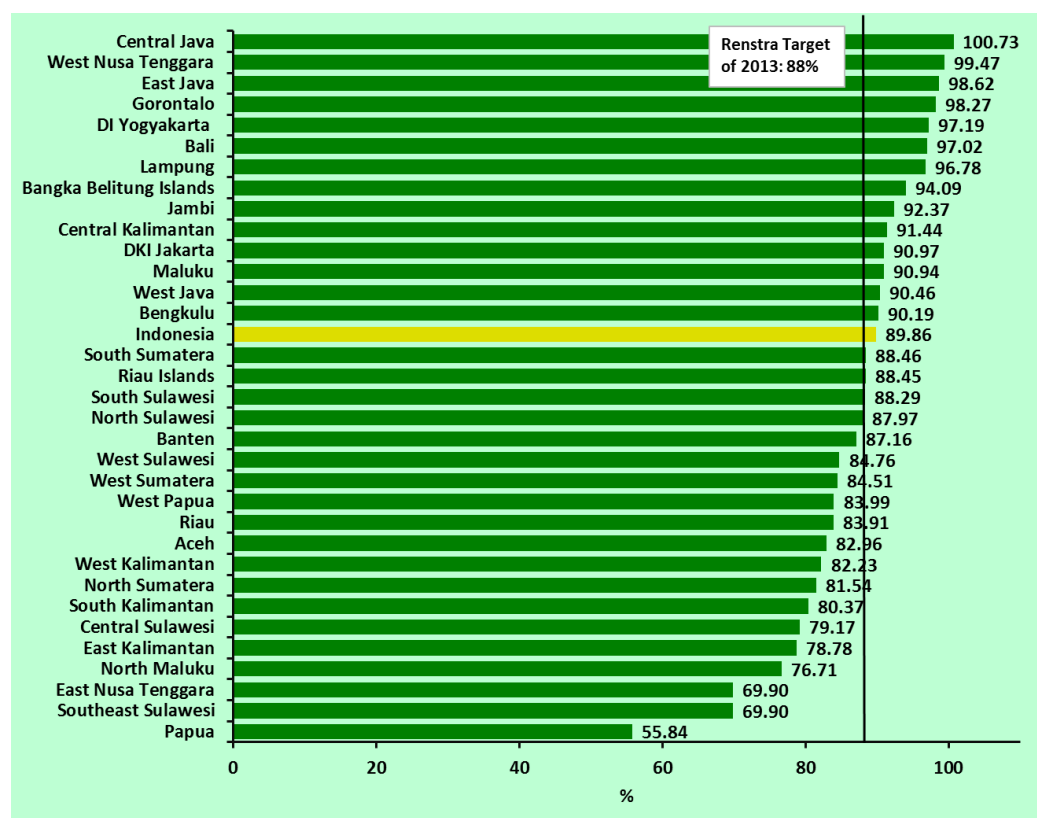


Source: National Institute for Health Research Development (NHRD), Ministry of Health RI, Riskesdas, 2014

In the picture above it can be seen that DI Yogyakarta Province has the highest achievement at 98.1% followed by Gorontalo at 94.9% and North Sulawesi at 94.4%. While the province with the lowest coverage is Papua at 56.8%, and Aceh at 62.4% and Banten at 66.7%.

Infant immunization program expects that each baby obtains all five types of complete immunization. Therefore, number of infant obtains 5 types of basic immunization is measured as success indicators complete immunization program. Achievement of this indicator in Indonesia 2013 was 90.00%. It has met the target of the Strategic Plan in 2013, which amounted to 88%. Thus, there are 15 provinces (45.45%) who have met the target of the Strategic Plan in 2013.

FIGURE 5.32
COVERAGE OF COMPLETE IMMUNIZATION IN INFANT
BY PROVINCE IN 2013



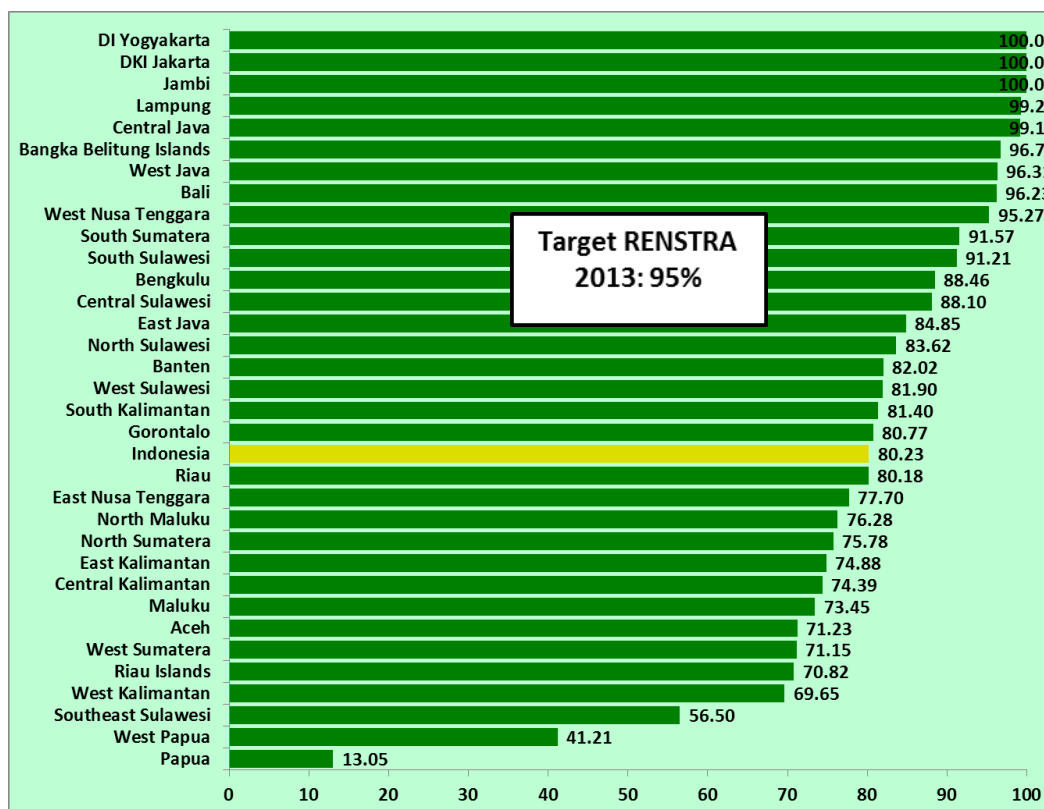
Source: DG Center For Disease Control and Environmental Health (CDC&EH), MoH RI, 2014

The three provinces with the best achievement of complete basic immunization for infants in 2013 was Central Java at 100.73%, followed by West Nusa Tenggara at 99.47%, and East Java at 99.31%. While the lowest three provinces are Papua at 66.57%, followed by West Papua at 67.66%, and Southeast Sulawesi at 69.90%. Data and information related to basic immunization in infants by province in 2013 in Annex 5.24

b. Universal Child Immunization

Other indicators to measure successful implementation of immunization is *the Universal Child Immunization* or UCI. UCI describe a village / desa where $\geq 80\%$ of infants (0-11 months) in the village / desa has received a complete basic immunization. Target of UCI in Strategic Plan 2013 was 95%. In the year 2013 there were nine provinces which have rural UCI percentage exceeds 95% target, as described in this figure.

FIGURE 5.33
COVERAGE OF VILLAGE / DESA WITH UNIVERSAL CHILD IMMUNIZATION
BY PROVINCE IN 2013



Source: DG Center For Disease Control and Environmental Health (CDC&EH), MoH RI, 2014

In Figure 5.34, it explain that there best provinces achieved 100% are DI Yogyakarta, DKI Jakarta and Jambi and then folowed by Lampung at 99.27%. While the Papua Province has the lowest performance at 13.05%, followed by West Papua at 41.21%, and Southeast Sulawesi at 56.50%. Related information UCI village achievements in 2011 - 2013 by province is in Annex 5.29.

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

Drop Out Rate of DPT / HB1-Measles immunization in 2013 of 3.3%. This achievement was lower than in 2011 by 3.6%. DO Rate of DPT / HB1-Measles showed a declining trend from 2007 to 2013, which means baby who does not get the complete basic immunization has been decreasing . The downward trend is explained in the following figure.

FIGURE 5.34
COVERAGE OF DROP OUT IMMUNIZATION OF DPT / HB1 - MEASLES IN INFANT
IN INDONESIA 2007-2013



Source: DG Center For Disease Control and Environmental Health (CDC&EH), MoH RI, 2014

DO rate of DPT / HB1-measles expected not to exceed 5%. The maximum limit has been met since the year 2010 until the year 2013. In the year 2013 there were 19 provinces with the DO rate of $\leq 5\%$. More detailed data and information about coverage of drop-out rate of DPT / HB1- measles immunization in 2013 are in annex 5.26.

10. Underfive Children Health Care

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 life in general.

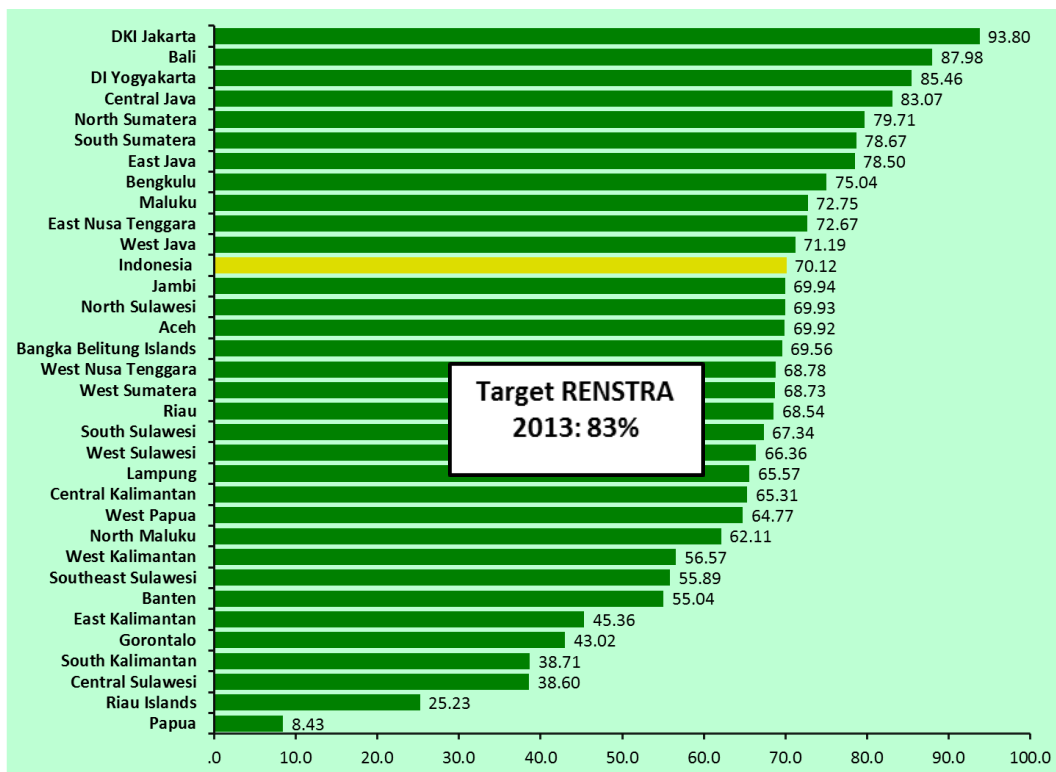
The health of infants and underfive children should be monitored to ensure that it is always at its optimum condition. Therefore, underfive children health care is one of indicators to monitor improvement of overall children health care. This indicator limit children age from 12 until 59 months.

Underfive children health care is conducted by health personnel to perform:

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

Achievement health services indicator of underfive children in 2013 was 70.12% and it did not meet the target of the Strategic Plan in 2013 at 83%. It also decreased compared to the year 2012 achievement at 73.52%. Achievement indicators by province also showed that most of the provinces in Indonesia were less than 83% as shown in the following figure.

FIGURE 5.35
COVERAGE OF UNDERFIVE CHILDREN HEALTH CARE
BY PROVINCE IN 2013



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

The decline occurred from 2012 condition when previously 7 provinces met 2012 target of 81%, but in 2013, there were only 4 provinces appear to have exceeded 2013 target of 83%, namely DKI Jakarta, Bali, DI Yogyakarta, and Central Java, as the shown in Figure 5.39 above. DKI Jakarta has the highest achievements at 93.80%, followed Bali at 87.98%, and DI Yogyakarta at 85.46%. While the province with the lowest achievement is Papua at 8.43%, followed by Riau Islands at 25.23%, and Central Sulawesi at 38.60%. Data and information related to children underfive health care efforts by the province are presented in annex 5.27

11. School Health Program for Elementary School

Going to school is important stages of child development. Many health problems occur in school-age children, such as the implementation of the Clean and Healthy Behaviors (PHBs) like brushing your teeth properly, hand washing with soap, dental caries, worm, refractive errors / visual acuity and nutritional problems. Health services also includes health intervention in children at school age.

School-age children is a strategic target for health programs implementation, because they are large in numbers and also an accessible due to well organized. The objective of this activity is mainly for 1st year students. Medical examination carried out by health workers with other trained personnel [teachers Health School Program (Ind:UKS) / Dental Health School Program (Ind:UKSG) and Dokter Kecil]. Health personnel here are medical personnel, nurses or other clinic staff who had been trained as a specialised personnel for UKS / UKGS. UKS / UKGS Teachers are classroom teachers or teacher appointed to guideUKS / UKGS development in school and have been trained for it. Small doctor or Dokter Kecil are the 4th and 5th year students who have been trained to do first aid and health education.

All of that approaches aim to make earlier learning about hygiene and dental health. Therefore it is expected to increase the students' knowledge of the importance of maintaining oral health and physical health particularly and the environment health generally.

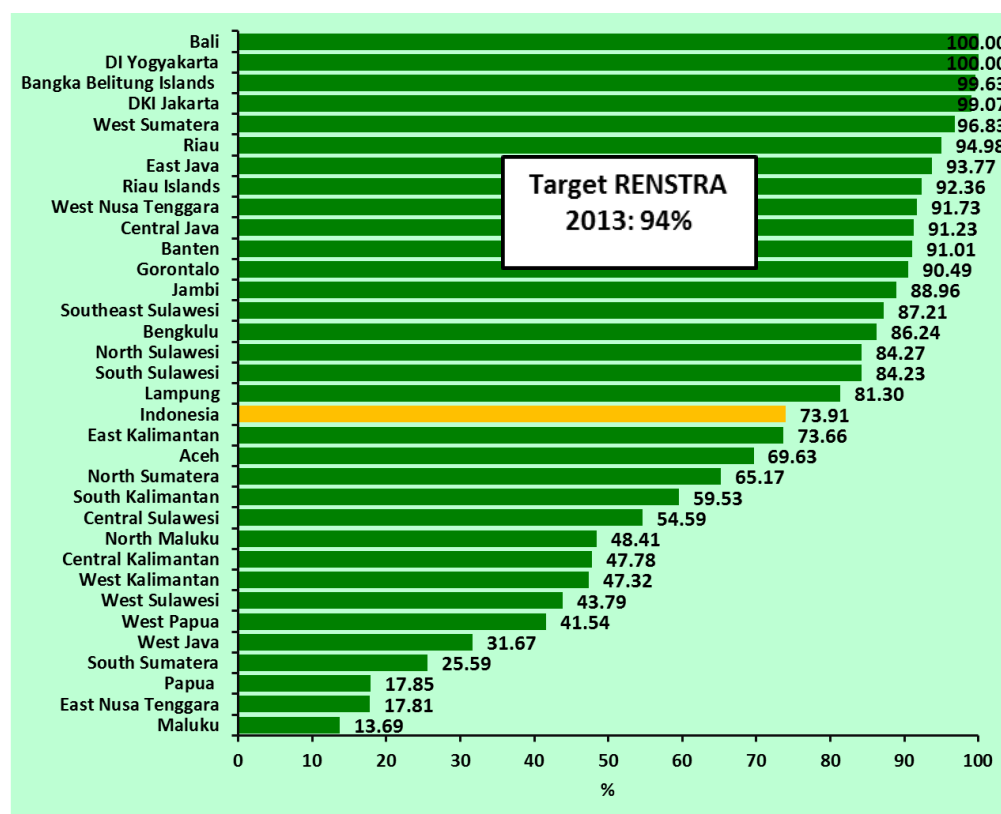
Health screening for 1st year student is typical effort of school health program, which is also one success indicator in evaluation to Ministry of Health Strategic Plan. Health screening activities is conducted, besides for early detection of health problems of school children so then prevention of worse situation can be immediately initiated, it is as well as to obtain information in assessing child development. The result will be taken into consideration into planning, monitoring and evaluation activities of the school health program (Ind:UKS).

Health screening for school health program consist of:

1. Examination of personal hygiene (hair, skin and nails)
2. Examination of nutritional status through anthropometric measurements
3. Examination of sensory acuity (vision and hearing)
4. Examination of oral health
5. Laboratory tests for anemia and worm infestation
6. Measurement of physical fitness
7. Early detection of mental emotional problems.

Health screening was assessed by calculating the percentage of elementary school / MI who perform health screening on all targeted elementary schools. The coverage of health screening for 1st year student in 2013 in Indonesia was 73.91%, and it was decreased compared to coverage in 2012, which was 83.95%. Despite of decreasing, it either have not meet the 2013 Strategic Plan targets at 94%.

FIGURE 5.36
COVERAGE OF ELEMENTARY SCHOOL CONDUCTING HEALTH SCREENING EXAMINATION TO 1ST YEAR STUDENT IN ELEMENTARY SCHOOL BY PROVINCE IN 2013



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




Figure 5.36 shows most provinces have not met the target of 94%, and only 6 provinces who have achieved it: Bali, DI Yogyakarta, Bangka Belitung, DKI Jakarta, West Sumatera, and Riau. There are two provinces with 100% achievement: Bali and DI Yogyakarta. The next are Bangka Belitung at 99.63%, DKI Jakarta at 99.07%, West Sumatera at 96.83%, and Riau at 94.98%. While the lowest achievement were in Maluku province at 13.69%, East Nusa Tenggara at 17.81%, and Papua at 17.85%.

The few number of provinces met the target indicates difficulties in conducting health screening. It can be caused by several problems. The main problem in district is the lack of personnel in the Puskesmas to cover numbers of elementary schools, so health screening takes longer time. Beside that, report management has not been well integrated. Although health networking activities have been carried out in Puskesmas but in some provinces, the manager of school health program comes from different organizational structure so that compromising 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 5.39.

12. Youth Health Care (Ind: PKPR)

Youth Health Care (Ind: PKPR) at the Puskesmas is one of child health effort established through Presidential Instruction. The program, developed in 2003 to improve the knowledge and skills of adolescents about reproductive health, healthy behavior and provide quality health care to adolescents.

Puskesmas with PKPR provide services both indoor and outdoor services school-based or community youth group. Therefore, it can reach all groups of adolescents (10-19 years). Criteria established for Puskesmas 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 at least 2 times a year;
2. Training Youth Health Cadres in school at least covering 10% of students; and
3. Provide counseling services to all adolescents who require counseling by PKPR officers.

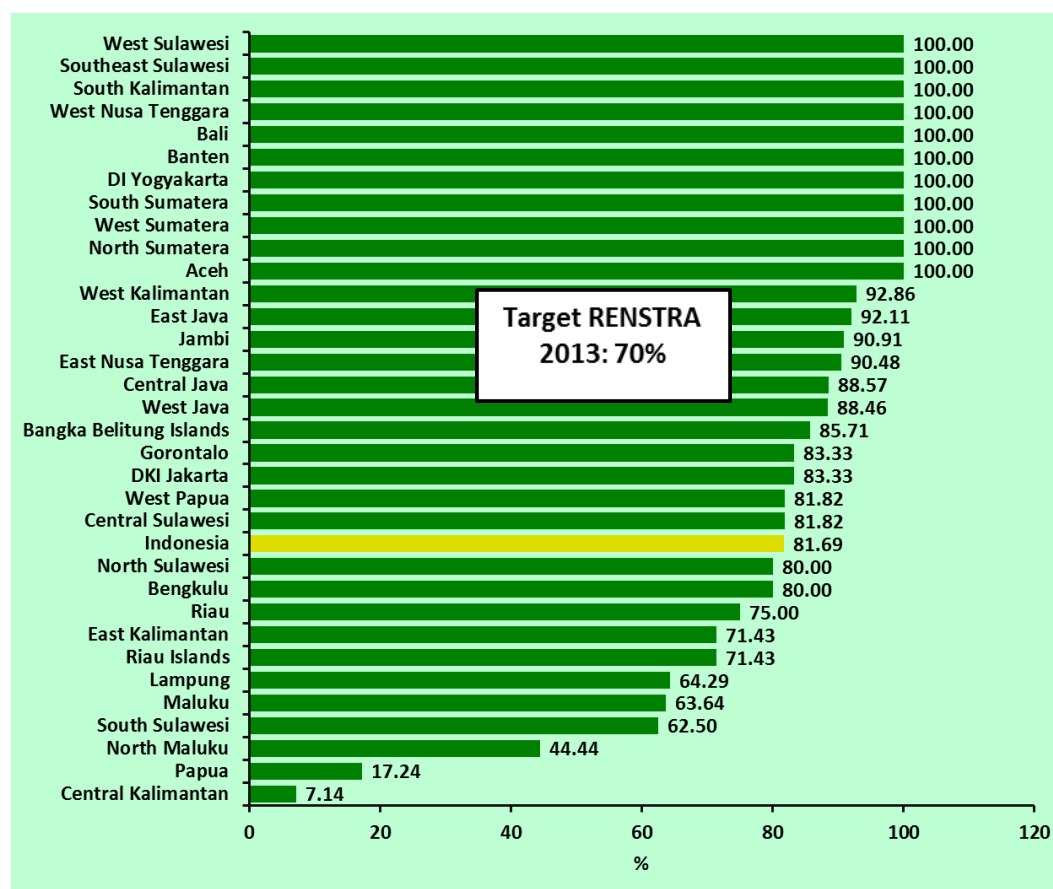
Youth Health Services is a comprehensive effort which emphasizes promotive / preventive actions through health debriefing and psychosocial skill improvement in Healthy Life Skills Education Program (Ind: PKHS). Counseling is typical in PKPR since youth problem is not only physical, but also psychosocial. 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 is also a concern on PKPR program. Therefore, program also empowers youth as peer counselors, who are expected to become agent of change in the group. The peer counselors is highly potential, due to tendency in adolescents to choose peers as a resource to discuss and as reference.

Beside providing information and education, youth health care include health and intellectual development examination, immunization, early detection of possible diseases, first aid and referral for unmanageable cases in school.

The percentage of districts/municipalities with minimum 4 Puskesmas with good PKPR governance in 2013 is illustrated in figure 5.37.

FIGURE 5.37
PERCENTAGE OF DISTRICT / MUNICIPALITIES WITH MINIMUM 4 PUSKESMAS
WITH GOOD PKPR GOVERNANCE BY PROVINCE IN 2013




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

Target of the program is 70%, therefore there are 27 provinces achieved it, while other 6 provinces did not. Percentage of districts/municipalities with at least 4 Puskesmas conducting good PKPR governance in Indonesia 2013 was 81.6%, an increase from the year 2012 which was 77.67%.

Figure above shows 81.69% of districts/municipalities in Indonesia has 4 Puskesmas 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 all districts in the province have had at least 4 Puskesmas with good PKPR governance. Number of districts/municipalities with that criteria in 2013 was 406. The number of Puskesmas with youth health care in 2013 was 3,077 in all 33 provinces. More detailed data and information related to this category is presented in Annex 5.37.

Strategies for success development and implementation of Youth health Care are:

1. Improving Access and Quality of Youth Health Care Implementation
 - Increasing capacity of trained health personnel on youth health care especially in providing counseling. Training at the provincial level supported by decon budget especially for provinces who have reach the target.
 - Development of National Standards of Youth Health Care (PKPR) to continually increase quality of implementation in Puskesmas.



2. Partnership

Cross-Sector and cross-program coordination meeting involving NGOs, donor agencies for increasing commitment, coordination and communication activities related to youth health.

3. Empowerment

- Training of Youth counselors
- Involving youth in the planning and implementation of PKPR

4. Management Support

- Technical Guidance For School-Age and Adolescents Program Management in provincial and district/municipalities.
- Provision and distribution of manuals/guidelines, to provide a reference/guide for program managers in implementing PKPR.
- Provision and distribution of IEC adolescent health media (posters, flip charts, puzzles, card quartets, aprons and reproductive health Panthom).

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

Child is a person who has not turned 18 years old, including children who are still in the womb. All children have the right to 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 protection from violence and discrimination.


Law No. 36 of 2009 Section 131 About Health states that:

- (1) Efforts to infant and child health care must be addressed to prepare healthy, intelligent and quality future generations and to reduce infant mortality and child.
- (2) The child's health care efforts initiated since the child still in the womb, birth, after birth and up to age 18 years.
- (3) Efforts infant and child health care as meant in verses (1) and (2) are the responsibility and liability for the parents, families, communities, and local government.

Of millions of children in the world who do not have full protection, many of those involved in the violence, 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 include: 1) Domestic violence, such as family violence involving either the father, mother and other relatives. Children are often the target of parental anger, 2) family dysfunction, the role of parents is not running as it should. Dysfunction role of the father as the leader of the family and the mother's role as guiding and loving figure, 3) economic factors, such as 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 inspired by the shows of television and other media that spread within the community.

The World Health Organization (WHO) defines child abuse 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 community Puskesmas managing of child abuse and the Integrated Service Center (Ind:PPT) in the hospital for treatment of referral cases. Activities include prevention, detection and treatment of cases including referrals by primary care clinics in collaboration with related *LP / LS* through:

- Services in Integrated Service Center (Ind: PPT) / Integrated Crisis Center (*Ind: PKT*) at hospital / private hospital / Bhayangkara Hospital and
- Women and Children Protection Unit (Ind: UPPA) of the local Police
- Child Protection Agency (Ind: LPA)
- Legal Aid (Ind:LBH)
- Trauma Center Shelter Home (Ind: RPTC),
- Child Social Protection Home (Ind:RPSAs) etc.

Approach to health services in PuskesmasKtA conducted through three aspects which include medical aspects (physical examination, investigation), medicolegal (*Visum et repertum*) and psychosocial (safe house). Case management is multidisciplinary, involving health care agencies, child protection agencies, legal aid organizations, law enforcement agencies and other social institutions, which are formed in the mechanism of networking.

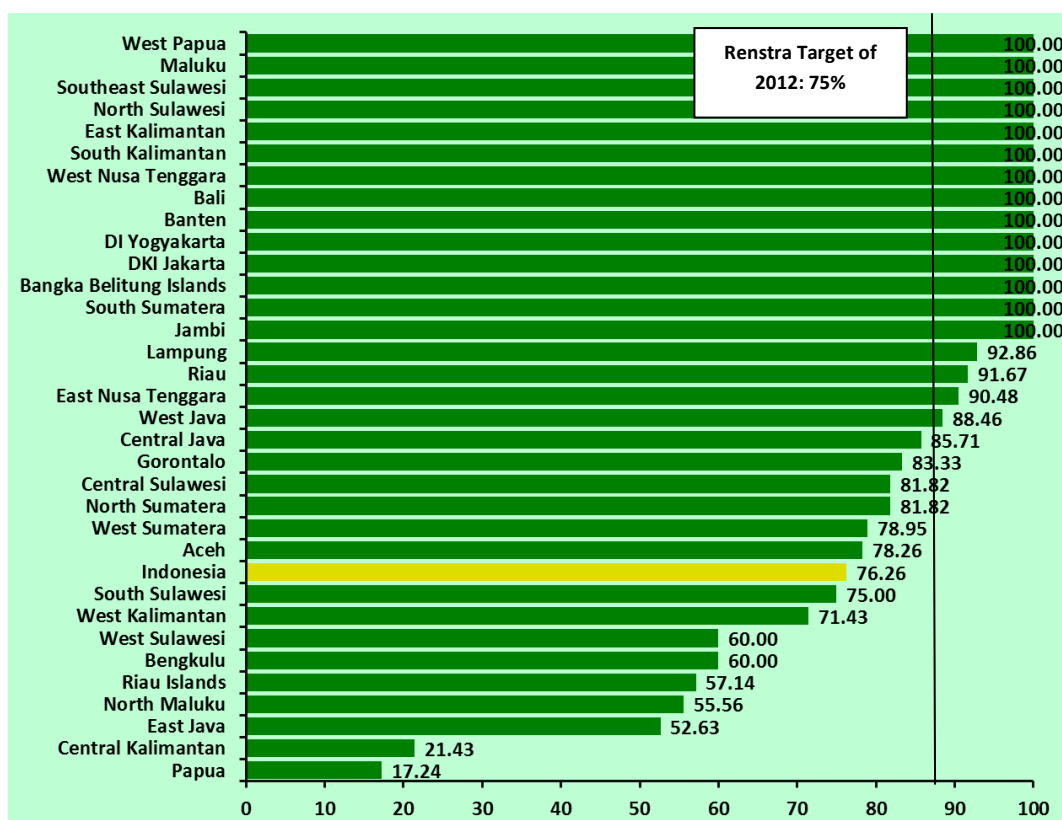
Health services more focused on promotive and preventive efforts such as counseling about the impact of KtA on child development both physically and psychologically through schools programs at UKS and at the community level by educating the social worker mothers (Ind:PKK) and others. In addition, Puskesmas also provide the curative medical care through emergency treatment, rehabilitative services by providing counseling, medicolegal and psychosocial referral service.

KtA program geared to provide access to comprehensive health services at the primary level and referral services. Puskesmas managing KtA program target is each district/municipalities has at least 2 Puskesmas which is able to provide management of KtA. The criteria is to have trained personnel in managing KtA cases, among doctors or dentist and a nurse or midwife and trained to do KtA 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 Puskesmas personnel who conducted the training (TOT) in phases, in order to provide Puskesmas managing KtA using state and deconfunds. In addition, in the year 2012 - 2013, strengthening of referral services at the hospital has been implemented. Coverage of Puskesmas managing KtA in 2013 is involving 1 535 Puskesmas (76.26%) which exceeded the national target of 60% and a spread in 379 districts/municipalities. The target in 2014 is 90%. Currently, 67 general or police hospitals in 28 provinces provide PPT/PKT (as Integrated Services Center for child domestic violence victim) and 34 hospitals in 22 provinces managing emergency service of child domestic violence (KtA) by a trained health worker.

Violence against children is a serious criminal offense in the Code of Criminal Procedure Article 108 verse (3) which states that every government employee knowing events that constitute a criminal offense shall immediately report it to the investigators. To that end, Permenkes number 68 of 2013 has been made on Liability of Health Service providers to provide information on any suspected child abuse. It is expected that with this Permenkes, health workers in the field can work professionally and safely.

FIGURE 5.38
PERCENTAGE OF DISTRICT/MUNICIPALITY WITH MINIMUM 2 PUSKESMAS MANAGING CHILD DOMESTIC VIOLENCE (Ind: KtA) BY PROVINCE IN 2013




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

Figure 5.38 above shows that, in 2013, there were 76.26% of districts/municipalities in Indonesia, which has had 2 Puskesmas managing KtA. In the year 2013 there were 14 provinces with the 100%, as there were 13 provinces in year 2012. 100% achievement in the province means that all districts/municipalities have had at least 2 Puskesmas capable to manage KtA. The provinces are: West Papua, Maluku, Southeast Sulawesi, East Kalimantan, South Kalimantan, NTB, Bali, Banten, DI Yogyakarta, DKI Jakarta, South Sumatera, Jambi and North Sulawesi. Mean while, under achiever provinces (75%) were Papua, Central Kalimantan, East Java, North Maluku, Riau, Bengkulu, West Sulawesi and West Kalimantan. More detailed data and information related to the percentage of districts/municipalities with Puskesmas managing KtA by province is presented in Annex 5.36.

14. Health Services for Neglected Child and Street Children in the Orphanage

Child health efforts are also made to reach out to 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 behavior. 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, diarrhea, skin etc.

Street children have a psychologically negative self-concept, without or lack of confidence, irritability, dependence on others, and emotionally unstable. This condition causes them to be easily influenced by others and tends to do antisocial behavior (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 which may risk them their live 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 promotive, preventive, curative and rehabilitative care. Health worker in Puskesmas is in charge, cooperating with the the relevant sector and NGOs, and providing health services for neglected children and street children.

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

In the year 2013, there were 1,751 Puskesmas provide services to neglected children. Of all those Puskesmas, 1,270 (72.53%) Puskesmas also provide counselling. This was increased from the year 2012, as in 1,003 (57.28%) Puskesmas. Currently number of orphanage monitored by Puskesmas in 33 provinces is 3348 homes. Target of orphanage health services is Puskesmas provide monitoring to orphanage in its working area and conducting referral to hospital as needed. Efforts to improve access to and quality of health services in 2013 are: child health coaching at the orphanage center (Ind:LKSA), Puskesmas coordination meeting for child protection in DKI Jakarta and Children's Health Protection Technical Forum. Puskesmas coordination meeting for child protection in the orphanage 2014involvedLP/LS, professional organizations and NGOs. Data and information related to Puskesmas provides guidance to neglected children can be seen in Annex 5.38.


15. Health Services for Children With Disabilities (Ind: ADD)

Children with disabilities are part of the Indonesian children who need attention and protection by the government, the community and families in accordance with the mandate of Law No. 23 Year 2001 on Child Protection.

Protective effort for children with disabilities is the same as 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. Their child's basic needs are including stimulating, loving and caring (Ind: Asah, Asih, Asuh) obtained through education, 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 Act No. 19 of 2011, Indonesia obliged full implementation of the convention. The general principle of the Convention is to promote the fulfillment 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 to include early detection, stimulation and child development interventions, and congenital hypothyroidism screening, and also involving children with disabilities to become health volunteers in school for person with dissabilities through the school health unit.

ADD program is one program that should be reported together by the Ministry of Health and the Ministry of Foreign Affairs at the International level forum every 4 years, considering that Indonesia has ratified the CRPD.



Development of the program conducted through two approaches, such as health unit (UKS) in special schools and family based ADD health coaching.

Family based ADD health coaching are developed, given that most of ADD are in the community so it is necessary to raise public awareness (community awareness) about the rights of children with disabilities and community empowerment/family/parents, 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 on activities of daily living such as toilet training, personal hygiene including brushing the teeth alone, noticing child development by providing adequate nutrition, recognizing the signs of the disease and prevention efforts, and also providing simple exercises for children to reach their optimum capability.

Targeted of special school coaching by Puskesmas are to do 1 or more health services through special school, such as counseling on child health, health education about the environment, health screening, mosquito nest eradication, immunization, treatment, and others.

In 2013, achievements of the National Action Plan for Human Rights (Ind: RAN HAM) for the development of child health in the special school (Ind: SLB) has been performed 100% in 22 Provinces, such as DKI Jakarta, West Java, Central Java, DI Yogyakarta, East Java, Bali, South Sulawesi, East Kalimantan, West Sumatera, Lampung, Riau, Kalimantan, Banten, South Sumatera, West Nusa Tenggara, North Sulawesi, North Sumatera, Gorontalo, West Kalimantan, Jambi, Bangka Belitung, Riau Islands. Implementation of health unit in special school (Ind:UKS) is based on Guidelines for Child Health Development in special schools for health workers. Activities in the year 2013 were Revision of Module RBM for the disabled child health services and coordination meetings of disabled child health care in special schools (Type A and Type B).


While, in 2014, health services in special school by Puskesmas were carried out in 27 provinces, of 22 prov in 2013 plus 5 new provinces namely, East Nusa Tenggara, Aceh, Bengkulu, Central Sulawesi and North Maluku.

16. Health Services for Child against the Law (Ind: ABH)

Data on ABH is estimated yearly at about 5000-7000 children are in prison for children and adults. ABH in prisons majority are adolescent age (12-18 years) with a variety of health problems that come from either from him/herself or due to the influence of environmental effects, physically and psychologically. The main reason that causes the child was forced to undergo a criminal sentence in prison, are related to 1) the case of drugs (drug), 2) sexual misconduct (molestation, rape), 3) and other criminal problems (theft, murder). ABH with immoral and drug cases are very closely related to adolescent reproductive health issues; this will affects the physical and psychological disorders. Monitoring of child health protection program in 2011-2012 resulted that highest cause of "sexual violence" was found in correctional protege children (Ind: andikpas) in Kupang NTT prison (100%), Gianyar Bali child Prison (70%) and South Sulawesi Prison (50%).

Meanwhile, the description of health problems in the ABH, in general include :

- Infections of skin, such as scabies,
- Respiratory Tract Infections: ARI, TB,
- Adolescent reproductive health issues: Sexually Transmitted Infections (STIs) including HIV & AIDS,
- Drug problems: drugs including cigarettes
- Lacking of sanitary condition of the prison environment



Policies and strategies in the health program for ABH are developed based to the indicators on President Instruction No. 3 of 2010-2011 continued in 2012-2014 which is through health coaching for ABH in prisons/detention and referral Hospital. Activities include counseling and health behavior, child health, environmental health education and health screening, mosquito nest eradication, immunization, treatment, and others.

Target programs are developing Puskesmas which conduct health services in 1 or more prisons. In 2013 this National Action Plan on Human Rights (Ind:RANHAM) achievements has been implemented in 25 provinces at 96%. while in 2014 it was implemented in 29 provinces of 25 provinces in 2013 plus four new provinces namely development of East Kalimantan, DI Yogyakarta, Gorontalo and North Maluku.

C. NUTRITIONAL STATUS

1. Underfive Children Nutritional Status

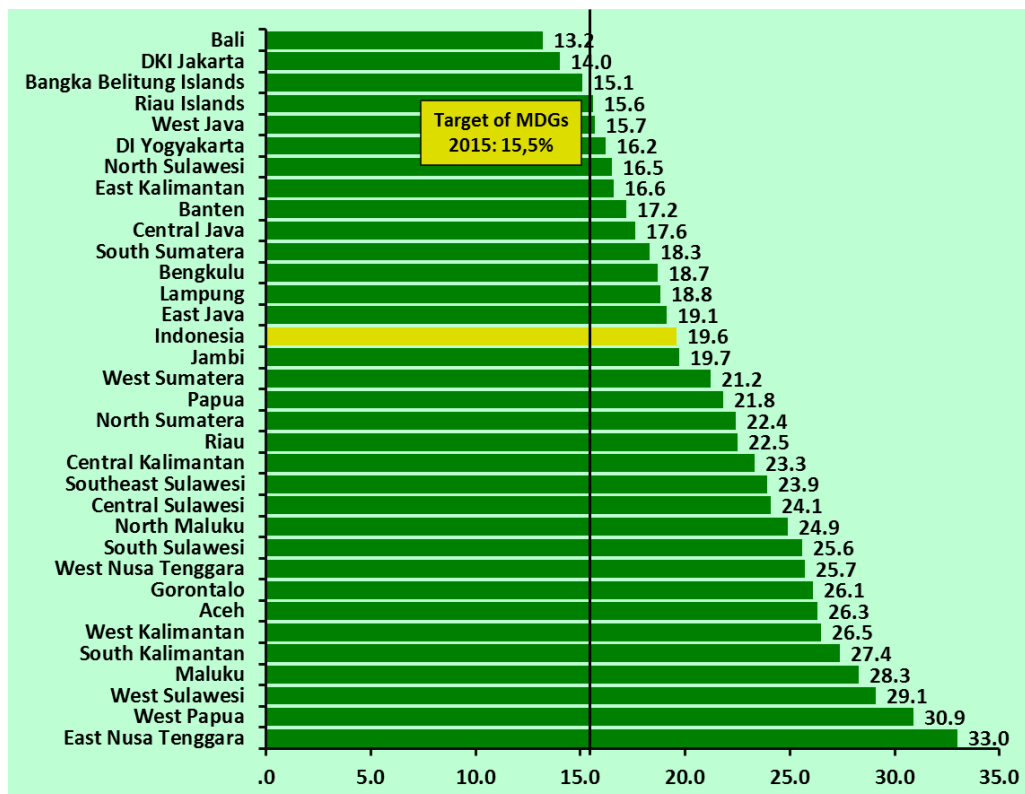
Annually more than one third of child deaths in the world related to malnutrition, which can weaken the body's immunity to disease. Malnourished mothers during pregnancy, or children suffering from malnutrition in the first 2 years of age, will have to compromise disturbed growth, physical and mental development

One of the health indicators in the MDGs indicators is children nutritional status. Underfive children nutritional status was measured by age, body weight (W) and height (H). The variables age, W and H is presented in the form of three anthropometric indicators, namely: weight for age (W/A), height for age (H/A), and weight for height (W/H). Indicators of nutritional status based on index weight/age indicates nutritional problems in general. This indicator does not provide an indication of the chronic or acute nutritional problems, because the weight was positively correlated with age and height. Therefore, low weight can be caused by short stature (chronic malnutrition) or suffering from diarrhea or other infectious diseases (acute malnutrition).

According to Riskesdas2013, underfive children with underweight problem was 19.6%, consist of 5.7% severe cases and 13.9% moderate cases. There was 4.5% overweight problem. Compare to underweight achievement in 2007 at 18.4% and 2010 at 17.9%, the prevalence in 2013 was increasing. Underweight children in 2010 consisted of 13.0% moderate and 4.9% severe cases. Changes occurred especially on the prevalence of moderate cases of 5.4% in 2007, 4.9% in 2010, and 5.7% in 2013. To reach MDGS target by 2015 at 15.5%, prevalence of underweight nationally must be reduced by 4.1% in the period 2013 to 2015.

Description of underweight in underfive children by the year 2013 were explained the figure below.

FIGURE 5.39
PERCENTAGE OF UNDERWEIGHT IN UNDERFIVE CHILDREN
BASED ON WEIGHT BY AGE (W/A) BY PROVINCE, RISKESDAS YEAR 2013



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

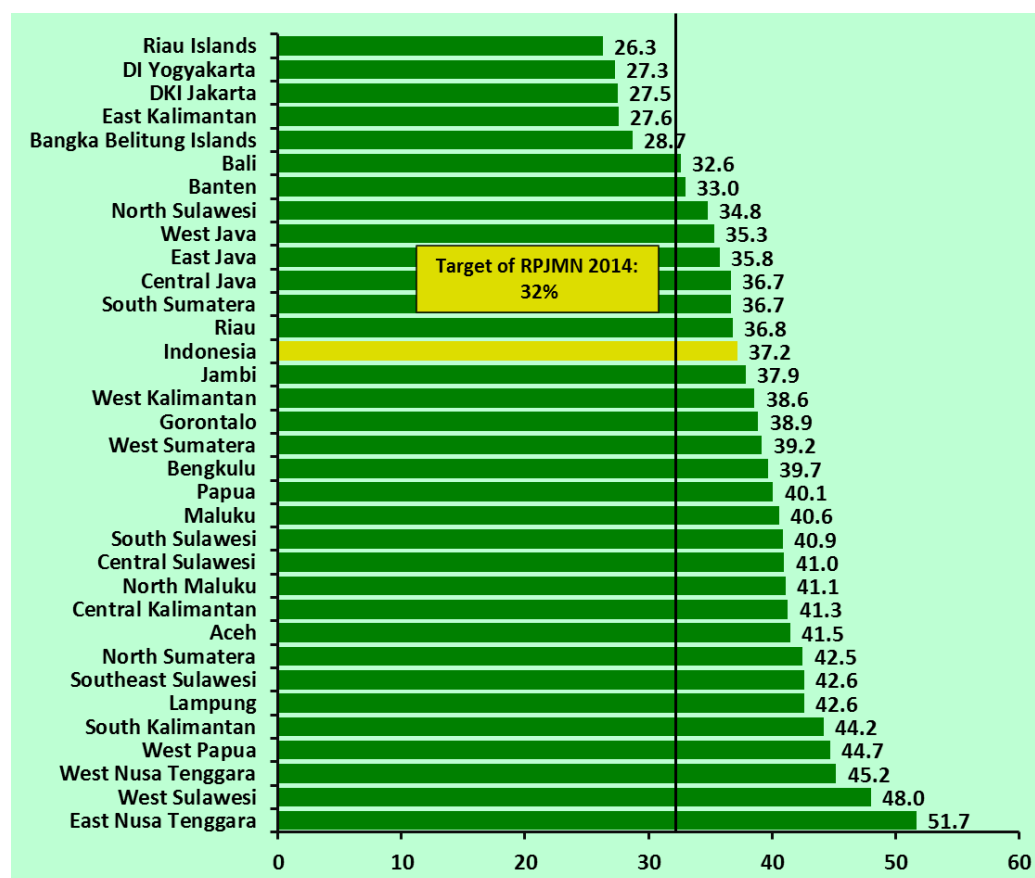
Among 33 provinces in Indonesia, 19 provinces have prevalence of underweight children above national prevalence rate ranging from 19.7% to 33.1%. Based on the MDGs targets by 2015, there are three provinces which prevalence of underweight children has reached the target, namely: (1) Bali (13.2%), (2) DKI Jakarta (14.0%), (3) Bangka Belitung (15.1%). Serious public health problem is considered when the prevalence of underweight children underfives is between 20.0 to 29.0%, and is considered very high when $\geq 30\%$ (WHO, 2010). In 2013, the national prevalence of underweight children underfive years of 19.6%. It means problem of underweight in underfive children in Indonesia is still a public health problem and approaching a high prevalence. Two provinces included in high prevalence categories are West Papua and East Nusa Tenggara (33.0%).

Other nutritional indicators is height for age (H/A) which gives an indication of the chronic malnutrition as a result of long-standing inappropriate condition. For example: poverty, unhealthy lifestyle behaviors, and poor parenting/feeding since child born since which resulted in the short stature in child. Indicators of nutritional status based on Weight/Height index indicates acute malnutrition as a result of risk events that occur in short time. For example: an outbreak of disease and starvation which resulted in the child become wasted. Weight/height and BMI/Age indicators are used for identification of wasting and obese. Wasting or obese problem in early age may risk of various degenerative diseases in adulthood.

In 2013, there were 37.2% of infants with stunting, consists of 18.0% severely stunted and 19.2% stunted underfive children. Compared to result in 2010, there was increase in the percentage of stunting in 2013 from 35.6% to 37.2%. There was decrease in the prevalence of severely stunting from 18.8% in 2007 and 18.5% in 2010. Stunting prevalence increased from

18.0% in 2007 to 19.2% in 2013. Overview of stunting underfive children in 2013 is in the following figure.

FIGURE 5.40
PERCENTAGE OF STUNTING UNDERFIVE CHILDREN
BASED ON HEIGHT/AGE (H/A) BY PROVINCE, RISKESDAS 2013



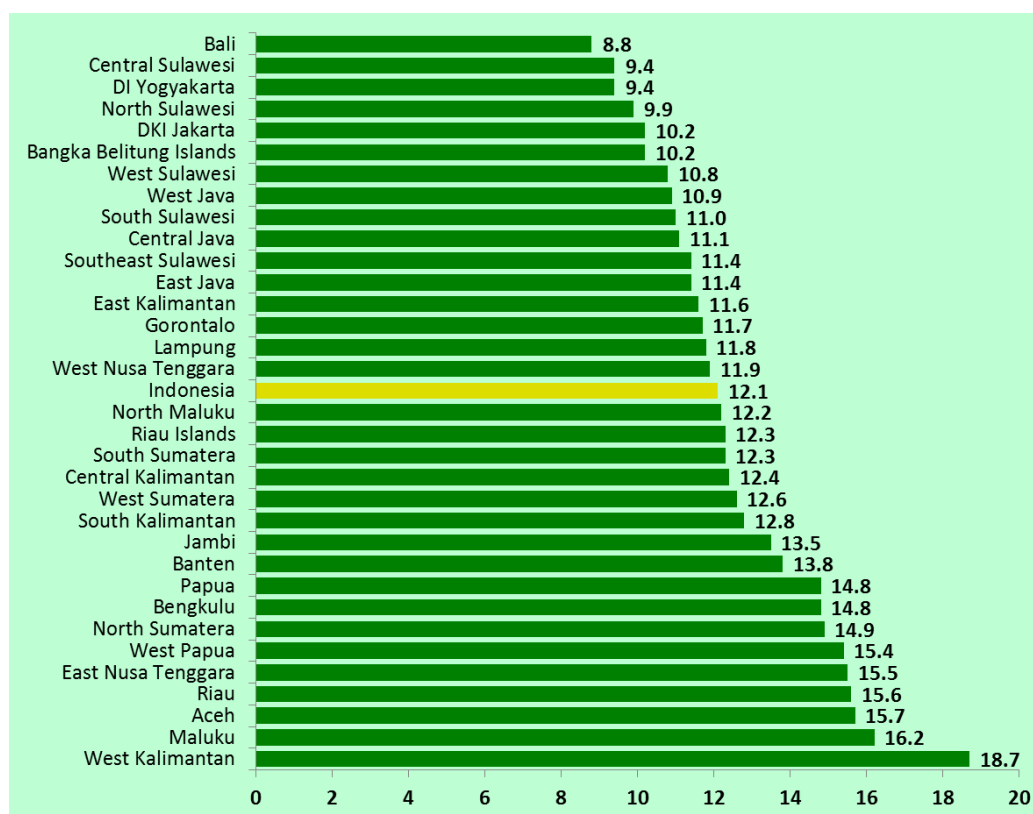
Source: National Institute for Health Research Development (NHRD), Ministry of Health RI, Riskesdas, 2013

Low prevalence of stunting underfive children was found in Riau Islands (26.3%), DI Yogyakarta (27.3%), and DKI Jakarta (27.5%). While highest prevalence of stunting was found in East Nusa Tenggara (51.7%), West Sulawesi (48.0%) and West Nusa Tenggara (45.2%).

It is considered a public health problem when the prevalence of stunting are by 30-39% and becoming severe problem when it is more than 40% (WHO 2010). There were 13 provinces has stunting public health problem, and 15 provinces has severe problem. The 15 provinces are: Papua (40.1%), Maluku (40.6%), South Sulawesi (40.9%), Central Sulawesi (41.0%), North Maluku (41.1%), Central Kalimantan (41.3%), Aceh (41.5%), North Sumatera (42.5%), South East Sulawesi (42.6%), Lampung (42.6%), South Kalimantan (44.2%), West Papua (44.7%), West Nusa Tenggara (45.2%), West Sulawesi (48.0%). and East Nusa Tenggara (51.7%).

Other indicators of child nutrition status is wasting (weight/height). In 2013, there were 12.1% wasting underfive children consist of 6.8% moderate cases and 5.3% severe cases. Overview of wasting in underfive children in 2013 are in the following figure.

FIGURE 5.41
PERCENTAGE OF WASTING IN UNDERFIVE CHILDREN BASED ON WEIGHT BY HEIGHT (w / h)
BY PROVINCE, RISKESDAS YEAR 2013



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

The prevalence of wasting was decreasing compare to 2010 at 13.3%. The prevalence of severe wasting nationally in 2013 is still quite high at 5.3%, despite it was decrease compared to 2010 (6.0%) and 2007 (6.2%). Similarly, the prevalence of moderate wasting also showed a decrease at of 6.8 % compare to 7.3 % (2010) and 7.4% (2007).

There are 17 provinces where wasting is above the national prevalence, from higher to lower prevalence are: West Kalimantan, Maluku, Aceh, Riau, East Nusa Tenggara, West Papua, North Sumatera, Bengkulu, Papua, Banten, Jambi, South Kalimantan, Sumatera West, South Sumatera, Central Kalimantan, Riau and North Maluku.

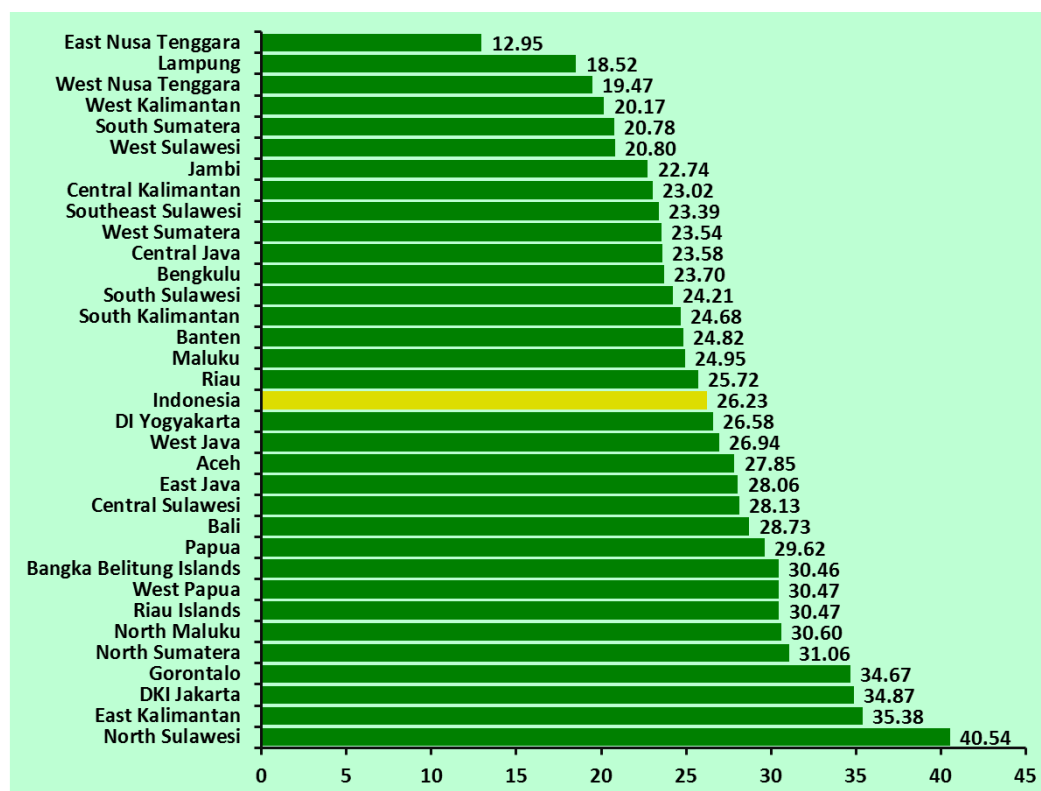
Public health problem is considered serious if the prevalence of wasting is 10-14%, and critical if $\geq 15,0$ percent (WHO 2010). In 2013, the national prevalence of wasting in underfive children was 12.1 percent, which means wasting in Indonesia is still a serious public health problem. Among the 33 provinces, there are 23 provinces are categorized as serious, and 6 provinces including critical categories, among others are West Kalimantan, Maluku, Aceh and Riau

2. Nutritional Status Of Adult Population

Nutritional status of adults in the age group > 18 years of age can be determined by the prevalence of malnutrition based on indicators of body mass index (BMI). Nutritional status of groups of adults aged 18 years is dominated by the problem of obesity, although the problem of underweight is still quite high. Riskesdas 2013 showed that the prevalence of obesity in the adult group was 14.76% and overweight was 11.48%. In total, prevalence of overweight in adult group was 26.23%. While the prevalence of underweight in the adult was 11.09%.

The prevalence of obese adult male by the year 2013 was 19.7%, higher than in 2007. In 2013, the prevalence of obesity in adult women is 32.9%, increasing up to 18.1% from 2007 (13.9%) and up to 17.5% from 2010 (15.5%). In overall adult population, overweight is higher in women than men. The average prevalence of overweight are relatively high at the age of 35-59 years in men and women. At that age, about one-third are overweight in the group of women and about a one-fifth in the male group.

FIGURE 5.42
PERCENTAGE OF OVERWEIGHT IN ADULT POPULATION
BY BODY MASS INDEX BY PROVINCE, RISKESDAS 2013



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

According to Riskesdas2013, province with lowest prevalence of overweight in the > 18 year old population were East Nusa Tenggara (12.95%), Lampung (18.52%), West Nusa Tenggara (19.47%). Province with the highest prevalence were North Sulawesi (40.54%), East Kalimantan (35.38%), and DKI Jakarta (34.67%).

Lowest prevalence of underweight were in North Sulawesi (5.6%) and highest in East Nusa Tenggara (19.5%). Twelve provinces with a underweight above the national prevalence were Central Kalimantan, West Sulawesi, West Sumatera, East Java, Maluku, Central Java, Banten, South Sulawesi, West Nusa Tenggara, South Kalimantan, Central, and East Nusa Tenggara.

Lowest prevalence of obesity were in East Nusa Tenggara (6.2%) and highest in North Sulawesi (24.0%). Sixteen provinces with obesity above the national prevalence were West Java, Bali, Papua, DI Yogyakarta, Aceh, Central Sulawesi, East Java, Bangka Belitung, North Sumatera, West Papua, Riau Islands, North Maluku, East Kalimantan, DKI Jakarta, Gorontalo and North Sulawesi.



Based on the characteristics, problems of obesity tend to be higher in populations living in urban, better educated and the highest economic status groups. Details of nutritional status of infants and adults by province can be seen in Annex 5.42 to 5.46.



SIKDA Generik training

The logo consists of the letters 'WVI' in a large, bold, serif font. The letters are filled with a gradient of colors, transitioning from a dark purple at the top to a bright yellow at the bottom. The letters have a slight shadow and are set against a background of a blue sky with white clouds. A large, curved, teal-colored shape is on the right side of the image, partially overlapping the letters.

WVI

DISEASE CONTROL
&
ENVIRONMENTAL HEALTH



CHAPTER VI

DISEASE CONTROL AND ENVIRONMENTAL HEALTH

Chapter 6 discusses two points: disease control and environmental health. Data on the disease control consists of infectious and non-infectious diseases. Infectious diseases consist of direct infectious disease and animal-vector transmitted diseases. Disease conditions, such as morbidity and mortality are indicators to assess the health status of a community.

A. DISEASE CONTROL

Besides discussing the disease control as the priority of national health development, this section also covers disease control specific to tropical areas, such as mosquito vector and neglected diseases like Filariasis.

1. Infectious Diseases

a. Pulmonary 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/mortality (defined as the number of deaths from tuberculosis in a given period).

i. New cases of positive AFB

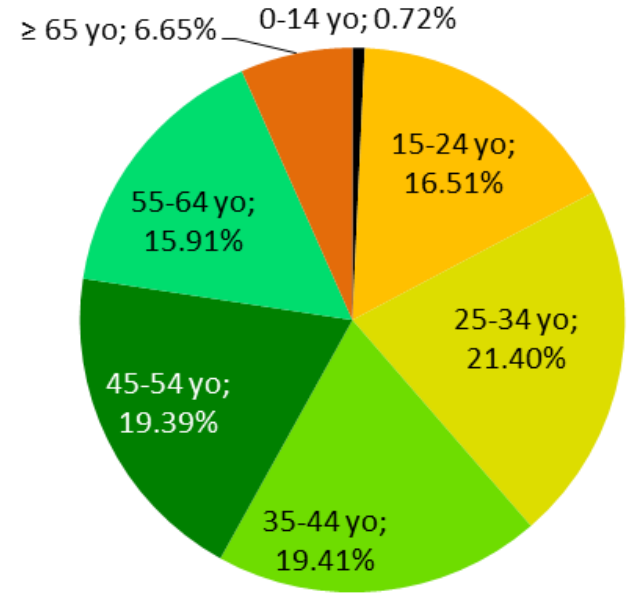
In 2013, number of new cases of positive smear (AFB +) was 196,310 cases; it decreased when compared to the number of cases in 2012, which was 202,301 cases. The highest number of cases was reported in the province with a large population, such as West Java, East Java and Central Java. AFB + new cases 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 North Sumatra, where male cases doubled women cases.

By age group, new cases are found mostly in age group of 25-34 years old at 21.40%, followed by group of 35-44 years old at 19.41%, and group of 45-54 years old at 19.39%. The proportion of AFB + cases by age group can be seen in Figure 6.1 below.



FIGURE 6.1
PROPORTION OF AFB+ NEW CASES BY AGE GROUP
YEAR 2013



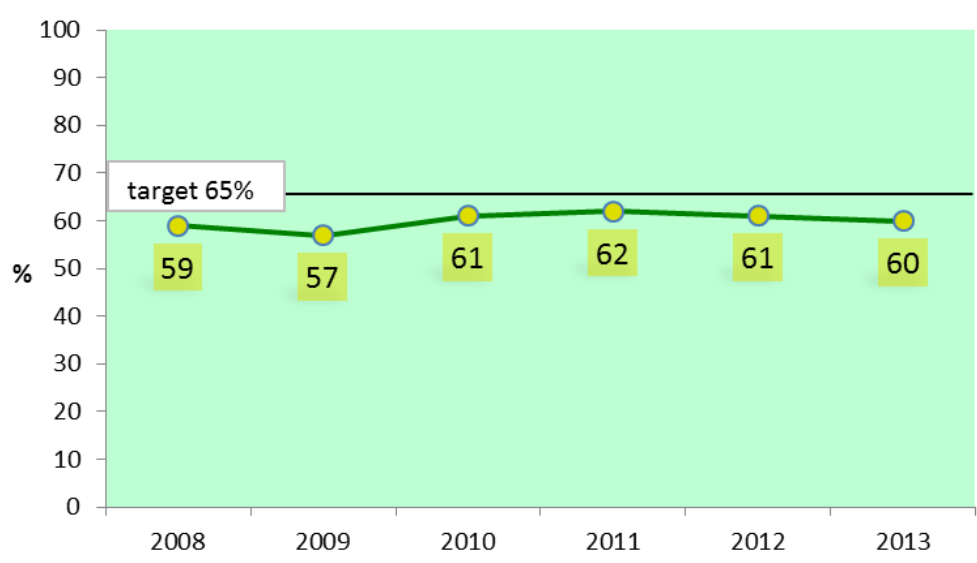
Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Figure 6.1 shows that 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.

ii. The 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. It 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).

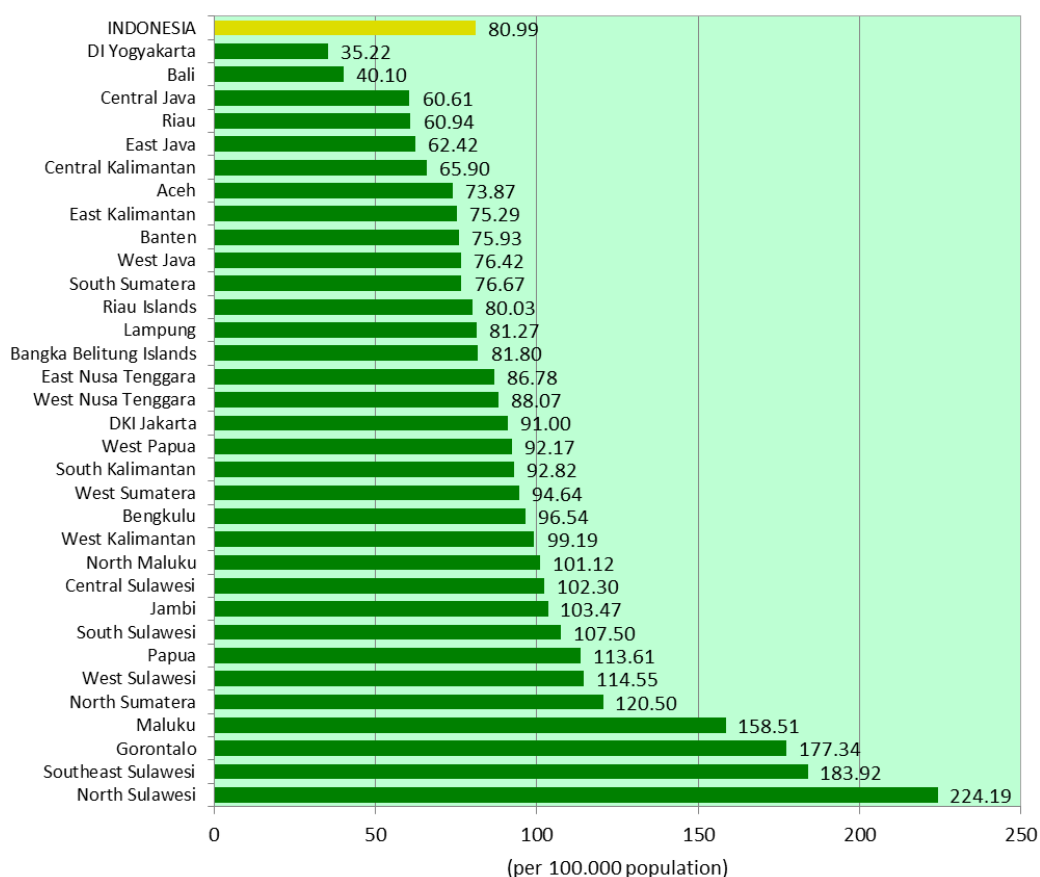
FIGURE 6.2
PROPORTION AFB + AMONG THE WHOLE CASE OF PULMONARY TB
IN INDONESIA 2008-2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Figure 6.2 shows that until 2013, the proportion of new smear + patients among the entire cases has not reached the expected target yet even though it is not far too lower than the minimum target of 65%. This indicates a lack of priority to find AFB + cases. However, 18 provinces (54.55%) have reached the target. Yet, West Papua, Jakarta and Papua are those among the lowest cases of new smear + patients which proportion was below 40%.

FIGURE 6.3
PROPORTION OF AFB + AMONG WHOLE CASE OF PULMONARY TB
BY PROVINCE YEAR 2013



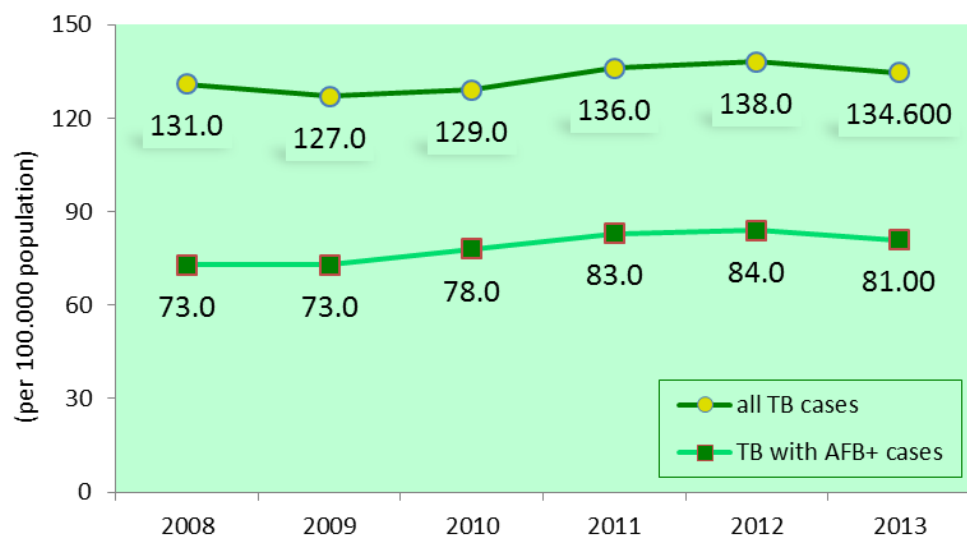
Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

iii. 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 and 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 2013 was 81.0 per 100,000 populations.

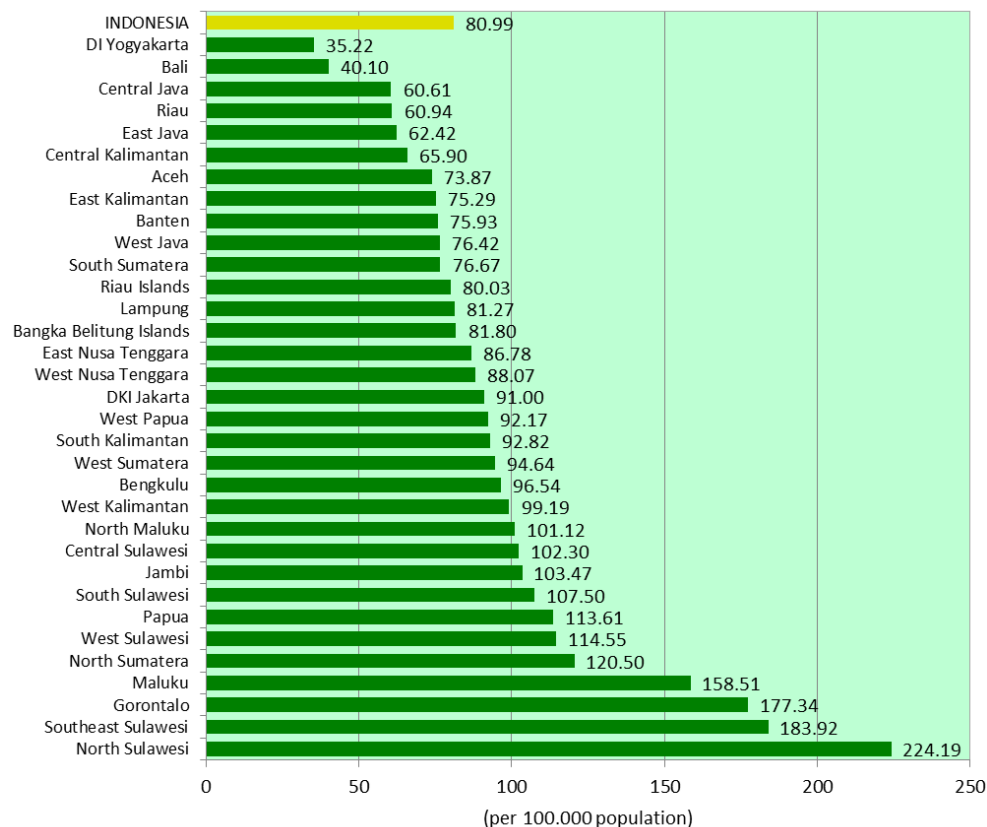
FIGURE 6.4
CASE NOTIFICATION RATE OF AFB+ AND ALL PULMONARY TB CASES
PER 100.000 POPULATION, YEAR 2008-2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Following figure 6.5 shows number of notification rate or CNR AFB+ by province in the year 2013.

FIGURE 6.5
NOTIFICATION RATE OF AFB+ PULMONARY TB CASES
PER 100.000 POPULATION BY PROVINCE YEAR 2013

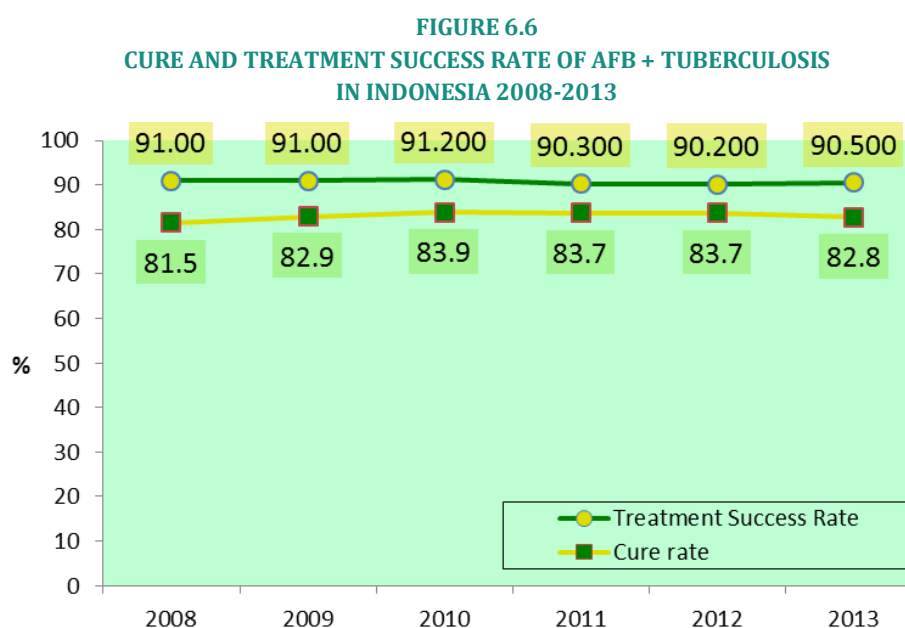


Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

The lowest CNR AFB+ was in DI Yogyakarta (35,2), Bali (40,1), and Central Jawa (60,6). Meanwhile, the highest were in North Sulawesi (224,2), South East Sulawesi (183,9), and Gorontalo (177,3).

iv. 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.



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Figure 6.6 shows the development of the treatment success rate from 2008 to 2013. In 2013 the treatment success rate in Indonesia was 90.5%. It means in 2013, Indonesia has achieved the standard set by WHO which up to 85%.

Meanwhile, the Ministry of Health sets minimum 87% of the treatment success rate in 2013 on the Strategic Plan. Based on that, the achievement of treatment success rate in 2013 that reached 90.5% has covered the strategic plan targets.

More detailed tuberculosis information by province can be seen in Annex 6.1-6.5.

v. Prevalence of tuberculosis

According to Riskesdas 2013, the prevalence of Tb based on diagnosis is 0.4% of the population. In other words, per 100,000 populations in Indonesia, there were 400 cases of tuberculosis diagnosed by medical personnel. Tb lung disease symptom was questioned to respondents for ≤ 1 year period, based on diagnosis made by health personnel through sputum examination, chest x-ray or both. There is no differences between Riskesdas 2013 and 2007 which resulted pulmonary tuberculosis prevalence rate by 0.4%.

Nationally, the prevalence of pulmonary tuberculosis based on more than 2 weeks cough symptoms was 3.9% and the prevalence of pulmonary TB based on blood coughing symptoms was 2.8%.

Provinces with the highest diagnosis on prevalence of pulmonary tuberculosis are West Java at 0.7%, 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%.

Based on the characteristics, the higher age group, the higher prevalence of pulmonary tuberculosis (diagnosis). Yet, this is not including the age group 1-4 years with a high prevalence (0.4%). Conversely, based on education level, the higher the education level, the lower the prevalence of pulmonary tuberculosis (diagnosis).

The following table shows the prevalence of pulmonary tuberculosis based on diagnosis and symptoms according to the characteristics of age, gender, education, and residence.

TABLE 6.1
PREVALENCE OF PULMONARY TB BASED ON DIAGNOSIS AND SYMPTOM
BASED ON CHARACTERISTIC, RISKESDAS 2013

Characteristics	Diagnosis Pulmonary TB (%)	Symptoms of pulmonary TB (%)	
		Cough \geq 2 weeks	Coughing up blood
Age group (years)			
<1	0.2	3.6	1.3
1-4	0.4	3.3	1.5
5-14	0.3	3.4	2.2
15-24	0.3	3.7	3.0
25-34	0.3	4.5	2.9
35-44	0.3	5.6	3.4
45-54	0.5	6.6	3.4
55-64	0.6	7.0	3.7
65-74	0.8		
\geq 75	0.7		
Sex			
Male	0.4	4.2	3.1
Women	0.3	3.7	2.6
Education			
Never have education in school	0.5	5.6	3.6
Not graduated from primary school/ MI	0.4	4.5	3.0
Graduated from elementary / MI	0.4	4.1	3.7
Graduated from Junior High School / MTs	0.3	3.5	2.7
Graduated from High School / MA	0.3	3.2	2.3
Finish Diploma 1-3 / University	0.2	2.9	2.6
Place of residence			
Urban	0.4	3.6	2.3
Rural	0.3	4.3	3.3
Total	0.4	3.9	2.8

Prevalence of pulmonary tuberculosis in men is 0.4%, higher than women at 0.3%. The prevalence of pulmonary TB in urban areas was 0.4%, higher than in rural areas at 0.3%.

b. HIV & AIDS

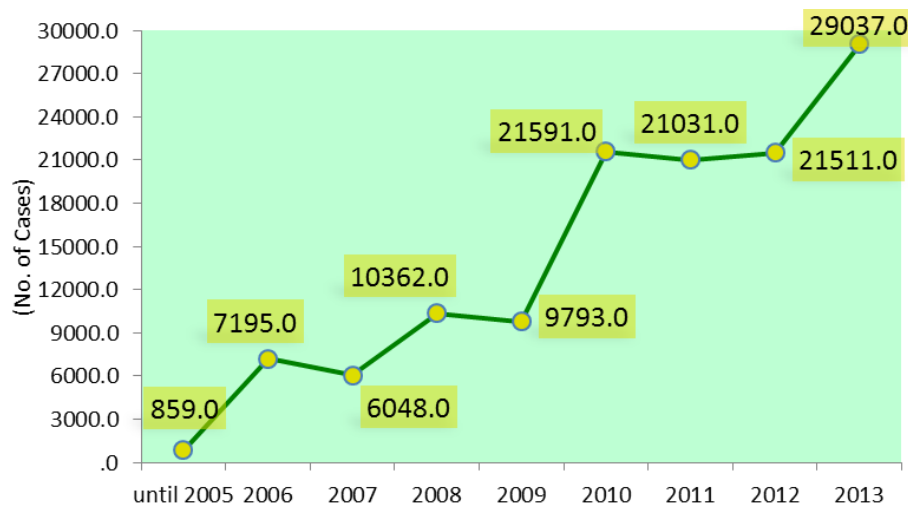
HIV / AIDS is an infectious disease caused by the human immunodeficiency virus that attacks the immune system. The infection decreases the patient's endurance, so that he is very easy to be infected by a wide range of other diseases.

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 (IBBS).

i. The number of HIV positive and AIDS

After three sufficient, and stable consecutive years (2010-2012), the development of new cases number of HIV positive in 2013 have increased significantly, with an increase of 35% compared to 2012. The development of HIV-positive until 2013 is presented in Figure 6.7 below .

FIGURE 6.7
NUMBER OF HIV POSITIVE NEW CASES
IN INDONESIA UNTIL THE YEAR 2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Mapping of the HIV epidemic in Indonesia is divided into five categories, which are <90 cases, case 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
EPIDEMY MAP OF HIV IN INDONESIA
YEAR 2012



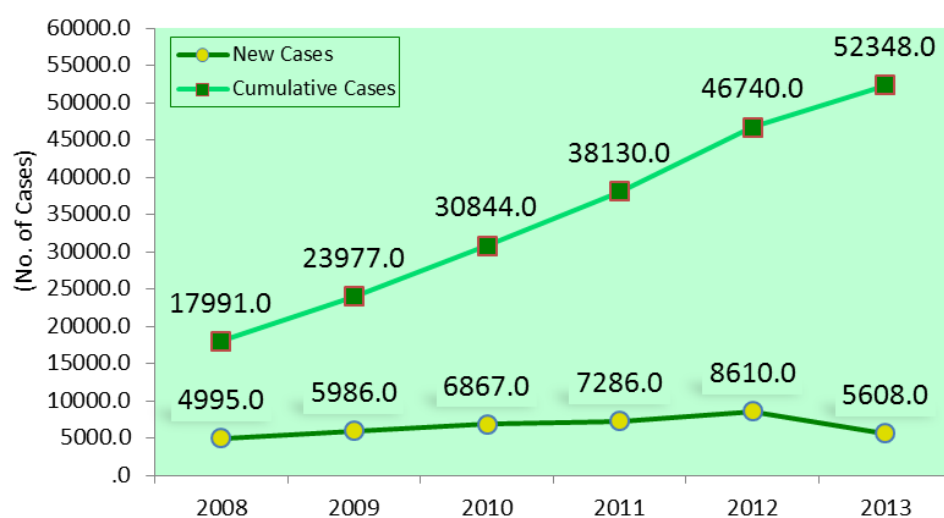
Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Figure 6.8, shows that more than two-thirds of five provinces (14 provinces) in Indonesia has a number of HIV cases > 440, covering the entire province of Papua, the island of Java and Bali as well as some provinces in Sumatra, Kalimantan, and Sulawesi. The number of HIV cases in that group endow nearly 90% of the total number of HIV cases in Indonesia. Provinces with the highest HIV are Jakarta, Papua, and East Java.

There are 6 provinces attain less than 90 cases of HIV. West Sulawesi did not even report any new cases of HIV positive in 2013.

The following figure shows the case of new and cumulative AIDS cases that occurred until 2013.

FIGURE 6.9
NUMBER OF NEW CASES AND CUMMULATIVE NUMBER OF AIDS PATIENT
DETECTED FROM VARIOUS HEALTH CARE FACILITIES
IN INDONESIA UNTIL YEAR 2013

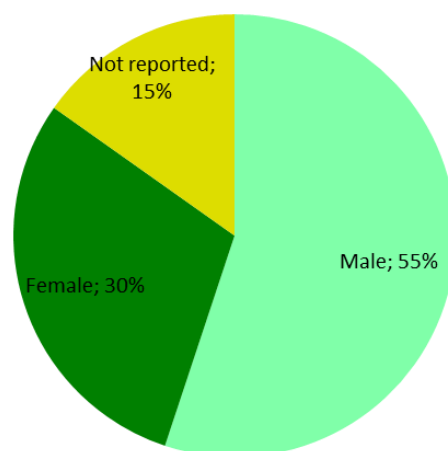


Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Picture 6.9 above shows an increase trend of new cases finding until 2012. Yet, in 2013, there was a decline of AIDS new cases at 5,608 cases. Cumulatively, AIDS cases until 2013 were 52,348 cases.

By sex in 2013, AIDS new cases percentage in men was 1.9 times greater than in female, as described below.

GRAPH 6.10
PROPORTION OF NEW AIDS CASES BY SEX
IN INDONESIA 2013

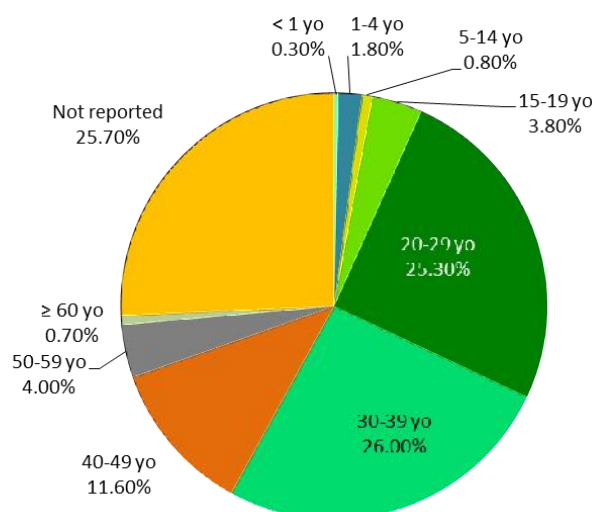


Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Patients with AIDS in men were 55.1% and in women were 29.7%. Meanwhile, 15.2% of AIDS patients sex were unknown. Jakarta was the province 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
NEW AIDS CASES PERCENTAGE BY AGE GROUP
IN INDONESIA 2013



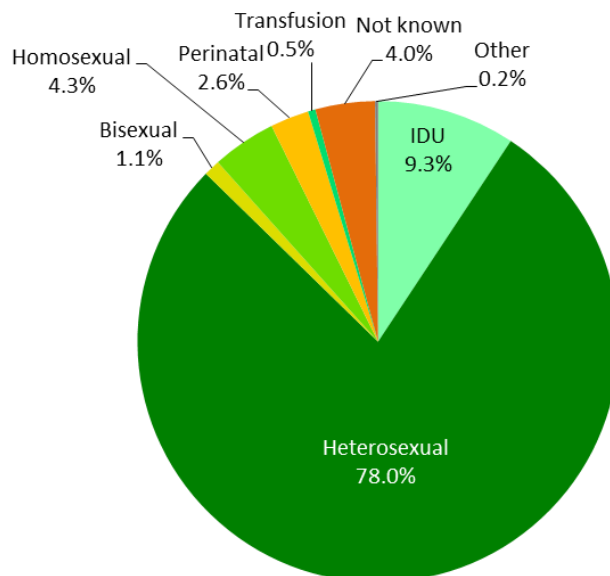
Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Figure 6.11 showed that 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 modes of transmissions: 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 modes of transmissions.

FIGURE 6.12
PERCENTAGE OF AIDS CASES BY RISK FACTORS
IN INDONESIA 2013



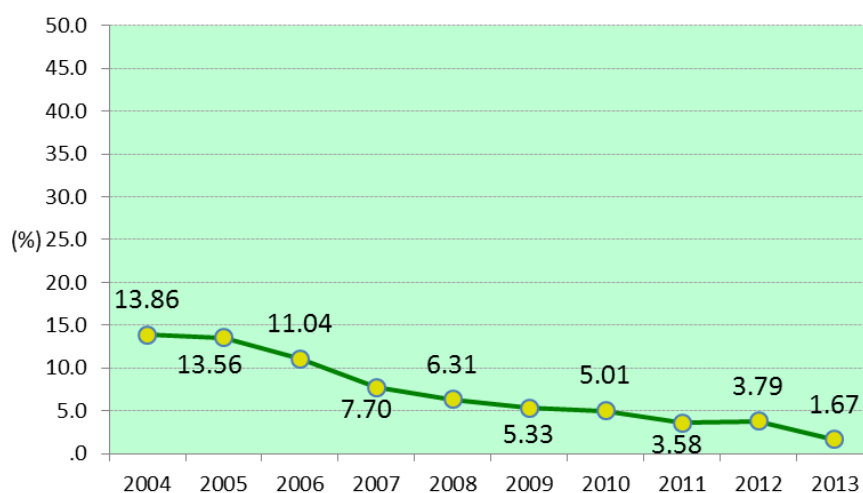
Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Figure above shows that heterosexual intercourse still becomes the highest percentage of AIDS transmission cases, at 78%, followed by IDU or *Injecting Drug Users* (IDUs) at 9.3% and homosexual at 4.3%.

ii. The death rate of AIDS

The trend of Case Fatality Rate of AIDS since 2004 tends to decrease as seen on the following Figure 6.13. In 2013 CFR AIDS in Indonesia was 1.67%.

FIGURE 6.13
REPORTED CASE FATALITY OF AIDS
IN INDONESIA YEAR 2004-2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

iii. Knowledge about HIV/AIDS

Knowledge is important domain to establish one's actions. Research and experience show that someone's behavior based knowledge is better than without knowledge.

Demographic Health Survey 2012 result showed that the percentage of women aged 15-49 years who have got information about HIV AIDS was 76.7%. While married men aged 15-54 years was 82.3%. The following table shows the percentage of respondents who have known HIV AIDS by background characteristics.

TABLE 6.2
PERCENTAGE OF MARRIED WOMEN AGED 15-49 YEARS AND MEN AGED 15-54 YEARS¹ EVER HEARD ABOUT HIV AIDS BY BACKGROUND CHARACTERISTICS IN 2012

Background characteristics	Age Group (Years)	
	Women	Men
Age		
15-24	84.4	83.8
15-19	84.8	79.6
20-24	84.0	84.1
25-29	82.2	85.4
30-39	78.3	88.9
40-49	62.8	79.6
50-54	tad	68.2
Marital status		
Not married	88.2	tad
Ever had sex	82.6	tad
Never had sex	88.3	tad
Married or living together	74.3	82.3
Divorced / widow / widower	62.6	Tad
Place of residence		
Urban	87.0	91.5
Rural	65.6	72.8
Education		
No formal education	88.2	tad
Unfinished primary school	82.6	tad
Elementary school	88.3	tad
Unfinished High School	74.3	82.3
Graduated High School	62.6	tad
Total	76.7	82.3

tad = not applicable

¹ Including the status of men living together

Table 6.2 shows that the percentage of people who have ever known of HIV AIDS in urban areas is higher than in rural areas, both in women and married men. The percentage of women who have heard about HIV-AIDS increased based on their education level.

DHS 2012 results also show that the percentage of women aged 15-49 knowing how to reduce the risk of HIV AIDS by using condoms and limiting sex to one partner was 37.3%. While married men aged 15-54 years who have the same knowledge was 49.1%. The following table shows the percentage of respondents knowing how to reduce HIV-AIDS by background characteristics.

TABLE 6.3
PERCENTAGE OF WOMEN AGED 15-49 YEARS AND MARRIED MEN AGED 15-54 YEARS ¹
KNOWING HOW TO REDUCE THE RISK OF HIV AIDS TRANSMISSION
BY BACKGROUND CHARACTERISTICS YEAR 2012

Background characteristics	Percentage of women who say HIV-AIDS can be avoided by:			Percentage of men who say HIV-AIDS can be avoided by:		
	Using a condom ²	Limiting sex to one partner only ³	Using condoms and limiting sex to one partner only ³	Using a condom ²	Limiting sex to one partner only ³	Using condoms and limiting sex to one partner only ³
Age						
15-24	44.5	62.5	38.2	53.2	63.2	44.2
15-19	40.5	61.0	34.3	61.1	62.3	58.4
20-24	49.0	64.0	42.5	52.6	63.3	43.0
25-29	47.6	62.5	41.4	60.9	63.8	50.4
30-39	45.9	60.4	40.5	65.8	69.6	55.8
40-49	34.6	45.8	30.0	56.3	60.1	47.3
50-54	tad	tad	tad	tad	49.8	35.8
Marital status						
Not married	46.4	65.9	40.0	tad	tad	tad
• Ever had sex	50.9	62.5	46.2	tad	tad	tad
• Never had sex	46.3	66.0	39.9	tad	tad	tad
Married or living together	42.5	56.0	37.1	58.0	62.1	48.3
Divorced / widow / widower	32.5	44.7	27.9	tad	tad	tad
Place of residence						
Urban	51.5	68.2	45.4	68.2	72.0	57.2
Rural	33.5	46.0	28.4	48.4	53.2	40.6
Education						
No education	5.9	8.1	4.1	15.7	14.5	10.9
Unfinished elementary	14.0	22.6	10.6	25.6	31.8	20.6
Elementary school	28.6	41.2	23.8	49.3	51.6	38.2
Unfinished High School	43.0	60.7	36.1	62.8	68.1	52.7
Graduated High School	63.9	80.6	57.8	77.3	81.9	67.3
Number	42.9	57.6	37.3	58.5	62.8	49.1

tad = not applicable

¹ Including the status of men living together

² Using a condom every time having sex

³ Couples who do not have another pair

Man knowledge about HIV-AIDS is relatively higher than woman. 37.3% women and 49.1% married men know how to reduce the risk of HIV AIDS transmission by using condoms and limiting sex only with one partner (spouse).

Knowledge of how to reduce the risk of HIV-AIDS (using condoms and limiting sex to one partner only) is higher in urban than in rural for both women and married men. The knowledge about HIV-AIDS increases as well as the level of woman education does.

c. Pneumonia

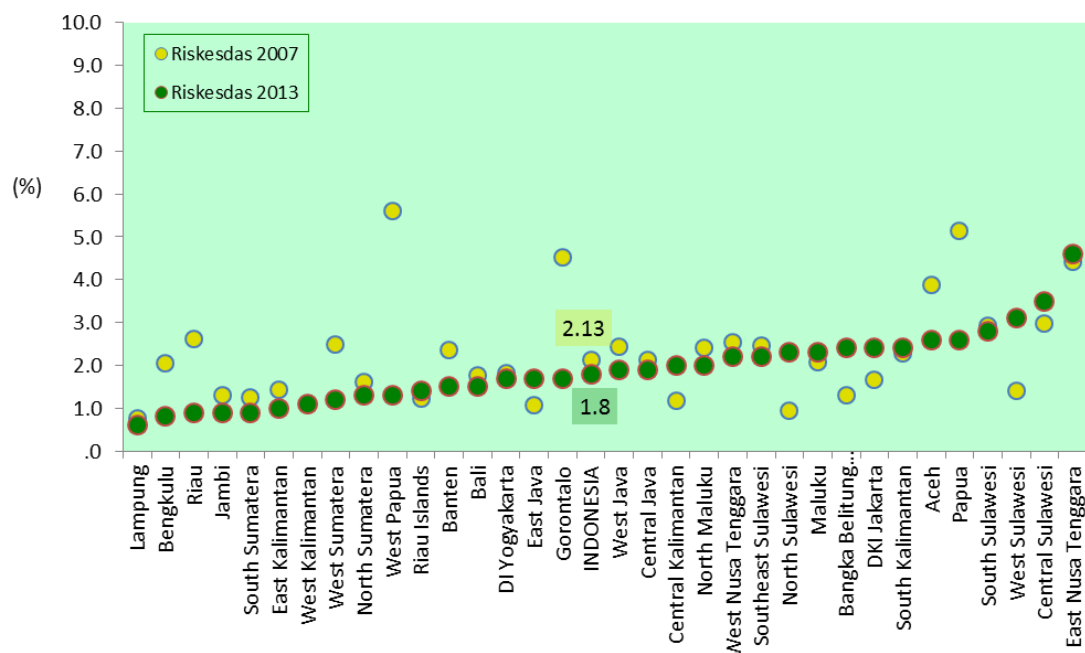
Pneumonia is a disease caused by the bacteria *pneumococcus*, *staphylococcus*, *streptococcus*, and viruses. Symptoms of pneumonia are chills, fever, headache, productive cough, and shortness of breath. Susceptible populations to pneumonia are children less than 2

years of age, the elderly over 65 years and people who have health problems (malnutrition, immunological disorders).

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

Compared to Riskesdas 2007 result at 2.13%, the period prevalence of pneumonia in 2013 decreased to 1.8%. 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
PERIODE PREVALENC OF PNEUMONIA BASED ON DIAGNOSIS/SYMP TOM
BY PROVINCE, RISKESDAS 2007 AND 2013



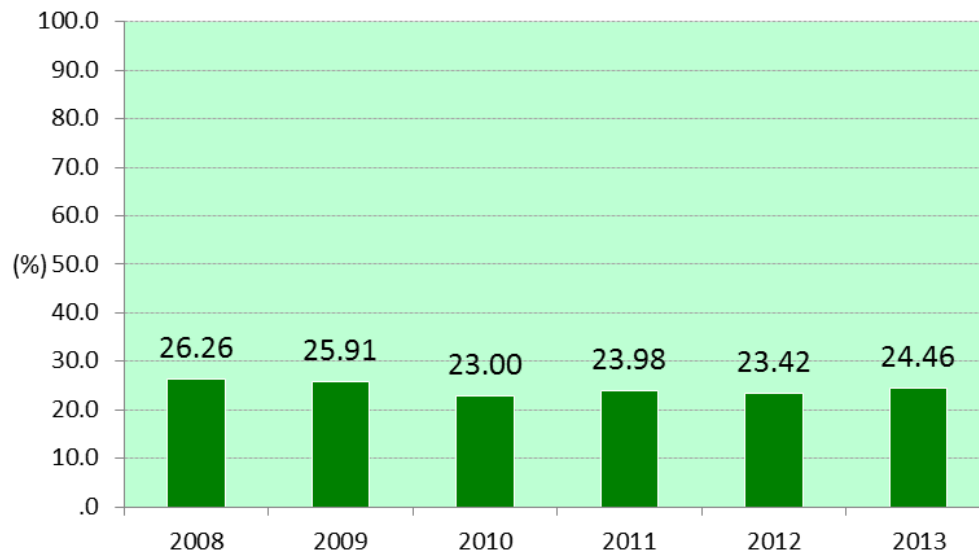
Source: Riskesdas 2007 & 2013

Figure 6.14 shows that most 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 especially aged <1 year. Meanwhile, according to place of residence, 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 discovery of pneumonia on infants. Estimated pneumonia cases on under-five children in a region was 10% of the children. Here is an overview related to pneumonia findings on under-five children in 2008-2013.

FIGURE 6.15
COVERAGE OF PNEUMONIA CASE FINDING IN UNDER-FIVE CHILDREN
IN INDONESIA YEAR 2008-2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Until 2013, the coverage of pneumonia case finding in under-five children did not show significant development and ranged between 23% -27%.Over the last few years, the coverage of pneumonia case finding never achieved national targets, include 80% targets in 2013.

Pneumonia death rate on infants was 1.19%. In infant, mortality was higher (2.89%) than age group of 1-4 years age (0.20%).Coverage of pneumonia case finding and death rate by province and age groups can be seen on Annex 6.10 and 6.11.

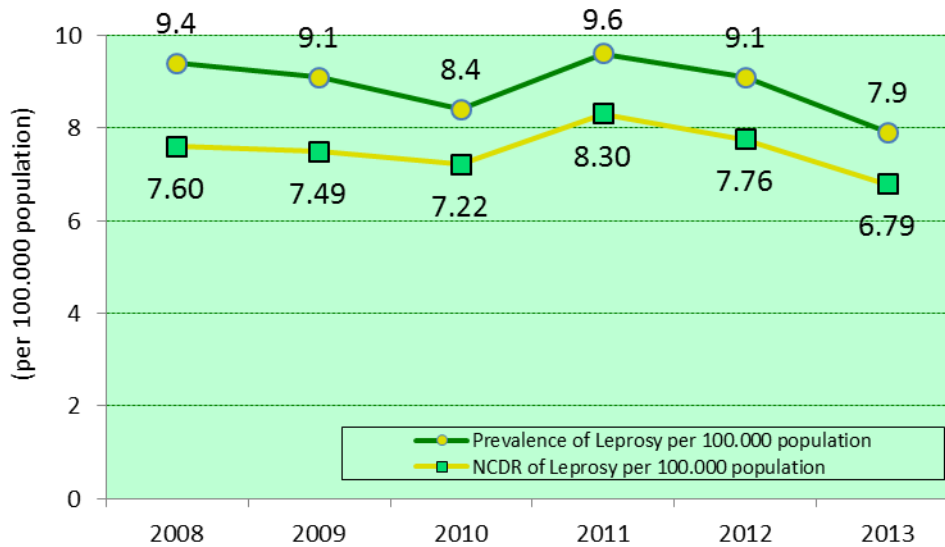
d. Leprosy

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 andeyes .

During 2008-2013, new case finding on leprosy in 2013 was the lowest at 6.79 per 100,000 populations. Leprosy prevalence rate ranged from 7.9 to 9.6 per 100,000 population, and achieved target of <10 per 100,000 population.

There were 16,856 new cases of leprosy reported in 2013. This number was lower than in 2012 at 18,994 cases. Most of the cases (83.4%) were multi-baciller type and 35.7% of patients were female.

FIGURE 6.16
PREVALENCE AND CASE FINDING OF LEPROSY NEW CASE (NCDR)
YEAR 2008-2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

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

Figure 6.17 shows that 14 provinces (42.4%) were high burden. Meanwhile, 19 other provinces (57.6%) were low burden. Almost all provinces in eastern Indonesia are the areas with high burden leprosy.

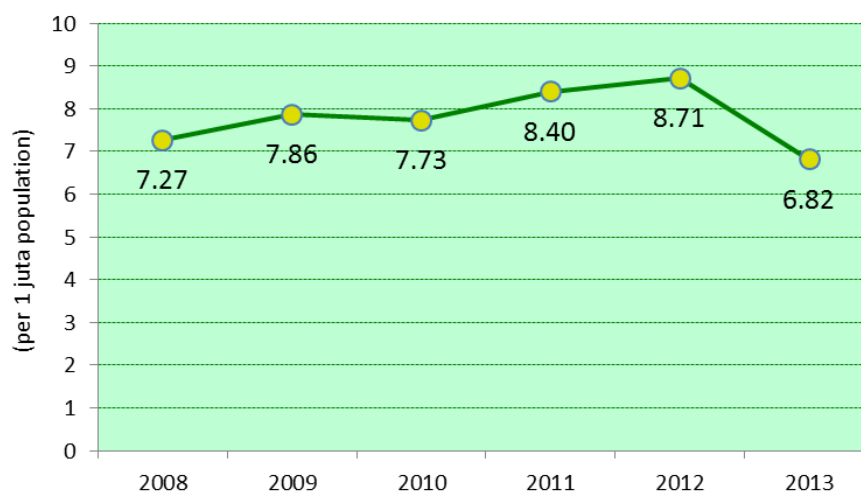
FIGURE 6.17
NEW CASE DETECTION RATE FOR LEPROSY PER 100.000 POPULATIONS
BY PROVINCE IN INDONESIA YEAR 2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

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 which showed 6.82 per 1 million populations in 2013. It was decreasing compared to the previous year at 8.71. The following chart describes level 2 disability rate for the last six years.

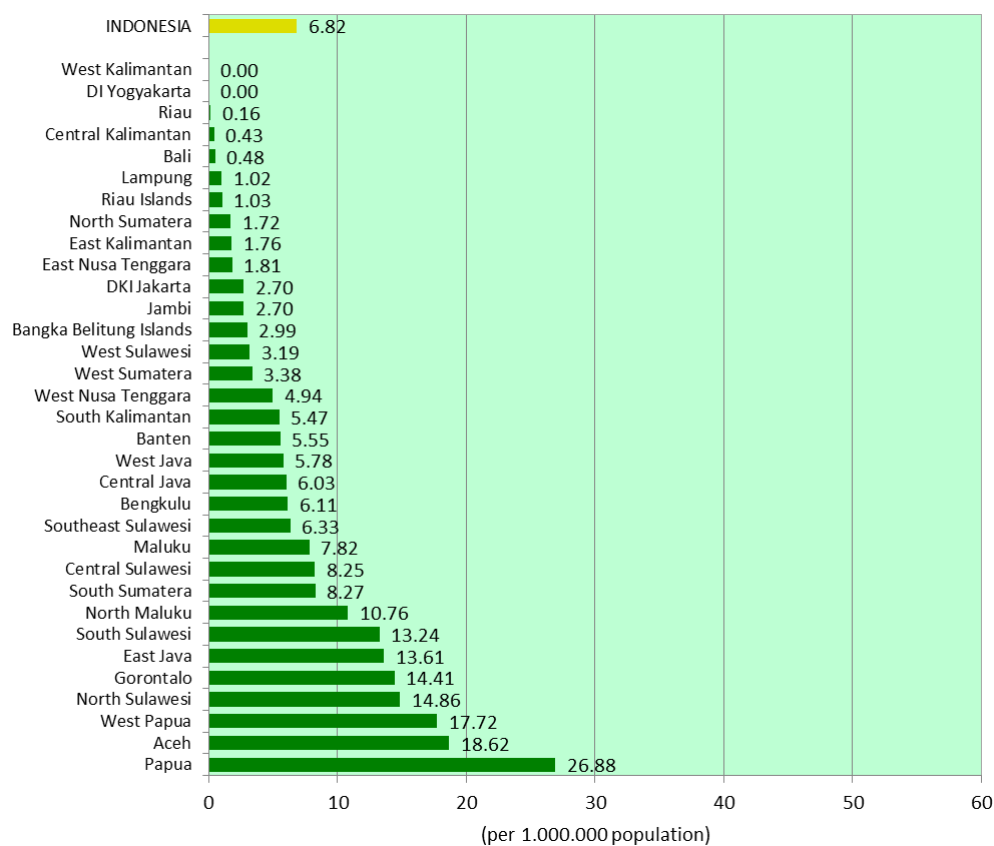
FIGURE 6.18
DISABILITY LEVEL II RATE PER 1.000.000 POPULATION
YEAR 2008-2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Provinces among the highest level II disability per 1 million population in year 2013 were Papua (26,88), Aceh (18,62), and West Papua (17,72). That achievement showed low capacity of new case detection rate in those provinces.

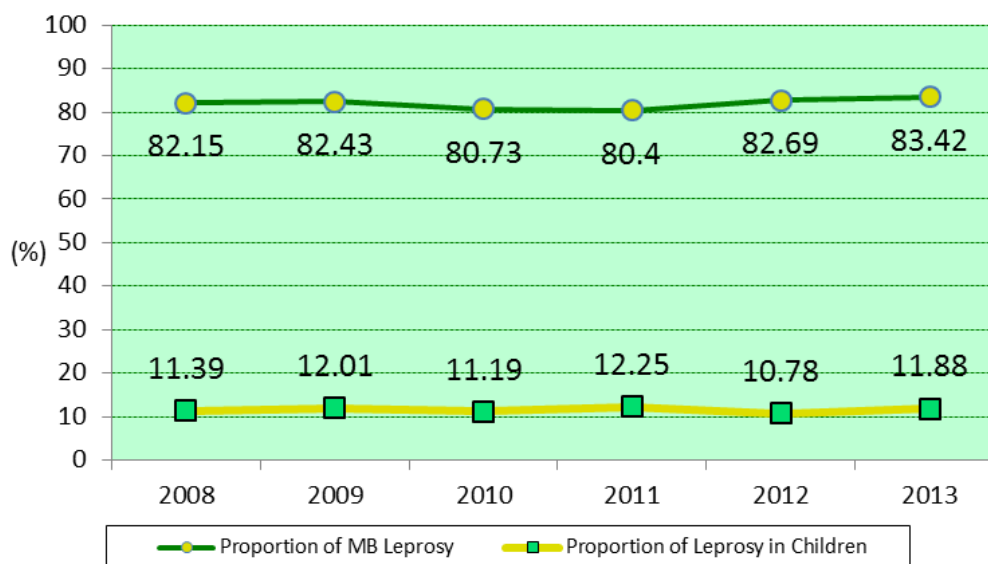
FIGURE 6.19
DISABILITY LEVEL II RATE PER 1.000.000 POPULATION
BY PROVINCE YEAR 2008-2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Other indicator for leprosy program is proportion of MB patient and child (0-14 year old) patient among new cases, which shows source and level of transmission in community. The proportion of MB leprosy and children leprosy patient in 2008-2013 period are shown on the following chart.

FIGURE 6.20
PROPORTION OF MB AND CHILD LEPROSY PATIENT
YEAR 2008-2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

By province, South Kalimantan, Jakarta and Riau were the three provinces with the highest proportion of MB leprosy in 2013 respectively achieved 93.79%, 92.93%, and 92.59%.

Provinces with the highest proportion of leprosy in children were Nusa Tenggara (43.40%), West Papua (30.15%), and North Sumatra (28.57%). The data / information related to leprosy by province are clearly described in Annex 6.16 and 6:17.

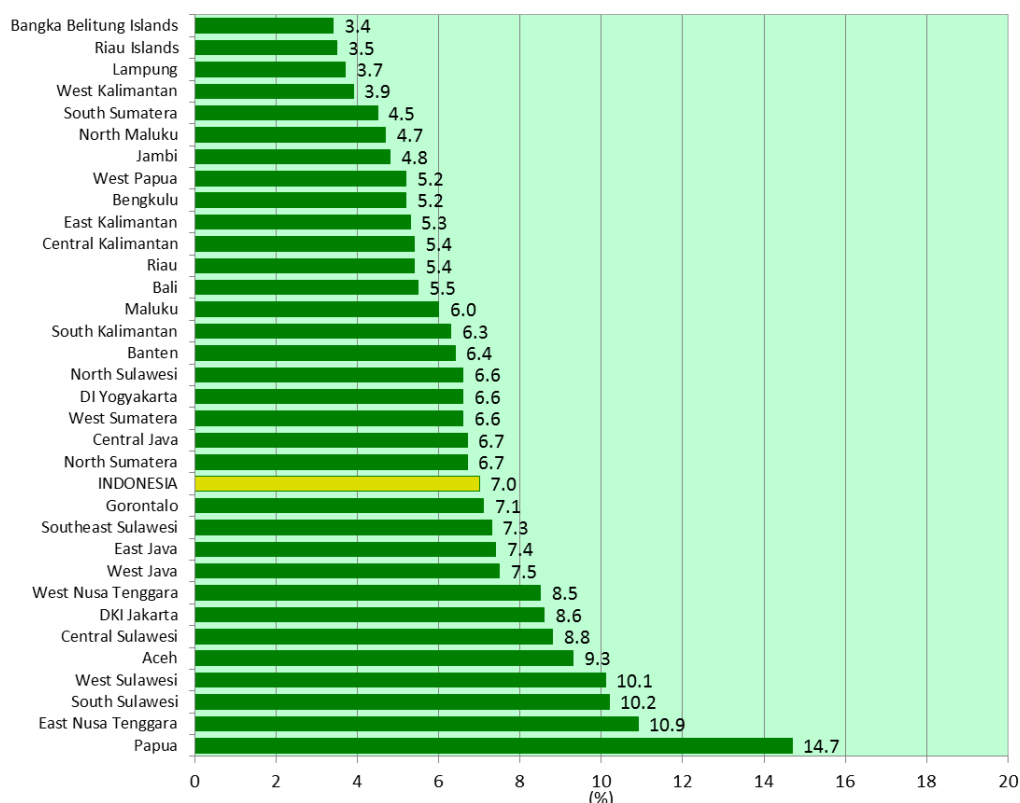
e. Diarrhea

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%).

According Riskesdas 2013, the incidence of diarrhea (≤ 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.

Number of diarrhea outbreaks patients decreased significantly in 2013 compared to 2012 from 1,654 to 646. Outbreak in year 2013 occurred in 6 provinces, where most cases occurred in Central Java with 294 cases. While the highest mortality rate (CFR) due to diarrhea outbreaks occurred in North Sumatra at 11.76%.

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



Source: Riskesdas 2007 & 2013

Nationally, case fatality rate (CFR) in the diarrhea outbreak in 2013 was 1.08%. Since it was targeted to be <1%, yet outbreaks of diarrhea almost meet national targets.

f. Diseases Preventable by Immunization (Ind: PD3I)

i. 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 attended by skilled health personnel is low.

In 2013, there were 78 reported cases of neonatal tetanus with 42 cases died. Thus, Case Fatality Rate (CFR) of Neonatal tetanus in 2013 was 53.8%, an increase compared to the year 2012 which was 49.6%. Deceased cases were reported from 11 provinces.

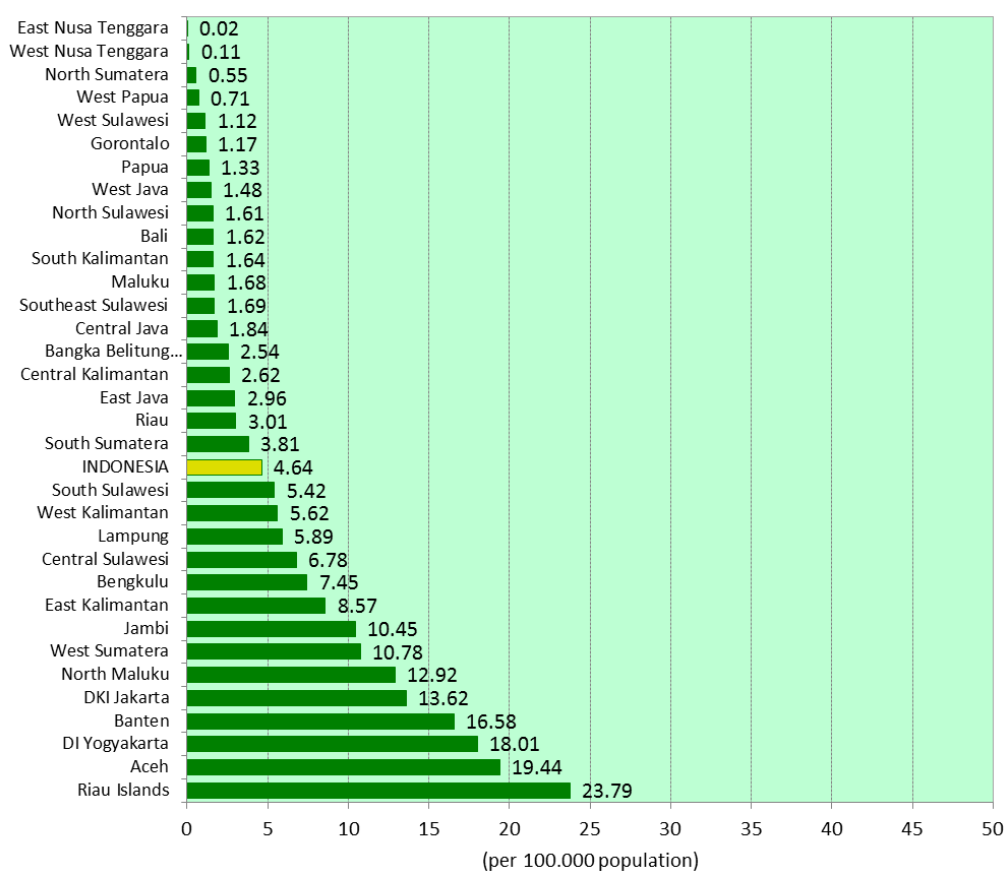
Case analysis on immunization risk factors showed that the majority of diseases occur in not immunized cases with 51 cases (65.4%). Totally, 55 cases (70.5%) had prenatal care by midwife/nurse. However, based on birth attendant factor, 56 cases (71.8%) assisted by traditional birth attendants, such as a shaman. For cutting the umbilical cord, the majority of cases was carried using scissors, which was 55 cases (70.5%). Neonatal tetanus case details and percentage of cases by risk factors and province are explained in Annex 6.18.

ii. 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 2013, there were 11,521 measles cases reported; lower than 15,987 cases in 2012. Death cases were 2 cases, from Aceh and North Maluku. Incidence rate of measles in 2013 was 4.64 per 100,000 population, lower than 6.53 per 100,000 population in 2012.

FIGURE 6:22
INCIDENCE RATE (IR) OF MEASLES PER 100,000 POPULATION
BY PROVINCE IN INDONESIA 2013

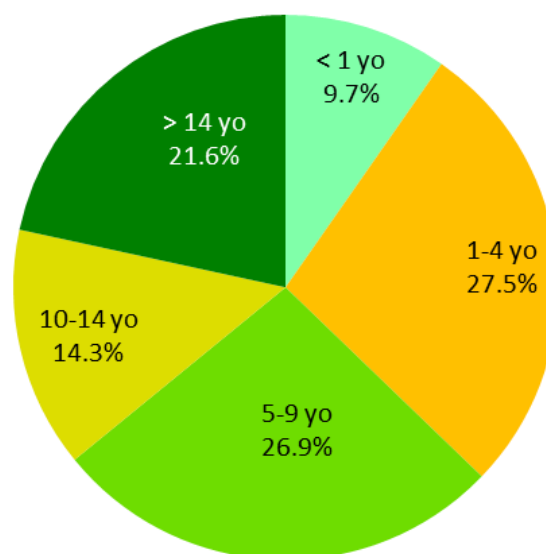


Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Figure 6.22 shows IR of measles by province. East Nusa Tenggara, West Nusa Tenggara, and North Sumatera were provinces with the lowest IR. Even in NTT, It was only one case of measles reported. Meanwhile, Riau Islands, Aceh, and DI Yogyakarta were provinces with the highest measles IR.

By age group, cases of measles in the age group of 1-4 years and 5-9 years were the largest, respectively by 27.5% and 26.9%. However, based on age average of single measles cases, the highest cases were in infants <1 year, with 1,120 cases (9.7%). Figure 6.23 below shows the proportion of measles cases per age group.

FIGURE 6:23
PROPORTION OF MEASLES CASES BY AGE GROUP
IN INDONESIA 2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

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 2013, the number of measles outbreaks was 128 outbreaks with total 1,677 cases. Based on laboratory confirmation, among 24 events (18.8%) was rubella.

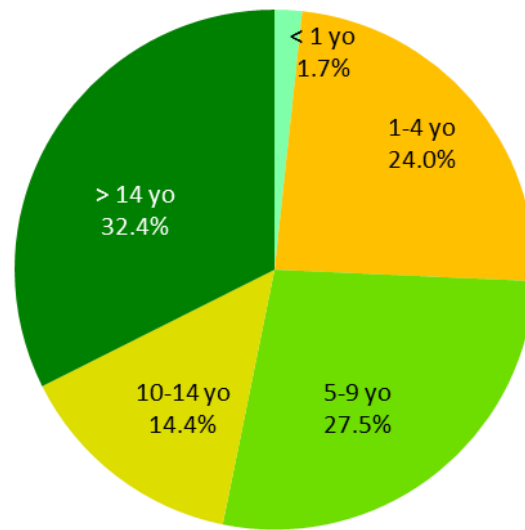
The highest frequency of outbreaks occurred in Banten, which were 36 events with 247 cases. However, the highest number of cases occurred in Lampung at 309 cases in 8 outbreaks. Then, in West Java with a total of 18 outbreaks and 205 cases, and also West Sumatra and Central Java at 9 outbreaks each. Number of fatal cases in the measles outbreak reported was only one case in North Maluku.

iii. 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 2013 was 778 cases with a total of 39 cases died of diphtheria cases, so that the CFR was 5.01%. Of the 19 provinces had reported diphtheria case, cases in East Java was the most at 610 cases (78.4%). Of all these cases, nearly half of them (47.8%) occurred in patients who did not receive DPT vaccine.

FIGURE 6:24
PROPORTION OF DIPHTHERIA CASES BY AGE GROUP
IN INDONESIA 2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Figure above shows that the highest cases occurred in group > 14 years, 5-9 years, and 1-4 years. However, the age group ≥ 14 years have a long life span compared to other age groups.

iv. Polio and 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 2013, a national non-polio AFP rate was 2.74/100,000 which have attained a minimum standard of case finding.

FIGURE 6.25
NON POLIO AFP RATE PER 100,000 POPULATION OF CHILDREN <15 YEARS
IN INDONESIA 2013

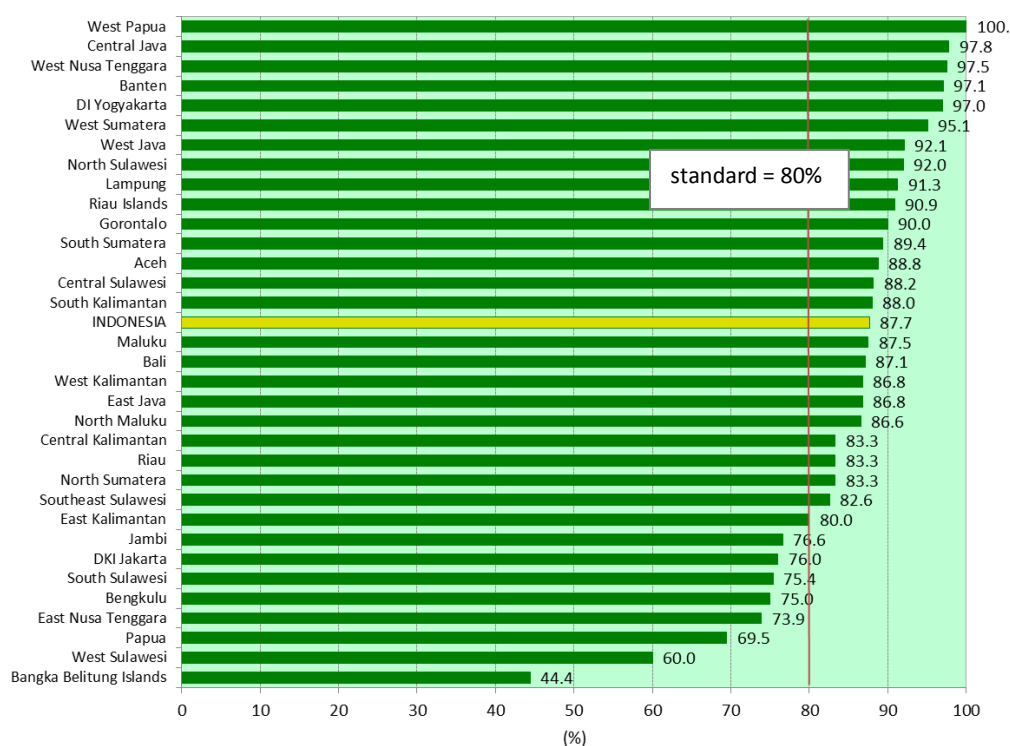


Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Of the 33 provinces, 29 (87.8%) have achieved *non-polio AFP rate* target at > 2 per 100,000 inhabitants in 2013. Four provinces have not yet reached the target of *non-polio AFP rate* were Riau, Central Kalimantan, West Sulawesi, and West Papua.

Each AFP cases found in intensified surveillance would have examination of stool specimens 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 °C - 8 °C in transport to laboratory.

FIGURE 6.26
PERCENTAGE OF AFP ADEQUATE SPECIMEN
BY PROVINCE IN 2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Target of adequate specimen standard is ≥ 80%. Adequate specimen in 2013 in Indonesia was 87.7%. Therefore, adequate specimen has met national standard.

Total of 25 provinces (75.8%) met national standard of adequate specimen in 2013, while eight other provinces (24.2%) did not. More detailed information about the disease that can be prevented with immunization by province and age groups can be seen in Annex 6.12 to 6.24.

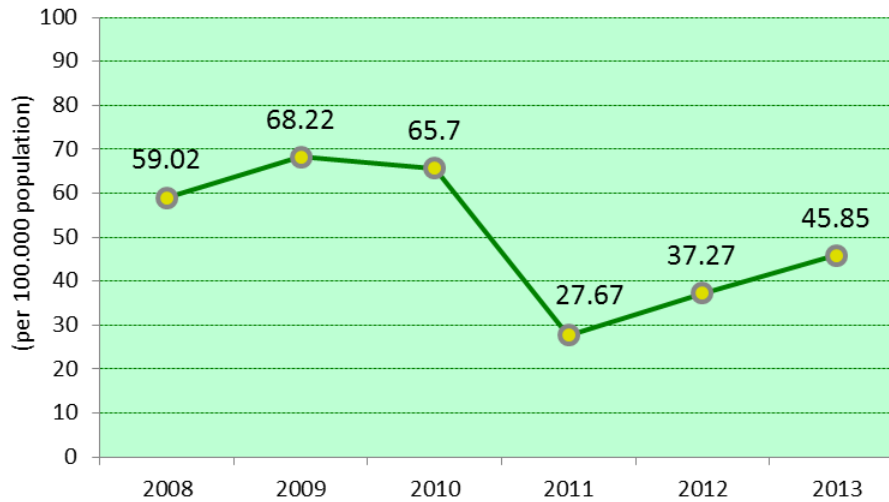
g. Dengue Hemorrhagic Fever (DHF)

Dengue Hemorrhagic Fever (DHF) is a disease caused by the dengue virus, which enter the human blood circulation by mosquitoes of 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 2013, the number of dengue fever cases reported were 112,511 cases with death in 871 people (Incidence Rate= 45.85 per 100,000 population and the CFR = 0.77%). This number is increasing than 90,245 cases with IR 37.27 in 2012. This finding had meet Ministry of Health

Strategic Plan, which set target for DHF incidence rate in 2013 for 52 per 100,000 populations. The following is trend of dengue fever during the period 2008-2013.

FIGURE 6.27
INCIDENCE RATE (IR) OF DENGUE HEMORRHAGIC FEVER
PER 100,000 POPULATION YEAR 2008-2013

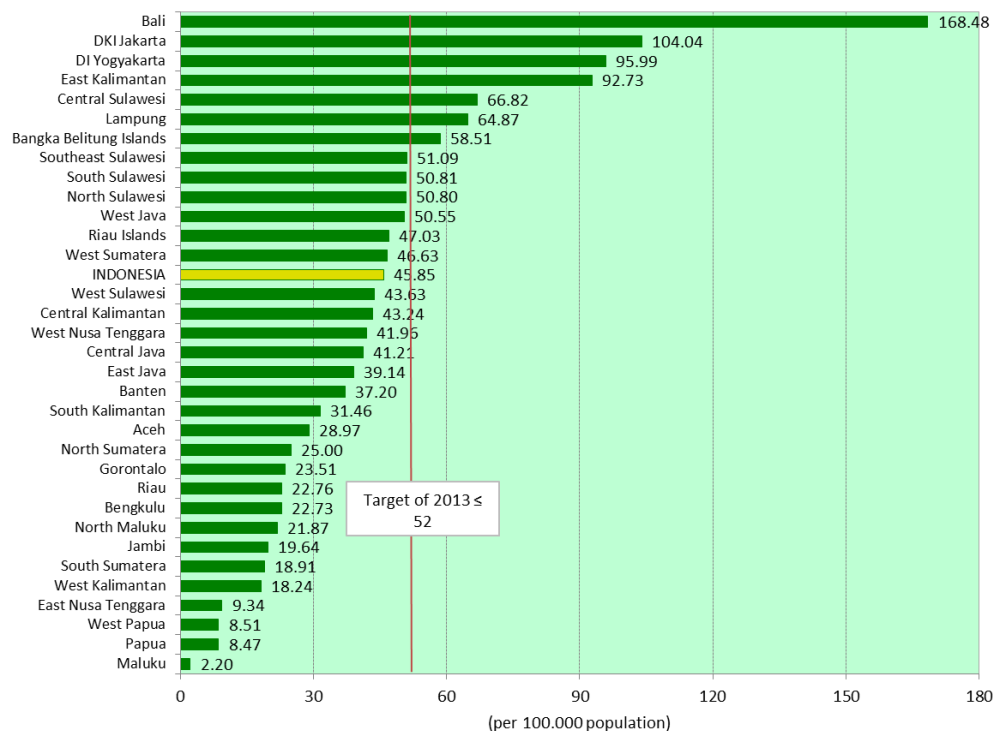


Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Description of DHF Incidence by province in 2013 is explained in Figure 6.28. In year 2013 there were 26 provinces (78.8%) achieved 2013 target. The highest IR in 2013 was 168.48 in Bali; 104.04 in Jakarta, and 95.99 per 100,000 populations in DI Yogyakarta.

Death cases due to dengue categorized as high if the CFR > 2%. Thus in 2013, three provinces have high CFR were Jambi, Bangka Belitung, and East Nusa Tenggara. 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.

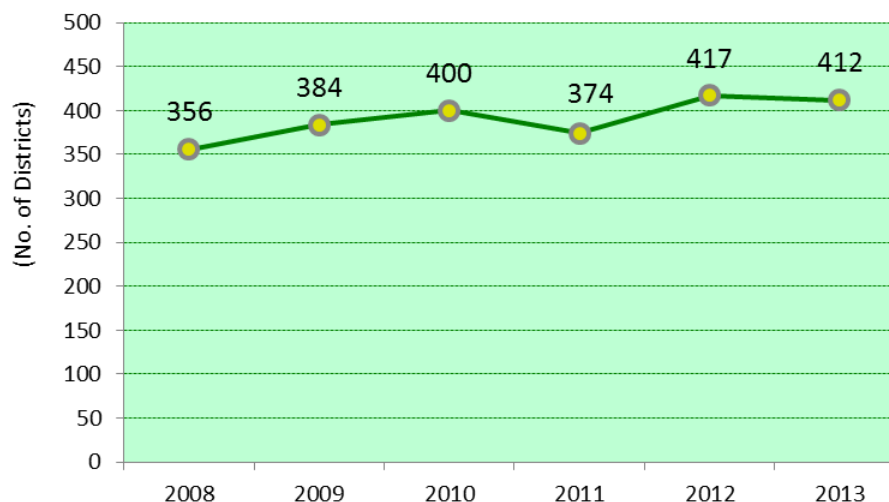
FIGURE 6.28
MORBIDITY OF DENGUE FEVER DENGUE PER 100,000 POPULATION
BY PROVINCE IN 2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

In contrast to the increase of patients number / morbidity rate, the number of districts/ municipalities affected by dengue has decreased, from 417 (83.9%) in 2012 to 412 districts/ municipalities (82.9%) in 2013. The following figure describes number of districts/infected municipalities in 2008-2013. However, in longer term during the 2008 – 2013 periods, number of districts /municipalities affected by dengue is likely to increase.

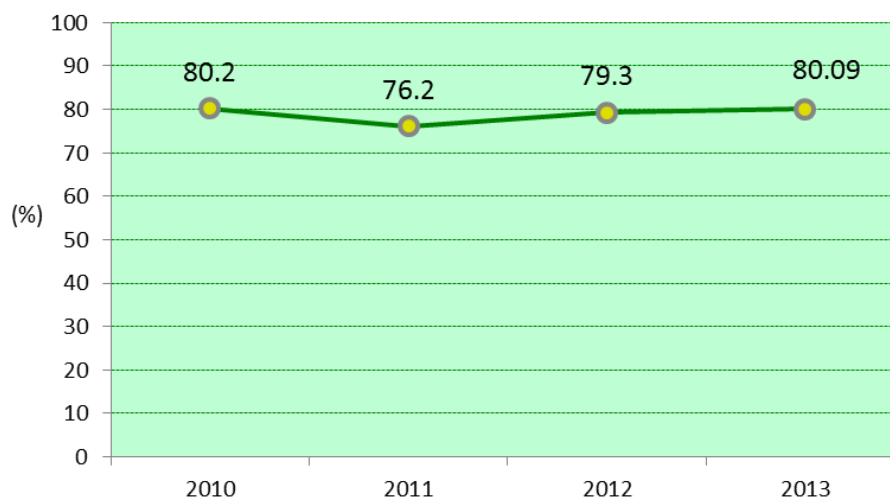
FIGURE 6.29
TOTAL DISTRICT/MUNICIPALITIES AFFECTED BY DHF
IN INDONESIA 2008-2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

One of the indicators used for the dengue disease control efforts is larvae free rate. Until 2013, number of larvafree rate area nationwide has not met the target of $\geq 95\%$.

FIGURE 6.30
LARVAE FREE RATE
IN INDONESIA YEAR 2010-2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

By 2013, larvae free rate in Indonesia was 80.09%. Until 2013, It never have met the national target of 95%. Not all provinces reported their larvae free rate findings.

More detailed information associated with DHF by province are described in Annex 6.29 and 6.30.

h. Chikungunya

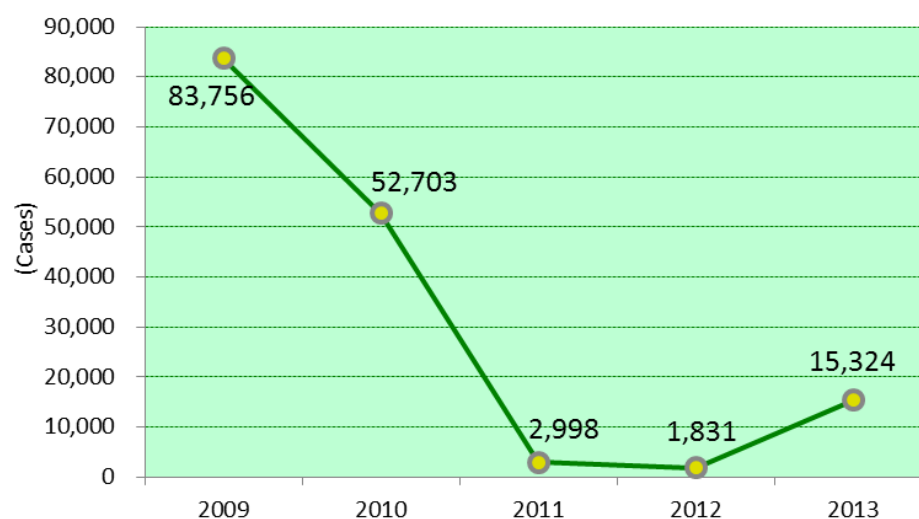
Chikungunya fever (chik fever) is a major infectious disease with symptoms of sudden fever, pain in the joints, especially the knee joints, ankles, toes and hands and spine, as well as a skin rash. Chik fever is transmitted by mosquitoes *Aedes albopictus* and *Aedes aegypti* which is also vector for 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 the year 2013, there were two districts/municipalities from one province reported outbreaks of Chikungunya, namely West Bandung district and Tasikmalaya in West Java province.

Chikungunya fever cases decreased significantly in 2009-2012, but increased again significantly in 2013. Until now, no death cases reported due to Chikungunya.

FIGURE 6:31
NUMBER OF CHIKUNGUNYA CASES IN INDONESIA
YEAR 2009-2013



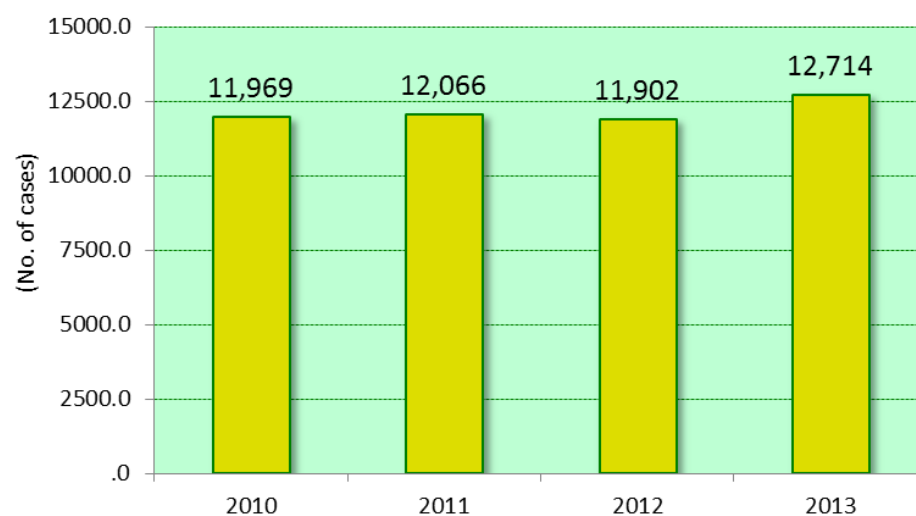
Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Factors causing the decline were the relatively dry with low rainfall weather conditions and immunity in areas that once infected.

i. Filariasis

Filariasis is a parasitic disease caused by a filarial worm, 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.

FIGURE 6:32
CLINICAL CASE NUMBER OF FILARIASIS
IN INDONESIA, 2010 - 2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

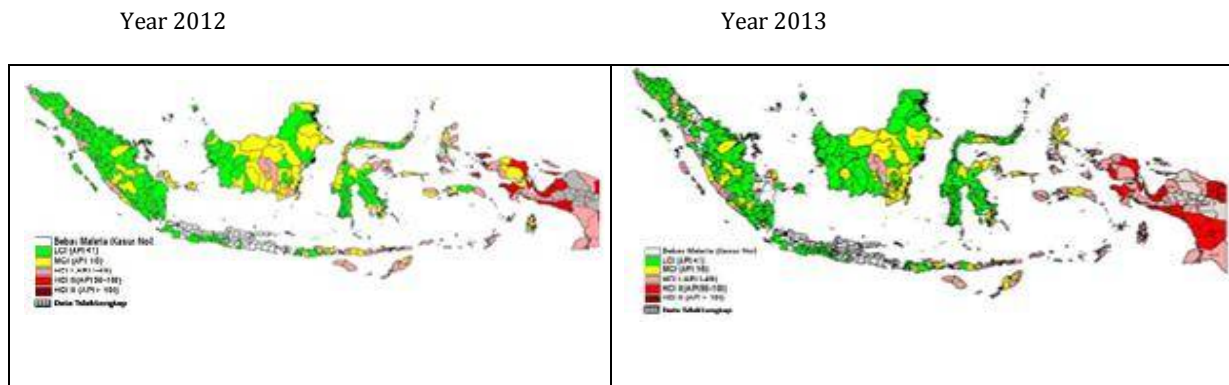
Province with the highest clinical cases of filariasis in 2013 were Aceh (2,359 cases), East Nusa Tenggara (2,203 cases), and Papua (1,346 cases).

There were 302 endemic filariasis districts / municipalities. Of these only 92 (30.5%) districts/municipalities carried out filariasis Mass Drug Prevention (Ind: POMP) and 32 districts/municipalities have completed POMP filariasis for five consecutive years. Not all districts implement filariasis endemic POMP, due to lack of local governments commitment in providing operating costs of POMP for at least five consecutive years. Meanwhile, responsibility of the central government is providing medication.

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*), can attack everyone both men and women in all age groups from infants, children and adults. Here's an overview map of malaria endemicity by districts/municipalities in Indonesia.

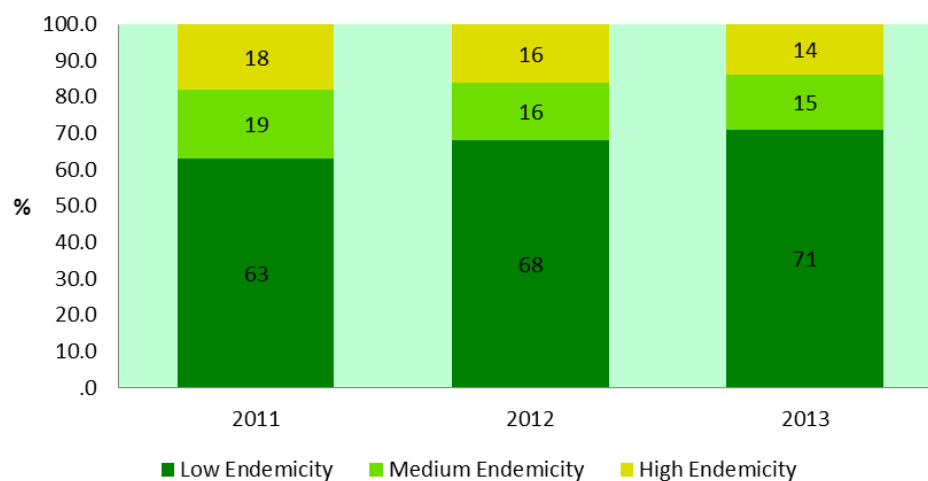
FIGURE 6.33
ENDEMICITY MAP OF MALARIA IN INDONESIA
YEAR 2012 AND 2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

From the overview map and table of malaria endemicity in the district / municipalities, it shows number of highly endemic areas has decreased, which was 18% in 2011, then became 16% in 2012 and in finally at 14% in 2013. In contrast, the percentage of districts / municipalities with low endemicity had increases. Figure 6.34 below shows the percentage change in malaria endemicity 2011-2013.

FIGURE 6.34
PERCENTAGE OF DISTRICT / MUNICIPALITY BY ENDEMICITY LEVEL
YEAR 2011-2013

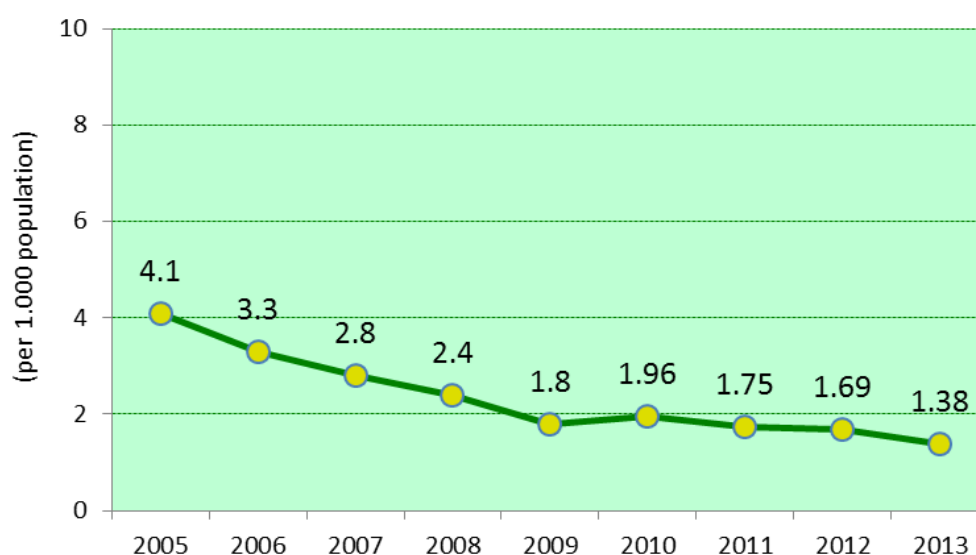


Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

i. Malaria morbidity rate


Nationally, malaria morbidity rate during 2005-2013 was likely to decline from 4.1 in 2005 to 1.38 per 1,000 population at risk in 2013, while the targets for malaria morbidity (API/*Annual Parasite Incidence*) set by Ministry of Health Strategic Plan in 2013 was <1.25. However, the API coverage did not meet 2013 Strategic Plan target. 2013. Decline trend of API can be seen in the figure below.

FIGURE 6.35
MALARIA MORBIDITY (ANNUAL PARACITE INCIDENCE / API)
PER 1,000 POPULATION AT RISK DURING YEAR 2005-2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

The three provinces with the highest API were Papua (42.65), West Papua (38.44) and East Nusa Tenggara (16.37). In the meantime, provinces with the lowest API were Jakarta, Bali and East Java. In 2013, No malaria positive cases were found in Jakarta and Bali, while only 7 cases were found in East Java. Nationally, 85% blood specimens were tested by microscopic examination and 15% were tested with the *Rapid Diagnostic Test* (Annex 6.25).



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 / symptoms was 1.9%, or 19 per 1,000 populations.

ii. Treatment of Malaria

Malaria treatment should be carried out 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%).

Detailed information on the number of cases of malaria, blood specimen test type, morbidity and treatment can be found in Annex 6.25 to 6:28.

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 a virus.

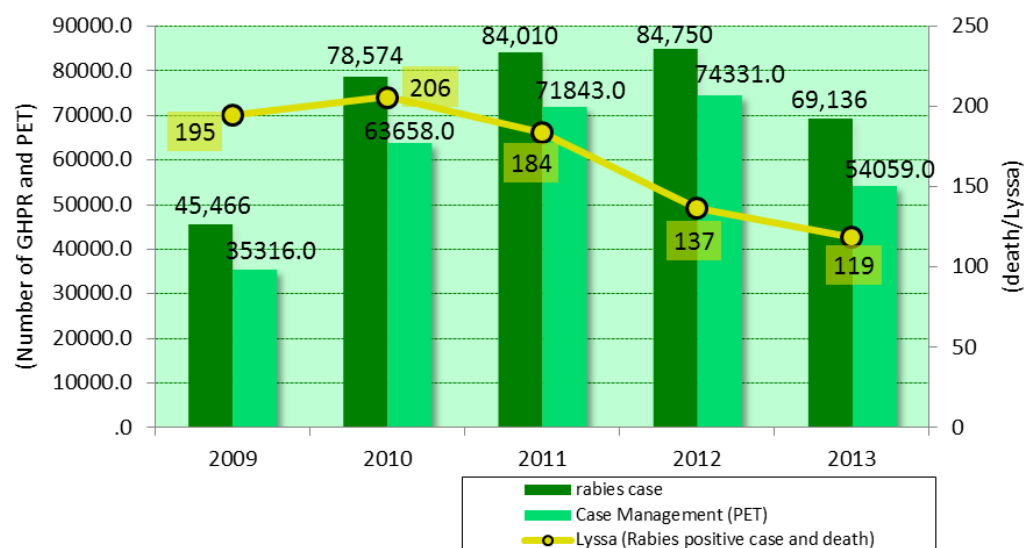
There are several indicators used in monitoring efforts to control rabies, such as: GHPR (Animal transmitting rabies bites cases), PET / *Post Exposure Treatment*, and positive rabies cases and death cased based on *Lyssa* test.

In 2013, there were 25 provinces (including North Borneo) had rabies transmission from 34 provinces in Indonesia (according to Decree of the Minister of Agriculture). Meanwhile, rabies-free provinces were five provinces, five of which are having no history of rabies (Papua, West Papua, Bangka Belitung, Riau Islands, and NTB), and four provinces are released from rabies (Central Java, Yogyakarta, East Java, and Jakarta). West Kalimantan since 2006 until now did not report any case of transmitting rabies Animal Bites (GHPR) neither *Lyssa* cases. However, the status of rabies free area has not been awarded by the Ministry of Agriculture.

Deaths due to rabies (*Lyssa*) in 2013 significantly decreased from 195 cases in 2009 to 119 cases in 2013. Likewise, the number of cases Animal transmitting rabies bites in 2013 has decreased compared to the case in the last three years. GHPR cases in 2013 decreased by 18.4% compared to the case in 2012.

Figure 6.36 shows that Post Exposure Treatment (PET) decreased, from 74,331 cases to 54,059 cases, and also the percentage ratio of PET/VAR to GHPR from 87.7% in 2012 to 78.5% in 2013.

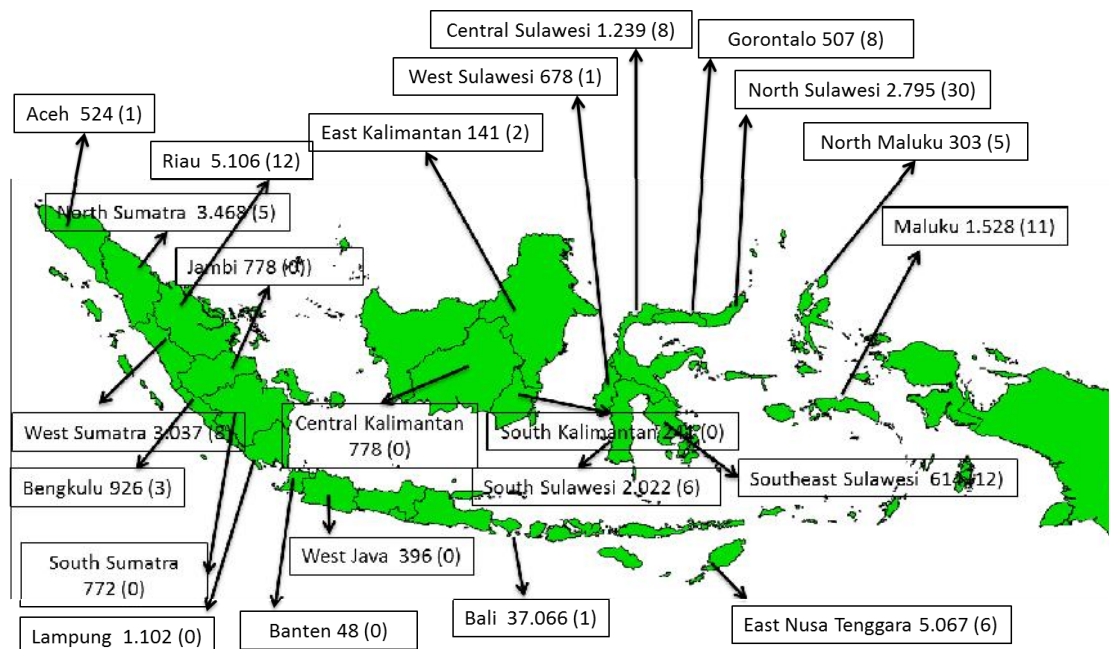
FIGURE 6.36
RABIES SITUATION IN INDONESIA
YEAR 2009- 2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Following figure 6.37 described distribution of rabies case in Indonesia during 2013.

FIGURE 6.37
DISTRIBUTION OF TRANSMITTING RABIES ANIMAL BITES (Ind: GHPR) AND MORTALITY DUE TO RABIES (LYSSA) IN INDONESIA YEAR 2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

In the year 2013, there were 69,136 cases of animal bites. Most GHPR cases occur in Bali with 37,066 cases, while death case based on a positive test lyssa was one person. The next most cases was 5,106 bite cases in Riau and twelve positive rabies case, and also East Nusa Tenggara with 5,067 bite cases and six positive for rabies.

I. Leptospirosis

Leptospirosis is a zoonosis caused by the bacteria *Leptospira sp.* Source of infection is usually caused by direct contact or indirectly 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.

Provinces reported cases leptopirosis in 2013 were South Sumatra, Jakarta, West Java, Central Java, Yogyakarta, and East Java, and Banten. Over the last five years, South Sumatra has just reported new leptospirosis cases in 2013.

TABLE 6.4
DISTRIBUTION OF LEPTOSPIROSIS CASE IN 9 PROVINCES
IN INDONESIA YEAR 2009 - 2013

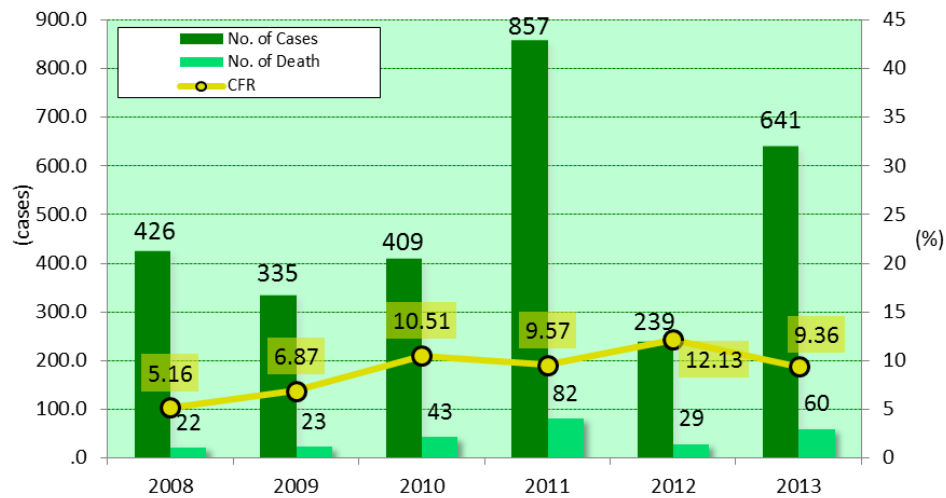
Province	Year				
	2009	2010	2011	2012	2013
South Sumatra	0	0	0	0	1
Jakarta	8	15	11	10	66
West Java	0	1	29	0	1
Central Java	232	133	184	129	156
Yogyakarta	95	230	626	72	163
East Java	0	19	5	28	244
Banten	0	0	0	0	10
East Kalimantan	0	0	2	0	0
South Sulawesi	0	11	0	0	0
Total	335	409	857	239	641

Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Compared to the year 2012, there was significant increase of cases from 239 cases to 641 cases in 2013. Spike of leptospirosis cases was in East Java, Jakarta and Yogyakarta. One of the cause was outbreaks in Sampang Madura which caused 96 cases and nine death cases (CFR = 9.37%). Outbreaks were caused by flood water contaminated by rat urine, unhealthy environment, and lacking of healthy lifestyle behavior in the community.

Mortality due to leptospirosis during the last six years can be seen below in Figure 6.38.

FIGURE 6.38
LEPTOSPIROSIS SITUATION IN INDONESIA
YEAR 2008 - 2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

Although the case numbers in 2013 increased compared to 2012, but case fatality rate / CFR due to leptospirosis decreased from 12.13% in 2012 to 9.38% in 2013. Efforts made to reduce the death rate was quite effective .

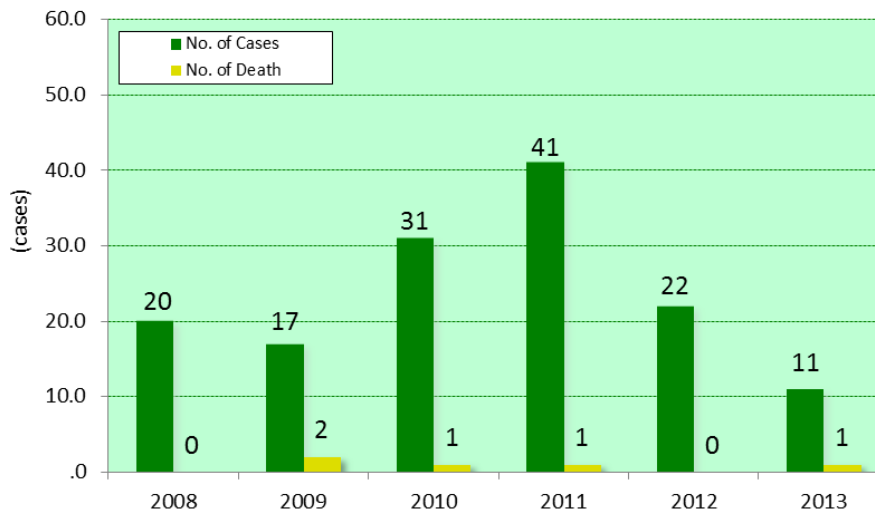
Reduction of leptospirosis outbreak efforts aimed at early detection and treatment of patients immediately to prevent death, environmental interventions to prevent nests or hideaway place for mice, and pet vaccination against *Leptospira* .

m. Anthrax

The disease is caused by germs anthrax (*Bacillus anthracis*). The bacteria can form spores that are resistant to environmental changes and can survive for 60 years 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*.

In 2013, eleven cases of anthrax were reported from the South Sulawesi province with one death case (CFR = 9.1%). In 2012, 18 cases of anthrax in East Nusa Tenggara and four cases in South Sulawesi were found. While in 2011, a total of 27 cases of anthrax were found in Central Java and fourteen cases in East Nusa Tenggara. The following figure shows distribution of anthrax cases during the last six years.

FIGURE 6.39
CASENUMBER AND CFR OF ANTHRAX
IN INDONESIA 2008-2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014

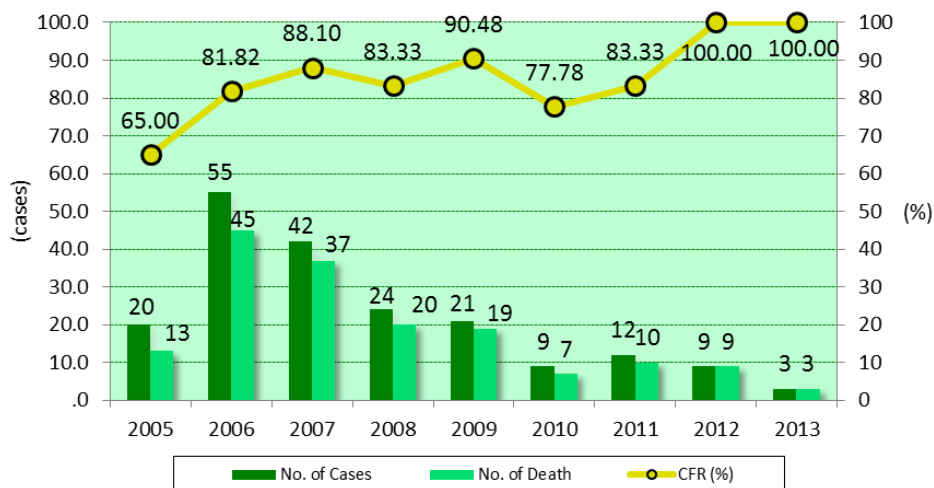
Case management of *anthrax* are implemented with increasing intensive surveillance in endemic or other vulnerable areas. Surveillance activities are Intensified on a religious celebration days like Eid al-Fitri, Eid al-Adha, Christmas or other holidays and also when increased meat consumption is possible.

n. Avian flu


Integrated control of avian flu has significantly decreased the number of confirmed cases of H5N1 avian flu in Indonesia in 2013. Compared to nine cases in 2012, the number of confirmed cases of avian flu in 2013 decreased to three cases. All three cases occurred in West Java Province: two cases in Bekasi municipalities and one case in Bekasi district.

However, all confirmed case of avian flu in 2013 has died. Decreasing trend of confirmed cases of H5N1 avian influenza can be seen in the following figure.

FIGURE 6.40
NUMBER OF CASES, DEATH CASES, AND CASE FATALITY RATE (CFR) OF AVIAN FLU
IN INDONESIA 2005-2013



Source : DG of Disease Control and Environmental Health (PP&PL), MoH Republic of Indonesia, 2014



Since the first reported case in 2005, the spread of cases of H5N1 avian influenza in humans have occurred in fifteen provinces in Indonesia, namely North Sumatra, West Sumatra, Riau, South Sumatra, Bengkulu, Lampung, Jakarta, West Java, Central Java, DI Yogyakarta, East Java, Banten, Bali, NTB and South Sulawesi.

Cumulatively, the highest number of cases found 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 Balitbangkes), things affecting high CFR in 2013 are:

1. Late diagnosis and delayed administration of Oseltamivir, as it also viral virulence factors and host.
2. Two of the three cases were not given Oseltamivir.
3. Several cases have history of indirect contact with the risk factors, so health personnel became less alert to the symptoms that lead to the Avian Flu.


2. Non Communicable Diseases

Non-communicable diseases (NCD) such as heart disease, stroke, cancer, diabetes mellitus, injury and chronic obstructive pulmonary disease and other chronic diseases are 63% cause of death worldwide by killing 36 million people per year (WHO, 2010). In Indonesia alone, infectious diseases are still an important health problem and at the same time non-communicable disease morbidity and mortality is increasing. It is a double burden in health care, and also challenges to be faced in the health sector development in Indonesia. Increase of Non Communicable disease has negative impact on the economy and productivity of the nation. NCD treatment is often time consuming and requires a great expense. Several types of NCD are chronic disease and may become catastrophe that can economically interfere with the patient and his family. In addition, one of the NCD impact is disability, including permanent one. Globally, regionally, and nationally, year 2030 is projected to be epidemiological transition from infectious diseases to non-communicable diseases.

Non-communicable disease risk factors among others are: smoking and exposure to cigarette smoke, alcohol, diet / eating habits, sedentary lifestyle, obesity, drugs, and family history (heredity). The principle of prevention is still better than treatment. Efforts to prevent non-communicable diseases have been related to risk factors that have been identified. Ministry of Health has developed a non-communicable disease control program since 2005. Efforts to control non-communicable disease risk factors are Clean and Healthy Lifestyle Behavior promotion and tobacco control issues. Some Local Government has issued regulations of Non-smoking Area (Ind: KTR) and forming alliances of Mayor / Regent for Tobacco Control and Non-Communicable Diseases. As for the dietary risk control, composition of sugar, salt and fat in marketable food will be regulated soon. NCD control efforts will not be successful if it is only done by the Ministry of Health without the support of all levels across sectors, including government, private sector, professional organizations, community organizations, and even the whole society. Data and information on non-communicable diseases in Indonesia by province based Riskesdas in 2013 are presented in Annex 6.34 to 6.37.

Some of the activities developed by the Ministry of Health as efforts to control non-communicable diseases in 2013 was as follows.

1. Integrated health training post (Posbindu) of NCD
Activities developed in 2011 is one form of public participation in the activities of early detection, monitoring and integrated early follow-up in anticipating NCD risk



factors routinely in the community, such as in alert active village. Besides, such activities have been implemented in such a special group, such as Autobus Company (Ind:PO), Hajj group guidance (Ind: KBIH), schools, and workplaces.

2. Improved NCD Control Efforts at health centers

By 2013, every district / municipalities has at least one health center with excellent programs of NCD services and equipped with NCD trained health personnel, facilities, and equipment for the NCD case management. Such efforts include increasing health promotion were performed through a healthy lifestyle, implement early detection and monitoring of NCD risk factors and NCD Scout (Pandu PTM), and other special NCD services (cardiac, stroke, injury, Tisan, Thalassemia screening, SLE, childhood cancer, smoking cessation services, diet, physical activity, stress, PAL, IVA + CBE, NCD rehabilitation and palliative).

3. Tobacco Control

Tobacco control in Indonesia is one of the efforts to control non-communicable disease risk factors, in order to reduce the prevalence of non-communicable diseases. Some of the efforts that have been developed are:

- a. Development of the non-smoking area
- b. Efforts to stop smoking in Primary Health Care
- c. Smoking control policies
- d. Public opinion polls regarding the implementation of a total ban on advertising, promotion and sponsorship of cigarettes.

4. Efforts to Control Traffic Accident at Homecoming Situation Eid 2013

In the homecoming season of Eid al-Fitr 2013, the Indonesian Ministry of Health published the book of Health Monitoring Evaluation for biker and rider to observe public transport drivers health condition.

a. Cardiovascular Disease

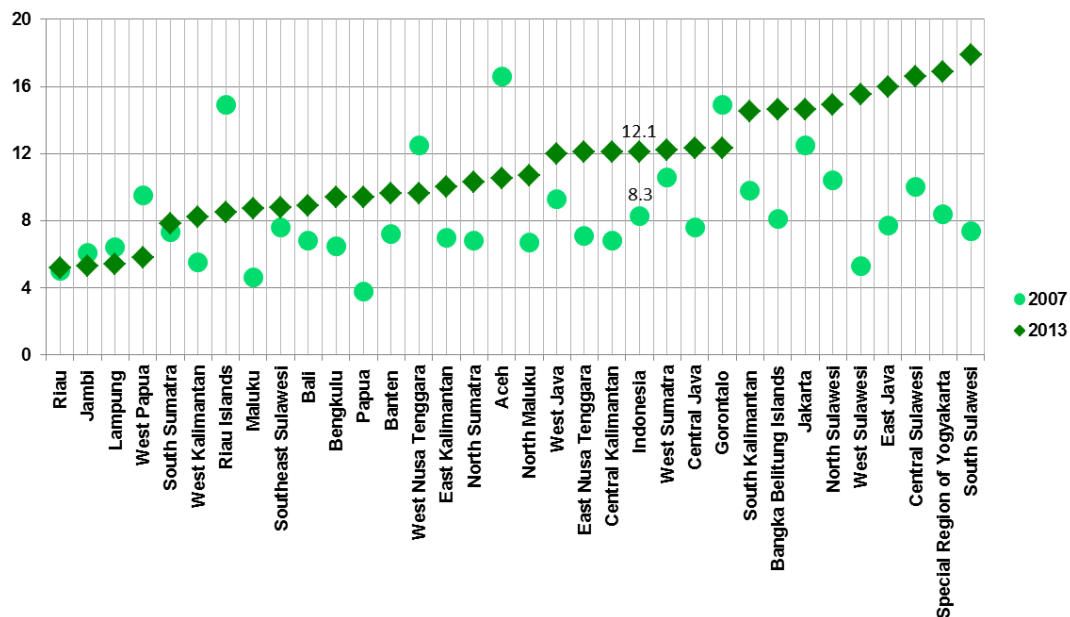
The scope of Cardiovascular Disease Control Program (Ind: PJPD) are belong to responsibility of the Sub-Directorate of Cardiovascular Diseases, Directorate General of Disease Control and Environmental Health includes essential hypertension, hypertensive renal disease, hypertensive heart disease, stroke, heart failure, coronary heart disease (CHD), cardiomyopathy, rheumatic heart disease, congenital heart disease, and acute myocardial infarction. Priority control program in 2010 pay attention to community-based risk factor control program, early detection, and networking with the phases of the following activities:

1. Preparation of Standard Procedures Norm Criteria (Ind: NSPK). Until 2010, NSPK which has been prepared were:
 - a. Decree of the Minister of Health No. 854/Menkes/SK/X/2009 on Guidelines for Cardiovascular Disease Risk Factors Control
 - b. Decree of the Minister of Health No. 853/Menkes/SK/IX /2009 on the National Network
 - c. Handbook "Control of Hypertension in Pregnancy"
 - d. Book of Early Detection of Risk Factors of Cardiovascular disease
2. Human Resource Development consist of Training of Trainers (TOT) in 15 territories, and on-site implementation of technical guidance workshop and socialization.

3. Provision of stimulants in the form *massscreening devices* consist of scales, height measuring devices, waist circumference, blood pressure, cardiochek, and ECG distributed to 17 provinces and 36 districts/municipalities.
4. EpidemiologySurveillance. This activity is a case finding and management of heart and vascular disease. One of the main activities of disease control heart and blood vessels, is case finding and management carried out through early detection of risk factors. Location of early detection activities early in 2010 were Bireuen, Cimahi, Pontianak, Lamongan, Badung, City of Aberdeen, City of Pare Pare, and New Banjar.
5. Community based empowerment in controlling risk factors for cardiovascular through increasing community participation. This activity is carried out by trained Integrated Development Post(Posbindu)cadres in 17 provinces and 36 districts/municipalities.
6. Networks of PJPDrisk factors. This activity is done by working with cross-sector, cross-program and Non-Governmental Organization (NGO).

Overview on stroke prevalence in Indonesia, as one of the cardiovascular disease, based on Riskesdas in 2007 and 2013, by province, is presented in the following figure.

FIGURE 6.41
STROKE PREVALENCE ON ≥ 15 YEARS OF AGE POPULATION (%₀₀)BASED ON PHYSICIANDIAGNOSIS BY PROVINCE IN 2007 DAN 2013

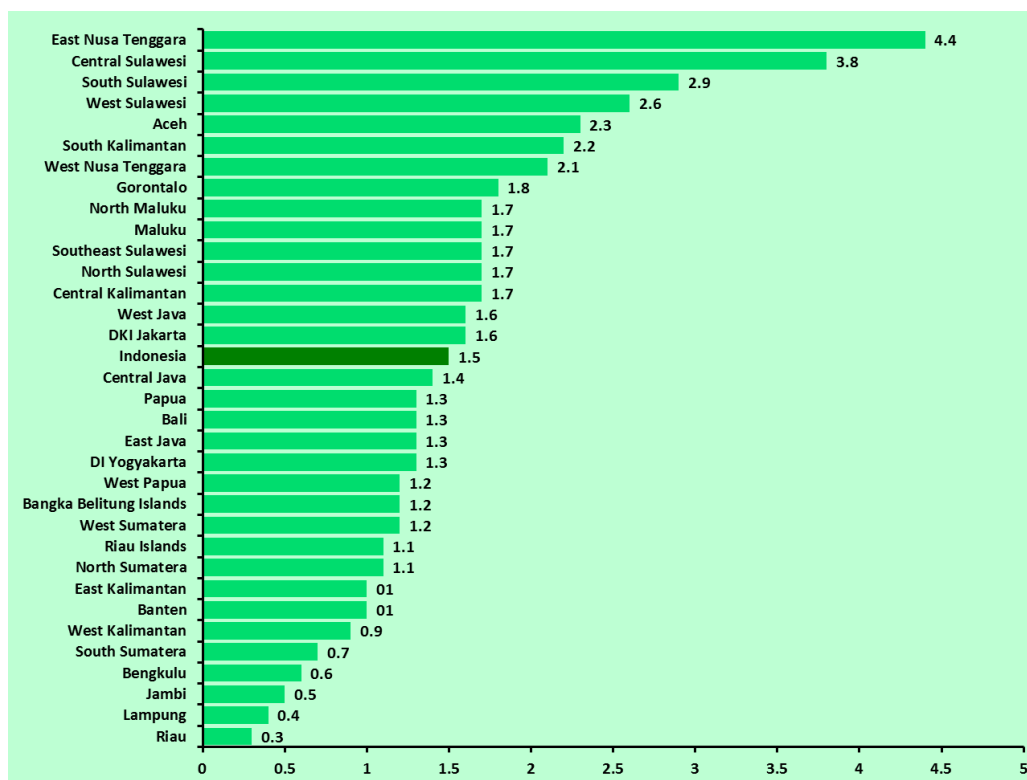


Source: Riskesdas 2007 & 2013

Figure 6.41 shows that provinces with the highest prevalence of stroke at age ≥ 15 years based on doctor's diagnosis / symptoms were South Sulawesi (17.9 %₀₀), followed by DI Yogyakarta (16.9 %₀₀), and Central Sulawesi (16.6 %₀₀). Meanwhile, low prevalence were found in Riau (5.2 %₀₀), Jambi (5.3 %₀₀), and Lampung (5.4 %₀₀). The increase in prevalence is highest in the province of South Sulawesi, from 7.4 %₀₀ in 2007 to 17.9 %₀₀ in 2013. The highest decrease in the prevalence was found in Riau Islands, from 14.9 %₀₀ in 2007 to 8.5 %₀₀ in 2013. Data and information regarding stroke by province in 2013 are presented in Annex 6.36.

Beside stroke, coronary heart disease is also a cardiovascular disease. Overview of coronary heart disease prevalence based on Riskesdas 2013 in Indonesia by province is presented in Figure 6.42.

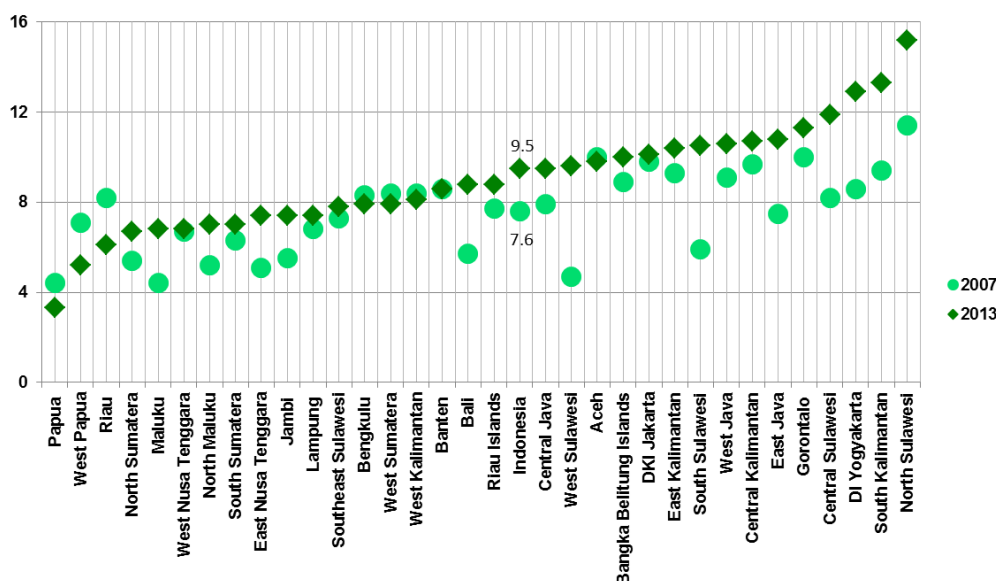
FIGURE 6:42
CORONARY HEART DISEASE PREVALENCE AT ≥ 15 YEARS OF AGE POPULATION BASED ON PHYSICIAN DIAGNOSIS / SYMPTOMS BY PROVINCE IN 2013




Source: Riskesdas 2013

Figure 6.42 above shows based on Riskesdas 2013, the province with the highest prevalence of coronary heart disease was East Nusa Tenggara (4.4%). Then, it was followed by Central Sulawesi (3.8%) and South Sulawesi (2.9%). While the lowest prevalence found in Riau Province (0.3%), Lampung (0.4%), and Jambi (0.5%).

FIGURE 6.43
PREVALENCE IN HYPERTENSION AT ≥18 YEARS OF AGE POPULATION BASED ON INTERVIEW BY PROVINCE IN 2007 DAN 2013



Source: Riskesdas 2007 and 2013



From the figure 6.43, it can be seen that, nationally, prevalence of hypertension based on interviews (whether diagnosed by health personnel and taking medication) has increased from 7.6 percent in 2007 to 9.5 percent in 2013. It also shows that highest prevalence of hypertension in 2013 was in North Sulawesi (15.2%), followed by South Kalimantan (13.3%), and Yogyakarta (12.9 %). While low prevalence was found in Papua (3.3%), followed by West Papua (5.2%), and Riau (6.1%). The increase in prevalence was highest in West Sulawesi province, from 4.7% in 2007 to 9.6% in 2013, while best decrease in the prevalence was in Riau, from 8.2% in 2007 to 6.1% in 2013 . Data and information on hypertension by province in 2013 are presented in Annex 6.35.

b. Cancer

Cancer control program was conducted for all types of cancer, but it is still the highest priority on the two cancers in Indonesia, cervical cancer and breast cancer. Activities include primary prevention, secondary, and tertiary. Primary prevention is held through the control of risk factors and improved communications, information and education. Secondary prevention is held through through early detection and management carried out in health centers and referral to hospital. Early detection of cervical cancer use Visual Inspection with Acetic Acid (VIA) and cryotherapy for IVA positive (pre-cancerous lesions of the cervix), while the early detection of breast cancer using the *Clinical Breast examination (CBE)*. Tertiary prevention is held through palliative and rehabilitative care in health care units that treat cancer and the formation of groups of *survivors* of cancer in the community.

In addition, cancer registration is developed as surveillance system using *software* SriKandi (Cancer Registration System in Indonesia) in Jakarta as a model, which will be developed into other areas in Indonesia. Activities undertaken in the framework of cancer control, among others:

1. Prevention and control of risk factors.

Up to 2010, Guidelines Disease Control Cancer have been compiled as the reference for health workers and the various parties involved in the control of cancer. Control of risk factors for cancer are also done by providing counseling and counseling for women seeking early detection of cervical cancer and breast health center. Until the year 2010, there were counseling services in 68 districts/municipalities in 14 provinces.

2. The case finding and case management.

Early detection and case management programs was conducted at 2 highest priority cancer in Indonesia, breast cancer and cervical cancer. The program started in 2007 and has been proclaimed as a national program launched by the First Lady at 21 April 2008. The program was developed by the Ministry of Health and the Female Cancer Program (FCP).

Until 2013, early detection of cervical and breast cancer has been developed in 207 districts in 32 provinces, carried out in 717 out of the 9500 health centers. Currently, 405 coaches or trainers are ready to serve, consist of obstetrician gynecologist, oncology surgeon, surgeons, general practitioners and midwives and reinforced by 1,682 providers or program executors. The number of women screened were 644,951, and 1.75% of the target women aged 30-50 years, who resulted in 28,850 (4.47%) women with positive IVA, 840 (1.3 per 1000) cervical cancer suspects, 1.682 (2.6 per 1000) women with a lump in her breast.

3. Improving epidemiological surveillance.

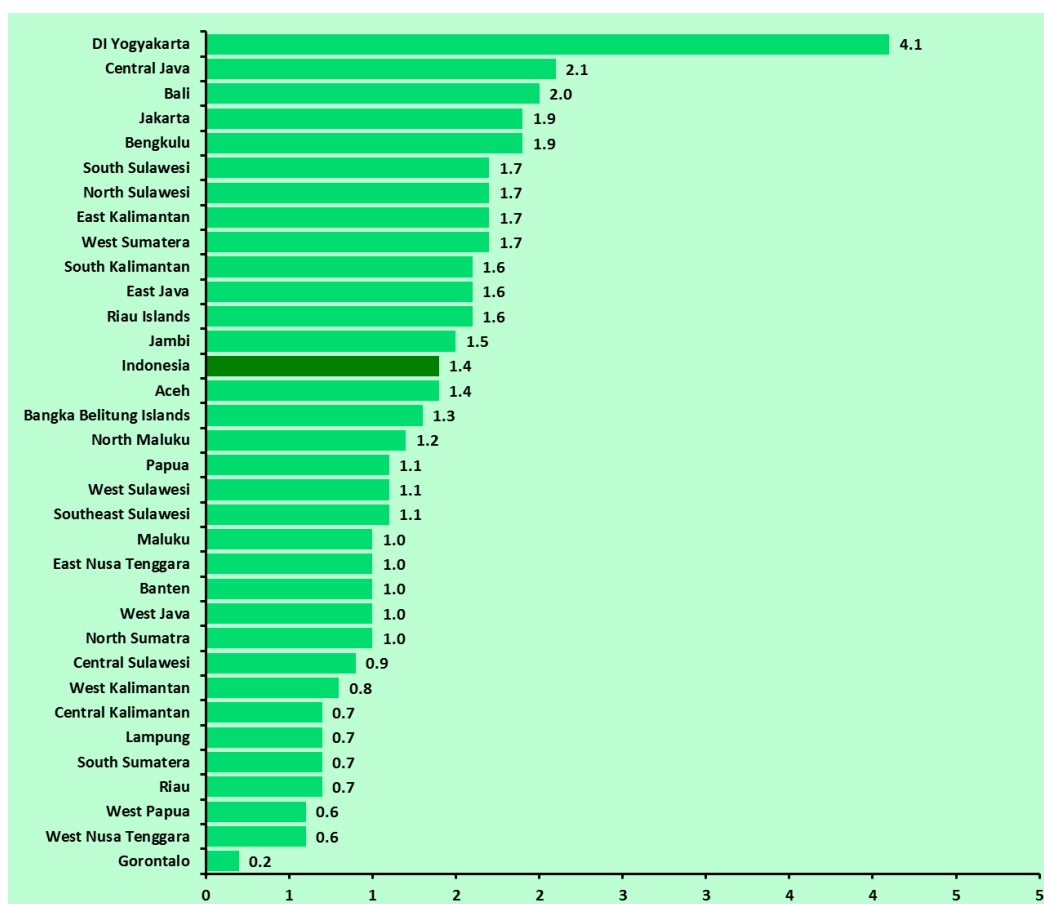
In effort to improve the quality of epidemiological surveillance of cancer, obtain valid cancer and avoid duplicate records in the community, model of population-based cancer registration was developed in Jakarta. The program will be expanded to other areas in Indonesia. Until 2010, the registration in Jakarta has been implemented in 79 hospitals, 2 clinics, 90 pathology laboratories, 34 sub-district health centers which supervise 301 village health centers.

4. Developing networks and partnerships.

In developing a cancer control program in Indonesia, the Ministry of Health collaborates with all relevant sectors, local authorities, professional organizations, domestic and international NGOs, and other parties. This cooperation is manifested in the preparation of such 5-year work plan (2010-2014), the *Indonesian Cancer Control Program (ICCP)* which integrate all related work plans. The work plan includes aspects of prevention, early detection, diagnosis and treatment, palliative care, epidemiological surveillance, research/research, support and rehabilitation. This work plan is expected to be a reference for local governments to prepare plans for cancer control activities in each region.

Overview of the prevalence of cancer based on Riskesdas by province in 2013 can be seen in Figure 6.44.

FIGURE 6.44
CANCER DISEASE PREVALENCE (%) BASED ON PHYSICIAN DIAGNOSIS / SYMPTOMS BY PROVINCE IN 2013





Source: Riskesdas 2013

Based on the figure 6.44, it can be seen that the high prevalence of cancer based on doctor's diagnosis / symptoms in Riskesdas 2013 were in Yogyakarta (4.1 ‰), and Central Java (2.1 ‰), and Bali (2.0 ‰). Meanwhile low prevalence was found in Gorontalo (0.2 ‰), followed by West Nusa Tenggara, and West Papua (0.6 ‰).

c. Diabetes mellitus and metabolic diseases

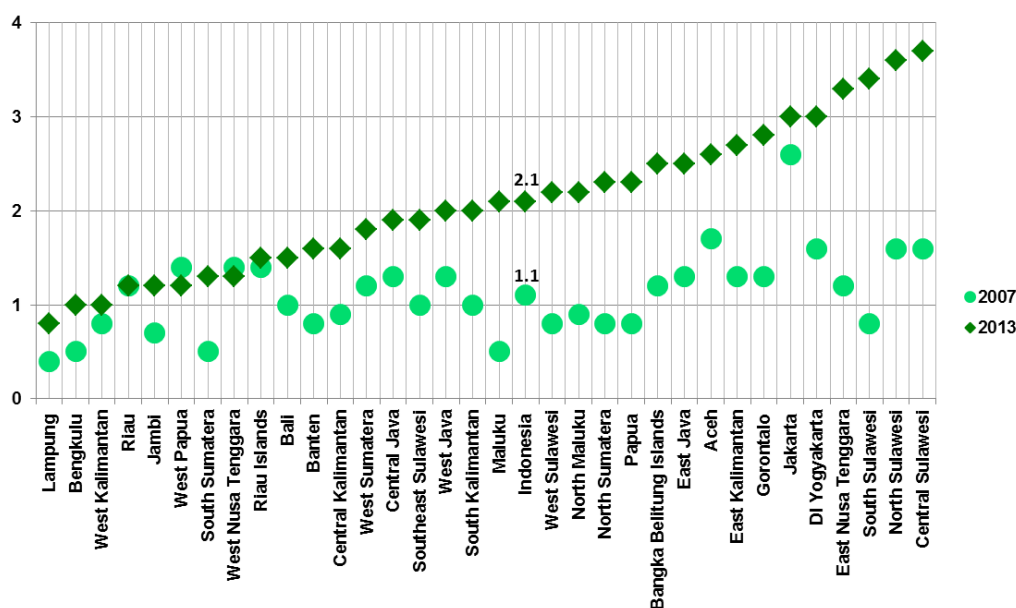
The scope of controlling of diabetes mellitus and metabolic diseases program, handled by Sub Control Diabetes Mellitus and Metabolic diseases, are diabetes mellitus, obesity, thyroid gland disorders, dyslipidemia, disorders of calcium metabolism, impaired secretion of the adrenal cortex, and hypothalamus gland disorders.

Diabetes mellitus is caused by diet / nutrition, unhealthy habits, lack of physical activity, and stress. The purpose of the diabetes mellitus and metabolic disease control program is to increase self-reliance in prevention and control of non-communicable disease risk factors involving center program managers, regional, UPT, cross-program, cross-sector, professional organizations, NGOs and the public.

Practices to control diabetes mellitus and metabolic disease have been implemented consisting of the main points of the following activities:

1. Preparation of guidelines
Until the year 2010, 7 guidelines has been prepared with the 3 times revision. Socialization and advocacy have also been carried out in 33 provinces.
2. Capacity building
This effort has been done through training of trainers (TOT) for early detection and management of diabetes mellitus and metabolic disease in 16 provinces. It also conducted training of 180 specialists in internal medicine and general practitioners in 6 municipalities, namely Medan, Jakarta, Yogyakarta, Surabaya, Denpasar and Makassar.
3. Establish partnerships
Other efforts related to the prevention and risk factors control is establishing partnerships across programs/sectors through diabetes mellitus working group, community participation development to control diabetes and metabolic diseases in 10 provinces, and also development of diabetes mellitus Forum in Indonesia. In 2010, Project Partnership Agreement (PPA) was established between the Ministry of Health of the Republic of Indonesia via Directorate General of Disease Control and Env. Health with *the World Diabetes Foundation (WDF)*, a private international institution dedicated in the prevention and treatment of diabetes mellitus in developing countries. The aim of this cooperation is to perform community intervention in the prevention and control of diabetes mellitus and its risk factors

FIGURE 6.45
PREVALENCE OF DIABETES ON ≥ 15 YEARS OF AGE POPULATION BASED ON PHYSICIAN DIAGNOSIS / SYMPTOMS BY PROVINCE IN 2007 DAN 2013



Source: Riskesdas 2007 and 2013,

The prevalence of diabetes in Indonesia based on interviews in 2013 was 2.1%. The figure was higher than in 2007 (1.1%). A total of 31 provinces (93.9%) showed significant increase in the prevalence of diabetes. The highest prevalence of diabetes at age ≥ 15 years based on doctor's diagnosis/symptoms Riskesdas in 2013 was in Central Sulawesi (3.7%), followed by North Sulawesi (3.6%) and South Sulawesi (3.4%). Meanwhile the lowest prevalence was in Lampung Province (0.8%), then Bengkulu and West Kalimantan (1.0%). Province with the highest prevalence increase was in South Sulawesi, from 0.8% in 2007 to 3.4% in 2013, while the highest prevalence decline was West Papua, from 1.4% in 2007 to 1.2% in 2013.

d. Chronic and Degenerative Diseases

Scope of chronic and degenerative disease control is Chronic Obstructive Pulmonary Disease (COPD), osteoporosis, asthma, chronic renal failure, thalassemia, SLE / lupus, osteoarthritis, and chronic rhinitis. Practices to control diabetes mellitus and metabolic disease have been implemented consisting of the points of activities as follows.

1. Preparation of NSPK PPKD

Up to the year 2013, NSPK prepared is Guidance to Control Chronic Obstructive Pulmonary Disease (COPD), Minister of Health Decree No. 1022 / Menkes / SK / XI / 2008 date. 3 November 2008, COPDTOTModule, Asthma Control Guidelines 2007, Minister of Health Decree No. 1023 / Menkes / SK / XI.2008 date. November 3, 2008, Guidelines for Osteoporosis Control, Minister of Health Decree No. 1142 / Menkes / SK / XII / 2008 date. December 4, 2008, Technical Guidelines for Chronic Kidney Disease Control 2008, Standard Operating Procedure of Medical Devices for Chronic Degenerative Diseases 2010, Technical guidelines for thalassemia, SLE and smoking cessation in health center 2013.

2. Early detection of COPD (Disease Chronic Obstructive Pulmonary) through the practical approach of lung disease (PAL) in the primary healthcare .



3. Tobacco Control

Tobacco control in Indonesia is one of the efforts to control non-communicable disease risk factors, in order to reduce the prevalence of non-communicable diseases. Some of the efforts that have been developed are as follows.

a. Development of the non-smoking area

MoH RI sets non-smoking area (KTR) as an effort to protect the public against the effects of cigarette smoke exposure on health. KTR is a room or area that is otherwise prohibited to perform activities of production, sales, advertising, promotion and use of cigarettes. KTR scope covers public places, enclosed workplaces, health facilities, the teaching-learning process, the arena of children's activities, places of worship, and public transportation. Up to the year 2014 (June 2014), 144 districts/municipalities in 32 provinces has a policy about KTR.

b. Efforts to stop cigarette in Primary health care facilities

Smoking cessation services in primary health care is implemented especially as the frontline of health care facilities to the community. Your healthcare provider will do the counseling, how to avoid being a smoker, and for those who have already become smokers is how I quit smoking dependence. The purpose of this effort is to protect public health from the adverse effects of smoking. In 2013 these efforts has been developed with the availability of the book about attempts to quit smoking in primary health care, and in 2014 there will be the training of health workers in 33 provinces.


c. Initiation to Framework Convention on Tobacco Control (FCTC)

To demonstrate Indonesia's commitment in controlling the impact of smoking on health, Indonesia is willing to accede to the Framework Convention on Tobacco Control (FCTC). Ministry of Health as initiator, proposed FCTC accession treaty to the President through the Secretary of State refers to the Law No. 24 of 2000 on International Treaties and Presidential Regulation No.68 Year 2005 on Procedures for Preparing Law, Draft of Government Regulation on Law, Draft Regulation and Draft Presidential Decree, through Presidential Decree.

- Community polls regarding the implementation of a total ban on advertising, promotion and sponsorship of cigarettes. This survey was conducted in order to obtain an overview of public opinion regarding the implementation of a total ban on advertising, promotion and sponsorship of cigarettes. The survey was conducted in 5 municipalities, namely Palembang, Samarinda, Manado, Yogyakarta and Denpasar.

d. Total ban advertising of cigarettes / tobacco

In 2013, Government Regulation Number 109 Year 2013 was issued on Protection of Addictive Substances Containing a Tobacco Products for Health governing pictorial health warnings, non-smoking area (KTR), the content in cigarettes (additives, nicotine and tar), minimum packaging size, sales / distribution, controlling advertising, promotion, sponsorship and *corporate social responsibility* (CSR), the protection of children and pregnant women, the



responsibility of governments and local governments, as well as community participation.

4. Controlling *Systemic lupus erythematosus* (SLE)

Systemic lupus erythematosus (*Systemic lupus erythematosus* /SLE) is a chronic and unclear mechanism of autoimmune inflammatory disease. This disease primarily affects women of childbearing age with a high mortality rate. Genetic factors, immunologic and hormonal and environmental were suspected to play role in the course of disease. Lupus disease is also known by the term "disease of a thousand faces", because it has a wide variation in the clinical picture and varied appearancecourse of the disease. Failure in the recognition of this disease is still common, so diagnosis and management is often late. The development of this program in 2013 was the preparation of SLE technical guidelines in two areas, Jakarta and West Java.

5. Control of Thalassemia

Thalassemia prevention program needs to be done to reduce the number of patients with thalassemia major / homozygous in Indonesia. In terms of costs, the prevention of thalassemia require less than the cost of therapy of patients with thalassemia major / homozygous (β -thalassemia major: clinical symptoms of thalassemia with the most severe, require a blood transfusion once a month for the rest of his life). Counseling and genetic testing is recommended for families that carry thalassemia trait. By screening , it is expected to reduce the incidence of thalassemia, including premarital and pre-natal screening. It is advisable, any person who is not married (Men and Women) and every married couple before pregnancy plans should ensure screening for thalassemia. Development of thalassemia control program until 2013 was the preparation of technical guidelines and pilot projects in two areas, Bandung city and Garut District.

6. Facilitation , technical assistance and guidance of development Non-smoking Zone

7. Human Resource Development : Training early detection of COPD for the treatment in primary healthcare

8. Socialization of COPD

9. Early Detection of COPD through spirometry test in high risk populationsgroup / individual on regular basis , ie smokers ,workers in mining, housewiveswho use firewood

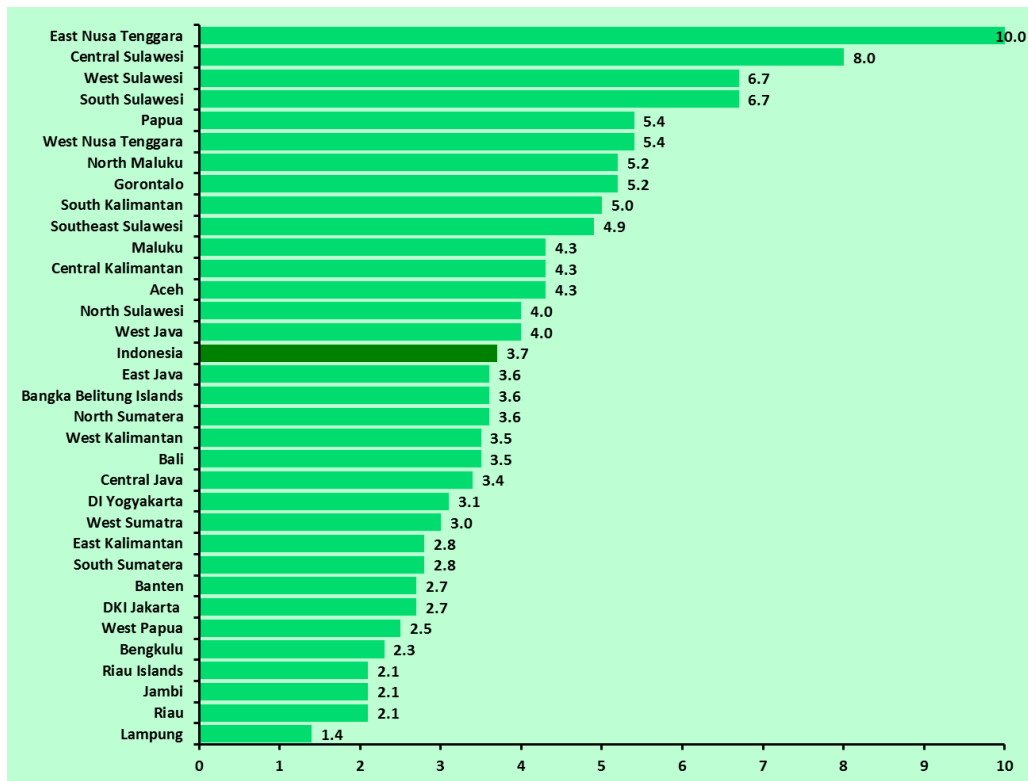
10. Build and strengthen partnerships with departments / institutions and NGOs

Overview of chronic and degenerative diseases based Riskesdas 2013 were as follows.

a. Chronic obstructive pulmonary disease (COPD)

Province with the highest prevalence of COPD at age > 30 years based on the symptoms according to the results of Riskesdas 2013 were East Nusa Tenggara (10.0%), and Central Sulawesi (8.0%), and West Sulawesi (6.7%). While the lowest prevalence of COPD was Lampung Province (1.4%), then the province of Riau, Jambi, and Riau Islands (2.1%). Overview of COPD prevalence by province in 2013 can be seen in the picture below 6:46.

FIGURE 6.46
PREVALENCE OF COPD IN AGE > 30 YEARS BASED ON SYMPTOMS (%)
BY PROVINCE IN 2013

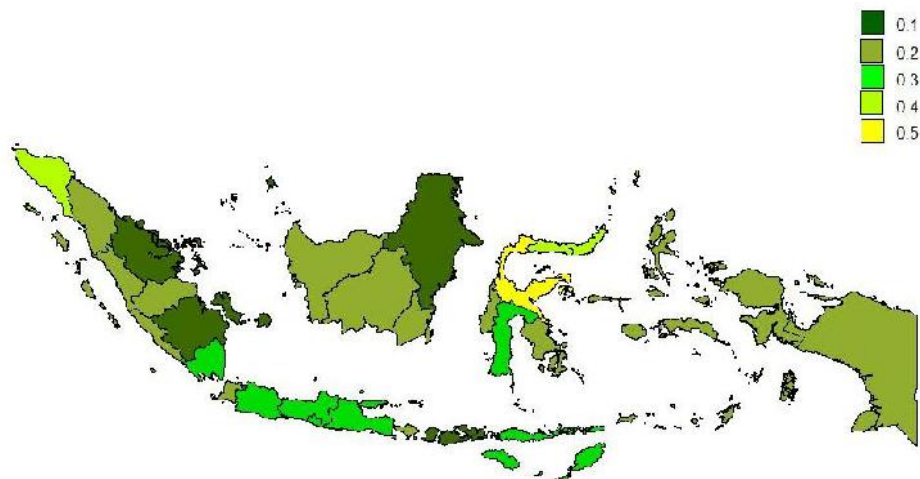


Source: Riskesdas 2013, National Institute for Health Research Development (NHRD), MoH RI, 2014

b. Chronic Renal Failure

Map of chronic kidney disease prevalence of in Indonesia according Riskesdas in 2013 can be seen in the following figure.

FIGURE 6.47
MAP OF PREVALENCE OF CHRONIC KIDNEY FAILURE IN AGE ≥ 15 YEARS
IN INDONESIA 2013



Source : Riskesdas 2013, National Institute for Health Research Development (NHRD), MoH Republic of Indonesia, 2014

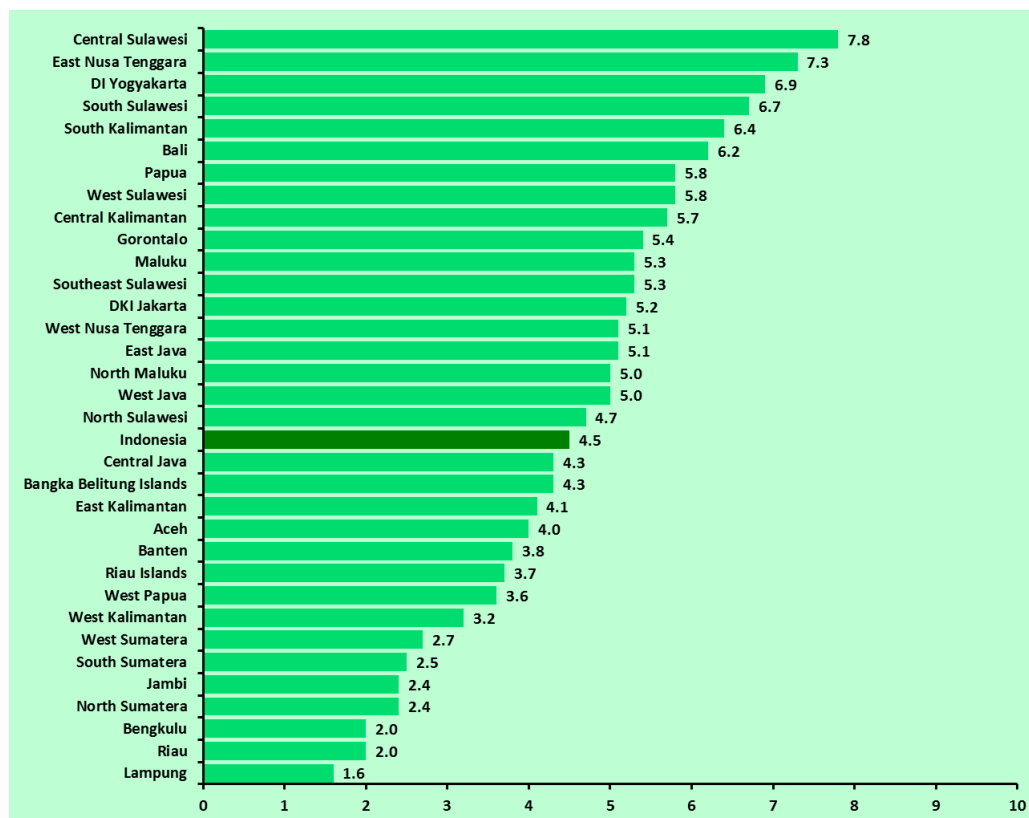
The prevalence of chronic kidney disease at age ≥ 15 years by province in 2013 was between 0.1% to 0.5%. The highest prevalence was in Central Sulawesi and the

lowest in the province of East Kalimantan, West Nusa Tenggara, Jakarta, Riau Islands, Bangka Belitung, South Sumatra, and Riau.

c. Asthma

The highest prevalence of asthma symptoms in 2013 was in Central Sulawesi (7.8%). The second highest was in East Nusa Tenggara (7.3%), then in DI Yogyakarta (6.9%). Meanwhile, low prevalence was in Lampung Province (1.6%), followed by Riau and Bengkulu (2%). Picture of the prevalence of asthma in Indonesia by province in 2013 can be seen in the following figure.

FIGURE 6.48
PREVALENCE OF ASTHMA BASED ON SYMPTOMS (%)
BY PROVINCE IN 2013



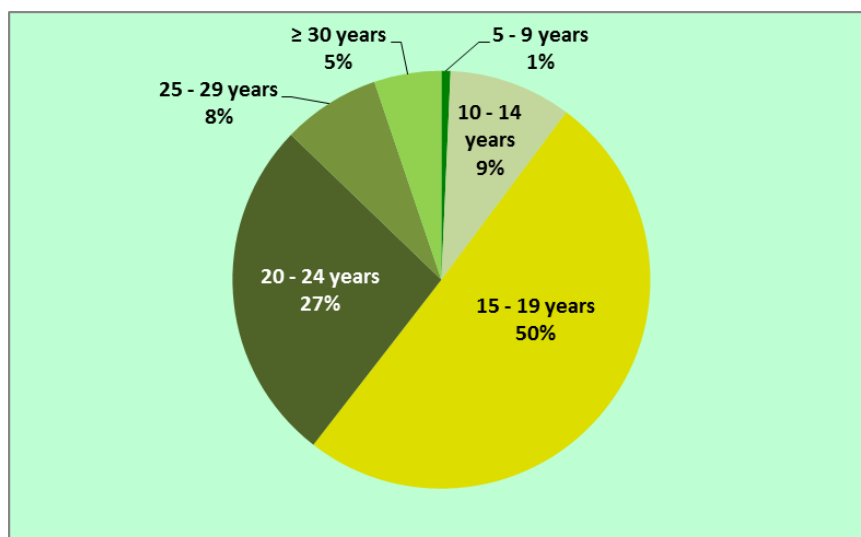
Source : Riskesdas 2013, National Institute for Health Research Development (NHRD) , 2014

Data and information on asthma prevalence by province based on the results of Riskesdas 2013 are presented in the Annex 6.34.

d. Smoking

Starting age of daily smoking in Indonesia in 2013 was at most in the age group 15-19 years (50%). The second most was in the age group 20-24 years (27%). An overview of the starting age of daily smoking in Indonesia in 2013 can be seen in Figure 6.49.

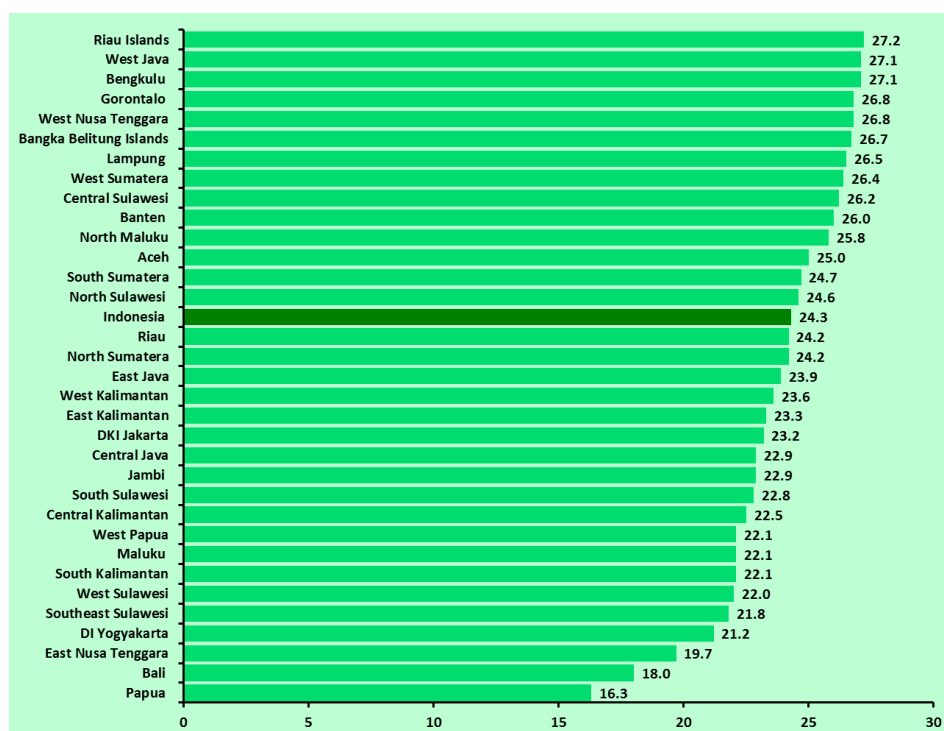
FIGURE 6.49
PROPORTION OF POPULATION BY STARTING AGE OF DAILY SMOKING
IN INDONESIA 2013



Source : Riskesdas 2013, National Institute for Health Research Development (NHRD) MoH Republic of Indonesia, 2014


The highest proportion of the population aged ≥ 10 years who smoked daily was in the province of Riau Islands (27.2%), then the province of West Java and Bengkulu (27.1%). The lowest proportion was in Papua Province (16.3%), and Bali (18%), and East Nusa Tenggara (19.7%). An overview of the proportion of the population aged ≥ 10 years who smoked daily by province in 2013 can be seen in the following figure.

FIGURE 6.50
PROPORTION OF PEOPLE AGED ≥ 10 YEARS SMOKING EVERY DAY
BY PROVINCE IN 2013



Source : Riskesdas 2013, National Institute for Health Research Development (NHRD) MoH Republic of Indonesia, 2014

B. ENVIRONMENTAL HEALTH



Environmental health affects the health of society. According to the WHO (World Health Organization), the health of the environment is an ecological balance that must exist between humans and the environment in order to ensure the healthy condition of humans. According to WHO, the scope of environmental are drinking water supply, wastewater management and pollution control.

Accordingly, the Agency for Health Research and Development, Ministry of Health held a Basic Health Research in 2013 (Risikesdas 2013). The purpose of environmental health topics in Risikesdas 2013 is evaluating existing programs, following up improvement efforts that will be executed, and identifying environmental risk factors for various diseases and health problems.

1. Drinking Water

The government's commitment to the *Millennium Development Goals* (MDGs) is ensuring environmental sustainability by lowering the proportion of households without sustainable access to safe drinking water and basic sanitation by half in 2015.

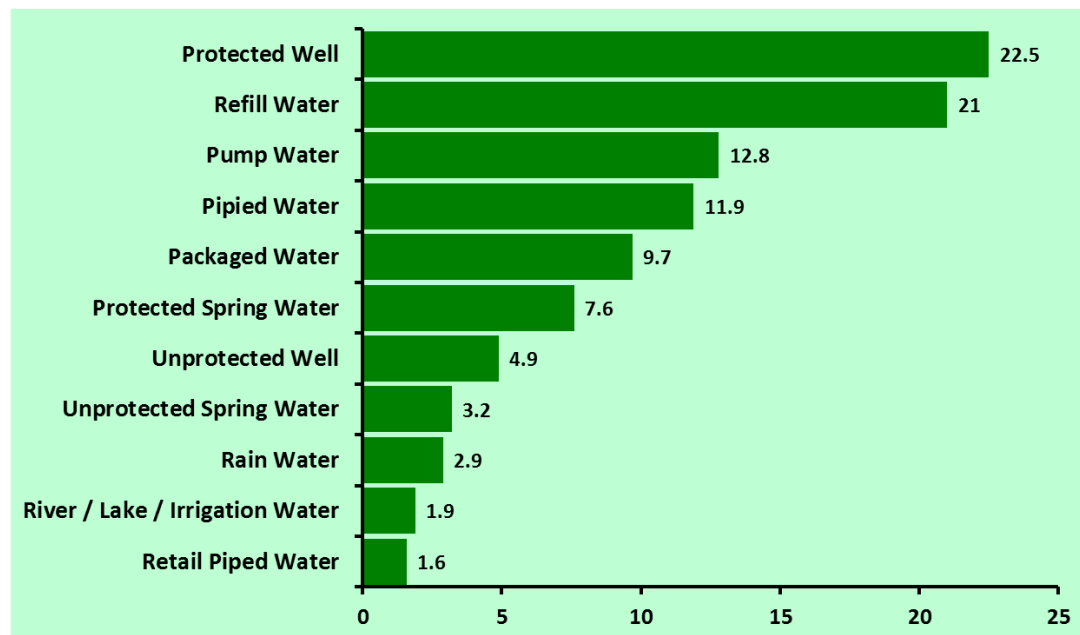
According to the Regulation of the Minister of Health No. 492/ Menkes / PER / IV/ 2010 on Requirements of drinking Water Quality, drinking water is water with or without processing which qualified for health and drinkable directly. Organizers company of drinking water may come from state-owned enterprises / regionally owned enterprises, cooperation, private enterprises, individual businesses, community groups, and / or the individual implemented of drinking water supply. Not all water is drinkable, whereas terms of drinking water quality, based on Regulation of the Minister of Health are as follows:

- Physical Conditions: Odorless, tasteless, and colorless ;
- Microbiology parameter: E. coli and total bacteria colliform, maximum allowed levels in respiratory passages is 0 per 100 ml of sample;
- Chemical Terms: Levels of Iron: The maximum level allowed 0.3 mg / l, hardness (max 500 mg / l), pH 6.5 to 8.5;
- Terms Microbiological: Fecal coliform / total coliform (max 0 per 100 ml of water);
- And other additional parameters.

One of the parameters of the drinking water is a physical parameter. Physical parameters must be met in the drinking water are crystal clear, odorless, tasteless and colorless. In addition, drinking water does not produce sediment. If we consume water deviates from this requirement, then it is very likely the water has been contaminated. Nationally, based on the results Risikesdas 2013, the physical quality of drinking water in Indonesia included in both categories (not turbid, colorless, tasteless and odorless no foaming) was 94.1%. Full details of Risikesdas 2013 result on the proportion of households based on the physical quality of drinking water can be seen in Annex 6.39.

Discussion drinking water content includes the proportion of households by type of water source, the proportion of households based on the physical quality of drinking water, the proportion of households on drinking water treatment before consumed, the proportion of households by drinking water treatment before consumed, and the proportion of households with access to an improved source of drinking water based on the WHO criteria JMP-INICEF 2006.

FIGURE 6.51
PROPORTION OF HOUSEHOLDS BY TYPE OF SOURCE OF DRINKING WATER
IN INDONESIA, RISKESDAS 2013

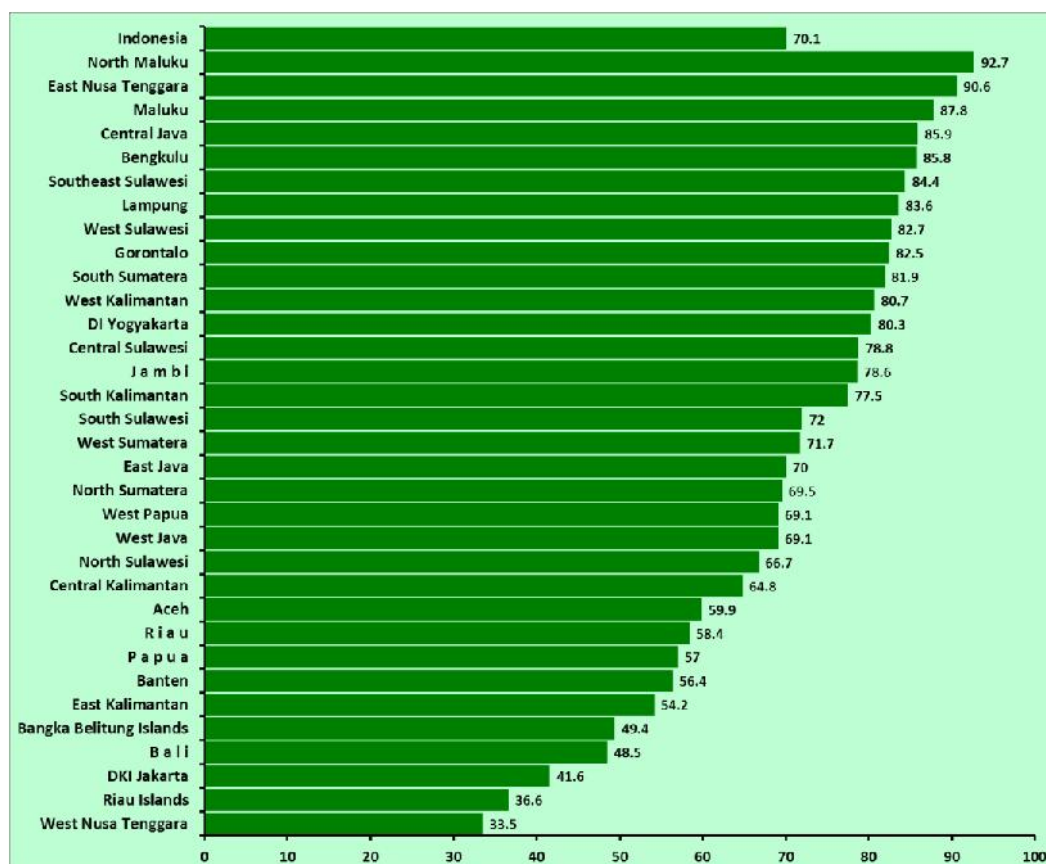


Source : Riskesdas 2013, National Institute for Health Research Development (NHRD) MoH Republic of Indonesia, 2014

Figure 6.51 showed that the proportion of households by type of water source in Indonesia's was at most using protected dug wells by 22.5%, then refill water by 21% and bore wells / pump by 12.8%. The proportion of households using refill and bottled water has a fairly large percentage. This happens due to technological advances as well as the higher level of public awareness on health, especially in meeting the needs of clean water to drink. Meanwhile the ground water supply as main source of drinking water has been decreasing; household are now beginning to turn to drinking water in packaging / refill. This product is one solution to the consumption of drinking water because it has been processed. Full details about proportion of households by type of water source by province can be seen in Annex 6.38.

Drinkable water, have certain standards that have to meet the requirements of the physical, chemical and bacteriological, and the all requirement are required. So if there is only one parameter that does not qualify, so water is unfit for drinking. Therefore, proper water processing for drinking water treatment is needed before consumed.

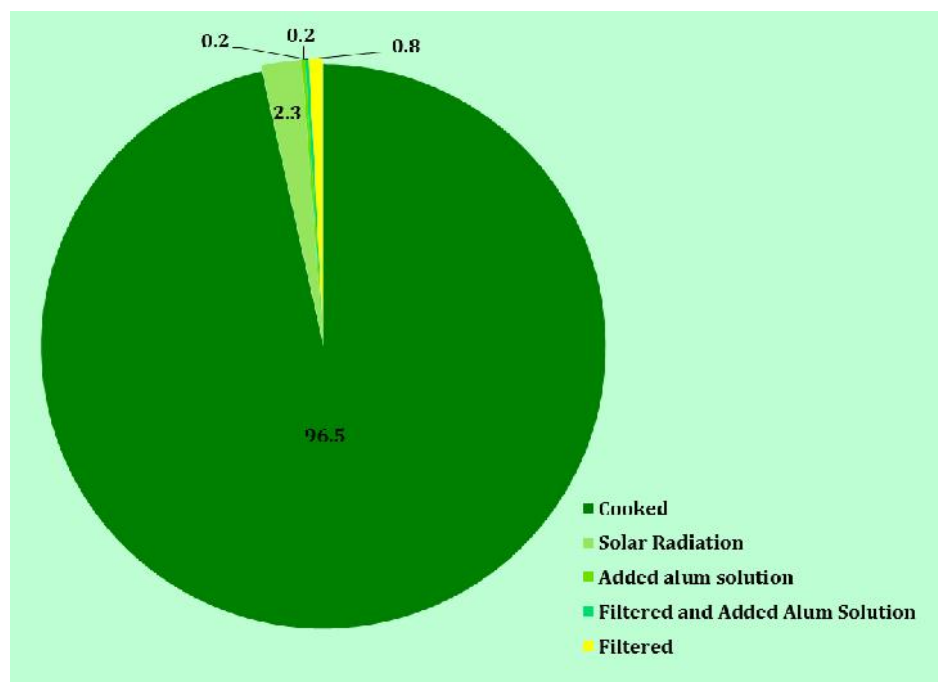
FIGURE 6.52
PROPORTION OF HOUSEHOLD PROCESSING DRINKING WATER BEFORE CONSUMED
IN INDONESIA, RISKESDAS 2013



Source: National Institute for Health Research Development (NHRD) Ministry of Health, 2014

Figure 6:52 shows the proportion of household's way in processing water before consumed. Nationally, the proportion of households processed water before consumed was 70.1%. The largest proportion was in North Maluku province at 92.7%, East Nusa Tenggara by 90.6%. The lowest proportion was in West Nusa Tenggara by 33.5%, Riau Islands by 36.6%. DKI Jakarta has a lower proportion of households processing drinking water before consumed is relatively small (41.6%). It is due to the number of households using mineral water (bottled water and water refills). Before consumed, water treatments include cooking, solar radiation, plus a solution of alum, filtered and added a solution of alum, and filtered only. Full details on the proportion of households that treat water before consumed can be seen in Annex 6.40.

FIGURE 6.53
PROPORTION HOUSEHOLD BASED ON DRINKING WATER PROCESSING METHOD BEFORE CONSUMED IN
INDONESIA, RISKESDAS 2013



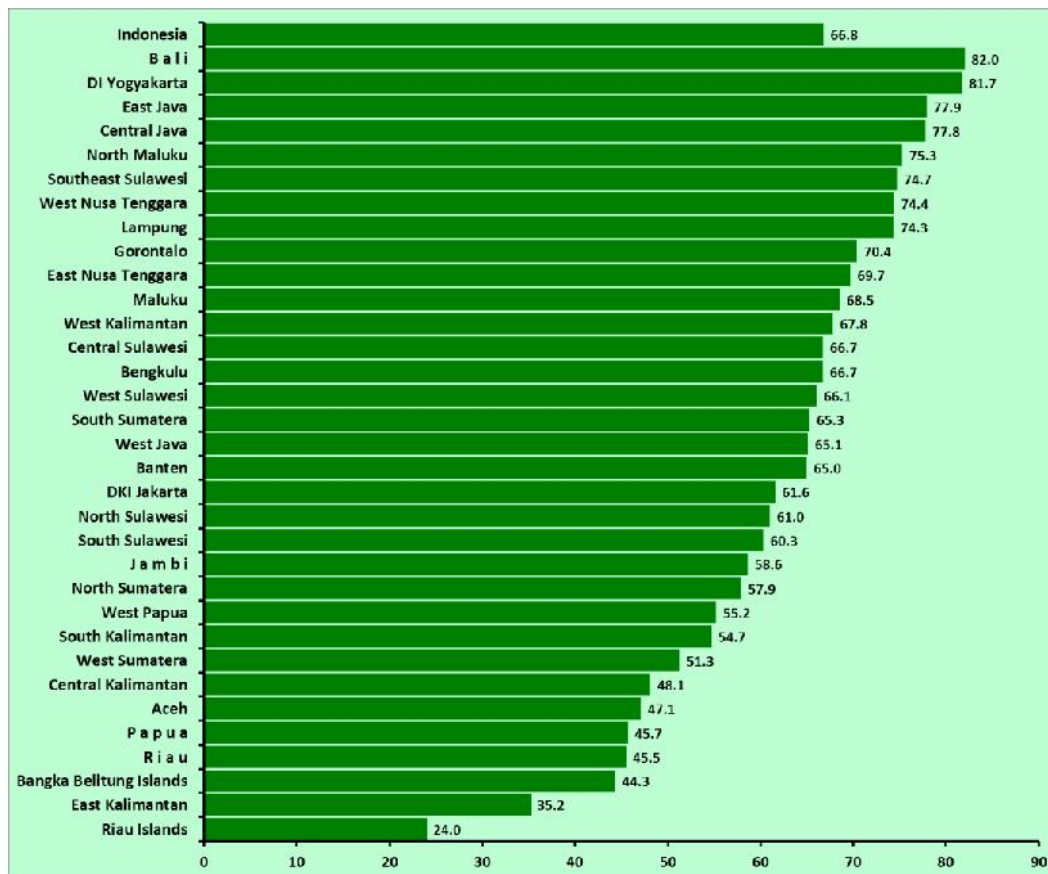
Source: National Institute for Health Research Development (NHRD) Ministry of Health, 2014

Figure 6:53 shows the proportion of households by way of drinking water processing before consumed. By Riskesdas 2013, processing drinking water by cooked was at 96.5%. This method is the most widely performed. The percentage was highest at 97.8% in Banten, Lampung was at 97.6%. While the lowest percentage was in Maluku province at 90.6% and Central Kalimantan Province was at 92.6%. Water treatment by solar radiation was at 2.3%. This method is the most widely performed in Bengkulu province at 3.8%. Filtering the water was implemented only by 0.8%. This method is the most widely performed in the Maluku province at 6.2%. Method of adding a solution of alum then alum solution was filtered was done by 0.2%. Full details on the proportion of households based on how they process drinking water before consumed can be seen in Annexes 6:41.

Based on the criteria of the WHO-UNICEF JMP 2006, access to drinking water sources can be divided into two, namely improved and unimproved. Improved means the households have access to tap water/ water company-PDAM, boreholes / pumps, protected dug wells, protected springs, rainwater, bottled water (only if the source of water for other household improved). Unimproved means households that have access to a source of water to bottled water, refill water, water vendor, unprotected dug wells, unprotected springs, the water of the river / lake / irrigation.



FIGURE 6.54
PROPORTION OF HOUSEHOLDS THAT HAVE ACCESS TO IMPROVED DRINKING WATER SOURCE BY CRITERIA WHO-UNICEF JMP 2006 RISKESDAS 2013



Source: National Institute for Health Research Development (NHRD) Ministry of Health, 2014

Figure 6:54 shows Riskesdas 2013 result on the proportion of households with access to improved drinking water supply. Nationally, the proportion of households have access to improved drinking water supply was 66.8%, while to unimproved was 33.2%. The largest percentage of households with access to improved drinking water sources was in Bali at 82% and Yogyakarta at 81.7%. The lowest percentage of households with access to improved drinking water supply was Riau Province by 24% and in East Kalimantan by 35.2%. Full details on the proportion of households with access to drinking water sources are in Annex 6:42.

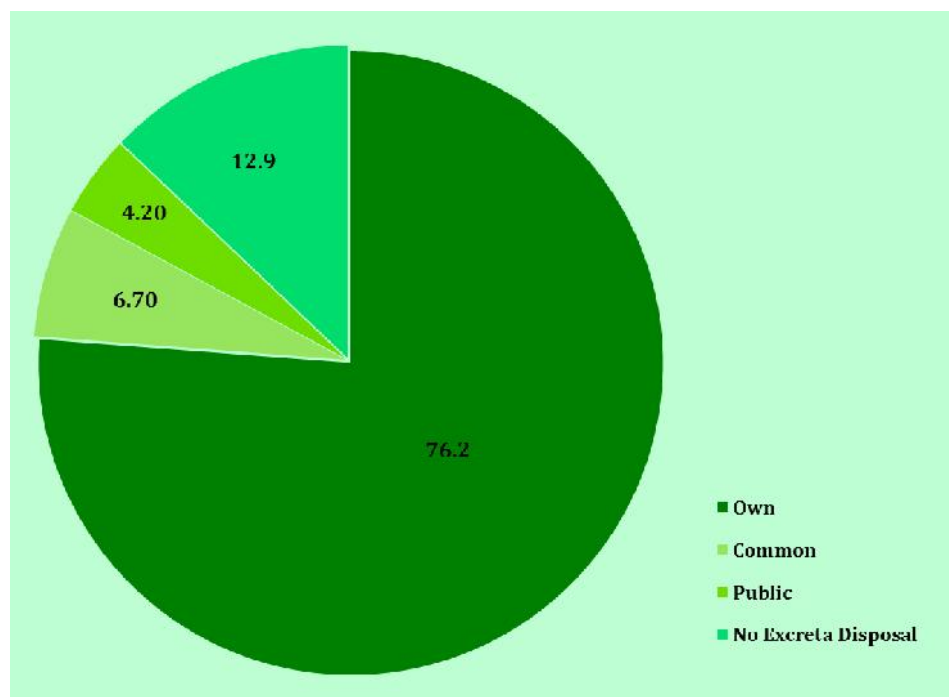
Efforts to improve access to drinking water and drinking water quality nationwide continue to be done, but there are still many obstacles in the achievement. These constraints include:

1. Trend of increasing use of bottled water and refill as a source of drinking water, while the water and refill packs are not included as a source of drinking water. This occurs due to the current data collection is done taking one access to water sources used for drinking, not for households with more than one water source;
2. Provision of existing water infrastructure can balance with population growth, urbanization and increased consumption;
3. For the provision of piped water, a few problems at the level of the operators such as lack of operational and maintenance costs, low tariffs, limited the competent human resources and less efficient management;
4. Damage in a variety of drinking water facilities used in the community, including the source of drinking water un piped (BJP), unprotected, which reached 10.54%.

2. Improved Sanitation

Access to adequate sanitation is one of the core foundations of a healthy society. Good sanitation is an essential element that supports human health. Sanitation related to environmental health that affects the health of society. Poor sanitary conditions will have a negative impact on many aspects of life, ranging from a decline in the quality of people's living environment, pollution of drinking water sources for the community, the increasing number of incidents of diarrhea and the emergence of some diseases.

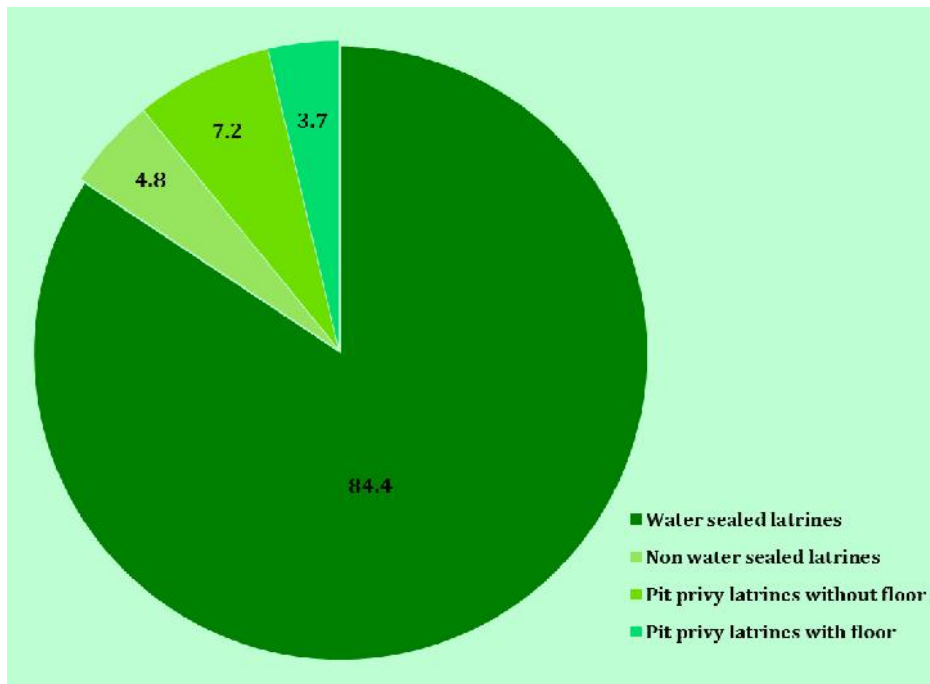
FIGURE 6.55
PROPORTION OF HOUSEHOLDS BY LATRINE UTILIZATION IN INDONESIA, RISKESDAS 2013



Source: National Institute for Health Research Development (NHRD) Ministry of Health, 2014

Figure 6:55 shows Riskesdas 2013 result on the proportion of households based on the use of latrine facilities. Nationally, the proportion of households using own latrine was at 76.2%, sharing was at 6.7%, public latrine was at 4.2%, general and indiscriminate defecation by 12.9%. The largest percentage of households using their own latrine was in Riau Province at 88.4%, followed by Lampung and Riau Islands (both at 88.1%) and the lowest in the province of Gorontalo at 50.2%, followed by 52.8% in West Sulawesi and West Nusa Tenggara at 57.8%. Full details about the 2013 Riskesdas proportion of households based on the use of latrine facilities by province are in Annex 6.44.

FIGURE 6.56
PROPORTION OF HOUSEHOLDS BY LATRINE TYPE
IN INDONESIA, RISKESDAS 2013



Source: National Institute for Health Research Development (NHRD) Ministry of Health, 2014

According to the type of latrine used, the majority of households in Indonesia use the toilet swan neck closet for 84.4%, Throne (Ind: plengsengan) by 4.8% , Dry pit without floor by 7.2%, and Dry pit / hole with a floor by 3.7%. Full details about proportion of households by type of latrine by province can be seen in Annex 6:45.

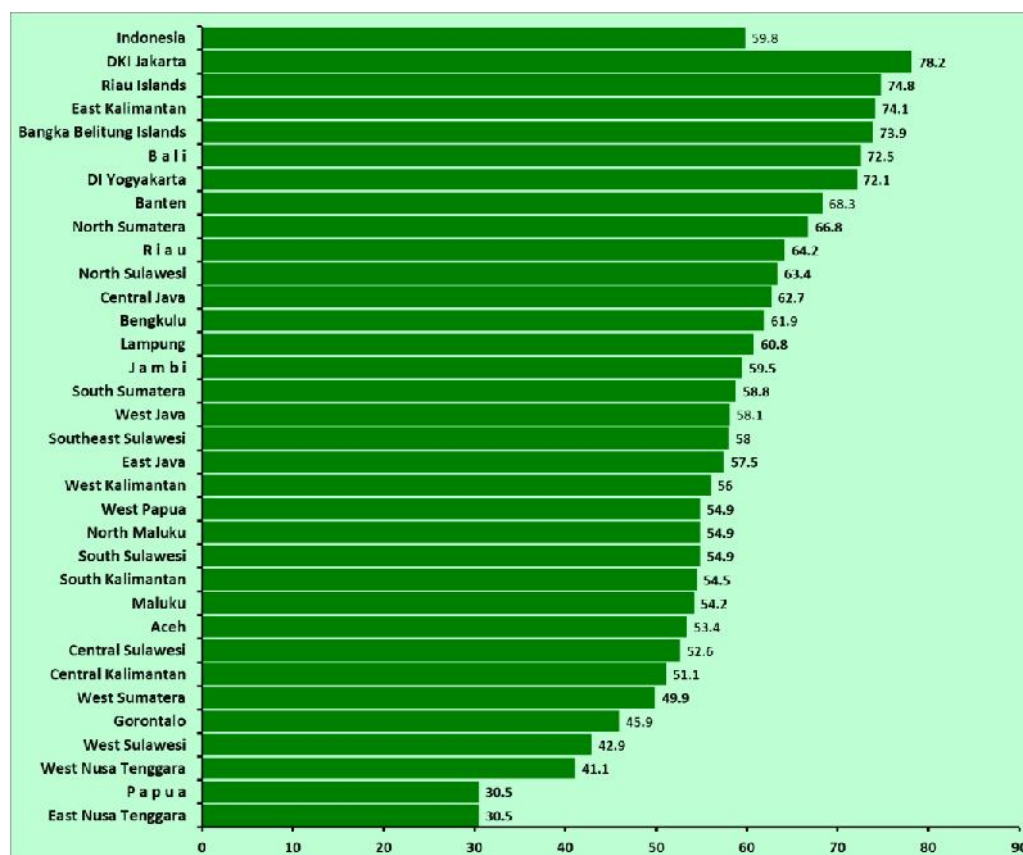
Based on the results Riskesdas, 2013, there were 66% of households in Indonesia use septic tanks as stool landfills. Households that use stool landfills in form of Waste Water Disposal Facility (Ind: SPAL) were at 4%, pool / field at 4.4%, river / lake / sea at 13.9%, soil pit at 8.6%, and in beach/terrain/garden at 2, 7%. Full details Riskesdas 2013 result on the proportion of households stool landfills by province can be seen in Appendix 6:46.

Based on the concepts and definitions of the MDGs, access to adequate sanitation facilities are: if there is latrine facilities, which was used privately or shared, swan neck type toilet, and stool landfills use septic tank or Waste Water Disposal Facility (Ind: SPAL). Stool disposal methods are appropriate if the latrine fulfill with the following requirements:

1. Surface soil cannot be contaminated
2. Should not contaminate groundwater that may enter springs or wells
3. Should not be contaminated by surface water
4. Feces should not be touched by flies and other animals
5. Should not conduct fresh stool management, or if it is absolutely necessary, should be limited to a minimum
6. Pits should be free from odors or unsightly conditions
7. Methods of manufacture and operation should be simple and not expensive.

For access to the latrine facility, WHO criteria JMP - Unicef in 2006 was used. According to these criteria, households had access to improved sanitation facilities means household who is using their own latrine facility, with goose neck latrine type or retaining wall, and the final disposal of feces is septic tanks.

FIGURE 6.57
PROPORTION OF HOUSEHOLD HAVE ACCESS TO IMPROVED SANITATION FACILITIES BY CRITERIA WHO-UNICEF JMP 2006 RISKESDAS 2013



Source: National Institute for Health Research Development (NHRD) Ministry of Health, 2014

In Figure 6.57 proportion of households with access to improved sanitation facilities based on the WHO-UNICEF JMP criteria was at 59.8%. This proportion was highest in DKI Jakarta Province at 78.2%, Riau by 74.8% and East Kalimantan by 74.1%. The lowest proportion of households with access to sanitation was East Nusa Tenggara and Papua by 30.5%. Full details of Riskesdas 2013 result based on the proportion of household's final processing place for stools by province can be seen in Appendix 6:47.

Efforts to improve proper sanitation continue to be done nationally, but there are still many obstacles in the achievement. These constraints include:

1. Construction of sanitation have not become a priority activity at the provincial and district/municipality.
2. Still lack investment in sanitation sector, because it has not had a direct economic value,
3. The process of improving behavior change can not be done instantly, tend to require a relatively long time. It also require adequacy of assistance officer for community to implement healthier behaviors in daily life on an ongoing basis.
4. Unequal availability of easy, cheap, and affordable sanitation facilities for the community

Efforts breakthrough/innovation in order to accelerate the achievement of the targets were conducted through the allocation of state funds in the form of activities of Water Supply and Community Based Total Sanitation (PAMSTBM). It is expected to increase access to water supply and sanitation in 158 districts in 31 Provinces, through mechanisms of Assistance for all



component activities in Rehabilitation of Non Piping Water Supply and building drinking water Supply facilities.

Besides that, strengthening efforts to Government - Private Partnership (PPP) were involving the NGO Local / National / International, the CSR (Corporate Social Responsibility), international donor agencies, such as the World Bank, ADB and implemented through ICWRMIP and Pamsimas activities, and other activities oriented to training, provision of drinking water and basic sanitation and also establishment of clean and healthy life style behavior for people using STBM approach.

3. Community-Based Total Sanitation (Ind: STBM)

STBM Village (Community Based Total Sanitation) is a village with minimum 1 hamlet where people use latrine facility for defecation, has a work team STBM or natural leader , and has had STBM work plan or action plan. STBM becomes frontline of the successful development of water and sanitation completely. Total sanitation is a community-based approach as options, strategies and programs for hygiene and sanitation behavior change through community empowerment by using triggers in order to achieve the MDGs. In STBM implementation, it includes five pillars namely:

1. Stop defecation at improper place
2. Wash hands with soap,
3. Management of drinking water and safe food in the household,
4. Management of waste properly, and
5. Management of domestic wastewater safely.


Number of STBM villages has increased from 6235 in 2011 into 11,165 villages. In 2013 of the targeted 16,000 villages, STBM have been reached as many as 16 228 villages. Based on village number, the vast majority was in the East Java village at 3,618; followed by Central Java, West Nusa Tenggara, and East Nusa Tenggara.

Activities to accelerate the implementation of STBM done with the drinking water supply in the activities of Water Supply and Community Based Total Sanitation (Ind: PAMSTBM). This activity was carried out in 158 districts in 31 provinces are through mechanisms of Assistance service. The results of this activity are construction of 119 water facilities and 14 865 communal non-piped water facilities were rehabilitated and 4,001 villages had triggering STBM.

4. Clean and Healthy Life Behavior (Ind: PHBS)

In an effort to improve the health of family members, the Ministry of Health's Health Promotion Center seeks to increase the percentage of household with PHBS. PHBS in the household is an effort to empower members of the household to know, willing and able to practice healthy hygiene practices and actively participate in the movement in public health. To achieve household with PHBs, clean and healthy life behavior have been monitored, such as

1. Deliveries assisted by health personnel. The health worker is a person who is an expert in assisting childbirth. If any abnormalities can be identified and helped. Equipment health personnel is safe, clean, and sterile.
2. Giving breastfed to babies. It advantages include the nutritional content of breast milk as babies needed, containing antibodies, protecting allergies, guaranteed cleanliness, not stale, improving reflex sucking, swallowing, and breathing.
3. Weighing under-five children every month. The benefits gained include knowing whether under-five children grow up healthy, prevent growth disorders under-five children, under-five children know pain, weight below the red line, poor nutrition, completeness immunization, nutrition counseling.

- 
4. Using clean water. The benefits of clean water is to avoid diseases such as diarrhea, cholera and other thypus. Source of clean water from springs, wells or pumps, plumbing, rain water or bottled water.
 5. Washing hands with soap and clean water. Hand washing to kill germs on the hands, preventing the spread of diseases such as diarrhea, respiratory infections, skin diseases.
 6. Using healthy toilet. Terms of healthy latrines that do not pollute sources of drinking water, odorless, dirt dapaat not touched by insects and rodents, do not pollute the surrounding soil, safe and easy to clean, fitted wall and roof, adequate lighting and ventilation, water-resistant floor and spacious adequate, available water, soap and cleaning tool.
 7. Eradicate larva in the house once a week. Mosquito nest eradication (PSN) by means of 3M plus (draining, Close, Bury, plus Avoiding mosquito bites).Draining and scrubbing water reservoirs. Shut the water reservoirs. Bury or get rid of junk that can hold water.
 8. Eat vegetables and fruits every day. Benefits include fiber foods to prevent diabetes, launched a bowel movement, weight loss, helps in cleansing the toxins, prevent cancer, anemia, helps the development of good bacteria in the gut.
 9. Physical activity every day. Doingexercises at least 30 minutes every day in the form of limb movements that cause energy expenditure are important for the maintenance of physical, mental, and maintain quality of life to stay healthy and fit throughout the day.

In 2013, the percentage of household with PHBS was at most in East Kalimantan province at 75.26%, followed by Central Java Province at 75.14%. While the lowest percentage was in the province of West Papua by 25.50% and West Nusa Tenggara Province by 28.94%.

5. Implementation of Healthy District / Municipality

Healthy District/Municipality (Ind: KKS) is one of the indicators of environmental health activities in Medium term Development Plan (RPJMN) and 2010-2014 Strategic Plan. KKS is a condition of the district/municipality which is clean, comfortable, safe and healthy to settle in the population, which is achieved through the implementation of some agreed integrated activities by community and district/municipality governments.

Regulation of the Minister of Home Affairs together with the Ministry of Health No. 34 of 2005 on Guidelines for the Implementation of the District/Healthy Municipalities (KKS) is the basis of environmental sanitation activities to realize the District /Healthy Municipalities, which began in 1998. The activity began in Cianjur, Balikpapan, Bandar Lampung, Pekalongan, Malang, and East Jakarta.

Appreciation for the municipalities performingKKS awards SWASTISABA consist of three categories: Padapa, Wiwerda, and Wistara. This award has been held since 2005 and is conducted every two years.

KKS approach not only put on the implementation of efforts to improve the physical environment but also social and cultural, as well as behavioral and health services to be implemented in a fair, equitable, and affordable. It also maximizes the full potential of the resources at the district/municipalityindependently so it is expected to create conducive conditions to the public to increase productivity and economic community in the region and improve people's lives better.

In 2013, the number of districts/municipalities that hosted KKS program is 325 districts/municipalities. Provinces with all districts/ municipalities that have met KKS were 12 provinces. There are 4 provinces without district /municipalitythat have met KKS: Maluku, North Maluku, Papua, and West Papua.



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ANNEXES

The image shows the cover of a document. The background is a bright blue sky with white, fluffy clouds. A thick, curved green stripe runs diagonally from the bottom left towards the top right. The word "ANNEXES" is written in a bold, gold, serif font with a slight shadow, centered horizontally across the middle of the page.



Annex 1.1

DISTRIBUTION OF GOVERNMENT ADMINISTRATION BY PROVINCE, 2013

No	Province	Distribution of Administration Area					
		District	Municipality	District + Municipality	Subdistrict	Village	Desa
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Aceh	18	5	23	289	0	6.464
2	North Sumatera	25	8	33	436	664	5.281
3	West Sumatera	12	7	19	179	259	886
4	Riau	10	2	12	163	241	1.594
5	Jambi	9	2	11	138	162	1.391
6	South Sumatera	11	4	15	228	376	2.768
7	Bengkulu	9	1	10	126	168	1.356
8	Lampung	12	2	14	225	205	2.375
9	Bangka Belitung Islands	6	1	7	47	67	313
10	Riau Islands	5	2	7	65	141	274
11	DKI Jakarta	1	5	6	44	267	0
12	West Java	17	9	26	626	639	5.295
13	Central Java	29	6	35	573	769	7.809
14	DI Yogyakarta	4	1	5	78	46	392
15	East Java	29	9	38	664	783	7.722
16	Banten	4	4	8	155	278	1.273
17	Bali	8	1	9	57	80	634
18	West Nusa Tenggara	8	2	10	116	139	941
19	East Nusa Tenggara	20	1	21	306	319	2.881
20	West Kalimantan	12	2	14	174	89	1.897
21	Central Kalimantan	13	1	14	136	138	1.420
22	South Kalimantan	11	2	13	152	143	1.866
23	East Kalimantan	10	4	14	151	224	1.268
24	North Sulawesi	11	4	15	167	332	1.458
25	Central Sulawesi	10	1	11	171	169	1.767
26	South Sulawesi	21	3	24	306	784	2.240
27	South East Sulawesi	10	2	12	205	370	1.772
28	Gorontalo	5	1	6	77	72	657
29	West Sulawesi	5	0	5	69	71	533
30	Maluku	9	2	11	118	34	1.135
31	North Maluku	7	2	9	112	112	1.039
32	West Papua	10	1	11	174	77	1.477
33	Papua	28	1	29	467	91	4.766
	Indonesia	399	98	497	6.994	8.309	72.944

Source: Ministry of Home Affairs, 2013

Based on the regulation of the Ministry of Home Affairs No. 18 Year 2013

Annex 1.2

ESTIMATION OF POPULATION NUMBER BY AGE GROUP AND SEX, 2012

No	Age Group	Male	Female	Total
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
1	0-4	12.192.415	11.516.429	23.708.844
2	5-9	12.518.639	11.791.615	24.310.254
3	10-14	12.192.890	11.521.632	23.714.522
4	15-19	11.095.683	10.729.820	21.825.503
5	20-24	10.334.210	10.453.214	20.787.424
6	25-29	11.112.770	11.161.338	22.274.108
7	30-34	10.400.346	10.328.297	20.728.643
8	35-39	9.760.871	9.582.502	19.343.373
9	40-44	8.700.187	8.573.652	17.273.839
10	45-49	7.351.899	7.325.898	14.677.797
11	50-54	6.132.107	5.953.237	12.085.344
12	55-59	4.600.113	4.231.429	8.831.542
13	60-64	3.059.983	3.273.268	6.333.251
14	65-69	2.326.065	2.580.641	4.906.706
15	70-74	1.601.000	2.012.171	3.613.171
16	75+	1.679.306	2.329.329	4.008.635
Total		125.058.484	123.364.472	248.422.956

Source: Center of Data and Information, MoH RI, 2013

Annex 1.3
ESTIMATION OF POPULATION NUMBER BY SEX AND SEX RATIO BY PROVINCE, 2013

No	Province	Male	Female	Total	Sex ratio
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
1	Aceh	2.336.235	2.335.639	4.671.874	100,0
2	North Sumatera	6.686.105	6.705.126	13.391.231	99,7
3	West Sumatera	2.496.318	2.538.993	5.035.311	98,3
4	Riau	3.163.482	2.980.192	6.143.674	106,2
5	Jambi	1.701.091	1.628.796	3.329.887	104,4
6	South Sumatera	3.998.335	3.859.102	7.857.437	103,6
7	Bengkulu	918.667	881.001	1.799.668	104,3
8	Lampung	4.055.310	3.825.459	7.880.769	106,0
9	Bangka Belitung Islands	694.047	645.727	1.339.774	107,5
10	Riau Islands	993.305	944.272	1.937.577	105,2
11	DKI Jakarta	5.069.248	4.932.695	10.001.943	102,8
12	West Java	23.136.432	22.336.398	45.472.830	103,6
13	Central Java	16.239.620	16.444.959	32.684.579	98,8
14	DI Yogyakarta	1.758.098	1.801.982	3.560.080	97,6
15	East Java	18.893.068	19.375.757	38.268.825	97,5
16	Banten	5.893.367	5.629.651	11.523.018	104,7
17	Bali	2.085.318	2.054.372	4.139.690	101,5
18	West Nusa Tenggara	2.255.609	2.396.039	4.651.648	94,1
19	East Nusa Tenggara	2.468.008	2.503.794	4.971.802	98,6
20	West Kalimantan	2.303.134	2.205.834	4.508.968	104,4
21	Central Kalimantan	1.213.109	1.115.714	2.328.823	108,7
22	South Kalimantan	1.943.008	1.897.539	3.840.547	102,4
23	East Kalimantan	2.088.597	1.879.196	3.967.793	111,1
24	North Sulawesi	1.201.332	1.153.336	2.354.668	104,2
25	Central Sulawesi	1.427.328	1.359.836	2.787.164	105,0
26	South Sulawesi	4.054.974	4.250.180	8.305.154	95,4
27	South East Sulawesi	1.189.631	1.180.918	2.370.549	100,7
28	Gorontalo	555.584	554.710	1.110.294	100,2
29	West Sulawesi	626.895	625.176	1.252.071	100,3
30	Maluku	839.425	823.540	1.662.965	101,9
31	North Maluku	569.204	545.713	1.114.917	104,3
32	West Papua	446.542	400.169	846.711	111,6
33	Papua	1.758.058	1.552.657	3.310.715	113,2
Indonesia		125.058.484	123.364.472	248.422.956	101,4

Source: Center of Data and Information, MoH RI, 2013

Annex 1.4

ESTIMATION OF POPULATION NUMBER BY SEX, MAINLAND AREA AND POPULATION DENSITY BY PROVINCE, 2013

No	Province	Male	Female	Total	Area Size (Km ²)	Population Density (People per Km ²)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	2.336.235	2.335.639	4.671.874	57.956,00	80,61
2	North Sumatera	6.686.105	6.705.126	13.391.231	72.981,23	183,49
3	West Sumatera	2.496.318	2.538.993	5.035.311	42.012,89	119,85
4	Riau	3.163.482	2.980.192	6.143.674	87.023,66	70,60
5	Jambi	1.701.091	1.628.796	3.329.887	50.058,16	66,52
6	South Sumatera	3.998.335	3.859.102	7.857.437	91.592,43	85,79
7	Bengkulu	918.667	881.001	1.799.668	19.919,33	90,35
8	Lampung	4.055.310	3.825.459	7.880.769	34.623,80	227,61
9	Bangka Belitung Islands	694.047	645.727	1.339.774	16.424,06	81,57
10	Riau Islands	993.305	944.272	1.937.577	8.201,72	236,24
11	DKI Jakarta	5.069.248	4.932.695	10.001.943	664,01	15.062,94
12	West Java	23.136.432	22.336.398	45.472.830	35.377,76	1.285,35
13	Central Java	16.239.620	16.444.959	32.684.579	32.800,69	996,46
14	DI Yogyakarta	1.758.098	1.801.982	3.560.080	3.133,15	1.136,26
15	East Java	18.893.068	19.375.757	38.268.825	47.799,75	800,61
16	Banten	5.893.367	5.629.651	11.523.018	9.662,92	1.192,50
17	Bali	2.085.318	2.054.372	4.139.690	5.780,06	716,20
18	West Nusa Tenggara	2.255.609	2.396.039	4.651.648	18.572,32	250,46
19	East Nusa Tenggara	2.468.008	2.503.794	4.971.802	48.718,10	102,05
20	West Kalimantan	2.303.134	2.205.834	4.508.968	147.307,00	30,61
21	Central Kalimantan	1.213.109	1.115.714	2.328.823	153.564,50	15,17
22	South Kalimantan	1.943.008	1.897.539	3.840.547	38.744,23	99,13
23	East Kalimantan	2.088.597	1.879.196	3.967.793	204.534,34	19,40
24	North Sulawesi	1.201.332	1.153.336	2.354.668	13.851,64	169,99
25	Central Sulawesi	1.427.328	1.359.836	2.787.164	61.841,29	45,07
26	South Sulawesi	4.054.974	4.250.180	8.305.154	46.717,48	177,77
27	South East Sulawesi	1.189.631	1.180.918	2.370.549	38.067,70	62,27
28	Gorontalo	555.584	554.710	1.110.294	11.257,07	98,63
29	West Sulawesi	626.895	625.176	1.252.071	16.787,18	74,58
30	Maluku	839.425	823.540	1.662.965	46.914,03	35,45
31	North Maluku	569.204	545.713	1.114.917	31.982,50	34,86
32	West Papua	446.542	400.169	846.711	99.671,63	8,50
33	Papua	1.758.058	1.552.657	3.310.715	319.036,05	10,38
	Indonesia	125.058.484	123.364.472	248.422.956	1.913.578,68	129,82

Source: Center of Data and Information, MoH and Ministry of Home Affaris Indonesia, 2013

Annex 1.5

ESTIMATED NUMBER OF LIVEBIRTHS, INFANT, UNDER THREE AND UNDER FIVE YEARS OLD CHILDREN BY PROVINCE, 2013

No	Province	Number of Livebirths			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	51.734	48.851	100.585	50.714	47.889	98.603	158.126	149.352	307.478	212.333	200.707	413.040	263.056	248.587	511.643
2	North Sumatera	155.503	149.084	304.587	149.327	143.165	292.492	452.951	431.537	884.488	616.563	583.635	1.200.198	765.894	726.792	1.492.686
3	West Sumatera	55.136	52.907	108.043	52.946	50.806	103.752	158.181	149.952	308.133	215.523	202.084	417.607	268.501	252.854	521.355
4	Riau	72.822	68.343	141.165	70.658	66.313	136.971	219.238	206.552	425.790	296.992	280.672	577.664	367.663	346.974	714.637
5	Jambi	35.707	33.838	69.545	34.646	32.833	67.479	105.948	100.435	206.383	142.828	135.403	278.231	177.481	168.229	345.710
6	South Sumatera	84.211	79.861	164.072	80.866	76.690	157.556	247.649	234.661	482.310	333.648	315.402	649.050	414.522	392.084	806.606
7	Bengkulu	19.347	18.321	37.668	18.578	17.594	36.172	55.936	52.836	108.772	76.013	71.622	147.635	94.599	89.208	183.807
8	Lampung	83.833	78.274	162.107	80.504	75.166	155.670	238.441	224.361	462.802	312.248	295.168	607.416	392.741	370.339	763.080
9	Bangka Belitung Islands	14.801	13.898	28.699	14.361	13.486	27.847	43.143	40.699	83.842	57.382	54.422	111.804	71.749	67.902	139.651
10	Riau Islands	25.215	23.315	48.530	24.466	22.622	47.088	73.550	68.490	142.040	95.047	89.243	184.290	119.518	111.858	231.376
11	DKI Jakarta	87.605	87.173	174.778	85.878	85.455	171.333	265.418	254.579	519.997	357.600	332.653	690.253	443.372	418.209	861.581
12	West Java	443.621	420.341	863.962	430.441	407.854	838.295	1.312.134	1.242.049	2.554.183	1.801.610	1.702.863	3.504.473	2.232.065	2.110.707	4.342.772
13	Central Java	292.542	271.165	563.707	286.778	265.824	552.602	847.099	794.447	1.641.546	1.118.066	1.059.136	2.177.202	1.404.726	1.325.055	2.729.781
14	DI Yogyakarta	27.805	26.479	54.284	27.257	25.958	53.215	82.729	78.068	160.797	108.660	101.984	210.644	135.917	127.940	263.857
15	East Java	297.538	284.695	582.233	291.676	279.086	570.762	893.840	852.229	1.746.069	1.233.387	1.172.190	2.405.577	1.525.074	1.451.270	2.976.344
16	Banten	114.734	108.312	223.046	110.178	104.011	214.189	342.869	323.490	666.359	474.222	447.026	921.248	584.408	551.035	1.135.443
17	Bali	36.056	32.949	69.005	35.346	32.300	67.646	110.135	101.716	211.851	148.797	138.780	287.577	184.146	171.078	355.224
18	West Nusa Tenggara	53.201	49.944	103.145	51.088	47.961	99.049	148.535	140.165	288.700	200.751	190.410	391.161	251.842	238.364	490.206
19	East Nusa Tenggara	63.167	60.207	123.374	60.658	57.817	118.475	186.844	178.017	364.861	262.419	249.472	511.891	323.088	307.283	630.371
20	West Kalimantan	46.917	44.400	91.317	45.054	42.637	87.691	139.912	132.367	272.279	192.566	182.470	375.036	237.627	225.103	462.730
21	Central Kalimantan	23.396	22.102	45.498	22.935	21.667	44.602	73.189	69.196	142.385	102.735	97.137	199.872	125.679	118.798	244.477
22	South Kalimantan	40.863	38.444	79.307	39.240	36.918	76.158	116.636	109.604	226.240	154.879	145.449	300.328	194.126	182.355	376.481
23	East Kalimantan	44.884	42.325	87.209	43.999	41.492	85.491	135.177	127.265	262.442	180.617	169.609	350.226	224.624	211.093	435.717
24	North Sulawesi	21.165	20.133	41.298	20.536	19.536	40.072	62.987	59.481	122.468	87.295	81.713	169.008	107.846	101.236	209.082
25	Central Sulawesi	30.138	28.637	58.775	28.941	27.500	56.441	90.581	85.724	176.305	128.067	120.890	248.957	157.021	148.380	305.401
26	South Sulawesi	84.853	80.862	165.715	81.483	77.652	159.135	246.717	233.650	480.367	337.856	318.442	656.298	419.372	396.060	815.432
27	South East Sulawesi	29.627	28.170	57.797	28.450	27.052	55.502	85.685	81.066	166.751	117.784	110.962	228.746	146.243	138.005	284.248
28	Gorontalo	11.669	11.064	22.733	11.206	10.625	21.831	34.355	32.427	66.782	47.193	44.575	91.768	58.407	55.192	113.599
29	West Sulawesi	14.741	14.026	28.767	14.156	13.469	27.625	44.019	41.652	85.671	62.284	58.823	121.107	76.450	72.283	148.733
30	Maluku	20.077	19.316	39.393	19.279	18.550	37.829	60.533	57.744	118.277	84.881	80.156	165.037	104.169	98.699	202.868
31	North Maluku	13.084	12.600	25.684	12.565	12.100	24.665	40.171	38.533	78.704	57.215	54.649	111.864	69.786	66.745	136.531
32	West Papua	10.617	10.044	20.661	10.196	9.645	19.841	31.874	29.997	61.871	43.453	40.778	84.231	53.654	50.417	104.071
33	Papua	27.255	24.748	52.003	26.445	24.013	50.458	101.508	91.568	193.076	166.031	148.669	314.700	192.444	172.732	365.176
Indonesia		2.433.864	2.304.828	4.738.692	2.360.851	2.235.686	4.596.537	7.206.110	6.813.909	14.020.019	9.826.945	9.277.194	19.104.139	12.187.810	11.512.866	23.700.676

Source: Center of Data and Information, MoH RI, 2013

Annex 1.6

ESTIMATED POPULATION NUMBER BY AGE GROUP BASED ON YOUNG, PRODUCTIVE AND NON PRODUCTIVE AGE, BY SEX AND PROVINCE, 2013

No	Province	No. of Young Age Population (<15 Years Old)			No. of Productive Age (15-64 Years Old)			No. of Non Productive Age (65+ Years Old)		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	766.308	725.766	1.492.074	1.492.680	1.507.208	2.999.888	77.247	102.665	179.912
2	North Sumatera	2.284.638	2.158.616	4.443.254	4.181.621	4.239.722	8.421.343	219.846	306.788	526.634
3	West Sumatera	826.453	777.243	1.603.696	1.553.784	1.589.202	3.142.986	116.081	172.548	288.629
4	Riau	1.046.134	986.531	2.032.665	2.040.638	1.911.748	3.952.386	76.710	81.913	158.623
5	Jambi	521.223	493.938	1.015.161	1.122.620	1.072.948	2.195.568	57.248	61.910	119.158
6	South Sumatera	1.219.592	1.153.263	2.372.855	2.629.835	2.531.328	5.161.163	148.908	174.511	323.419
7	Bengkulu	282.235	266.697	548.932	603.398	576.953	1.180.351	33.034	37.351	70.385
8	Lampung	1.191.210	1.123.834	2.315.044	2.671.322	2.507.246	5.178.568	192.778	194.379	387.157
9	Bangka Belitung Islands	201.983	192.159	394.142	469.716	426.441	896.157	22.348	27.127	49.475
10	Riau Islands	292.467	274.939	567.406	681.090	648.832	1.329.922	19.748	20.501	40.249
11	DKI Jakarta	1.225.817	1.161.694	2.387.511	3.697.455	3.607.528	7.304.983	145.976	163.473	309.449
12	West Java	6.820.939	6.457.014	13.277.953	15.330.091	14.747.793	30.077.884	985.402	1.131.591	2.116.993
13	Central Java	4.409.137	4.170.286	8.579.423	10.783.631	10.965.193	21.748.824	1.046.852	1.309.480	2.356.332
14	DI Yogyakarta	401.420	379.000	780.420	1.207.109	1.231.881	2.438.990	149.569	191.101	340.670
15	East Java	4.815.562	4.573.175	9.388.737	12.920.694	13.234.143	26.154.837	1.156.812	1.568.439	2.725.251
16	Banten	1.775.069	1.667.445	3.442.514	3.968.874	3.783.006	7.751.880	149.424	179.200	328.624
17	Bali	553.101	516.602	1.069.703	1.405.521	1.389.761	2.795.282	126.696	148.009	274.705
18	West Nusa Tenggara	741.742	704.560	1.446.302	1.414.643	1.576.511	2.991.154	99.224	114.968	214.192
19	East Nusa Tenggara	951.957	899.777	1.851.734	1.396.875	1.473.831	2.870.706	119.176	130.186	249.362
20	West Kalimantan	734.991	698.571	1.433.562	1.487.582	1.424.297	2.911.879	80.561	82.966	163.527
21	Central Kalimantan	370.076	349.198	719.274	809.226	731.754	1.540.980	33.807	34.762	68.569
22	South Kalimantan	575.512	540.633	1.116.145	1.308.563	1.275.917	2.584.480	58.933	80.989	139.922
23	East Kalimantan	625.211	586.119	1.211.330	1.414.790	1.245.908	2.660.698	48.596	47.169	95.765
24	North Sulawesi	338.640	315.985	654.625	804.787	762.789	1.567.576	57.905	74.562	132.467
25	Central Sulawesi	475.683	448.563	924.246	902.052	859.063	1.761.115	49.593	52.210	101.803
26	South Sulawesi	1.317.333	1.244.015	2.561.348	2.543.614	2.740.124	5.283.738	194.027	266.041	460.068
27	South East Sulawesi	427.149	401.894	829.043	721.197	729.035	1.450.232	41.285	49.989	91.274
28	Gorontalo	181.727	173.249	354.976	356.269	358.728	714.997	17.588	22.733	40.321
29	West Sulawesi	231.696	218.792	450.488	371.634	378.285	749.919	23.565	28.099	51.664
30	Maluku	310.167	290.044	600.211	497.238	497.588	994.826	32.020	35.908	67.928
31	North Maluku	203.893	192.174	396.067	349.814	336.403	686.217	15.497	17.136	32.633
32	West Papua	149.359	139.172	288.531	289.430	254.250	543.680	7.753	6.747	14.500
33	Papua	621.580	537.955	1.159.535	1.117.576	1.000.043	2.117.619	18.902	14.659	33.561
Indonesia		36.890.004	34.818.903	71.708.907	82.545.369	81.615.459	164.160.828	5.623.111	6.930.110	12.553.221

Source: Center of Data and Information, MoH RI, 2013

Annex 1.7

**ESTIMATED NUMBER OF WOMEN OF REPRODUCTIVE AGE (WRA/15-49 YEARS OLD), WRA WITH IMMUNIZATION,
PREGNANT AND DELIVERING WOMEN**

No	Province	No. of Women of Reproductive Age (15 - 49 years old)	No. of WRA with Immunization (15 - 49 years old)	No. of Pregnant Women	No. of Delivering/Puerperal Women
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	1.297.379	1.038.732	110.644	105.615
2	North Sumatera	3.566.110	2.767.175	335.046	319.817
3	West Sumatera	1.294.275	991.998	118.847	113.445
4	Riau	1.691.253	1.365.431	155.281	148.223
5	Jambi	925.340	733.000	76.500	73.023
6	South Sumatera	2.157.139	1.696.201	180.479	172.275
7	Bengkulu	497.437	392.051	41.435	39.552
8	Lampung	2.124.701	1.642.575	178.318	170.213
9	Bangka Belitung Islands	360.991	287.100	31.569	30.134
10	Riau Islands	588.266	500.139	53.383	50.957
11	DKI Jakarta	3.111.642	2.468.100	192.255	183.516
12	West Java	12.405.443	9.590.149	950.358	907.160
13	Central Java	8.776.034	6.388.763	620.078	591.893
14	DI Yogyakarta	970.733	705.171	59.713	56.999
15	East Java	10.575.339	7.682.285	640.456	611.344
16	Banten	3.329.343	2.664.420	245.351	234.199
17	Bali	1.131.968	841.880	75.906	72.456
18	West Nusa Tenggara	1.330.767	1.051.216	113.460	108.303
19	East Nusa Tenggara	1.226.077	948.815	135.712	129.543
20	West Kalimantan	1.211.846	957.465	100.449	95.883
21	Central Kalimantan	642.504	515.774	50.048	47.773
22	South Kalimantan	1.091.768	850.060	87.238	83.273
23	East Kalimantan	1.097.357	868.505	95.930	91.570
24	North Sulawesi	614.713	457.013	45.428	43.363
25	Central Sulawesi	733.460	576.102	64.653	61.714
26	South Sulawesi	2.269.148	1.750.359	182.287	174.001
27	South East Sulawesi	627.218	504.357	63.577	60.687
28	Gorontalo	301.266	234.083	25.007	23.870
29	West Sulawesi	322.570	257.613	31.644	30.206
30	Maluku	420.517	333.171	43.333	41.363
31	North Maluku	290.361	235.255	28.253	26.969
32	West Papua	225.885	183.871	22.727	21.694
33	Papua	924.784	760.174	57.203	54.603
	Indonesia	68.133.634	52.239.003	5.212.568	4.975.636

Source: Center of Data and Information, MoH RI, 2013

Annex 1.8

NUMBER OF PRE SCHOOL, FIRST GRADE OF ELEMENTARY SCHOOL, AND ELEMENTARY SCHOOL CHILDREN BY PROVINCE, 2013

No	Province	No. of Pre School Children (5 - 6 years old)			No. of 1st Grade of Elementary School (7 yo)			Elementary School Children (7 - 12 yo)		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	97.337	92.144	189.481	50.340	47.658	97.998	306.155	289.832	595.987
2	North Sumatera	308.786	290.541	599.327	154.632	145.385	300.017	913.162	859.108	1.772.270
3	West Sumatera	111.327	103.697	215.024	55.922	52.158	108.080	336.947	315.697	652.644
4	Riau	145.974	137.918	283.892	71.568	67.505	139.073	407.166	383.710	790.876
5	Jambi	69.954	66.218	136.172	35.219	33.311	68.530	207.684	196.625	404.309
6	South Sumatera	164.514	154.608	319.122	82.312	77.302	159.614	483.815	457.366	941.181
7	Bengkulu	37.711	35.440	73.151	18.822	17.699	36.521	113.162	106.962	220.124
8	Lampung	151.495	142.539	294.034	77.428	72.676	150.104	481.987	455.671	937.658
9	Bangka Belitung Islands	27.721	26.426	54.147	13.840	13.206	27.046	78.363	74.895	153.258
10	Riau Islands	42.858	40.572	83.430	19.987	18.903	38.890	102.717	96.545	199.262
11	DKI Jakarta	167.652	155.720	323.372	83.909	78.787	162.696	473.628	445.234	918.862
12	West Java	908.807	857.146	1.765.953	465.830	439.441	905.271	2.775.025	2.627.265	5.402.290
13	Central Java	558.139	530.439	1.088.578	291.368	276.274	567.642	1.819.239	1.724.217	3.543.456
14	DI Yogyakarta	51.754	48.889	100.643	26.418	25.050	51.468	159.142	150.072	309.214
15	East Java	621.869	589.659	1.211.528	324.935	307.942	632.877	1.992.576	1.886.721	3.879.297
16	Banten	231.984	218.157	450.141	119.062	111.773	230.835	724.156	678.132	1.402.288
17	Bali	73.979	69.423	143.402	38.038	35.673	73.711	225.837	211.675	437.512
18	West Nusa Tenggara	95.104	90.450	185.554	49.385	46.902	96.287	299.432	284.221	583.653
19	East Nusa Tenggara	137.733	129.980	267.713	66.607	62.669	129.276	378.085	355.935	734.020
20	West Kalimantan	100.199	95.428	195.627	51.580	49.179	100.759	303.252	288.339	591.591
21	Central Kalimantan	51.127	48.209	99.336	26.042	24.524	50.566	149.442	140.869	290.311
22	South Kalimantan	77.660	72.931	150.591	40.248	37.792	78.040	232.245	217.914	450.159
23	East Kalimantan	86.635	80.933	167.568	42.910	40.047	82.957	242.066	226.671	468.737
24	North Sulawesi	48.380	44.754	93.134	24.134	22.297	46.431	138.230	128.580	266.810
25	Central Sulawesi	69.218	65.311	134.529	34.513	32.561	67.074	194.779	183.255	378.034
26	South Sulawesi	175.121	164.838	339.959	91.458	86.130	177.588	553.074	520.804	1.073.878
27	South East Sulawesi	59.625	56.003	115.628	29.378	27.574	56.952	170.457	159.728	330.185
28	Gorontalo	26.340	25.153	51.493	12.785	12.258	25.043	73.759	70.477	144.236
29	West Sulawesi	32.671	30.975	63.646	16.460	15.613	32.073	94.782	89.213	183.995
30	Maluku	43.770	40.719	84.489	21.701	20.107	41.808	125.329	116.238	241.567
31	North Maluku	29.431	27.881	57.312	14.230	13.413	27.643	80.478	75.168	155.646
32	West Papua	21.285	19.974	41.259	10.139	9.501	19.640	57.853	53.599	111.452
33	Papua	84.025	74.114	158.139	43.371	37.799	81.170	269.781	228.803	498.584
	Indonesia	4.910.185	4.627.189	9.537.374	2.504.571	2.359.109	4.863.680	14.963.805	14.099.541	29.063.346

Source: Center of Data and Information, MoH RI, 2013

Annex 1.9

GINI INDEX BY PROVINCE, 2010 - 2013

No	Province	2010	2011	2012	2013
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	0,30	0,33	0,32	0,34
2	North Sumatera	0,35	0,35	0,33	0,35
3	West Sumatera	0,33	0,35	0,36	0,36
4	Riau	0,33	0,36	0,40	0,37
5	Jambi	0,30	0,34	0,34	0,35
6	South Sumatera	0,34	0,34	0,40	0,38
7	Bengkulu	0,37	0,36	0,35	0,39
8	Lampung	0,36	0,37	0,36	0,36
9	Bangka Belitung Islands	0,30	0,30	0,29	0,31
10	Riau Islands	0,29	0,32	0,35	0,36
11	DKI Jakarta	0,36	0,44	0,42	0,43
12	West Java	0,36	0,41	0,41	0,41
13	Central Java	0,34	0,38	0,38	0,39
14	DI Yogyakarta	0,41	0,40	0,43	0,44
15	East Java	0,34	0,37	0,36	0,36
16	Banten	0,42	0,40	0,39	0,40
17	Bali	0,37	0,41	0,43	0,40
18	West Nusa Tenggara	0,40	0,36	0,35	0,36
19	East Nusa Tenggara	0,38	0,36	0,36	0,35
20	West Kalimantan	0,37	0,40	0,38	0,40
21	Central Kalimantan	0,30	0,34	0,33	0,35
22	South Kalimantan	0,37	0,37	0,38	0,36
23	East Kalimantan	0,37	0,38	0,36	0,37
24	North Sulawesi	0,37	0,39	0,43	0,42
25	Central Sulawesi	0,37	0,38	0,40	0,41
26	South Sulawesi	0,40	0,41	0,41	0,43
27	South East Sulawesi	0,42	0,41	0,40	0,43
28	Gorontalo	0,43	0,46	0,44	0,44
29	West Sulawesi	0,36	0,34	0,31	0,35
30	Maluku	0,33	0,41	0,38	0,37
31	North Maluku	0,34	0,33	0,34	0,32
32	West Papua	0,38	0,40	0,43	0,43
33	Papua	0,41	0,42	0,44	0,44
Indonesia		0,38	0,41	0,41	0,41

Source: BPS-Statistics Indonesia, 2014

Note : Gini Index is coefficient showing inequality or homogeneity of income distribution, range from 0-1

Annex 1.10

**NUMBER AND PERCENTAGE OF POOR PEOPLE AND POVERTY LINE
YEAR OF 2000 - 2013**

No	Tahun	No. of Poor People (In million)			Percentage of Poor People			Poverty Line (Rp/Capita/Month)	
		Urban	Rural	Urban + Rural	Urban	Rural	Urban + Rural	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	2004	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

Source: BPS-Statistics Indonesia, 2014

Annex 1.11

POVERTY LINE, NUMBER AND PERCENTAGE OF POOR PEOPLE BY PROVINCE AND AREA, 2013

No	Province	March									September								
		Urban			Rural			Urban + Rural			Urban			Rural			Urban + Rural		
		Poverty Line (Rp/Capita/month)	Number (thousands)	Percentage of Poor People (%)	Poverty Line (Rp/Capita/month)	Number (thousands)	Percentage of Poor People (%)	Poverty Line (Rp/Capita/month)	Number (thousands)	Percentage of Poor People (%)	Poverty Line (Rp/Capita/month)	Number (thousands)	Percentage of Poor People (%)	Poverty Line (Rp/Capita/month)	Number (thousands)	Percentage of Poor People (%)	Poverty Line (Rp/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	359.217	156.37	11,59	319.416	684.34	19,96	330.654	840,70	17,60	374.261	156,80	11,55	337.962	698,92	20,14	348.172	855,71	17,72
2	North Sumatera	307.352	654,04	9,98	263.061	685,12	10,13	284.853	1.339,16	10,06	330.517	689,21	10,45	292.186	701,59	10,33	311.063	1.390,80	10,39
3	West Sumatera	332.837	119,53	6,17	288.215	287,94	9,39	305.502	407,47	8,14	360.768	124,89	6,38	321.252	255,74	8,30	336.606	380,63	7,56
4	Riau	346.796	146,30	6,15	312.591	322,98	8,73	325.978	469,28	7,72	366.057	162,71	6,68	339.829	359,82	9,55	350.129	522,53	8,42
5	Jambi	337.930	100,00	9,89	258.408	166,15	7,27	282.803	266,15	8,07	369.835	106,36	10,41	280.660	175,20	7,54	307.885	281,57	8,42
6	South Sumatera	311.606	384,77	13,77	252.497	725,60	14,50	273.682	1.110,37	14,24	328.335	375,96	13,28	270.166	732,25	14,50	291.058	1.108,21	14,06
7	Bengkulu	328.972	91,91	16,64	281.468	235,44	19,10	296.171	327,35	18,34	358.294	97,66	17,29	313.265	222,75	17,97	327.358	320,41	17,75
8	Lampung	310.464	233,01	11,59	265.105	930,05	16,00	276.759	1.163,06	14,86	326.468	222,75	10,89	284.504	911,53	15,62	295.395	1.134,28	14,39
9	Bangka Belitung Islands	390.488	22,73	3,47	409.901	46,49	6,91	400.324	69,22	5,21	416.935	23,07	3,47	436.899	47,83	6,97	427.081	70,90	5,25
10	Riau Islands	383.332	99,67	6,23	326.819	26,99	7,48	372.941	126,67	6,46	405.578	95,34	5,79	364.773	29,68	9,21	398.903	125,02	6,35
11	DKI Jakarta	407.437	354,19	3,55	-	-	-	407.437	354,19	3,55	434.322	375,70	3,72	-	-	-	434.322	375,70	3,72
12	West Java	258.538	2.501,00	8,44	240.945	1.796,04	11,59	252.496	4.297,04	9,52	281.189	2.626,16	8,69	268.251	1.756,49	11,42	276.825	4.382,65	9,61
13	Central Java	254.800	1.911,21	12,87	235.202	2.821,74	15,99	244.161	4.732,95	14,56	268.397	1.870,73	12,53	256.368	2.834,14	16,05	261.881	4.704,87	14,44
14	DI Yogyakarta	297.391	315,47	13,43	256.558	234,73	19,29	283.454	550,19	15,43	317.925	325,53	13,73	275.786	209,66	17,62	303.843	535,18	15,03
15	East Java	265.203	1.550,46	8,57	250.530	3.220,80	16,15	257.510	4.771,26	12,55	278.653	1.622,03	8,90	269.294	3.243,79	16,23	273.758	4.865,82	12,73
16	Banten	273.828	363,80	4,76	242.331	292,45	7,72	263.398	656,24	5,74	300.109	414,46	5,27	264.632	268,25	7,22	288.733	682,71	5,89
17	Bali	287.551	96,35	3,90	249.446	66,17	4,04	272.349	162,51	3,95	298.449	105,14	4,17	261.613	81,38	5,00	284.009	186,53	4,49
18	West Nusa Tenggara	286.020	391,40	20,28	243.620	439,45	16,32	261.318	830,84	17,97	299.886	364,08	18,69	263.107	438,37	16,22	278.514	802,45	17,25
19	East Nusa Tenggara	308.059	113,57	11,54	217.918	879,99	22,13	235.805	993,56	20,03	321.163	98,05	10,10	234.141	911,10	22,69	251.080	1.009,15	20,24
20	West Kalimantan	263.058	71,75	5,30	242.321	297,26	9,51	248.592	369,01	8,24	280.423	77,77	5,68	265.898	316,40	10,07	270.306	394,17	8,74
21	Central Kalimantan	287.333	33,23	4,30	298.172	103,72	6,75	294.543	136,95	5,93	299.970	45,76	5,80	311.647	99,60	6,45	307.698	145,36	6,23
22	South Kalimantan	298.518	52,05	3,25	272.614	129,69	5,88	283.515	181,74	4,77	313.691	60,97	3,75	290.576	122,31	5,50	300.329	183,27	4,76
23	East Kalimantan	401.132	90,42	3,71	349.935	147,54	9,90	381.706	237,96	6,06	435.313	98,88	3,99	389.784	157,03	10,24	417.902	255,91	6,38
24	North Sulawesi	242.840	63,81	6,04	233.415	120,59	9,40	237.672	184,40	7,88	255.566	65,06	6,12	245.872	135,10	10,46	250.249	200,16	8,50
25	Central Sulawesi	298.646	59,79	8,90	265.582	345,63	16,53	273.624	405,42	14,67	324.072	64,32	9,45	293.567	335,78	15,89	301.000	400,09	14,32
26	South Sulawesi	221.892	147,97	4,89	192.161	639,69	12,24	203.070	787,67	9,54	235.488	160,53	5,23	207.023	696,91	13,31	217.547	857,45	10,32
27	South East Sulawesi	215.910	31,72	4,92	200.058	269,99	15,82	204.406	301,71	12,83	240.089	36,71	5,52	221.905	290,00	16,92	226.990	326,71	13,73
28	Gorontalo	224.622	17,84	4,77	219.827	174,75	24,07	221.457	192,58	17,51	237.600	22,84	6,00	232.048	178,13	24,22	233.942	200,97	18,01
29	West Sulawesi	218.429	27,14	9,19	211.850	126,86	13,27	213.403	154,01	12,30	230.973	24,59	8,57	228.346	129,61	13,31	228.944	154,20	12,23
30	Maluku	315.012	48,75	7,93	285.967	273,09	26,35	296.778	321,84	19,49	358.068	51,11	7,96	339.466	271,40	26,30	346.599	322,51	19,27
31	North Maluku	284.374	9,19	2,99	248.026	74,25	9,22	258.060	83,44	7,50	317.176	11,06	3,56	281.482	74,77	9,20	291.352	85,82	7,64
32	West Papua	382.905	14,21	5,65	355.839	210,06	35,64	363.929	224,27	26,67	414.900	12,85	4,89	389.163	221,38	36,89	397.003	234,23	27,14
33	Papua	362.401	51,90	6,11	298.395	965,46	39,92	315.025	1.017,36	31,13	387.789	45,41	5,22	322.079	1.012,57	40,72	339.096	1.057,98	31,53
	Indonesia	289.042	10.325,53	8,39	253.273	17.741,03	14,32	271.626	28.066,55	11,37	308.826	10.634,47	8,52	275.779	17.919,46	14,42	292.951	28.553,93	11,47

Source: BPS-Statistics Indonesia, 2014

Annex 1.12

POVERTY GAP INDEX (P1) AND SEVERITY INDEX (P2) BY PROVINCE, 2013

No	Province	March						September					
		Poverty Gap Index (P1) *			Poverty Severity Index (P2)**			Poverty Gap Index (P1) *			Poverty Severity Index (P2)**		
		Urban	Rural	Urban + Rural	Urban	Rural	Urban + Rural	Urban	Rural	Urban + Rural	Urban	Rural	Urban + Rural
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	2,34	3,44	3,13	0,72	0,90	0,85	1,96	3,68	3,20	0,51	0,95	0,83
2	North Sumatera	1,49	1,58	1,54	0,36	0,38	0,37	1,63	1,80	1,72	0,44	0,47	0,46
3	West Sumatera	1,00	1,02	1,01	0,24	0,19	0,21	1,12	1,36	1,27	0,29	0,31	0,30
4	Riau	1,15	1,20	1,18	0,33	0,29	0,30	0,99	1,30	1,18	0,21	0,26	0,24
5	Jambi	1,42	0,80	0,99	0,33	0,14	0,19	1,22	1,07	1,12	0,25	0,26	0,26
6	South Sumatera	1,95	2,15	2,08	0,43	0,48	0,46	2,13	2,69	2,49	0,52	0,85	0,73
7	Bengkulu	2,29	3,32	3,00	0,51	0,84	0,74	3,11	3,29	3,24	0,82	0,92	0,89
8	Lampung	1,99	2,37	2,27	0,50	0,53	0,52	1,67	2,43	2,23	0,39	0,65	0,59
9	Bangka Belitung Islands	0,37	0,71	0,54	0,07	0,15	0,11	0,35	0,89	0,62	0,04	0,19	0,12
10	Riau Islands	0,75	0,44	0,69	0,17	0,07	0,15	1,04	0,93	1,02	0,27	0,21	0,26
11	DKI Jakarta	0,63	0,00	0,63	0,17	0,00	0,17	0,39	-	0,39	0,07	-	0,07
12	West Java	1,18	1,60	1,32	0,27	0,37	0,30	1,53	1,89	1,65	0,44	0,45	0,44
13	Central Java	2,01	2,38	2,21	0,53	0,56	0,54	2,06	2,64	2,37	0,51	0,66	0,59
14	DI Yogyakarta	2,08	3,02	2,40	0,50	0,63	0,55	2,18	2,03	2,13	0,52	0,34	0,46
15	East Java	1,31	2,32	1,84	0,33	0,52	0,43	1,42	2,66	2,07	0,34	0,66	0,50
16	Banten	0,66	0,76	0,70	0,17	0,13	0,16	1,14	0,77	1,02	0,37	0,12	0,29
17	Bali	0,60	0,28	0,47	0,14	0,03	0,10	0,80	0,55	0,70	0,20	0,10	0,16
18	West Nusa Tenggara	2,96	2,59	2,74	0,64	0,59	0,61	3,60	2,09	2,72	0,97	0,43	0,66
19	East Nusa Tenggara	1,41	3,88	3,39	0,45	0,98	0,88	1,91	3,31	3,04	0,50	0,73	0,69
20	West Kalimantan	0,60	1,45	1,19	0,12	0,34	0,28	0,80	1,52	1,30	0,17	0,38	0,32
21	Central Kalimantan	0,63	0,98	0,86	0,13	0,22	0,19	0,38	1,34	1,02	0,04	0,44	0,30
22	South Kalimantan	0,36	0,65	0,53	0,07	0,14	0,11	0,47	0,70	0,61	0,10	0,13	0,11
23	East Kalimantan	0,42	1,50	0,83	0,10	0,32	0,19	0,80	1,98	1,25	0,27	0,59	0,39
24	North Sulawesi	0,94	1,38	1,18	0,21	0,31	0,26	0,96	1,32	1,16	0,22	0,33	0,28
25	Central Sulawesi	1,71	3,54	3,09	0,48	1,22	1,04	1,32	2,59	2,28	0,28	0,61	0,53
26	South Sulawesi	0,61	2,28	1,67	0,14	0,68	0,48	0,88	2,10	1,65	0,26	0,49	0,40
27	South East Sulawesi	0,51	2,74	2,12	0,08	0,74	0,56	0,60	2,31	1,83	0,09	0,56	0,43
28	Gorontalo	0,32	4,65	3,18	0,03	1,34	0,90	0,65	4,55	3,22	0,10	1,24	0,85
29	West Sulawesi	0,82	2,21	1,89	0,20	0,61	0,52	0,48	1,54	1,30	0,05	0,33	0,27
30	Maluku	1,49	5,30	3,88	0,41	1,61	1,16	1,13	5,00	3,52	0,24	1,36	0,93
31	North Maluku	0,31	0,95	0,78	0,05	0,18	0,14	0,27	1,13	0,89	0,04	0,21	0,16
32	West Papua	0,60	8,81	6,35	0,11	3,03	2,16	0,63	8,20	5,89	0,12	2,60	1,84
33	Papua	1,11	8,92	6,89	0,29	2,88	2,21	0,48	8,69	6,56	0,10	2,67	2,01
	Indonesia	1,25	2,24	1,75	0,31	0,56	0,43	1,41	2,37	1,89	0,37	0,60	0,48

Source: BPS-Statistics Indonesia, 2014

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.

Annex 1.13

SCHOOL ENROLLMENT RATIO (Ind: APS) BY PROVINCE, 2010 - 2013

No	Province	2010				2011				2012				2013			
		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	99,19	94,99	73,53	24,11	99,03	94,07	72,41	27,48	99,35	94,41	74,44	28,67	99,66	95,20	74,60	29,45
2	North Sumatera	98,90	92,26	66,94	15,65	98,33	89,10	67,54	16,42	98,59	90,85	69,73	17,36	99,04	92,01	71,18	21,91
3	West Sumatera	98,24	89,51	65,65	21,26	98,10	89,64	68,12	22,00	98,38	90,79	71,38	27,64	98,81	92,22	74,07	31,26
4	Riau	98,75	92,09	64,54	14,02	97,71	87,94	65,06	15,21	98,14	87,64	65,79	16,00	98,59	90,10	69,36	21,70
5	Jambi	98,27	85,56	56,11	12,81	98,34	88,07	59,49	15,36	98,65	90,83	59,11	15,23	98,78	91,53	63,51	19,89
6	South Sumatera	98,00	85,41	54,79	12,07	97,91	85,32	55,93	12,25	98,04	88,52	58,31	13,55	98,52	89,17	60,08	13,88
7	Bengkulu	98,67	88,25	59,63	16,95	98,29	90,82	62,34	16,81	98,96	92,63	66,71	19,32	99,47	92,81	70,51	24,04
8	Lampung	98,71	86,62	51,34	9,82	97,90	85,85	55,41	10,01	98,59	90,03	59,80	11,60	99,03	90,99	64,36	16,32
9	Bangka Belitung Islands	97,10	80,59	47,51	8,90	97,02	83,54	49,17	8,86	97,74	83,52	50,89	8,67	98,12	83,86	55,23	8,93
10	Riau Islands	99,35	92,16	66,56	8,64	97,84	96,42	65,74	8,71	98,27	94,96	69,72	9,60	98,61	96,25	69,36	13,29
11	DKI Jakarta	99,16	91,45	61,99	17,91	98,09	92,01	58,56	17,13	98,97	93,79	60,81	17,79	99,35	95,28	65,54	19,45
12	West Java	98,29	82,73	47,82	10,38	97,85	85,69	50,37	10,71	98,34	88,51	55,69	12,09	98,86	89,20	59,37	17,20
13	Central Java	98,95	85,33	53,72	11,34	98,62	88,39	55,00	11,17	98,87	89,59	58,56	11,78	99,28	90,73	59,81	17,43
14	DI Yogyakarta	99,69	94,02	73,06	44,03	99,46	97,59	75,85	41,73	99,77	98,32	80,22	44,32	99,96	96,71	81,50	46,73
15	East Java	98,74	88,82	59,39	12,43	98,26	90,04	58,79	12,73	98,66	91,70	61,68	14,35	99,06	92,87	62,11	19,29
16	Banten	98,01	81,70	50,90	11,70	98,23	88,36	56,16	12,53	98,29	90,97	58,58	15,55	98,60	90,90	62,31	17,73
17	B a l i	98,69	89,26	65,22	15,31	98,45	92,22	68,91	17,83	99,20	95,15	70,80	18,62	99,27	95,83	73,95	19,48
18	West Nusa Tenggara	98,26	86,52	57,71	15,39	97,76	91,52	60,45	16,84	98,19	91,55	60,75	17,59	98,16	92,29	66,13	22,64
19	East Nusa Tenggara	96,49	81,24	49,22	14,44	95,96	85,88	60,21	15,37	96,12	88,68	62,15	18,36	97,34	89,39	64,90	22,86
20	West Kalimantan	97,04	84,48	50,35	11,43	96,19	83,67	49,89	12,11	96,63	85,22	54,65	14,18	96,86	85,65	58,49	19,52
21	Central Kalimantan	98,70	86,83	54,50	11,06	98,10	85,64	54,33	12,59	98,50	85,55	54,06	13,65	99,01	85,88	58,39	19,49
22	South Kalimantan	97,90	80,59	50,23	12,18	97,62	82,89	54,08	13,81	97,90	85,35	57,55	16,68	98,80	86,31	59,78	16,68
23	East Kalimantan	98,68	92,49	64,76	14,88	98,68	92,78	67,60	16,56	99,17	96,53	71,16	19,22	99,46	96,62	73,10	23,99
24	North Sulawesi	98,30	89,06	56,75	13,30	97,93	87,79	61,09	14,25	98,22	88,50	65,43	16,25	98,91	90,45	66,81	16,29
25	Central Sulawesi	97,52	84,17	50,06	14,69	96,58	84,14	57,59	14,40	96,54	84,42	59,60	16,23	97,67	86,84	64,80	21,22
26	South Sulawesi	97,00	82,63	53,00	18,64	97,16	84,04	56,66	20,40	97,59	87,69	61,60	22,76	98,21	89,55	62,23	27,65
27	South East Sulawesi	97,81	88,17	59,93	18,28	97,36	86,88	62,66	19,87	97,41	87,85	65,26	23,70	98,02	89,05	65,81	24,11
28	Gorontalo	96,86	81,78	49,61	12,87	96,87	82,95	57,90	19,33	97,52	82,57	57,82	20,07	97,92	85,91	58,69	24,00
29	West Sulawesi	95,93	77,92	44,54	10,47	95,33	81,10	55,72	13,23	95,66	81,13	56,37	14,21	95,03	83,72	58,27	17,43
30	Maluku	98,27	92,85	72,40	21,88	98,18	91,89	67,21	23,65	98,30	94,66	68,40	29,00	98,77	94,32	69,90	33,92
31	North Maluku	97,23	90,76	64,12	17,04	97,04	89,89	64,70	16,80	98,24	90,87	68,26	21,70	97,97	93,28	68,67	25,99
32	West Papua	94,43	90,25	60,12	14,66	94,38	88,59	65,40	18,31	95,56	91,65	67,18	19,90	95,58	92,81	72,04	24,00
33	Papua	76,22	74,35	48,28	13,18	73,36	71,29	50,55	13,32	75,34	68,99	50,66	13,80	75,51	73,27	53,28	17,69
	Indonesia	98,02	86,24	56,01	13,77	97,58	87,78	57,85	14,26	97,95	89,66	61,06	15,84	98,36	90,68	63,48	19,97

Source: BPS-Statistics Indonesia, 2014

Note: ** Illiteracy rate hike decline in comparative education indicators in 2010 and 2011 due to

- Differences in calculation methodology of estimation. In 2010, Inflation calculation is not based on 5-year age groups (0-4, 5-9, 10-14, ...), whereas in 2011, its counting inflate by 5-year age groups
- Data collection in 2010 was 1 (one) times a year, whereas in July conducted quarterly. This affects the calculation of education indicators, because the school year begins in July ended in June next year

Annex 1.14

GROSS ENROLLMENT RATIO (Ind: APK) BY PROVINCE, 2010 - 2013

No	Province	2010			2011			2012			2013		
		Elementary SD/MI/Paket A	Junior High SMP/Mts/ Paket B	High School SM/SMK/MA/ Paket C	Elementary SD/MI/Paket A	Junior High SMP/Mts/ Paket B	High School SM/SMK/MA/ Paket C	Elementary SD/MI/Paket A	Junior High SMP/Mts/ Paket B	High School SM/SMK/MA/ Paket C	Elementary SD/MI/Paket A	Junior High SMP/Mts/ Paket B	High School SM/SMK/MA/ Paket C
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	115,06	87,99	80,96	105,59	96,46	78,92	108,39	96,47	77,35	110,44	94,42	74,90
2	North Sumatera	114,20	89,83	72,69	104,56	89,02	79,69	106,26	88,55	80,58	109,90	86,67	76,99
3	West Sumatera	110,63	80,34	72,82	104,08	87,49	69,18	106,99	87,90	72,17	109,86	85,51	70,81
4	Riau	114,73	85,43	67,94	103,93	89,49	71,64	103,99	93,07	67,24	107,52	88,14	69,07
5	Jambi	113,02	79,29	63,21	105,55	85,98	66,23	106,78	88,26	64,83	109,54	84,79	65,05
6	South Sumatera	113,75	82,12	60,87	103,84	89,62	63,12	106,09	86,62	69,00	110,81	85,85	62,85
7	Bengkulu	112,83	81,34	68,83	106,04	90,55	66,51	107,70	95,84	65,80	111,32	84,62	71,71
8	Lampung	111,18	82,05	57,81	103,78	88,61	60,71	106,84	93,25	61,16	110,70	85,23	63,48
9	Bangka Belitung Islands	116,19	68,75	60,59	106,43	80,82	60,53	109,80	77,10	58,39	110,77	72,93	67,54
10	Riau Islands	111,61	89,68	79,63	102,33	98,86	78,48	105,24	94,61	71,42	109,18	89,79	75,36
11	DKI Jakarta	110,45	91,42	63,14	98,03	90,78	71,76	97,85	94,04	74,37	103,28	86,60	71,97
12	West Java	110,31	79,27	51,37	101,26	87,56	55,92	103,43	87,14	64,11	106,87	85,04	59,52
13	Central Java	113,19	80,60	61,61	102,70	92,65	64,04	104,79	91,57	66,90	108,86	87,49	63,92
14	DI Yogyakarta	108,16	93,47	79,29	104,52	89,40	86,50	107,13	88,99	83,09	108,31	83,26	89,74
15	East Java	110,20	83,10	67,06	100,88	92,89	63,61	102,38	93,68	67,09	105,88	90,31	62,72
16	Banten	111,28	74,19	58,35	103,63	92,14	59,61	104,46	87,75	68,55	107,38	89,42	62,63
17	B a l i	111,56	76,69	82,36	99,95	91,71	84,34	98,87	95,73	86,47	105,84	93,87	80,08
18	West Nusa Tenggara	109,47	85,07	62,89	102,57	92,49	69,24	104,60	94,24	67,92	107,87	88,79	64,46
19	East Nusa Tenggara	115,59	68,52	58,95	111,09	80,47	58,72	112,40	81,98	59,94	113,49	80,21	64,76
20	West Kalimantan	115,61	69,65	57,55	107,20	78,60	52,00	108,27	81,92	51,67	110,73	75,33	58,37
21	Central Kalimantan	117,70	74,60	57,61	105,08	89,59	56,92	109,40	79,00	59,02	110,88	80,77	69,84
22	South Kalimantan	112,77	75,59	55,75	102,72	88,18	56,04	104,11	84,38	66,42	108,87	79,14	85,56
23	East Kalimantan	113,85	90,86	72,39	104,83	97,62	73,00	107,76	93,24	80,08	107,57	91,06	116,46
24	North Sulawesi	115,61	82,92	71,31	102,47	93,57	75,95	104,92	93,84	75,70	107,60	131,84	103,19
25	Central Sulawesi	112,08	74,46	60,32	103,13	84,94	65,96	103,80	79,22	69,73	103,96	141,54	89,39
26	South Sulawesi	108,57	75,05	67,71	102,09	87,15	66,17	102,81	88,40	73,90	108,56	114,17	85,48
27	South East Sulawesi	114,77	77,28	73,02	103,63	92,38	72,33	108,04	89,29	71,32	110,26	122,54	83,13
28	Gorontalo	109,16	73,50	61,93	104,57	84,56	60,60	105,78	79,58	60,86	109,91	100,52	72,26
29	West Sulawesi	110,88	65,09	52,17	102,30	81,30	61,95	103,24	80,10	62,76	106,12	100,71	79,52
30	Maluku	118,13	86,76	86,92	104,56	97,80	85,69	108,24	91,69	82,88	110,48	116,42	94,28
31	North Maluku	116,74	80,52	74,96	108,25	90,04	80,61	108,24	86,96	85,75	110,70	117,18	89,37
32	West Papua	115,31	67,32	72,91	104,57	87,63	66,74	105,21	90,95	70,48	105,30	138,06	90,80
33	Papua	93,27	60,05	48,20	84,59	68,69	47,69	84,16	70,99	44,48	86,39	93,45	63,41
	Indonesia	111,68	80,59	62,85	102,58	89,57	64,66	104,30	89,38	68,22	107,69	89,98	68,34

Source: BPS-Statistics Indonesia, 2014

Note: ** Illiteracy rate hike decline in comparative education indicators in 2010 and 2011 due to

1. Differences in calculation methodology of estimation. In 2010, Inflation calculation is not based on 5-year age groups (0-4, 5-9, 10-14, ...), whereas in 2011, its counting inflation by 5-year age groups
2. Data collection in 2010 was 1 (one) times a year, whereas in July conducted quarterly. This affects the calculation of education indicators. because the school year begins in July ended in June next year

Annex 1.15

NET ENROLLMENT RATIO (Ind: APM) BY PROVINCE, 2010 - 2013

No	Province	2010			2011			2012			2013		
		Elementary SD/MI/Paket A	Junior High SMP/Mts/ Paket B	High School SM/SMK/MA/ Paket C	Elementary SD/MI/Paket A	Junior High SMP/Mts/ Paket B	High School SM/SMK/MA/ Paket C	Elementary SD/MI/Paket A	Junior High SMP/Mts/ Paket B	High School SM/SMK/MA/ Paket C	Elementary SD/MI/Paket A	Junior High SMP/Mts/ Paket B	High School SM/SMK/MA/ Paket C
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	97,32	78,58	62,42	92,57	74,76	61,43	94,60	78,84	61,71	96,98	82,58	63,31
2	North Sumatera	95,33	74,76	55,72	91,46	67,96	57,83	93,26	70,51	60,02	95,60	73,89	62,19
3	West Sumatera	95,51	68,22	55,06	93,47	67,10	54,05	95,74	70,03	55,54	97,05	72,57	60,96
4	Riau	96,24	71,36	52,24	91,67	65,98	53,07	92,99	70,22	52,39	95,33	73,72	58,16
5	Jambi	95,61	66,91	45,31	92,69	66,54	48,55	94,15	69,48	45,42	96,41	72,75	51,77
6	South Sumatera	94,17	66,27	43,49	89,79	64,12	45,34	92,67	67,75	48,98	95,06	71,78	50,92
7	Bengkulu	95,53	70,39	49,97	92,75	68,55	49,91	94,04	71,47	49,59	97,34	72,66	59,52
8	Lampung	95,20	69,61	41,97	91,47	66,56	45,06	93,48	71,64	45,56	97,37	74,62	53,38
9	Bangka Belitung Islands	92,86	53,58	38,69	91,12	60,19	40,91	94,22	62,00	42,12	95,86	63,48	49,75
10	Riau Islands	94,56	72,92	54,74	92,01	73,34	54,25	94,10	79,52	61,71	97,60	82,59	63,45
11	DKI Jakarta	94,59	71,96	50,57	89,79	68,85	49,27	90,14	70,40	53,61	95,79	75,56	54,99
12	West Java	95,02	68,43	38,84	92,26	69,57	42,50	93,45	73,28	50,61	97,12	76,50	51,67
13	Central Java	95,93	69,92	45,00	90,19	69,77	47,34	92,00	72,51	50,98	95,65	75,02	51,72
14	DI Yogyakarta	94,76	75,55	59,35	91,98	69,15	59,68	96,03	72,64	64,02	98,72	75,82	64,92
15	East Java	95,63	70,17	48,60	91,88	71,77	49,32	92,92	74,52	52,12	96,10	77,29	53,05
16	Banten	94,73	60,32	39,61	92,18	71,12	46,17	93,61	73,80	51,86	96,10	77,52	52,76
17	B a l i	95,53	67,83	57,14	90,39	69,16	60,54	91,06	75,07	63,28	94,28	80,69	67,10
18	West Nusa Tenggara	95,16	71,73	49,35	92,69	76,70	53,93	93,56	77,81	53,31	96,63	80,18	57,62
19	East Nusa Tenggara	93,03	51,03	34,93	92,13	56,74	40,84	92,28	55,89	38,37	93,60	59,24	47,31
20	West Kalimantan	94,76	56,06	36,83	92,18	58,75	36,28	92,96	59,30	36,82	94,38	59,17	44,36
21	Central Kalimantan	96,63	61,30	39,62	92,25	66,35	43,93	96,01	64,65	42,39	97,41	67,88	44,68
22	South Kalimantan	95,00	60,90	36,24	92,01	65,79	43,01	93,04	66,61	48,90	96,75	69,21	49,75
23	East Kalimantan	94,14	72,56	53,66	92,23	72,40	54,58	94,37	74,37	59,75	95,91	76,01	62,22
24	North Sulawesi	92,25	67,07	50,70	85,91	61,22	50,55	88,01	62,27	51,40	91,69	64,61	57,08
25	Central Sulawesi	93,54	60,83	40,23	89,99	61,74	46,99	91,08	60,98	50,75	90,68	62,91	56,97
26	South Sulawesi	92,86	62,32	42,75	89,48	65,29	47,89	90,61	69,52	53,60	95,67	69,80	53,79
27	South East Sulawesi	95,06	67,14	48,54	88,80	64,31	52,16	92,37	68,43	50,57	95,14	69,30	55,35
28	Gorontalo	90,81	53,83	39,15	90,04	59,17	44,33	92,21	59,82	44,67	95,87	63,95	47,83
29	West Sulawesi	93,94	54,24	34,03	89,35	60,34	46,83	91,31	60,89	43,76	93,47	61,15	51,08
30	Maluku	95,00	71,88	59,80	88,00	64,33	52,64	90,21	65,81	49,79	92,52	66,89	55,36
31	North Maluku	93,97	66,01	52,68	89,95	65,92	51,88	92,65	64,33	56,82	95,46	70,60	59,07
32	West Papua	92,29	50,10	44,75	88,28	57,66	47,88	88,97	59,76	46,46	89,94	60,99	54,20
33	Papua	76,22	49,62	36,06	70,13	46,03	32,45	70,79	43,38	30,05	72,90	45,88	36,53
	Indonesia	94,76	67,73	45,59	91,03	68,12	47,97	92,49	70,84	51,46	95,53	73,72	53,89

Source: BPS-Statistics Indonesia, 2014

Note: ** Illiteracy rate hike decline in comparative education indicators in 2010 and 2011 due to

1. Differences in calculation methodology of estimation. In 2010, Inflation calculation is not based on 5-year age groups (0-4, 5-9, 10-14, ...), whereas in 2011, its counting inflate by 5-year age groups

2. Data collection in 2010 was 1 (one) times a year, whereas in July conducted quarterly. This affects the calculation of education indicators, because the school year begins in July ended in June next year

Annex 1.16

PERCENTAGE OF PEOPLE 15 YO. AND OVER WHO ARE LITERATE BY PROVINCE AND SEX, 2010 - 2012

No	Province	Male			Female			Total		
		2010	2011	2012	2010	2011	2012	2010	2011	2012
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	97,82	97,68	97,92	95,97	94,05	94,35	96,88	95,84	96,11
2	North Sumatera	98,41	98,17	98,60	96,26	95,50	96,13	97,32	96,83	97,35
3	West Sumatera	97,82	97,60	97,86	96,40	94,84	95,54	97,09	96,20	96,67
4	R i a u	98,82	98,52	98,73	97,87	96,67	96,80	98,35	97,61	97,79
5	J a m b i	97,41	97,57	98,07	94,31	93,41	93,76	95,88	95,52	95,97
6	South Sumatera	98,18	98,07	98,37	96,52	95,18	95,40	97,36	96,65	96,90
7	Bengkulu	97,58	97,52	97,83	92,99	92,65	93,46	95,30	95,13	95,69
8	Lampung	96,45	97,31	97,36	92,73	92,57	92,77	94,64	95,02	95,13
9	Bangka Belitung Islands	97,34	97,56	97,87	93,45	93,51	93,70	95,46	95,60	95,88
10	Riau Islands	98,20	98,28	98,49	96,21	97,06	97,08	97,19	97,67	97,80
11	DKI Jakarta	99,43	99,47	99,66	98,83	98,21	98,48	99,13	98,83	99,07
12	West Java	97,76	97,65	97,84	94,60	94,24	94,46	96,18	95,96	96,18
13	Central Java	93,59	94,38	94,50	86,48	86,46	86,54	89,95	90,34	90,45
14	DI Yogyakarta	95,83	96,28	95,75	86,11	87,09	88,46	90,84	91,49	92,02
15	East Java	92,77	93,25	93,60	84,16	84,05	85,18	88,34	88,52	89,28
16	Banten	97,56	97,90	98,42	94,81	94,56	94,53	96,20	96,25	96,51
17	B a l i	93,01	94,60	95,30	83,79	83,84	85,03	88,40	89,17	90,17
18	West Nusa Tenggara	85,94	88,57	88,74	76,74	78,64	79,17	81,05	83,24	83,68
19	East Nusa Tenggara	90,76	89,84	90,52	86,56	85,58	87,04	88,59	87,63	88,73
20	West Kalimantan	92,86	94,41	94,81	87,58	85,55	87,31	90,26	90,03	91,13
21	Central Kalimantan	98,21	98,18	98,48	96,69	95,44	96,38	97,48	96,86	97,48
22	South Kalimantan	97,60	97,72	98,19	94,26	93,65	94,65	95,94	95,66	96,43
23	East Kalimantan	97,69	98,11	98,41	96,33	95,75	96,57	97,05	96,99	97,55
24	North Sulawesi	99,41	99,01	99,03	99,18	98,69	98,66	99,30	98,85	98,85
25	Central Sulawesi	96,85	96,02	96,04	95,28	92,95	93,80	96,08	94,51	94,95
26	South Sulawesi	90,21	90,30	90,84	85,54	86,06	86,80	87,75	88,07	88,73
27	South East Sulawesi	94,71	94,50	94,24	89,07	88,16	88,81	91,85	91,29	91,49
28	Gorontalo	96,44	94,42	95,03	95,58	94,96	95,41	96,0	94,69	95,22
29	West Sulawesi	91,0	91,36	90,98	86,03	83,95	86,66	88,48	87,61	88,79
30	Maluku	98,11	97,48	98,03	96,83	95,77	96,13	97,46	96,63	97,08
31	North Maluku	97,49	97,44	97,82	94,66	94,51	94,98	96,08	96,01	96,43
32	West Papua	97,04	95,12	96,77	92,99	89,57	92,44	95,12	92,41	94,74
33	Papua	72,86	70,72	71,74	63,29	56,74	58,87	68,27	64,08	65,69
	Indonesia	95,35	95,59	95,87	90,52	90,07	90,64	92,91	92,810	93,25

Source: BPS Statistics Indonesia, 2014

Annex 1.17

HUMAN DEVELOPMENT INDEX AND COMPONENT BY PROVINCE, 2011 - 2012

No.	Province	2011						2012					
		Life Expectancy at birth(Year)	Average of Schooling duration (year)	Literacy Rate (%)	Real Expenses/ Capita (Rp.000)	HDI	Rank	Life Expectancy at birth(Year)	Average of Schooling duration (year)	Literacy Rate (%)	Real Expenses/ Capita (Rp.000)	HDI	Rank
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	68,80	8,90	96,95	615,60	72,16	18	68,94	8,93	96,99	618,79	72,51	19
2	North Sumatera	69,65	8,91	97,46	640,23	74,65	8	69,81	9,07	97,51	643,63	75,13	8
3	West Sumatera	69,76	8,57	97,16	638,73	74,28	9	70,02	8,60	97,23	641,85	74,70	9
4	Riau	71,55	8,63	98,42	650,83	76,53	3	71,69	8,64	98,45	654,48	76,90	3
5	Jambi	69,25	8,05	96,16	637,60	73,30	13	69,44	8,20	96,20	640,82	73,78	13
6	South Sumatera	69,80	7,84	97,44	633,57	73,42	10	70,05	7,99	97,50	637,47	73,99	10
7	Bengkulu	70,16	8,33	95,40	631,86	73,40	11	70,39	8,48	95,69	634,74	73,93	11
8	Lampung	69,75	7,82	95,02	621,77	71,94	20	70,05	7,87	95,13	625,52	72,45	20
9	Bangka Belitung Islands	69,05	7,58	95,83	645,37	73,37	12	69,21	7,68	95,88	648,49	73,78	12
10	Riau Islands	69,85	9,73	97,67	644,96	75,78	6	69,91	9,81	97,80	648,92	76,20	6
11	DKI Jakarta	73,35	10,95	99,15	632,17	77,97	1	73,49	10,98	99,21	635,29	78,33	1
12	West Java	68,40	8,06	96,29	635,80	72,73	16	68,60	8,08	96,39	638,90	73,11	16
13	Central Java	71,55	7,29	90,34	640,41	72,94	14	71,71	7,39	90,45	643,53	73,36	15
14	DI Yogyakarta	73,27	9,20	91,49	650,16	76,32	4	73,33	9,21	92,02	653,78	76,75	4
15	East Java	69,86	7,34	88,52	647,46	72,18	17	70,09	7,45	89,28	651,04	72,83	17
16	Banten	65,05	8,41	96,25	633,64	70,95	23	65,23	8,61	96,51	636,73	71,49	23
17	Bali	70,78	8,35	89,17	637,86	72,84	15	70,84	8,57	90,17	640,86	73,49	14
18	West Nusa Tenggara	62,41	6,97	83,24	642,80	66,23	32	62,73	7,19	83,68	645,72	66,89	32
19	East Nusa Tenggara	67,76	7,05	88,74	607,31	67,75	31	68,04	7,09	89,23	610,29	68,28	31
20	West Kalimantan	66,75	6,89	90,51	635,85	69,66	28	66,92	7,14	91,13	638,82	70,31	28
21	Central Kalimantan	71,30	8,06	97,84	640,73	75,06	7	71,41	8,15	97,88	644,21	75,46	7
22	South Kalimantan	64,17	7,68	96,14	640,73	70,44	26	64,52	7,89	96,43	643,66	71,08	25
23	East Kalimantan	71,40	9,19	97,21	646,01	76,22	5	71,58	9,22	97,55	649,85	76,71	5
24	North Sulawesi	72,33	8,92	99,46	639,57	76,54	2	72,44	9,00	99,53	643,20	76,95	2
25	Central Sulawesi	66,86	8,03	96,12	633,31	71,62	22	67,11	8,13	96,16	637,34	72,14	22
26	South Sulawesi	70,20	7,92	88,07	640,30	72,14	19	70,45	7,95	88,73	643,59	72,70	18
27	South East Sulawesi	68,00	8,21	91,95	621,44	70,55	25	68,21	8,25	92,04	625,81	71,05	26
28	Gorontalo	67,11	7,45	96,10	626,77	70,82	24	67,47	7,49	96,16	630,01	71,31	24
29	West Sulawesi	68,00	7,15	88,54	635,84	70,11	27	68,27	7,32	88,79	639,56	70,73	27
30	Maluku	67,60	8,82	98,15	617,75	71,87	21	67,84	9,15	98,17	620,08	72,42	21
31	North Maluku	66,31	8,86	96,19	603,20	69,47	30	66,65	8,71	96,43	606,22	69,98	30
32	West Papua	68,81	8,26	93,39	599,28	69,65	29	69,14	8,45	93,74	601,56	70,22	29
33	Papua	68,85	6,69	75,81	609,18	65,36	33	69,12	6,87	75,83	611,99	65,86	33
	Indonesia	69,65	7,94	92,99	638,05	72,77		69,87	8,08	93,25	641,04	73,29	

Source: BPS-Statistics Indonesia, 2014

Annex 1.18

NUMBER AND PERCENTAGE OF UNDER-DEVELOPED DISTRICT BY PROVINCE, 2010 - 2013

No	Province	2010			2011			2012			2013		
		No. of District/Municipality	Under-developed District	(%)	No. of District/Municipality	Under-developed District	(%)	No. of District/Municipality	Under-developed District	(%)	No. of District/Municipality	Under-developed District	(%)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	23	12	52,17	23	12	52,17	23	12	52,17	23	12	52,17
2	North Sumatera	33	6	18,18	33	6	18,18	33	6	18,18	33	6	18,18
3	West Sumatera	19	8	42,11	19	8	42,11	19	8	42,11	19	8	42,11
4	Riau	12	0	0,00	12	0	0,00	12	0	0,00	12	0	0,00
5	Jambi	11	0	0,00	11	0	0,00	11	0	0,00	11	0	0,00
6	South Sumatera	15	7	46,67	15	7	46,67	15	7	46,67	15	7	46,67
7	Bengkulu	10	6	60,00	10	6	60,00	10	6	60,00	10	6	60,00
8	Lampung	14	4	28,57	14	4	28,57	14	4	28,57	14	4	28,57
9	Bangka Belitung Islands	7	1	14,29	7	1	14,29	7	1	14,29	7	1	14,29
10	Riau Islands	7	2	28,57	7	2	28,57	7	2	28,57	7	2	28,57
11	DKI Jakarta	6	0	0,00	6	0	0,00	6	0	0,00	6	0	0,00
12	West Java	26	2	7,69	26	2	7,69	26	2	7,69	26	2	7,69
13	Central Java	35	0	0,00	35	0	0,00	35	0	0,00	35	0	0,00
14	DI Yogyakarta	5	0	0,00	5	0	0,00	5	0	0,00	5	0	0,00
15	East Java	38	5	13,16	38	5	13,16	38	5	13,16	38	5	13,16
16	Banten	8	2	25,00	8	2	25,00	8	2	25,00	8	2	25,00
17	Bali	9	0	0,00	9	0	0,00	9	0	0,00	9	0	0,00
18	West Nusa Tenggara	10	8	80,00	10	8	80,00	10	8	80,00	10	8	80,00
19	East Nusa Tenggara	21	20	95,24	21	20	95,24	21	20	95,24	21	20	95,24
20	West Kalimantan	14	10	71,43	14	10	71,43	14	10	71,43	14	10	71,43
21	Central Kalimantan	14	1	7,14	14	1	7,14	14	1	7,14	14	1	7,14
22	South Kalimantan	13	2	15,38	13	2	15,38	13	2	15,38	13	2	15,38
23	East Kalimantan	14	3	21,43	14	3	21,43	14	3	21,43	14	3	21,43
24	North Sulawesi	15	3	20,00	15	3	20,00	15	3	20,00	15	3	20,00
25	Central Sulawesi	11	10	90,91	11	10	90,91	11	10	90,91	11	10	90,91
26	South Sulawesi	24	4	16,67	24	4	16,67	24	4	16,67	24	4	16,67
27	South East Sulawesi	12	9	75,00	12	9	75,00	12	9	75,00	12	9	75,00
28	Gorontalo	6	3	50,00	6	3	50,00	6	3	50,00	6	3	50,00
29	West Sulawesi	5	5	100,00	5	5	100,00	5	5	100,00	5	5	100,00
30	Maluku	11	8	72,73	11	8	72,73	11	8	72,73	11	8	72,73
31	North Maluku	9	7	77,78	9	7	77,78	9	7	77,78	9	7	77,78
32	West Papua	11	8	72,73	11	8	72,73	11	8	72,73	11	8	72,73
33	Papua	29	27	93,10	29	27	93,10	29	27	93,10	29	27	93,10
	Indonesia	497	183	36,82	497	183	36,82	497	183	36,82	497	183	36,82

Source: Ministry of Under-developed Area Development.

Annex 2.1

**NUMBER OF HEALTH CENTER (IND: PUSKESMAS) AND RATIO TO POPULATION
BY PROVINCE, 2009 - 2013**

No	Province	No. of Puskesmas					Ratio of Puskesmas per 30,000 population				
		2009	2010	2011	2012	2013	2009	2010	2011	2012	2013
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	Aceh	309	315	325	330	334	2,12	2,10	2,14	2,15	2,14
2	North Sumatera	500	506	542	555	570	1,13	1,17	1,24	1,26	1,28
3	West Sumatera	242	246	254	260	262	1,50	1,52	1,55	1,57	1,56
4	Riau	176	193	203	207	207	1,00	1,05	1,06	1,05	1,01
5	Jambi	163	169	174	176	176	1,73	1,64	1,65	1,63	1,59
6	South Sumatera	284	293	304	317	319	1,18	1,18	1,20	1,23	1,22
7	Bengkulu	167	170	178	178	180	3,01	2,97	3,06	3,01	3,00
8	Lampung	264	265	269	276	280	1,06	1,04	1,05	1,06	1,07
9	Bangka Belitung Islands	55	58	58	60	60	1,45	1,42	1,38	1,38	1,34
10	Riau Islands	61	66	67	69	70	1,21	1,18	1,14	1,12	1,08
11	DKI Jakarta	339	341	340	340	340	1,10	1,06	1,05	1,03	1,02
12	West Java	1.008	1.028	1.046	1.046	1.050	0,73	0,72	0,72	0,70	0,69
13	Central Java	849	867	867	873	873	0,77	0,80	0,80	0,80	0,80
14	DI Yogyakarta	119	121	121	121	121	1,02	1,05	1,04	1,03	1,02
15	East Java	944	946	956	960	960	0,76	0,76	0,76	0,76	0,75
16	Banten	196	217	226	228	230	0,60	0,61	0,62	0,61	0,60
17	Bali	114	114	114	118	120	0,96	0,88	0,86	0,87	0,87
18	West Nusa Tenggara	145	150	152	157	158	0,98	1,00	1,00	1,02	1,02
19	East Nusa Tenggara	288	309	342	349	362	1,87	1,98	2,15	2,15	2,18
20	West Kalimantan	229	231	235	237	237	1,59	1,58	1,59	1,59	1,58
21	Central Kalimantan	169	174	179	190	194	2,43	2,36	2,39	2,49	2,50
22	South Kalimantan	213	214	224	226	228	1,83	1,77	1,82	1,80	1,78
23	East Kalimantan	207	217	215	217	222	1,96	1,83	1,75	1,70	1,68
24	North Sulawesi	159	170	170	177	183	2,14	2,25	2,22	2,28	2,33
25	Central Sulawesi	165	160	173	176	183	2,00	1,82	1,93	1,93	1,97
26	South Sulawesi	395	416	421	425	440	1,50	1,55	1,55	1,55	1,59
27	South East Sulawesi	223	233	249	258	264	3,16	3,13	3,28	3,33	3,34
28	Gorontalo	75	76	86	87	91	2,29	2,19	2,43	2,40	2,46
29	West Sulawesi	77	81	86	91	92	2,20	2,10	2,17	2,24	2,20
30	Maluku	135	156	170	178	190	3,02	3,05	3,24	3,30	3,43
31	North Maluku	96	100	115	119	125	2,95	2,89	3,24	3,28	3,36
32	West Papua	105	106	126	128	143	4,23	4,18	4,80	4,70	5,07
33	Papua	266	297	334	381	391	3,80	3,14	3,36	3,64	3,54
Indonesia		8.737	9.005	9.321	9.510	9.655	1,13	1,14	1,16	1,17	1,17

Source: Center for Data and Information, MoH Indonesia, 2014

Annex 2.2

**NUMBER OF PUSKESMAS WITH BEDS AND WITHOUT BEDS
BY PROVINCE, 2009 - 2013**

No	Province	No. of Puskesmas with Beds					No. of Puskesmas without Beds				
		2009	2010	2011	2012	2013	2009	2010	2011	2012	2013
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	Aceh	115	116	137	144	149	194	199	188	186	185
2	North Sumatera	129	140	153	157	164	371	366	389	398	406
3	West Sumatera	81	85	86	89	88	161	161	168	171	174
4	Riau	51	53	55	63	75	125	140	148	144	132
5	Jambi	56	59	62	62	68	107	110	112	114	108
6	South Sumatera	80	82	86	106	95	204	211	218	211	224
7	Bengkulu	37	39	43	43	45	130	131	135	135	135
8	Lampung	51	58	60	69	91	213	207	209	207	189
9	Bangka Belitung Islands	20	18	19	20	20	35	40	39	40	40
10	Riau Islands	24	26	26	26	26	37	40	41	43	44
11	DKI Jakarta	51	52	52	52	30	288	289	288	288	310
12	West Java	171	237	220	220	176	837	791	826	826	874
13	Central Java	234	252	265	268	309	615	615	602	605	564
14	DI Yogyakarta	41	42	40	42	42	78	79	81	79	79
15	East Java	365	396	400	441	504	579	550	556	519	456
16	Banten	46	50	53	56	56	150	167	173	172	174
17	Bali	27	28	28	29	34	87	86	86	89	86
18	West Nusa Tenggara	80	81	84	84	109	65	69	68	73	49
19	East Nusa Tenggara	93	110	123	128	128	195	199	219	221	234
20	West Kalimantan	94	93	94	96	94	135	138	141	141	143
21	Central Kalimantan	55	69	69	70	73	114	105	110	120	121
22	South Kalimantan	46	48	48	49	45	167	166	176	177	183
23	East Kalimantan	100	93	94	94	127	107	124	121	123	95
24	North Sulawesi	72	84	85	88	88	87	86	85	89	95
25	Central Sulawesi	63	68	72	72	78	102	92	101	104	105
26	South Sulawesi	205	208	218	225	225	190	208	203	200	215
27	South East Sulawesi	69	70	74	74	79	154	163	175	184	185
28	Gorontalo	22	23	23	23	25	53	53	63	64	66
29	West Sulawesi	31	35	35	35	43	46	46	51	56	49
30	Maluku	48	56	56	61	63	87	100	114	117	127
31	North Maluku	27	27	28	28	27	69	73	87	91	98
32	West Papua	36	36	39	39	39	69	70	87	89	104
33	Papua	84	86	92	99	102	182	211	242	282	289
Indonesia		2.704	2.920	3.019	3.152	3.317	6.033	6.085	6.302	6.358	6.338

Source: Center for Data and Information; DG of Health Efforts, MoH RI, 2014

Annex 2.3

**NUMBER OF PUSKESMAS AND HOSPITAL PROVIDING EXTENDED PROGRAM
BY PROVINCE, 2013**

No	Province	Puskesmas							Hospital		
		Basic Health Care for Obstetric and Neonatal Emergency (Ind: PONED)	Youth Health Care (Ind: PKPR)	Occupational Health	Sport Health	Traditional, Alternative, and Complementary Medicine	Management of Violence against Children	Case Management of Child Abuse	Comprehensive Health Care for Obstetric and Neonatal Emergency (Ind: PONEK)	Prevention of Mother to Child Transmission of HIV	HIV/AIDS Treatment, Support and Care
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(11)
1	Aceh	88	114	8	4	38	2	38	17	1	8
2	North Sumatera	149	241	20	5	25	13	130	25	2	16
3	West Sumatera	94	19	8	30	26	68	47	13	1	2
4	Riau	69	80	21	4	30	31	22	14	1	11
5	Jambi	58	54	29	6	8	48	33	12	1	6
6	South Sumatera	105	122	16	13	41	45	33	16	2	8
7	Bengkulu	54	47	8	0	6	13	29	7	1	2
8	Lampung	82	53	29	12	59	30	35	11	2	3
9	Bangka Belitung Islands	24	32	4	28	9	9	20	6	1	3
10	Riau Islands	25	26	18	4	8	19	22	7	3	8
11	DKI Jakarta	17	22	37	25	15	31	12	16	8	52
12	West Java	232	459	209	30	29	100	108	32	11	40
13	Central Java	293	34	47	47	34	25	141	40	6	35
14	DI Yogyakarta	68	76	27	8	42	28	28	6	1	5
15	East Java	283	273	218	156	39	324	145	51	16	39
16	Banten	72	189	153	27	70	19	104	10	5	10
17	Bali	46	50	43	122	36	27	18	10	4	12
18	West Nusa Tenggara	55	40	0	18	9	59	20	6	4	4
19	East Nusa Tenggara	94	150	0	4	6	17	96	7	5	9
20	West Kalimantan	66	124	12	7	30	53	91	9	2	8
21	Central Kalimantan	57	18	22	4	7	25	17	12	0	5
22	South Kalimantan	60	52	15	21	8	44	26	14	1	2
23	East Kalimantan	96	55	18	10	11	37	37	13	3	9
24	North Sulawesi	87	77	17	3	24	20	41	9	3	5
25	Central Sulawesi	88	41	20	4	9	11	22	9	1	10
26	South Sulawesi	140	16	7	69	110	67	18	20	3	14
27	South East Sulawesi	73	48	0	0	28	48	28	7	2	2
28	Gorontalo	23	23	17	8	19	16	10	3	0	2
29	West Sulawesi	39	29	0	0	17	15	8	3	0	1
30	Maluku	57	93	11	0	26	16	74	3	3	3
31	North Maluku	34	22	0	0	5	10	14	4	1	3
32	West Papua	21	41	0	1	5	0	40	4	2	15
33	Papua	33	25	0	1	17	0	19	8	12	66
Indonesia		2.782	2.745	1.034	671	846	1.270	1.526	424	108	418

Source: DG of Health Efforts; DG of Nutrition and MCH; DG of Disease Control & Environmental Health, MoH RI, 2014

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

HIV/AIDS Treatment, Support and Care : number is based on MoH Decree No 481/MENKES/SK/XII/2013 about Referral Hospital for People live with HIV/AIDS

Annex 2.4

**NUMBER OF DISTRICTS/MUNICIPALITIES WITH PUSKESMAS EMPOWERED BY TRAINED HEALTH PERSONNEL
FOR PROVIDING TRADITIONAL, ALTERNATIVE, AND COMPLEMENTARY HEALTH CARE BY PROVINCE, 2013**

No	Province	No. of District/Municipalities with trained health personnel	Percentage of District/Municipalities with trained health personnel	No. of Puskesmas with trained health personnel
(1)	(2)	(3)	(4)	(5)
1	Aceh	13	56,52	38
2	North Sumatera	3	9,09	25
3	West Sumatera	10	52,63	26
4	Riau	11	91,67	30
5	Jambi	3	27,27	8
6	South Sumatera	13	76,47	41
7	Bengkulu	3	30,00	6
8	Lampung	14	93,33	59
9	Bangka Belitung Islands	4	57,14	9
10	Riau Islands	3	42,86	8
11	DKI Jakarta	5	83,33	15
12	West Java	11	40,74	29
13	Central Java	9	25,71	34
14	DI Yogyakarta	5	100,00	42
15	East Java	8	21,05	39
16	Banten	8	100,00	70
17	Bali	9	100,00	36
18	West Nusa Tenggara	4	40,00	9
19	East Nusa Tenggara	2	9,09	6
20	West Kalimantan	12	85,71	30
21	Central Kalimantan	2	14,29	7
22	South Kalimantan	3	23,08	8
23	East Kalimantan	3	30,00	11
24	North Sulawesi	6	40,00	24
25	Central Sulawesi	2	15,38	9
26	South Sulawesi	24	100,00	110
27	South East Sulawesi	12	85,71	28
28	Gorontalo	4	66,67	19
29	West Sulawesi	4	66,67	17
30	Maluku	9	81,82	26
31	North Maluku	2	20,00	5
32	West Papua	2	15,38	5
33	Papua	1	3,45	17
	Indonesia	224	44,27	846

Source : Directorat of Traditional, Alternative and Complementary Health Care, DG of Nutrition, Mother and Child Health Care, DG of Disease Control & Environmental Health, MoH Indonesia, 2014

Annex 2.5

**NUMBER OF HOSPITALS IN INDONESIA
BY OWNERSHIP AND PROVINCE, 2013**

No	Province	Public Hospital												Private Hospital						Total		
		Moh/ Local Government			Army/Police			Other Ministry			Non Profit Private			Private			State owned			General Hospital	Specific Hospital	Total
		General Hospital	Specific Hospital	Total	General Hospital	Specific Hospital	Total	General Hospital	Specific Hospital	Total	General Hospital	Specific Hospital	Total	General Hospital	Specific Hospital	Total	General Hospital	Specific Hospital	Total			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
1	Aceh	25	2	27	4	0	4	0	0	0	13	0	13	5	0	5	4	0	4	51	2	53
2	North Sumatera	35	3	38	8	0	8	0	0	0	59	9	68	26	2	28	13	1	14	141	15	156
3	West Sumatera	20	2	22	4	0	4	0	0	0	11	9	20	3	11	14	1	0	1	39	22	61
4	Riau	16	3	19	4	0	4	0	0	0	5	1	6	16	6	22	3	0	3	44	10	54
5	Jambi	13	1	14	2	0	2	0	0	0	1	1	2	10	1	11	0	0	0	26	3	29
6	South Sumatera	22	5	27	4	0	4	0	0	0	7	4	11	2	2	4	5	0	5	40	11	51
7	Bengkulu	12	1	13	3	0	3	0	0	0	2	0	2	1	0	1	0	0	0	18	1	19
8	Lampung	12	1	13	2	0	2	0	0	0	14	3	17	11	6	17	0	0	0	39	10	49
9	Bangka Belitung Islands	8	1	9	0	0	0	0	0	0	3	0	3	2	0	2	0	0	0	13	1	14
10	Riau Islands	11	0	11	2	0	2	0	0	0	4	2	6	3	1	4	2	0	2	22	3	25
11	DKI Jakarta	10	9	19	9	2	11	2	0	2	32	23	55	34	24	58	4	1	5	91	59	150
12	West Java	41	10	51	13	0	13	0	0	0	54	20	74	93	38	131	4	1	5	205	69	274
13	Central Java	51	9	60	12	0	12	0	0	0	101	43	144	34	22	56	3	0	3	201	74	275
14	DI Yogyakarta	7	2	9	4	0	4	0	0	0	26	13	39	11	5	16	0	1	1	48	21	69
15	East Java	54	9	63	28	2	30	1	0	1	82	34	116	53	43	96	11	2	13	229	90	319
16	Banten	9	1	10	2	0	2	0	0	0	11	5	16	30	18	48	1	0	1	53	24	77
17	Bali	10	2	12	3	0	3	0	0	0	17	5	22	15	5	20	0	0	0	45	12	57
18	West Nusa Tenggara	11	1	12	2	0	2	0	0	0	4	0	4	5	0	5	0	0	0	22	1	23
19	East Nusa Tenggara	19	0	19	5	0	5	0	0	0	13	3	16	1	0	1	0	0	0	38	3	41
20	West Kalimantan	16	3	19	5	0	5	0	0	0	7	1	8	3	4	7	1	0	1	32	8	40
21	Central Kalimantan	15	1	16	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	16	1	17
22	South Kalimantan	14	2	16	4	0	4	0	0	0	3	4	7	2	0	2	2	0	2	25	6	31
23	East Kalimantan	16	3	19	4	0	4	0	0	0	5	1	6	12	10	22	3	0	3	40	14	54
24	North Sulawesi	17	1	18	4	0	4	0	0	0	14	0	14	2	2	4	0	0	0	37	3	40
25	Central Sulawesi	13	1	14	2	0	2	0	0	0	4	4	8	1	1	2	0	0	0	20	6	26
26	South Sulawesi	29	7	36	8	0	8	0	0	0	12	11	23	7	6	13	1	1	2	57	25	82
27	South East Sulawesi	13	1	14	2	0	2	0	0	0	4	0	4	0	4	4	1	0	1	20	5	25
28	Gorontalo	9	0	9	0	0	0	0	0	0	1	1	2	1	0	1	0	0	0	11	1	12
29	West Sulawesi	7	0	7	0	0	0	0	0	0	1	0	1	1	0	1	0	0	0	9	0	9
30	Maluku	15	1	16	4	0	4	0	0	0	7	0	7	0	0	0	0	0	0	26	1	27
31	North Maluku	12	0	12	2	0	2	0	0	0	4	0	4	0	0	0	0	0	0	18	0	18
32	West Papua	10	0	10	2	0	2	0	0	0	1	0	1	2	0	2	1	0	1	16	0	16
33	Papua	20	2	22	6	0	6	0	0	0	5	0	5	2	0	2	0	0	0	33	2	35
Indonesia		592	84	676	155	4	159	3	0	3	527	197	724	388	211	599	60	7	67	1.725	503	2.228

Source: DG of Health Efforts, MoH RI, 2014

Note: Hospital with registered hospital code

Annex 2.6

**NUMBER OF GENERAL HOSPITAL AND BEDS
BY MANAGEMENT, YEAR 2009 - 2013**

No	Management	Year 2009		Year 2010		Year 2011		Year 2012		Year 2013	
		Hospital	Bed	Hospital	Bed	Hospital	Bed	Hospital	Bed	Hospital	Bed
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	MoH	13	9.131	13	8.873	14	9.724	14	10.832	14	11.028
2	Provincial Government	44	14.029	45	13.854	47	14.065	49	16.292	53	18.526
3	District/Municipality Gov.	416	47.811	445	43.341	472	52.536	508	74.741	525	84.694
4	Army/Police	123	11.821	129	11.771	132	12.272	151	19.830	155	20.832
5	Other Ministry or State Owned Institution	71	6.747	72	6.925	73	8.535	71	8.040	63	7.444
6	Profit and Non Profit Private Company	535	52.064	591	52.306	634	52.694	815	74.033	915	102.816
Total		1.202	141.603	1.295	137.070	1.372	149.826	1.608	203.768	1.725	245.340

Source: DG of Health Efforts, MoH RI, 2014

Note : Hospital with registered hospital code

Annex 2.7

**NUMBER OF SPECIFIC HOSPITAL AND BEDS
BY TYPE OF HOSPITAL, 2009 - 2013**

No	Type of Hospital	Year 2009		Year 2010		Year 2011		Year 2012		Year 2013	
		Hospital	Bed	Bed	Hospital	Hospital	Bed	Bed	Hospital	Hospital	Bed
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	Mental Hospital	51	9.206	52	8.760	52	7.541	53	8.542	51	10.349
2	Leparcy Hospital	22	2.224	23	2.326	23	1.854	22	1.989	18	2.048
3	Pulmonary TB Hospital	10	731	10	757	10	778	12	915	11	919
4	Eye Hospital	11	423	12	448	13	519	14	520	15	647
5	Maternity Hospital	61	2.475	62	2.453	65	2.334	94	3.150	99	3.457
6	Mother and Child Health Hospital	95	4.591	106	4.809	114	5.267	169	7.697	159	8.147
7	Other Specialty Hospital	71	2.427	72	2.521	72	2.537	111	4.851	150	7.543
Total		321	22.077	337	22.074	349	20.830	475	27.664	503	33.110

Source: DG of Health Efforts, MoH RI, 2014

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, 2013**

No	Province	No. of Population	Class A			Class B			Class C			Class D			Not yet classified			Total	
			Hospital	Beds	% Hospitals	Hospital	Beds	% Hospital	Hospital	Beds	% Hospital	Hospital	Beds	% Hospital	Hospital	Beds	% Hospital	Hospital	Beds
(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1	Aceh	4.671.874	2	844	3,77	5	1.277	9,43	24	3.315	45,28	10	756	18,87	12	839	22,64	53	7.031
2	North Sumatera	13.391.231	1	755	0,64	21	5.736	13,46	53	6.523	33,97	24	2.005	15,38	57	4.622	36,54	156	19.641
3	West Sumatera	5.035.311	1	276	1,64	4	1.580	6,56	22	2.936	36,07	15	547	24,59	19	927	31,15	61	6.266
4	Riau	6.143.674	1	182	1,85	8	2.224	14,81	22	2.292	40,74	12	825	22,22	11	450	20,37	54	5.973
5	Jambi	3.329.887	0	0	0,00	2	541	6,90	10	1.352	34,48	6	471	20,69	11	745	37,93	29	3.109
6	South Sumatera	7.857.437	3	1.806	5,88	5	1.084	9,80	18	2.775	35,29	11	791	21,57	14	879	27,45	51	7.335
7	Bengkulu	1.799.668	0	0	0,00	2	580	10,53	4	461	21,05	10	529	52,63	3	211	15,79	19	1.781
8	Lampung	7.880.769	0	0	0,00	4	1.353	8,16	24	2.656	48,98	7	531	14,29	14	1.138	28,57	49	5.678
9	Bangka Belitung Islands	1.339.774	0	0	0,00	1	125	7,14	5	695	35,71	7	498	50,00	1	88	7,14	14	1.406
10	Riau Islands	1.937.577	0	0	0,00	4	916	16,00	9	909	36,00	5	183	20,00	7	439	28,00	25	2.447
11	DKI Jakarta	10.001.943	12	5.219	8,00	38	8.811	25,33	40	3.216	26,67	13	924	8,67	47	3.773	31,33	150	21.943
12	West Java	45.472.830	8	2.474	2,92	47	12.035	17,15	100	10.958	36,50	47	3.431	17,15	72	4.652	26,28	274	33.550
13	Central Java	32.684.579	8	4.072	2,91	32	17.662	11,64	106	13.095	38,55	86	5.803	31,27	43	2.146	15,64	275	42.778
14	DI Yogyakarta	3.560.080	3	986	4,35	11	2.470	15,94	11	4.393	15,94	26	1.545	37,68	18	997	26,09	69	10.391
15	East Java	38.268.825	6	3.689	1,88	39	9.818	12,23	99	11.918	31,03	65	4.270	20,38	110	6.863	34,48	319	36.558
16	Banten	11.523.018	1	294	1,30	12	3.383	15,58	22	1.662	28,57	6	553	7,79	36	2.367	46,75	77	8.259
17	Bali	4.139.690	3	1.096	5,26	6	1.372	10,53	16	1.817	28,07	13	841	22,81	19	821	33,33	57	5.947
18	West Nusa Tenggara	4.651.648	0	0	0,00	3	637	13,04	8	1.330	34,78	11	1.010	47,83	1	53	4,35	23	3.030
19	East Nusa Tenggara	4.971.802	0	0	0,00	1	379	2,44	11	1.510	26,83	23	1.925	56,10	6	305	14,63	41	4.119
20	West Kalimantan	4.508.968	1	163	2,50	4	1.446	10,00	10	1.227	25,00	13	1.356	32,50	12	776	30,00	40	4.968
21	Central Kalimantan	2.328.823	0	0	0,00	2	522	11,76	7	809	41,18	6	386	35,29	2	68	11,76	17	1.785
22	South Kalimantan	3.840.547	2	1.087	6,45	2	519	6,45	14	2.174	45,16	2	163	6,45	11	423	35,48	31	4.366
23	East Kalimantan	3.967.793	1	261	1,85	8	2.487	14,81	16	2.391	29,63	23	825	42,59	6	406	11,11	54	6.370
24	North Sulawesi	2.354.668	1	250	2,50	2	1.168	5,00	16	2.354	40,00	10	647	25,00	11	661	27,50	40	5.080
25	Central Sulawesi	2.787.164	0	0	0,00	3	1.044	11,54	9	1.261	34,62	3	219	11,54	11	707	42,31	26	3.231
26	South Sulawesi	8.305.154	3	1.588	3,66	18	4.122	21,95	32	4.734	39,02	9	495	10,98	20	945	24,39	82	11.884
27	South East Sulawesi	2.370.549	0	0	0,00	2	587	8,00	7	664	28,00	7	566	28,00	9	490	36,00	25	2.307
28	Gorontalo	1.110.294	0	0	0,00	2	646	16,67	3	325	25,00	4	231	33,33	3	147	25,00	12	1.349
29	West Sulawesi	1.252.071	0	0	0,00	0	0	0,00	2	372	22,22	2	223	22,22	5	245	55,56	9	840
30	Maluku	1.662.965	0	0	0,00	2	478	7,41	5	575	18,52	15	867	55,56	5	445	18,52	27	2.365
31	North Maluku	1.114.917	0	0	0,00	1	295	5,56	3	303	16,67	9	678	50,00	5	133	27,78	18	1.409
32	West Papua	846.711	0	0	0,00	0	0	0,00	4	728	25,00	6	424	37,50	6	377	37,50	16	1.529
33	Papua	3.310.715	0	0	0,00	2	484	5,71	9	1.806	25,71	11	882	31,43	13	553	37,14	35	3.725
Indonesia		248.422.956	57	25.042	2,56	293	85.781	13,15	741	93.536	33,26	517	35.400	23,20	620	38.691	27,83	2.228	278.450

Source: DG of Health Efforts, MoH RI, 2013

Note : Hospital with registered hospital code

Annex 2.9

**NUMBER OF BEDS IN HOSPITAL
BY TREATMENT CLASS AND PROVINCE, 2013**

No	Province	Total Beds*	Treatment Class													
			V VIP		V I P		Class I		Class II		Class III		Others**		Non Treatment Room***	
			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	7.031	113	1,61	437	6,22	561	7,98	819	11,65	3.670	52,20	747	10,62	684	9,73
2	North Sumatera	19.641	419	2,13	1.374	7,00	2.900	14,77	4.399	22,40	7.416	37,76	1.980	10,08	1.153	5,87
3	West Sumatera	6.266	143	2,28	417	6,65	786	12,54	1.179	18,82	2.656	42,39	592	9,45	493	7,87
4	Riau	5.973	175	2,93	550	9,21	585	9,79	1.022	17,11	2.419	40,50	737	12,34	485	8,12
5	Jambi	3.109	51	1,64	297	9,55	395	12,71	519	16,69	1.215	39,08	347	11,16	285	9,17
6	South Sumatera	7.335	127	1,73	470	6,41	894	12,19	1.487	20,27	3.297	44,95	629	8,58	431	5,88
7	Bengkulu	1.781	21	1,18	131	7,36	179	10,05	346	19,43	679	38,12	228	12,80	197	11,06
8	Lampung	5.678	145	2,55	365	6,43	610	10,74	1.133	19,95	2.408	42,41	591	10,41	426	7,50
9	Bangka Belitung Islands	1.406	35	2,49	68	4,84	144	10,24	284	20,20	609	43,31	124	8,82	142	10,10
10	Riau Islands	2.447	41	1,68	155	6,33	268	10,95	460	18,80	1.057	43,20	269	10,99	197	8,05
11	DKI Jakarta	21.943	772	3,52	2.244	10,23	3.016	13,74	4.423	20,16	7.569	34,49	2.536	11,56	1.383	6,30
12	West Java	33.550	434	1,29	2.365	7,05	4.081	12,16	6.537	19,48	13.157	39,22	4.221	12,58	2.755	8,21
13	Central Java	42.778	631	1,48	3.183	7,44	4.562	10,66	6.044	14,13	21.893	51,18	4.127	9,65	2.338	5,47
14	DI Yogyakarta	10.391	183	1,76	484	4,66	909	8,75	1.623	15,62	5.986	57,61	798	7,68	408	3,93
15	East Java	36.558	572	1,56	2.885	7,89	4.708	12,88	7.403	20,25	14.065	38,47	4.338	11,87	2.587	7,08
16	Banten	8.259	111	1,34	610	7,39	1.227	14,86	1.768	21,41	2.899	35,10	916	11,09	728	8,81
17	Bali	5.947	159	2,67	718	12,07	675	11,35	990	16,65	2.285	38,42	691	11,62	429	7,21
18	West Nusa Tenggara	3.030	27	0,89	249	8,22	384	12,67	370	12,21	1.271	41,95	408	13,47	321	10,59
19	East Nusa Tenggara	4.119	28	0,68	230	5,58	322	7,82	612	14,86	2.056	49,92	463	11,24	408	9,91
20	West Kalimantan	4.968	24	0,48	216	4,35	442	8,90	831	16,73	2.492	50,16	556	11,19	407	8,19
21	Central Kalimantan	1.785	32	1,79	190	10,64	169	9,47	310	17,37	719	40,28	231	12,94	134	7,51
22	South Kalimantan	4.366	129	2,95	380	8,70	455	10,42	855	19,58	1.734	39,72	496	11,36	317	7,26
23	East Kalimantan	6.370	130	2,04	595	9,34	781	12,26	1.261	19,80	2.360	37,05	724	11,37	519	8,15
24	North Sulawesi	5.080	81	1,59	227	4,47	479	9,43	1.040	20,47	2.419	47,62	450	8,86	384	7,56
25	Central Sulawesi	3.231	4	0,12	221	6,84	299	9,25	438	13,56	1.543	47,76	484	14,98	242	7,49
26	South Sulawesi	11.884	305	2,57	1.116	9,39	1.330	11,19	1.813	15,26	4.701	39,56	1.524	12,82	1.095	9,21
27	South East Sulawesi	2.307	16	0,69	146	6,33	224	9,71	359	15,56	1.036	44,91	214	9,28	312	13,52
28	Gorontalo	1.349	31	2,30	126	9,34	93	6,89	213	15,79	627	46,48	139	10,30	120	8,90
29	West Sulawesi	840	21	2,50	50	5,95	70	8,33	142	16,90	354	42,14	80	9,52	123	14,64
30	Maluku	2.365	15	0,63	124	5,24	194	8,20	365	15,43	1.206	50,99	232	9,81	229	9,68
31	North Maluku	1.409	39	2,77	128	9,08	137	9,72	207	14,69	606	43,01	155	11,00	137	9,72
32	West Papua	1.529	6	0,39	47	3,07	91	5,95	218	14,26	887	58,01	110	7,19	170	11,12
33	Papua	3.725	23	0,62	124	3,33	275	7,38	731	19,62	1.851	49,69	322	8,64	399	10,71
Indonesia		278.450	5.043	1,81	20.922	7,51	32.245	11,58	50.201	18,03	119.142	42,79	30.459	10,94	20.438	7,34

Source: DG of Health Efforts, MoH RI, 2014

Note : Hospital with registered hospital code

* 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 PRODUCTION FACILITY
IN PHARMACEUTICAL AND MEDICAL DEVICES BY PROVINCES, 2011-2013**

No	Province	Pharmacy			Traditional Medicine Industry (Ind: IOT)			Small Industry of Traditional Medicine (Ind: UKOT)			Production of Medical Devices			Household and Health Supply Production (Ind: PKRT)			Cosmetics Industry		
		2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013
(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	10	9	0	1	1	2	1	1	0	0	0
2	North Sumatera	9	9	5	2	2	94	102	94	94	9	14	14	33	31	31	52	47	45
3	West Sumatera	1	1	1	0	0	0	21	21	21	0	1	1	0	0	0	2	12	12
4	Riau	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Jambi	0	0	0	0	0	0	3	3	3	0	0	0	0	0	1	1	1	1
6	South Sumatera	1	1	1	0	0	0	0	0	0	1	1	1	0	0	1	0	0	0
7	Bengkulu	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0
8	Lampung	0	0	0	0	0	0	4	4	5	0	0	0	0	0	0	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	0	4	5	5	0	1	2	0	0	0
11	DKI Jakarta	45	50	50	10	11	102	176	179	179	35	56	41	62	68	77	53	67	67
12	West Java	87	94	94	42	46	215	207	206	215	114	79	79	266	277	277	135	151	151
13	Central Java	22	23	23	15	12	283	289	285	283	11	17	17	22	24	24	38	45	45
14	DI Yogyakarta	1	2	2	0	0	73	64	64	73	7	7	7	3	8	8	8	10	10
15	East Java	45	46	47	15	15	15	136	229	221	27	28	29	44	95	99	113	125	116
16	Banten	1	13	30	19	19	58	64	25	58	23	25	22	71	73	114	109	54	107
17	Bali	0	0	0	1	1	1	16	14	14	0	0	0	0	0	1	12	21	24
18	West Nusa Tenggara	0	0	0	0	1	1	9	9	8	2	2	2	0	0	0	0	0	0
19	East Nusa Tenggara	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0
20	West Kalimantan	0	0	0	0	0	9	13	14	9	1	1	1	0	0	0	0	1	1
21	Central Kalimantan	0	0	0	0	0	3	2	2	3	0	0	0	0	0	0	0	0	0
22	South Kalimantan	0	0	0	1	1	0	26	7	7	0	0	0	0	0	0	21	21	21
23	East Kalimantan	0	0	0	0	0	0	15	15	15	0	0	0	0	0	0	0	0	0
24	North Sulawesi	0	0	0	0	0	8	9	8	8	0	0	0	1	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
26	South Sulawesi	0	0	0	2	2	1	26	26	9	0	0	0	4	0	11	5	5	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	0	1	0	1	1	0	0	0	1	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	12	1	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		212	239	253	107	110	864	1.205	1.229	1.237	234	237	220	509	579	648	553	564	606

Source : DG of Pharmacy and Medical Devices, MoH RI, 2014

Annex 2.11

**NUMBER OF DISTRIBUTION FACILITIES
IN PHARMACEUTICAL AND MEDICAL DEVICES BY PROVINCE, 2011-2013**

No	Province	Wholesaler Pharmacy			Dispensary			Drug Store			Medical Devices Distributor (Ind:PAK)		
		2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	70	67	26	168	250	298	637	495	433	3	11	11
2	North Sumatera	115	116	133	971	977	1.056	805	114	551	16	29	44
3	West Sumatera	51	49	53	464	422	486	305	319	319	1	4	28
4	Riau	91	89	89	117	442	480	325	187	193	3	9	9
5	Jambi	34	35	34	218	231	266	161	176	170	0	1	5
6	South Sumatera	98	98	65	355	410	439	147	140	134	9	16	37
7	Bengkulu	22	18	18	155	190	209	78	58	65	0	4	8
8	Lampung	56	55	55	350	412	429	46	77	96	2	8	26
9	Bangka Belitung Islands	15	3	15	105	124	140	98	53	54	0	2	1
10	Riau Islands	37	34	34	182	190	243	207	218	247	2	8	13
11	DKI Jakarta	372	404	432	1.987	2.143	1.843	544	605	605	880	950	950
12	West Java	446	513	513	3.207	2.959	3.821	1.281	1.038	1.326	141	163	163
13	Central Java	337	333	333	1.819	1.657	2.302	381	381	381	38	93	87
14	DI Yogyakarta	51	48	50	471	523	528	47	46	48	8	15	15
15	East Java	224	341	367	2.422	2.380	3.259	297	307	372	59	131	250
16	Banten	82	96	97	349	719	900	111	175	130	62	75	75
17	Bali	74	77	75	525	571	603	206	226	239	10	17	40
18	West Nusa Tenggara	40	30	29	253	208	281	158	67	61	2	13	13
19	East Nusa Tenggara	33	37	24	154	178	189	125	121	122	0	3	25
20	West Kalimantan	54	48	46	28	74	218	111	41	316	2	18	22
21	Central Kalimantan	15	14	4	162	160	217	127	127	174	0	0	0
22	South Kalimantan	53	46	41	260	272	317	790	790	517	3	12	12
23	East Kalimantan	51	45	44	425	450	460	237	236	238	2	5	17
24	North Sulawesi	47	47	39	123	185	184	57	102	100	1	4	4
25	Central Sulawesi	27	28	27	217	215	289	181	134	197	0	1	1
26	South Sulawesi	90	94	102	411	404	674	377	377	377	4	27	57
27	South East Sulawesi	16	12	14	175	209	231	113	127	91	0	1	2
28	Gorontalo	8	7	7	78	89	109	37	36	35	0	0	0
29	West Sulawesi	0	1	1	60	46	46	45	45	45	0	0	0
30	Maluku	16	15	17	106	80	127	112	112	112	1	1	3
31	North Maluku	9	7	6	86	97	103	23	18	21	0	3	3
32	West Papua	14	10	10	122	122	122	52	52	52	0	0	0
33	Papua	47	43	46	210	224	234	26	40	40	0	0	0
	Indonesia	2.695	2.860	2.846	16.735	17.613	21.103	8.247	7.040	7.861	1.249	1.624	1.921

Source : DG of Pharmacy and Medical Devices, MoH RI, 2014

Annex 2.12

NUMBER OF COMMUNITY-BASED HEALTH PROGRAM (Ind:UKBM) BY PROVINCE, 2013

No	Province	Desa	Village	Desa and Village	No. of Active and Alert Village (Hamlet, Desa, and Kelurahan)	% of Active and Alert Village (Hamlet, Desa, and Kelurahan)	Operating Village Health Post	Integrated Health Post (Ind: Posyandu)	Trained Cadre / Community Leader / Religion Leader	Ratio of Posyandu to Village	Ratio of Trained Cadre etc to Village
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	Aceh	6.464	0	6.464	578	8,94	2.234	7.385	4.500	1,14	0,70
2	North Sumatera	5.281	664	5.945	2.956	49,72	3.835	15.303	3.548	2,57	0,60
3	West Sumatera	886	259	1.145	1.014	88,56	2.453	7.101	20.813	6,20	18,18
4	Riau	1.594	241	1.835	983	53,57	1.152	5.037	17.918	2,74	9,76
5	Jambi	1.391	162	1.553	1.309	83,52	924	3.250	2.122	2,09	1,37
6	South Sumatera	2.768	376	3.144	2.789	88,71	2.461	6.352	7.487	2,02	2,38
7	Bengkulu	1.356	168	1.524	1.438	94,36	1.547	1.863	3.695	1,22	2,42
8	Lampung	2.375	205	2.580	2.289	85,74	1.447	7.797	7.488	3,02	2,90
9	Bangka Belitung Islands	313	67	380	296	77,89	303	992	714	2,61	1,88
10	Riau Islands	274	141	415	369	84,58	198	1.191	2.350	2,87	5,66
11	DKI Jakarta	-	-	2.705	2.006	96,67	1.176	4.297	12.393	1,59	4,58
12	West Java	5.295	639	5.934	4.945	83,33	5.490	49.193	37.622	8,29	6,34
13	Central Java	7.809	769	8.578	8.577	99,99	7.670	48.315	80.896	5,63	9,43
14	DI Yogyakarta	392	46	438	413	94,29	421	2.708	432	6,18	0,99
15	East Java	7.722	783	8.505	7.968	93,69	8.598	45.882	4.086	5,39	0,48
16	Banten	1.273	278	1.551	1.331	85,82	521	10.640	33.308	6,86	21,48
17	Bali	634	80	714	698	97,76	490	4.760	780	6,67	1,09
18	West Nusa Tenggara	941	139	1.080	930	86,11	804	6.743	2.664	6,24	2,47
19	East Nusa Tenggara	2.881	319	3.200	502	15,69	648	8.573	600	2,68	0,19
20	West Kalimantan	1.897	89	1.986	832	41,89	1.349	4.281	1.142	2,16	0,58
21	Central Kalimantan	1.420	138	1.558	629	40,37	513	2.236	1.170	1,44	0,75
22	South Kalimantan	1.866	143	2.009	1.581	78,70	1.707	3.724	10.006	1,85	4,98
23	East Kalimantan	1.268	224	1.492	948	63,54	655	4.566	4.575	3,06	3,07
24	North Sulawesi	1.458	332	1.790	689	38,49	1.048	2.066	4.515	1,15	2,52
25	Central Sulawesi	1.767	169	1.936	1.313	67,82	1.154	3.267	17.616	1,69	9,10
26	South Sulawesi	2.240	784	3.024	2.899	96,49	2.820	9.377	35.029	3,10	11,58
27	South East Sulawesi	1.772	370	2.142	1.001	46,73	1.055	2.877	1.968	1,34	0,92
28	Gorontalo	657	72	729	357	48,97	303	1.302	612	1,79	0,84
29	West Sulawesi	533	71	604	216	35,76	107	1.731	1.227	2,87	2,03
30	Maluku	1.135	34	1.169	808	69,12	598	1.902	1.880	1,63	1,61
31	North Maluku	1.039	112	1.151	859	74,63	252	1.401	100	1,22	0,09
32	West Papua	1.477	77	1.554	31	1,99	79	1.122	360	0,72	0,23
33	Papua	4.766	91	4.857	1.016	20,92	719	2.991	12.970	0,62	2,67
	Indonesia	72.944	8.309	83.691	54.570	67,05	54.731	280.225	336.586	3,35	4,02

Source : Health Promotion Center, MoH RI, by 17th January 2014

Note :

*) Total of *desa* and *kelurahan* in Jakarta Province are Total Hamlet/RWTotal of *Desa* and *Kelurahan* based on Decree of Ministry of Internal Affairs No 18 Year 2013

Total of Alert Village in Jakarta Province was based on Total of Active Alert Hamlet/RW meanwhile in West Sumatera was total of Alert RW and Nagari

Operating *Poskesdes* data is compilation of data from DG Nutrition and MCH 2009 , District/Municipality DAK Report Year 2012 and 2013

Annex 2.13

**NUMBER OF ACTIVE RW SIAGA, DESA SIAGA AND POSYANDU
BY PROVINCE AND STRATA IN INDONESIA, 2013**

No	Province	Active Hamlet, Desa, and 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	578	-	-	-	578	1.826	4.170	1.226	163	7.385
2	North Sumatera	-	-	-	-	2.956	2.761	6.661	4.293	1.588	15.303
3	West Sumatera	200	354	350	110	1.014	344	2.775	3.005	977	7.101
4	Riau	470	326	119	68	983	1.037	1.904	1.553	543	5.037
5	Jambi	735	353	103	118	1.309	439	1.475	1.036	300	3.250
6	South Sumatera	2.789	0	0	0	2.789	761	2.149	3.018	424	6.352
7	Bengkulu	961	331	140	6	1.438	567	867	363	66	1.863
8	Lampung	1.206	670	316	97	2.289	429	2.821	3.540	1.007	7.797
9	Bangka Belitung Islands	-	-	-	-	296	71	376	418	127	992
10	Riau Islands	235	92	32	10	369	146	571	389	85	1.191
11	DKI Jakarta	534	549	598	325	2.006	23	287	1.586	2.401	4.297
12	West Java	-	-	-	-	4.945	49.193	0	0	0	49.193
13	Central Java	3.386	3.247	1.507	437	8.577	5.018	15.320	18.693	9.284	48.315
14	DI Yogyakarta	176	158	66	13	413	86	641	1.129	852	2.708
15	East Java	4.674	2.519	689	86	7.968	2.460	15.412	25.771	2.239	45.882
16	Banten	974	350	7	0	1.331	2.768	5.298	2.094	480	10.640
17	Bali	698	0	0	0	698	123	1.643	2.658	336	4.760
18	West Nusa Tenggara	667	193	65	5	930	1.339	2.831	2.281	292	6.743
19	East Nusa Tenggara	-	-	-	-	502	8.573	0	0	0	8.573
20	West Kalimantan	832	-	-	-	832	1.322	2.013	863	83	4.281
21	Central Kalimantan	629	0	0	0	629	1.021	854	300	61	2.236
22	South Kalimantan	1.255	186	28	112	1.581	1.159	1.769	699	97	3.724
23	East Kalimantan	630	159	139	20	948	906	1.702	1.552	406	4.566
24	North Sulawesi	368	126	192	3	689	248	882	916	20	2.066
25	Central Sulawesi	1.180	112	15	6	1.313	953	1.455	782	77	3.267
26	South Sulawesi	1.636	757	421	85	2.899	1.659	3.360	3.446	912	9.377
27	South East Sulawesi	833	118	35	15	1.001	561	1.284	830	202	2.877
28	Gorontalo	246	84	26	1	357	32	975	286	9	1.302
29	West Sulawesi	133	83	0	0	216	777	696	239	19	1.731
30	Maluku	780	12	0	16	808	909	712	274	7	1.902
31	North Maluku	583	197	62	17	859	526	525	309	41	1.401
32	West Papua	-	-	-	-	31	1.122	0	0	0	1.122
33	Papua	1.016	0	0	0	1.016	2.560	116	128	187	2.991
Indonesia		28.404	10.976	4.910	1.550	54.570	91.719	81.544	83.677	23.285	280.225

Source : Health Promotion Center, MoH RI, by 17th January 2014

Note :

*) Total of *desa* and *kelurahan* in Jakarta Province are Total Hamlet/RWTotal of *Desa* and *Kelurahan* based on Decree of Ministry of Internal Affairs No 18 Year 2013

Annex 2.14

NUMBER OF HEALTH POLYTECHNIC (DIPLOMA IV)
BY PROVINCE, DECEMBER 2013

No	Health Polytechnic	Study Program														Total	
		Nursery			Pharmacy	Public Health	Nutrition	Physical Therapy				Medical Technician					
		Nursery	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)	(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	0	5
2	Medan	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	3
3	Padang	0	1	0	0	1	1	0	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	0	2
5	Jambi	1	1	1	0	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	0	3
7	Bengkulu	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	3
8	Tanjung Karang	1	2	0	0	1	0	0	0	0	0	0	0	0	0	0	5
9	Tanjung Pinang	0	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	0
11	Jakarta I	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
12	Jakarta II	0	0	0	0	1	1	0	0	0	0	0	1	1	0	0	4
13	Jakarta III	0	1	0	0	0	0	1	0	0	0	1	0	0	0	0	3
14	Bandung	1	1	1	0	1	1	0	0	0	0	1	0	0	0	0	6
15	Tasikmalaya	2	2	1	0	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	0	8
17	Surakarta	1	1	0	0	0	0	1	1	1	1	0	0	0	1	1	7
18	DI Yogyakarta	1	1	1	0	1	1	0	0	0	0	1	0	0	0	0	6
19	Surabaya	1	1	1	0	1	0	0	0	0	0	1	1	0	0	0	6
20	Malang	2	3	0	0	0	1	0	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	0	1
22	Denpasar	1	1	0	0	1	1	0	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	0	5
24	Kupang	1	1	0	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	0	6
26	Palangkaraya	1	1	0	0	0	1	0	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	0	6
28	East Kalimantan	1	1	0	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	0	4
30	Palu	1	1	0	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	0	8
32	Kendari	0	1	0	0	0	1	0	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	0	2
34	Mamuju	0	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	0
36	Ternate	1	1	0	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	0	3
38	Sorong	1	1	0	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	2	133

Source: The Agency For Development and Empowerment Human Resources of Health, MoH RI, 2014

Annex 2.15

**NUMBER OF HEALTH POLYTECHNIC (DIPLOMA III)
BY PROVINCE, DECEMBER 2013**

No	Health Polytechnic	Study Program																	Total	
		Nursery			Pharmacy			PH	Nutrition	Physical Therapist				Medical Technician						
		Nursery	Midwife	Dental Nursery	Pharmacy	Pharmacy and Food Analyst	Traditional Herb Medicine	Environmental Health	Nutrition	Physiotherapist	Occupational therapist	Speech Therapist	Accupuncture	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	10
2	Medan	1	3	1	1	0	0	1	1	0	0	0	0	0	1	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	7
4	Riau	1	1	0	0	0	0	0	1	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	4
6	Palembang	3	1	1	1	0	0	0	1	0	0	0	0	1	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	7
8	Tanjung Karang	2	2	1	1	0	0	1	1	0	0	0	0	1	0	0	1	0	0	10
9	Tanjung Pinang	1	1	0	0	0	0	1	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	4
11	Jakarta I	1	1	1	0	0	0	0	1	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	7
13	Jakarta III	2	2	0	0	0	0	0	0	0	0	0	0	1	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	10
15	Tasikmalaya	2	2	1	1	0	0	0	2	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	16
17	Surakarta	1	1	0	0	0	1	0	0	1	1	1	1	0	0	0	0	1	0	8
18	DI Yogyakarta	1	1	1	0	0	0	1	1	0	0	0	0	1	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	13
20	Malang	3	3	0	0	0	0	0	1	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	3
22	Denpasar	1	1	1	0	0	0	1	1	0	0	0	0	1	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	5
24	Kupang	3	1	1	1	0	0	1	1	0	0	0	0	1	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	6
26	Palangkaraya	1	1	0	0	0	0	0	1	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	6
28	Kalimantan Timur	1	2	0	0	0	0	0	0	0	0	0	0	1	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	7
30	Palu	2	2	0	0	0	0	1	1	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	9
32	Kendari	1	1	0	0	0	0	0	1	0	0	0	0	1	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	3
34	Mamuju	1	1	0	0	0	0	1	1	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	8
36	Ternate	1	1	0	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	5
37	Jayapura	7	4	0	1	0	0	1	2	0	0	0	0	1	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	6
Total		71	62	18	12	1	1	24	33	2	1	1	1	22	2	3	2	2	4	262

Annex 2.16

**NUMBER OF HEALTH POLYTECHNIC (DIPLOMA III) STUDENT BY TYPE OF HEALTH PERSONNEL
YEAR OF EDUCATION 2011/2012 TO 2013/2014**

No	Health Polytechnic Institution	Health Polytechnic Student			Total
		2011/2012	2012/2013	2013/2014	
(1)	(2)	(3)	(4)	(5)	(6)
A	NURSERY				
	1 Nursery	21.596	22.931	22.250	66.777
	2 Midwife	16.323	16.959	19.278	52.560
	3 Dental Nursery	4.890	4.920	5.870	15.680
	Sub Total	42.809	44.810	47.398	135.017
B	PHARMACY				
	1 Pharmacy and Food Analyst	285	285	222	792
	2 Pharmacy	2.085	2.305	2.490	6.880
	3 Traditonal Herb Medicine			101	101
	Sub Total	2.370	2.590	2.813	7.773
C	PUBLIC HEALTH				
	1 Environmental health	6.790	7.000	5.945	19.735
	Sub Total	6.790	7.000	5.945	19.735
D	NUTRITION				
	1 Nutrition Academy (Ind: AKZI)	7.065	7.570	6.097	20.732
	Sub Total	7.065	7.570	6.097	20.732
E	PHYSICAL THERAPIST				
	1 Physiotherapist	590	760	944	2.294
	2 Occupational Therapist	250	300	334	884
	3 Speech Therapist	160	220	259	639
	4 Accupuncture	160	220	191	571
	Sub Total	1.160	1.500	1.728	4.388
F	MEDICAL TECHNICIAN				
	1 Health Analyst	4.095	4.730	4.766	13.591
	2 Dental Nursery	380	440	294	1.114
	3 Blood Tranfusion Technology Program	0			
	4 Radiology and Radiotherapy program	875	915	910	2.700
	5 Medical Record and Health Information	120	180	119	419
	6 Electromedic Technician	715	715	503	1.933
	7 Refraction and Optician	0			
	8 Orthotic and Prostetic	320	440	201	961
	Sub Total	6.505	7.420	6.793	20.718
	Total	66.699	70.890	70.774	208.363

Source: The Agency For Development and Empowerment Human Resources of Health, MoH RI, 2014

Annex2.17

NUMBER OF HEALTH POLYTECHNIC (DIPLOMA III) STUDENT BY TYPE OF HEALTH PERSONNEL AND PROVINCE, 2013

No	Poltekkes	NURSERY			Pharmacy			PH	Nutrition	Physical Therapist				Medical Technician							Total	
		Nursery	Midwife	Dental Nursery	Pharmacy and Food	Pharmacy	Traditional Herb Medicine	Environmenta I Health	Nutrition	Physiotherapist	Physiotherapist	Therapist	Accupuncture	Dental Technician	Health Analyst	Radiology and Radiotherapy Technician	Refraction and Optician	Electromedic Technician	Orthotic Prostetic	Transfusion		PIKES
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(22)	(23)	(24)
1	Aceh	1.873	1.198	320	0	209	0	253	309	0	0	0	0	0	0	0	0	0	0	0	0	4.162
2	Medan	340	963	270	0	290	0	303	299	0	0	0	0	0	282	0	0	0	0	0	0	2.747
3	Padang	481	551	284	0	0	0	288	285	0	0	0	0	0	0	0	0	0	0	0	0	1.889
4	Pekanbaru	181	348	0	0	0	0	0	167	0	0	0	0	0	0	0	0	0	0	0	0	696
5	Jambi	274	408	133	0	0	0	103	0	0	0	0	0	0	0	0	0	0	0	0	0	918
6	Bengkulu	465	550	0	0	0	0	159	298	0	0	0	0	0	127	0	0	0	0	0	0	1.599
7	Palembang	838	426	0	0	288	0	0	409	0	0	0	0	0	147	0	0	0	0	0	0	2.108
8	T.Karang	620	590	148	0	119	0	296	195	0	0	0	0	90	320	0	0	0	0	0	0	2.378
9	Gorontalo	554	597	0	0	0	0	0	257	0	0	0	0	0	0	0	0	0	0	0	0	1.408
10	Jakarta I	219	158	136	0	0	0	0	0	0	0	0	0	0	0	0	0	0	45	0	0	558
11	Jakarta II	0	0	0	222	362	0	345	341	0	0	0	0	204	527	315	0	211	0	0	0	2.527
12	Jakarta III	494	513	0	0	0	0	0	0	94	0	0	0	0	242	0	0	0	0	0	0	1.343
13	Bandung	506	731	211	0	87	0	211	230	0	0	0	0	0	294	0	0	0	0	0	0	2.270
14	Tasikmalaya	438	436	211	0	0	0	0	236	0	0	0	0	0	0	0	0	0	0	0	119	1.440
15	Semarang	1.435	1.246	317	0	0	0	325	313	0	0	0	0	0	230	595	0	0	0	0	0	4.461
16	Surakarta	545	490	0	0	0	101	0	0	554	334	259	191	0	0	0	0	0	156	0	0	2.630
17	Yogyakarta	305	310	365	0	0	0	368	313	0	0	0	0	0	422	0	0	0	0	0	0	2.083
18	Malang	954	1.093	439	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2.486
19	Surabaya	833	675	242	0	0	0	416	68	0	0	0	0	0	259	0	0	292	0	0	0	2.785
20	Denpasar	264	154	96	0	0	0	116	124	0	0	0	0	0	144	0	0	0	0	0	0	898
21	Mataram	779	705	0	0	0	0	0	166	0	0	0	0	0	210	0	0	0	0	0	0	1.860
22	Kupang	935	388	1.116	0	398	0	274	257	0	0	0	0	0	201	0	0	0	0	0	0	3.569
23	Pontianak	697	377	232	0	0	0	411	160	0	0	0	0	0	203	0	0	0	0	0	0	2.080
24	Palangkaraya	392	618	150	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.160
25	Banjarmasin	220	318	233	0	0	0	174	218	0	0	0	0	0	180	0	0	0	0	0	0	1.343
26	Samarinda	543	812	0	0	0	0	232	0	0	0	0	0	0	0	0	0	0	0	0	0	1.587
27	Manado	356	343	221	0	249	0	318	265	0	0	0	0	0	207	0	0	0	0	0	0	1.959
28	Palu	650	432	0	0	0	0	246	60	0	0	0	0	0	0	0	0	0	0	0	0	1.388
29	Makassar	888	388	396	0	353	0	292	288	296	0	0	0	0	486	0	0	0	0	0	0	3.387
30	Kendari	527	554	350	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.431
31	Ambon	1.094	462	0	0	0	0	307	281	0	0	0	0	0	70	0	0	0	0	0	0	2.214
32	Ternate	429	480	0	0	0	0	55	181	0	0	0	0	0	45	0	0	0	0	0	0	1.190
33	Jayapura	1.658	735	0	0	0	0	215	0	0	0	0	0	0	0	0	0	0	0	0	0	2.608
34	Pangkal Pinang	136	139	0	0	135	0	0	127	0	0	0	0	0	0	0	0	0	0	0	0	537
35	Banten	254	230	0	0	0	0	0	0	0	0	0	0	0	170	0	0	0	0	0	0	654
36	Mamuju	145	148	0	0	0	0	112	123	0	0	0	0	0	0	0	0	0	0	0	0	528
37	Sorong	688	460	0	0	0	0	0	127	0	0	0	0	0	0	0	0	0	0	0	0	1.275
38	Tanjung Pinang	240	252	0	0	0	0	126	0	0	0	0	0	0	0	0	0	0	0	0	0	618
Total		22.250	19.278	5.870	222	2.490	101	5.945	6.097	944	334	259	191	294	4.766	910	0	503	201	0	119	70.774

Source: The Agency For Development and Empowerment Human Resources of Health, MoHRI, 2014

Annex 2.18

**NUMBER OF HEALTH POLYTECHNIC (DIPLOMA III) GRADUATION
BY TYPE OF HEALTH PERSONNEL, 2011-2013**

No	Health Human Resource Education Institution	2011	2012	2013
(1)	(2)	(3)	(4)	(5)
A	NURSERY			
	1 Nursery	7.276	7.183	6.608
	2 Midwife	5.025	5.652	7.604
	3 Dental Nursery	1.655	1.641	1.569
	Sub Total	13.956	14.476	15.781
B	PHARMACY			
	1 Pharmacy and Food Analyst	125	125	72
	2 Pharmacy	625	885	672
	Sub Total	750	1.010	744
C	PUBLIC HEALTH			
	1 Environmental Health Health Promotion	2.065	2.089	1.676 10
	Sub Total	2.065	2.089	1.686
D	NUTRITION			
	1 Nutrition	2.265	2.068	2.034
	Sub Total	2.265	2.068	2.034
E	PHYSICAL THERAPIST			
	1 Physiotherapist	190	123	243
	2 Occupational Therapist	50	52	99
	3 Therapist Wicara	40	36	46
	4 Accupuncture		33	42
	Sub Total	280	244	430
F	MEDICAL TECHNICIAN			
	1 Health Analyst	1.105	1.125	1.384
	2 Dental Technician	100	92	80
	3 Radiology & Radiotherapy Technician	100	285	346
	4 Medical Record and Health Information		0	38
	5 Electromedic Technician	225	225	230
	6 Orthotic Prostetic	20	16	44
	Sub Total	1.550	1.743	2.122
	Total	20.866	21.630	22.797

Source: The Agency For Development and Empowerment Human Resources of Health, MoH RI, 2014

Annex 2.19

**NUMBER OF HEALTH POLYTECHNIC (DIPLOMA III) GRADUATION
BY STUDY PROGRAM, 2013**

No	Poltekkes	STUDY PROGRAM																			Total
		Nursery	Midwife	Dental Nursery	Environmental Health	Nutrition	Pharmacy	Health Analyst	Electromedic Technician	Radiodiagnostic Technician	Dental Technician	Pharmacy and Food Analyst	Physiotherapist	Occupational Therapist	Orthotic Prosthetic	Speech Therapist	Accupuncture	Traditional Herb 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	327	392	156	92	96	56	0	0	0	0	0	0	0	0	0	0	0	0	0	1.119
2	Medan	108	362	72	95	116	89	80	0	0	0	0	0	0	0	0	0	0	0	0	922
3	Padang	146	176	101	71	66	0	0	0	0	0	0	0	0	0	0	0	0	0	0	560
4	Pekanbaru	44	139	0	0	42	0	0	0	0	0	0	0	0	0	0	0	0	0	0	225
5	Jambi	89	122	68	51	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	330
6	Bengkulu	109	151	0	40	57	0	37	0	0	0	0	0	0	0	0	0	0	0	0	394
7	Palembang	232	169	80	0	56	75	49	0	0	0	0	0	0	0	0	0	0	0	0	661
8	T.Karang	122	292	34	113	48	29	114	0	0	19	0	0	0	0	0	0	0	0	10	781
9	Gorontalo	113	236	0	0	67	0	0	0	0	0	0	0	0	0	0	0	0	0	0	416
10	Jakarta I	68	40	64	0	0	0	0	0	0	0	0	0	0	14	0	0	0	0	0	186
11	Jakarta II	0	0	0	96	91	112	0	100	151	61	72	0	0	0	0	0	0	0	0	683
12	Jakarta III	253	153	0	0	0	0	90	0	0	0	0	0	0	0	0	0	0	0	0	496
13	Bandung	124	289	93	87	85	0	104	0	0	0	0	0	0	0	0	0	0	0	0	782
14	Tasikmalaya	81	217	100	0	76	0	0	0	0	0	0	0	0	0	0	0	0	38	0	512
15	Semarang	475	469	198	111	112	0	48	0	195	0	0	0	0	0	0	0	0	0	0	1.608
16	Surakarta	185	239	0	0	0	0	0	0	0	0	0	149	99	30	46	42	0	0	0	790
17	Yogyakarta	114	137	135	109	110	0	146	0	0	0	0	0	0	0	0	0	0	0	0	751
18	Malang	297	465	0	0	157	0	0	0	0	0	0	0	0	0	0	0	0	0	0	919
19	Surabaya	286	376	131	149	0	0	133	130	0	0	0	0	0	0	0	0	0	0	0	1.205
20	Denpasar	160	83	25	62	33	0	37	0	0	0	0	0	0	0	0	0	0	0	0	400
21	Mataram	332	246	0	0	88	0	111	0	0	0	0	0	0	0	0	0	0	0	0	777
22	Kupang	485	456	47	56	58	44	40	0	0	0	0	0	0	0	0	0	0	0	0	1.186
23	Pontianak	202	123	52	80	36	0	61	0	0	0	0	0	0	0	0	0	0	0	0	554
24	Palangkaraya	131	336	0	0	58	0	0	0	0	0	0	0	0	0	0	0	0	0	0	525
25	Banjarmasin	74	141	59	40	71	0	80	0	0	0	0	0	0	0	0	0	0	0	0	465
26	Samarinda	153	241	0	0	0	0	37	0	0	0	0	0	0	0	0	0	0	0	0	431
27	Manado	103	137	66	87	62	64	34	0	0	0	0	0	0	0	0	0	0	0	0	553
28	Palu	184	146	0	46	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	376
29	Makassar	274	182	88	91	107	162	145	0	0	0	0	94	0	0	0	0	0	0	0	1.143
30	Kendari	6	162	0	0	64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	232
31	Ambon	252	116	0	74	67	0	0	0	0	0	0	0	0	0	0	0	0	0	0	509
32	Ternate	155	155	0	0	67	0	0	0	0	0	0	0	0	0	0	0	0	0	0	377
33	Jayapura	519	273	0	54	30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	876
34	T. Pinang	84	72	0	40	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	196
35	Pangkal Pinang	26	32	0	0	33	41	0	0	0	0	0	0	0	0	0	0	0	0	0	132
36	Banten	80	71	0	0	0	0	38	0	0	0	0	0	0	0	0	0	0	0	0	189
37	Mamuju	38	43	0	32	36	0	0	0	0	0	0	0	0	0	0	0	0	0	0	149
38	Sorong	177	165	0	0	45	0	0	0	0	0	0	0	0	0	0	0	0	0	0	387
Total		6.608	7.604	1.569	1.676	2.034	672	1.384	230	346	80	72	243	99	44	46	42	0	38	10	22.797

Source: The Agency For Development and Empowerment Human Resources of Health, MoH RI, 2014

Annex 2.20

**PERCENTAGE OF DRUGS AND VACCINES AVAILABILITY IN INDONESIA
UNTILL NOVEMBER 2013**

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	36.741.378	42.334.202	115,22	37	Etacridin solution 0,1%	bottle	769.775	763.763	99,22
2	Aminophylline tablet 200 mg	tablet	32.367.841	31.018.777	95,83	38	Phenitoin Natrium injection 50 mg/ml	ampule	89.475	85.887	95,99
3	Aminophylline injection 24 mg/ml	tablet	1.010.547	918.987	90,94	39	Phenobarbital injection 1.m/1.v 50 mg/ml	ampule	926.935	737.193	79,53
4	Amitriptyline coated tablet 25 mg (HCL)	tablet	6.105.441	6.306.266	103,29	40	Phenobarbital tablet 30 mg	tablet	25.873.858	24.125.745	93,24
5	Amoxicillin capsule 250 mg	capsule	105.686.877	88.240.406	83,49	41	Phenoxymethyl Penisilin tablet 250 mg	tablet	2.255.883	2.092.079	92,74
6	Amoxicillin caplet 500 mg	caplet	537.766.318	572.572.531	106,47	42	Phenoxymethyl Penisilin tablet 500 mg	tablet	3.976.891	3.836.773	96,48
7	Amoxicillin dry syrup 125 mg/ 5 mg	bottle	15.290.917	18.436.875	120,57	43	Phenol Glycerol eardrops 10%	bottle	1.182.712	1.171.617	99,06
8	Metampiron tablet 500 mg	tablet	182.539.479	202.597.283	110,99	44	Fitomenadion (Vit. K1) injection 10 mg/ml	ampule	5.034.528	4.726.099	93,87
9	Metampiron injection 250 mg	ampule	3.099.226	3.128.248	100,94	45	Phytomenadion (Vit. K1) sugar-coated tablet 10 mg	tablet	17.655.327	15.966.112	90,43
10	I NLEMs chewable antacids tablets, a combination of: Aluminium hydroxide 200 mg + Magnesium hydroxide 200 mg	tablet	330.010.245	325.645.937	98,68	46	Furosemide tablet 40 mg	tablet	15.961.933	17.867.571	111,94
11	I NLEMs Antibacterial combination ointment : Basitracin 500 IU/g + polimixin 10.000 IU/g	tube	3.203.739	2.853.474	89,07	47	Gameksan lotion 1 %	bottle	1.059.419	1.059.427	100,00
12	I NLEM Antihemoroid combination : Bismuth Subgalat 150 mg + Hexachlorophen 250 mg	supp	1.478.236	1.287.945	87,13	48	I ORS powder salt : Natrium 0,70 g, Kalium klorida 0,30 g, Tribatrium Sitrt dihidrat 0,58 g	sach	46.047.937	43.038.223	93,46
13	I NLEM Antifungal combination : Asam Benzoat 6% + Asam Salisilat 3%	pot	1.628.366	1.770.725	108,74	49	Gentian Violet solution 1 %	bottle	2.257.820	2.411.131	106,79
14	Antimigren: Ergotamin tartrat 1 mg + Kofein 50 mg	tablet	6.538.399	4.894.153	74,85	50	Glibenclamide tablet 5 mg	tablet	56.488.673	59.082.656	104,59
15	Antiparkinson DOEN tablet combination: Karbidopa 25 mg + Levodopa 250 mg	tablet	150.345	107.220	71,32	51	Glyceril Guaiacholate tablet 100 mg	tablet	368.900.378	406.434.985	110,17
16	Aqua Pro injection Steril, pyrogen free	vial	2.358.049	2.298.768	97,49	52	Gliserin	bottle	3.706.973	3.088.958	83,33
17	Ascorbic Acid (vitamin C) tablet 50 mg	tablet	340.682.306	303.200.999	89,00	53	Glucose infusion solution 5%	bottle	6.339.081	4.919.017	77,60
18	Acetyl Salicilic Acid 100 mg (Asetosal)	tablet	9.155.228	6.310.510	68,93	54	Glucose infusion solution 10%	bottle	275.831	267.391	96,94
19	Acetyl Salicilic Acid tablet 500 mg (Asetosal)	tablet	2.601.517	1.926.273	74,04	55	Glucose infusion solution 40% sterile (local product)	ampule	616.452	797.604	129,39
20	Atropin Sulphate tablet 0,5 mg	tablet	1.991.758	1.678.949	84,29	56	Griseofulvin tablet 125 mg, micronized	tablet	26.115.814	25.653.672	98,23
21	Atropin eyedrops 0,5%	bottle	35.022	33.144	94,64	57	Haloperidol tablet 0,5 mg	tablet	3.841.418	4.141.750	107,82
22	Atropin injection 1.m/1.v/s.k. 0,25 mg/mL - 1 mL (Sulphate)	ampule	539.197	480.025	89,03	58	Haloperidol tablet 1,5 mg	tablet	10.635.642	12.265.559	115,33
23	Betametason cream 0,1 %	cream	5.755.275	5.661.965	98,38	59	Haloperidol tablet 5 mg	tablet	5.093.137	7.031.126	138,05
24	Deksametason injection i.v. 5 mg/ml	ampule	14.415.848	12.692.243	88,04	60	Hydrochlorotiazide tablet 25 mg	tablet	80.079.223	74.450.572	92,97
25	Deksametason tablet 0,5 mg	tablet	300.226.668	299.112.407	99,63	61	Hydrocortisone cream 2,5%	tube	7.370.766	7.656.761	103,88
26	Dextran 70-infusion solution 6% steril	bottle	2.983.469	2.967.441	99,46	62	Ibuprofen tablet 200 mg	tablet	63.225.521	58.370.076	92,32
27	Dextrometorphan syrup 10 mg/5 ml (HBr)	bottle	6.835.227	6.894.880	100,87	63	Ibuprofen tablet 400 mg	tablet	71.559.108	68.636.382	95,92
28	Dextrometorphan tablet 15 mg (HBr)	tablet	124.225.667	107.941.489	86,89	64	Isosorbid Dinitrat Tablet Sublingual 5 mg	tablet	11.721.833	13.425.991	114,54
29	Diazepam injection 5mg/ml	ampule	2.040.659	2.509.416	122,97	65	Calcium Lactate (Calc) tablet 500 mg	tablet	215.793.410	202.333.681	93,76
30	Diazepam tablet 2 mg	tablet	37.895.932	35.906.365	94,75	66	Captopril tablet 12,5 mg	tablet	55.391.360	52.556.553	94,88
31	Diazepam tablet 5 mg	tablet	5.768.851	6.812.972	118,10	67	Captopril tablet 25 mg	tablet	103.261.367	108.669.139	105,24
32	Dyphenhydramine injection I.M. 10 mg/ml (HCL)	ampule	6.624.732	5.314.084	80,22	68	Carbamazepim tablet 200 mg	tablet	5.528.909	6.314.310	114,21
33	DiagOxyn tablet 0,25 mg	tablet	7.778.533	8.298.543	106,69	69	Ketamin injection 10 mg/ml	vial	597.739	468.165	78,32
34	Ephedrine tablet 25 mg (HCL)	tablet	36.176.115	27.878.710	77,06	70	Clofazimin capsule 100 mg microzine	capsule	2.268.599	2.019.134	89,00
35	Belladonna extract tablet 10 mg	tablet	20.825.531	16.871.982	81,02	71	Chloramphenicol capsule 250 mg	capsule	62.485.884	58.872.542	94,22
36	Epinephrine (Adrenalin) injection 0,1% (as HCL)	ampule	1.621.856	1.158.745	71,45	72	Chloramphenicol eardrops 3 %	bottle	17.647.929	17.258.489	97,79

Source: DG of Pharmaceutical and Medical Device, MoH RI, 2014

Annex 2.21

PERCENTAGE OF DRUGS AND VACCINES AVAILABILITY IN INDONESIA
UNTILL NOVEMBER 2013

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	646.187.787	661.683.428	102,40	110	Povidon Iodida solution 10 %	bottle	3.337.799	2.571.479	77,04
74	Chlorpromazin injection i.m 5 mg/ml-2ml (HCL)	ampule	5.821.838	6.339.503	108,89	111	Prednison tablet 5 mg	tablet	219.167.208	191.072.186	87,18
75	Chlorpromazin injection i.m 25 mg/ml (HCL)	ampule	216.884	201.435	92,88	112	Primaquin tablet 15 mg	tablet	21.775.804	29.806.909	136,88
76	Chlorpromazin coated tablet 25 mg (HCL)	tablet	10.123.877	9.814.482	96,94	113	Prophyl Tiourasil tablet 100 mg	tablet	7.467.236	7.083.664	94,86
77	Chlorpromazin HCl coated tablet 100 mg (HCL)	tablet	12.552.718	15.297.339	121,86	114	Propanol tablet 40 mg (HCL)	tablet	4.777.147	6.773.676	141,79
78	Anti Malaria DOEN combination Pirimetamin 25 mg + Sulfadoxin 500 mg	tablet	3.585.606	2.550.092	71,12	115	Reserpin tablet 0,10 mg	tablet	771.009	554.624	71,93
79	Cotrimoxazole Suspensi combination :Sulfametoksazol 200 mg + Trimetoprim 40 mg/ 5 ml	bottle	12.476.443	13.045.693	104,56	116	Reserpin tablet 0,25 mg	tablet	19.275.427	19.966.404	103,58
80	Cotrimoxazole DOEN I (adult) combination : Sulfametoksazol 400 mg, Trimetoprim 80 mg	tablet	108.313.585	115.548.192	106,68	117	Ringer Lactate infusal solution	bottle	10.516.896	11.639.028	110,67
81	Cotrimoxazole DOEN II (pediatric) combination : Sulfametoksazol 100 mg, Trimetoprim 20 mg	tablet	22.869.557	23.022.671	100,67	118	Ointment 2-4, combination: Salycilic Acid 2% + Sulfur 4%	tube	3.182.571	3.150.565	98,99
82	Quinine (kina) tablet 200 mg	tablet	4.626.081	4.773.743	103,19	119	Salycilic Powder 2%	kotak	3.846.436	3.851.217	100,12
83	Quinine Dihydrochloride injection 25%-2 ml	ampule	454.800	828.505	182,17	120	Snake Venom Antidote Polivalen injection 5 ml (ABU I)	vial	64.437	55.473	86,09
84	Lidocain injection 2% (HCL) + Epinephrine 1 : 80.000-2 ml	vial	7.895.129	9.811.841	124,28	121	Snake Venom Antidote Polivalen injection 50 ml (ABU II)	vial	2.727	2.242	82,20
85	Magnesium Sulphate inj (IV) 20%-25 ml	vial	199.738	162.553	81,38	122	Serum Anti Diptheri injection 20.000 IU/vial (A.D.S.)	vial	7.480	5.027	67,20
86	Magnesium Sulphate inj (IV) 40%-25 ml	vial	330.795	404.876	122,39	123	Serum Anti Tetanus injection 1.500 IU/ampule (A.T.S.)	ampule	179.216	143.582	80,12
87	Magnesium Sulphate serbuk 30 gram	sach	13.517	12.014	88,88	124	Serum Anti Tetanus injection 20.000 IU/vial (A.T.S.)	vial	234.135	175.746	75,06
88	Mebendazole syrup 100 mg / 5 ml	bottle	30.349	25.907	85,36	125	Cyanocobalamine (Vitamin B12) injection 500 mcg	ampule	19.588.634	18.335.587	93,60
89	Mebendazole tablet 100 mg	tablet	2.048.135	1.440.136	70,31	126	Sulfasetamida Natrium eyedrops 15 %	bottle	2.674.677	2.827.680	105,72
90	Metilergometrin Maleat (Metilergometrin) coated tablet 0,125 mg	tablet	13.496.864	12.586.280	93,25	127	Tetracain HCL eyedrops 0,5%	bottle	747.233	569.976	76,28
91	Metilergometrin Maleat injection 0,200 mg -1 ml	ampule	2.867.774	2.704.927	94,32	128	Tetrasiklin capsule 250 mg	capsule	63.927.978	64.900.467	101,52
92	Metronidazole tablet 250 mg	tablet	32.560.494	30.872.390	94,82	129	Tetrasiklin capsule 500 mg	capsule	28.922.494	28.161.006	97,37
93	Natrium Bicarbonat tablet 500 mg	tablet	35.942.591	38.137.390	106,11	130	Tiamin (vitamin B1) injection 100 mg/ml	ampule	8.324.631	7.458.053	89,59
94	Natrium Fluoresein eyedrops 2 %	bottle	301.519	352.437	116,89	131	Tiamin (vitamin B1) tablet 50 mg (HCL/Nitrat)	tablet	302.431.227	295.392.889	97,67
95	Natrium Chlorida solution infus 0,9 %	bottle	1.873.012	2.852.711	152,31	132	Tiopental Natrium injection powder 1000 mg/amp	ampule	128.458	214.503	166,98
96	Natrium ThioSulphate injection l.v. 25 %	ampule	113.074	74.832	66,18	133	Trihexy phenydid tablet 2 mg	tablet	18.839.500	22.393.709	118,87
97	Nistatin coated tablet 500.000 IU/g	tablet	2.892.119	2.783.582	96,25	134	Vaccine Rabies Vero	vial	3.833.869	3.058.360	79,77
98	Nistatin Vaginal coated tablet 100.000 IU/g	tablet	3.521.164	4.022.642	114,24	135	Vitamin B Complex tablet	tablet	405.270.082	384.525.173	94,88
99	Black Cough Medicine (O.B.H.)	bottle	7.594.207	6.925.863	91,20		VACCINE				
100	Oxytetraciline HCL eye ointment 1 %	tube	5.522.378	4.014.960	72,70	136	BCG	vial	2.882.530	1.895.697	65,77
101	Oxytetraciline injection l.m. 50 mg/ml-10 ml	vial	654.266	673.121	102,88	137	T T	vial	2.126.071	1.854.353	87,22
102	Oxytocin injection 10 UI/ml-1 ml	ampule	4.644.722	3.555.612	76,55	138	D T	vial	1.892.211	1.223.396	64,65
103	Paracetamol syrup 120 mg / 5 ml	bottle	16.616.812	17.210.176	103,57	139	MEASLES 10 Dose	vial	5.891.506	4.716.072	80,05
104	Paracetamol tablet 100 mg	tablet	23.421.018	24.770.440	105,76	140	POLIO 10 Dose	vial	5.123.173	3.374.080	65,86
105	Paracetamol tablet 500 mg	tablet	720.242.482	733.288.918	101,81	141	DTP-HB	vial	4.995.588	3.805.607	76,18
106	Pilokarpin eyedrops 2 % (HCL/Nitrat)	bottle	1.543.926	1.902.304	123,21	142	HEPATITIS B 0,5 ml ADS	vial	5.711.913	3.658.140	64,04
107	Pirantel tab. Score (base) 125 mg	tablet	14.620.822	13.423.908	91,81	143	POLIO 20 Dose	vial	326.250	478.898	146,79
108	PiridOxyn (Vitamin B6) tablet 10 mg (HCL)	tablet	244.575.456	251.829.854	102,97	144	CAMPAK 20 Dose	vial	167.352	112.761	67,38
109	Povidon Iodida solution 10 %	bottle	4.078.766	2.889.733	70,85						

Source: DG of Pharmaceutical and Medical Device, MoH RI, 2014

Annex 2.22

**GENERIC DRUG USE IN HEALTH CARE FACILITIES
BY PROVINCE YEAR 2013**

No	Province	Puskesmas	Hospital	Average
(1)	(2)	(3)	(4)	(5)
1	Aceh	98,96	91,04	95,00
2	North Sumatera	99,29	63,88	81,59
3	West Sumatera	99,86	90,35	95,11
4	Riau	88,09	57,99	73,04
5	Jambi	96,68	67,38	82,03
6	South Sumatera	87,55	80,18	83,87
7	Bengkulu	93,25	63,07	78,16
8	Lampung	85,70	66,51	76,11
9	Bangka Belitung Islands	100,00	89,59	94,80
10	Riau Islands	90,21	83,04	86,63
11	DKI Jakarta	95,50	66,31	80,91
12	West Java	98,37	69,44	83,91
13	Central Java	96,40	66,39	81,40
14	DI Yogyakarta	98,80	83,23	91,02
15	East Java	96,88	51,54	74,21
16	Banten	97,09	60,66	78,88
17	Bali	99,68	68,21	83,95
18	West Nusa Tenggara	99,50	74,50	87,00
19	East Nusa Tenggara	100,00	81,72	90,86
20	West Kalimantan	95,73	78,22	86,98
21	Central Kalimantan	95,52	75,60	85,56
22	South Kalimantan	97,76	76,89	87,33
23	East Kalimantan	92,47	61,76	77,12
24	North Sulawesi	99,68	82,74	91,21
25	Central Sulawesi	91,45	68,94	80,20
26	South Sulawesi	100,00	71,69	85,85
27	South East Sulawesi	96,96	86,60	91,78
28	Gorontalo	97,17	77,83	87,50
29	West Sulawesi	97,55	76,71	87,13
30	Maluku	97,28	81,23	89,26
31	North Maluku	99,36	93,26	96,31
32	West Papua	100,00	88,04	94,02
33	Papua	88,77	76,15	82,46
Indonesia		96,11	74,87	85,49

Source: DG of Phamaceutical and Medical Device, MoH RI, 2014

Annex 3.1

**RECAPITULATION OF HEALTH PERSONNEL
BY TYPE AND PROVINCE, 2013**

No	Province	Number of Health Personnel								Non Health Personnel	Total
		Specialist	General Practitioner	Dentist	Nurse	Midwife	Pharmacy	Other	Total		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	Aceh	854	1.446	265	10.890	9.545	1.707	7.613	32.320	4.923	37.243
2	North Sumatera	2.191	3.161	857	8.796	13.585	2.436	7.378	38.404	7.986	46.390
3	West Sumatera	816	1.230	405	7.513	4.633	1.376	4.422	20.395	3.913	24.308
4	Riau	781	1.182	359	6.986	4.476	1.202	3.159	18.145	3.974	22.119
5	Jambi	429	719	179	5.314	3.259	977	3.125	14.002	3.255	17.257
6	South Sumatera	923	1.100	212	8.861	4.804	1.211	6.068	23.179	5.779	28.958
7	Bengkulu	121	433	109	3.258	2.550	869	2.664	10.004	1.700	11.704
8	Lampung	453	1.019	270	6.805	3.761	711	3.103	16.122	3.579	19.701
9	Bangka Belitung Islands	103	333	61	2.566	899	283	1.124	5.369	1.563	6.932
10	Riau Islands	255	540	135	3.932	1.170	314	1.002	7.348	1.763	9.111
11	DKI Jakarta	5.931	2.728	1.086	19.418	2.877	2.458	4.881	39.379	16.469	55.848
12	West Java	5.562	4.757	1.565	31.030	13.263	3.420	9.407	69.004	24.809	93.813
13	Central Java	4.397	4.821	1.258	31.802	16.833	5.525	13.412	78.048	31.134	109.182
14	DI Yogyakarta	1.237	1.408	394	6.746	1.699	2.155	3.033	16.672	6.951	23.623
15	East Java	4.786	4.574	1.512	32.833	15.555	4.229	11.218	74.707	30.543	105.250
16	Banten	1.603	1.382	509	7.882	3.516	1.035	2.666	18.593	4.986	23.579
17	Bali	1.146	1.069	292	6.515	2.252	588	2.721	14.583	5.823	20.406
18	West Nusa Tenggara	382	651	154	5.041	2.211	550	2.873	11.862	3.718	15.580
19	East Nusa Tenggara	275	698	160	6.422	3.139	1.142	3.648	15.484	4.464	19.948
20	West Kalimantan	343	639	130	9.467	2.308	634	2.522	16.043	2.653	18.696
21	Central Kalimantan	129	465	97	4.607	1.851	525	2.030	9.704	2.100	11.804
22	South Kalimantan	491	779	191	6.239	2.771	824	3.080	14.375	2.776	17.151
23	East Kalimantan	613	1.080	321	7.181	2.356	809	2.500	14.860	4.891	19.751
24	North Sulawesi	447	1.010	63	5.645	1.469	791	1.545	10.970	2.196	13.166
25	Central Sulawesi	274	534	106	6.804	2.495	674	2.557	13.444	1.750	15.194
26	South Sulawesi	1.402	1.464	597	12.436	5.264	1.468	7.600	30.231	4.934	35.165
27	South East Sulawesi	120	445	116	3.801	1.769	540	2.704	9.495	1.085	10.580
28	Gorontalo	137	249	35	1.598	680	322	1.276	4.297	1.359	5.656
29	West Sulawesi	33	233	100	1.627	895	241	1.259	4.388	413	4.801
30	Maluku	118	390	119	5.075	1.323	171	1.127	8.323	1.010	9.333
31	North Maluku	84	272	48	3.123	1.086	246	1.146	6.005	554	6.559
32	West Papua	108	297	54	2.710	895	238	726	5.028	743	5.771
33	Papua	202	733	98	5.482	1.921	510	1.905	10.851	1.658	12.509
Indonesia		36.746	41.841	11.857	288.405	137.110	40.181	125.494	681.634	195.454	877.088

Source: The Agency for Development and Empowerment of Human Health Resources, MoH RI, 2014

Annex 3.2

**NUMBER OF HEALTH PERSONNEL IN PUSKESMAS
BY TYPE AND PROVINCE YEAR 2013**

No	Province	No of Health Personnel													Non Medical Personnel	Total
		Specialist	GP	Dentist	Nurse	Dental Nurse	Midwife	Pharmacy	Public Health	Sanitarian	Nutritionist	Physical Therapist	Medical Technician	No		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1	Aceh	1	773	156	5.378	394	7.977	1.261	1.955	747	484	159	59	19.344	1.253	20.597
2	North Sumatera	6	1.442	529	7.160	472	11.080	1.233	1.077	423	746	47	39	24.254	707	24.961
3	West Sumatera	3	585	287	2.955	365	3.838	800	906	305	284	39	141	10.508	707	11.215
4	Riau	6	578	217	2.848	176	3.078	526	492	192	154	3	29	8.299	543	8.842
5	Jambi	0	338	106	2.440	278	2.593	487	472	246	120	25	64	7.169	386	7.555
6	South Sumatera	7	458	93	3.700	308	3.565	628	1.588	468	269	20	102	11.206	794	12.000
7	Bengkulu	0	254	66	1.752	96	2.091	586	636	160	137	2	8	5.788	270	6.058
8	Lampung	4	514	193	3.552	378	2.989	439	724	330	162	0	11	9.296	584	9.880
9	Bangka Belitung Islands	0	140	38	1.029	90	617	119	238	74	70	27	15	2.457	349	2.806
10	Riau Islands	7	322	96	2.171	211	813	163	184	71	69	3	11	4.121	364	4.485
11	DKI Jakarta	34	645	484	2.693	235	1.029	389	386	192	144	6	51	6.288	1.181	7.469
12	West Java	9	1.889	806	9.651	1.250	9.667	1.092	926	890	795	10	46	27.031	3.910	30.941
13	Central Java	7	1.931	738	8.143	927	12.714	1.840	1.751	838	906	83	228	30.106	5.618	35.724
14	DI Yogyakarta	1	365	177	1.108	245	776	314	93	163	165	17	93	3.517	1.265	4.782
15	East Java	31	1.832	945	11.312	977	11.374	1.928	971	835	886	47	72	31.210	8.367	39.577
16	Banten	0	475	273	2.009	198	2.436	293	461	137	212	3	49	6.546	747	7.293
17	Bali	0	320	170	1.271	213	1.296	228	409	213	129	5	21	4.275	512	4.787
18	West Nusa Tenggara	0	254	105	2.769	186	1.645	274	348	387	366	8	36	6.378	1.187	7.565
19	East Nusa Tenggara	0	370	109	3.369	370	2.361	627	485	491	294	18	14	8.508	692	9.200
20	West Kalimantan	3	314	79	6.353	651	1.845	448	543	282	291	3	37	10.849	690	11.539
21	Central Kalimantan	2	273	58	2.763	209	1.496	252	368	177	229	0	20	5.847	384	6.231
22	South Kalimantan	3	446	134	3.145	392	2.266	525	795	338	311	3	65	8.423	524	8.947
23	East Kalimantan	1	479	209	2.851	151	1.559	426	622	198	176	6	32	6.710	991	7.701
24	North Sulawesi	1	479	26	2.075	223	1.025	313	176	276	242	23	0	4.859	209	5.068
25	Central Sulawesi	0	244	63	3.844	201	1.880	340	855	355	95	1	7	7.885	364	8.249
26	South Sulawesi	3	690	386	5.290	538	3.874	741	1.907	643	560	38	129	14.799	909	15.708
27	South East Sulawesi	0	265	70	2.345	111	1.387	294	558	341	383	16	53	5.823	227	6.050
28	Gorontalo	0	121	21	701	46	453	229	382	143	132	1	3	2.232	291	2.523
29	West Sulawesi	0	153	65	1.221	56	787	137	270	174	154	22	9	3.048	177	3.225
30	Maluku	1	219	91	3.626	93	981	74	257	155	196	7	4	5.704	257	5.961
31	North Maluku	0	145	33	2.049	49	801	112	424	70	148	6	8	3.845	123	3.968
32	West Papua	2	61	14	1.241	25	530	67	170	77	79	1	2	2.269	48	2.317
33	Papua	3	393	46	2.933	36	1.353	198	420	168	210	3	6	5.769	205	5.974
	Indonesia	135	17.767	6.883	115.747	10.150	102.176	17.383	21.849	10.559	9.598	652	1.464	314.363	34.835	349.198

Source: The Agency for Development and Empowerment of Human Health Resources, MoH RI, 2014

Annex 3.3

**RATIO OF GENERAL PRACTICIONER, DENTIST, NURSE AND MIDWIFE TO NUMBER OF PUSKESMAS
BY PROVINCE YEAR 2013**

No	Province	No of Puskesmas	General Practitioner (GP)	Dentist	Nurse	Midwife	GP to Puskesmas Ratio	Dentist to Puskesmas Ratio	Nurse to Puskesmas Ratio	Midwife to Puskesmas ratio
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	334	773	156	5.378	7.977	2,31	0,47	16,10	23,88
2	North Sumatera	570	1.442	529	7.160	11.080	2,53	0,93	12,56	19,44
3	West Sumatera	262	585	287	2.955	3.838	2,23	1,10	11,28	14,65
4	Riau	207	578	217	2.848	3.078	2,79	1,05	13,76	14,87
5	Jambi	176	338	106	2.440	2.593	1,92	0,60	13,86	14,73
6	South Sumatera	319	458	93	3.700	3.565	1,44	0,29	11,60	11,18
7	Bengkulu	180	254	66	1.752	2.091	1,41	0,37	9,73	11,62
8	Lampung	280	514	193	3.552	2.989	1,84	0,69	12,69	10,68
9	Bangka Belitung Islands	60	140	38	1.029	617	2,33	0,63	17,15	10,28
10	Riau Islands	70	322	96	2.171	813	4,60	1,37	31,01	11,61
11	DKI Jakarta	340	645	484	2.693	1.029	1,90	1,42	7,92	3,03
12	West Java	1.050	1.889	806	9.651	9.667	1,80	0,77	9,19	9,21
13	Central Java	873	1.931	738	8.143	12.714	2,21	0,85	9,33	14,56
14	DI Yogyakarta	121	365	177	1.108	776	3,02	1,46	9,16	6,41
15	East Java	960	1.832	945	11.312	11.374	1,91	0,98	11,78	11,85
16	Banten	230	475	273	2.009	2.436	2,07	1,19	8,73	10,59
17	Bali	120	320	170	1.271	1.296	2,67	1,42	10,59	10,80
18	West Nusa Tenggara	158	254	105	2.769	1.645	1,61	0,66	17,53	10,41
19	East Nusa Tenggara	362	370	109	3.369	2.361	1,02	0,30	9,31	6,52
20	West Kalimantan	237	314	79	6.353	1.845	1,32	0,33	26,81	7,78
21	Central Kalimantan	194	273	58	2.763	1.496	1,41	0,30	14,24	7,71
22	South Kalimantan	228	446	134	3.145	2.266	1,96	0,59	13,79	9,94
23	East Kalimantan	222	479	209	2.851	1.559	2,16	0,94	12,84	7,02
24	North Sulawesi	183	479	26	2.075	1.025	2,62	0,14	11,34	5,60
25	Central Sulawesi	183	244	63	3.844	1.880	1,33	0,34	21,01	10,27
26	South Sulawesi	440	690	386	5.290	3.874	1,57	0,88	12,02	8,80
27	South East Sulawesi	264	265	70	2.345	1.387	1,00	0,27	8,88	5,25
28	Gorontalo	91	121	21	701	453	1,33	0,23	7,70	4,98
29	West Sulawesi	92	153	65	1.221	787	1,66	0,71	13,27	8,55
30	Maluku	190	219	91	3.626	981	1,15	0,48	19,08	5,16
31	North Maluku	125	145	33	2.049	801	1,16	0,26	16,39	6,41
32	West Papua	143	61	14	1.241	530	0,43	0,10	8,68	3,71
33	Papua	391	393	46	2.933	1.353	1,01	0,12	7,50	3,46
Indonesia		9.655	17.767	6.883	115.747	102.176	1,84	0,71	11,99	10,58

Source: The Agency for Development and Empowerment of Human Health Resources, MoH RI, 2014

Annex 3.4

**NUMBER OF HEALTH PERSONNEL IN HOSPITAL
BY PROVINCE YEAR 2013**

No	Province	No of Hospitals	No of health Personnel								Non medical Personnel	Total
			Specialist	GP	Dentist	Nurse	Midwife	Pharmacy	Others	Total		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1	Aceh	53	851	610	96	5.231	1.406	174	2.087	10.455	2.874	13.329
2	North Sumatera	156	2.164	1.437	250	939	2.237	738	1.907	9.672	5.663	15.335
3	West Sumatera	61	796	583	99	4.198	668	391	1.399	8.134	2.797	10.931
4	Riau	54	775	552	113	4.028	1.349	513	1.259	8.589	2.989	11.578
5	Jambi	29	412	343	65	2.638	546	273	949	5.226	2.162	7.388
6	South Sumatera	51	915	606	115	4.950	1.162	450	1.759	9.957	4.378	14.335
7	Bengkulu	19	120	175	41	1.368	383	179	805	3.071	819	3.890
8	Lampung	49	442	453	59	3.077	675	158	862	5.726	2.609	8.335
9	Bangka Belitung Islands	14	101	159	19	1.255	225	83	475	2.317	863	3.180
10	Riau Islands	25	237	194	36	1.532	289	98	366	2.752	1.224	3.976
11	DKI Jakarta	150	5.873	2.033	578	16.680	1.838	2.015	3.865	32.882	15.074	47.956
12	West Java	274	5.514	2.701	723	21.060	3.440	2.122	4.946	40.506	19.332	59.838
13	Central Java	275	4.250	2.368	414	22.098	3.164	1.488	5.501	39.283	20.908	60.191
14	DI Yogyakarta	69	1.080	596	115	4.966	649	476	1.533	9.415	3.990	13.405
15	East Java	319	4.740	2.580	513	21.245	3.927	1.711	6.065	40.781	20.158	60.939
16	Banten	77	1.595	769	196	5.708	1.001	552	1.070	10.891	3.982	14.873
17	Bali	57	1.134	672	109	5.152	896	273	1.164	9.400	4.759	14.159
18	West Nusa Tenggara	23	376	338	41	2.065	436	141	702	4.099	1.778	5.877
19	East Nusa Tenggara	41	274	308	44	2.894	703	358	1.526	6.107	3.380	9.487
20	West Kalimantan	40	339	303	44	2.947	455	137	708	4.933	1.792	6.725
21	Central Kalimantan	17	125	160	29	1.723	316	179	516	3.048	1.269	4.317
22	South Kalimantan	31	481	326	55	3.064	493	196	913	5.528	2.068	7.596
23	East Kalimantan	54	612	530	90	4.204	737	279	647	7.099	3.223	10.322
24	North Sulawesi	40	438	417	34	3.297	379	197	523	5.285	1.665	6.950
25	Central Sulawesi	26	272	275	41	2.836	590	265	708	4.987	1.184	6.171
26	South Sulawesi	82	1.397	741	198	7.096	1.361	635	2.871	14.299	3.682	17.981
27	South East Sulawesi	25	120	153	38	1.317	321	154	650	2.753	540	3.293
28	Gorontalo	12	135	120	14	864	217	49	321	1.720	934	2.654
29	West Sulawesi	9	33	59	16	332	98	48	127	713	133	846
30	Maluku	27	117	162	26	1.409	334	75	403	2.526	621	3.147
31	North Maluku	18	84	119	15	938	276	109	293	1.834	386	2.220
32	West Papua	16	82	132	22	1.041	213	57	222	1.769	552	2.321
33	Papua	35	197	309	47	2.157	470	196	574	3.950	845	4.795
Indonesia		2.228	36.081	21.283	4.295	164.309	31.254	14.769	47.716	319.707	138.633	458.340

Source: The Agency for Development and Empowerment of Human Health Resources, MoH RI, 2014

Annex 3.5

**NUMBER OF GP, SPECIALISTS, DENTISTS, DENTAL SPECIALIST WHO ARE REGISTERED
BY PROVINCE UNTIL DECEMBER 2013**

No	Province	General Practitioner	Basic Specialist				Supporting Specialist				Other Specialist	Dentist	Basic Dental Specialist							Total	
			Internist	Pediatrician	Surgeon	OBGY	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	2.192	45	55	31	51	21	8	7	5	138	221	2	2	3	2	2	3	2	0	2.790
2	North Sumatera	6.820	188	190	127	217	67	34	68	35	512	1.598	11	4	4	30	1	4	2	2	9.914
3	West Sumatera	2.416	84	52	54	66	18	7	20	11	195	588	1	2	3	4	0	1	1	0	3.523
4	Riau	2.268	43	61	38	76	19	9	9	6	123	577	3	1	3	7	0	1	2	0	3.246
5	Jambi	852	18	15	18	30	9	4	4	3	42	188	0	0	0	1	0	0	1	0	1.185
6	South Sumatera	2.217	98	83	54	110	17	11	7	21	191	324	2	2	2	4	0	0	1	0	3.144
7	Bengkulu	479	9	9	8	12	2	1	3	2	12	91	0	0	0	1	0	0	0	0	629
8	Lampung	1.500	33	30	30	42	12	13	11	7	69	238	3	0	1	3	0	0	1	0	1.993
9	Bangka Belitung Islands	315	10	9	4	13	3	2	2	1	17	71	1	1	1	0	0	0	0	0	450
10	Riau Islands	629	11	29	13	32	13	6	3	4	43	183	2	0	0	1	0	1	2	0	972
11	DKI Jakarta	15.549	527	637	314	676	323	188	142	68	2.399	5.112	87	78	167	182	27	54	92	1	26.623
12	West Java	15.048	377	524	267	470	228	159	139	47	1.350	3.827	80	59	66	97	7	20	51	4	22.820
13	Central Java	9.227	344	274	230	297	165	111	66	34	939	1.591	19	11	32	26	0	7	13	0	13.386
14	DI Yogyakarta	2.813	136	127	83	111	59	44	42	20	330	946	24	30	40	38	1	10	15	1	4.870
15	East Java	12.115	376	379	264	416	200	186	144	62	1.551	3.699	32	68	143	101	18	36	75	4	19.869
16	Banten	4.507	93	147	63	135	70	31	24	8	362	1.446	15	22	23	17	2	7	16	0	6.988
17	Bali	2.933	108	116	90	149	70	29	14	16	292	817	3	6	7	5	1	2	5	1	4.664
18	West Nusa Tenggara	721	19	18	9	23	7	5	4	2	42	163	1	2	0	2	1	0	0	0	1.019
19	East Nusa Tenggara	522	15	12	9	12	2	6	4	2	16	147	0	0	0	0	1	0	0	0	748
20	West Kalimantan	769	24	22	22	26	7	9	8	2	49	166	2	2	0	0	1	0	1	0	1.110
21	Central Kalimantan	501	21	9	8	15	3	6	7	1	23	91	1	2	0	0	0	1	0	0	689
22	South Kalimantan	1.001	30	28	19	33	12	7	11	4	77	189	0	1	2	1	1	1	0	0	1.417
23	East Kalimantan	1.516	49	40	36	62	22	14	14	6	128	408	5	4	5	7	0	0	2	0	2.318
24	North Sulawesi	1.961	57	57	31	51	15	7	3	7	128	81	2	1	3	2	0	0	0	0	2.406
25	Central Sulawesi	411	17	12	12	18	5	6	3	1	36	77	1	0	0	0	0	0	0	0	599
26	South Sulawesi	3.530	136	101	95	135	66	59	44	19	400	1.315	8	5	6	6	0	3	6	1	5.935
27	South East Sulawesi	352	11	9	11	21	4	6	7	2	20	140	0	1	0	0	0	0	0	0	584
28	Gorontalo	253	8	7	7	8	4	3	3	0	14	37	1	1	0	0	0	0	0	0	346
29	West Sulawesi	110	4	4	3	6	0	1	1	0	5	55	0	0	0	0	0	0	0	0	189
30	Maluku	226	6	4	6	8	0	1	1	2	15	55	0	1	2	0	0	0	0	0	327
31	North Maluku	148	7	5	4	4	0		2	0	6	34	0	0	1	0	0	0	0	0	211
32	West Papua	192	4	8	7	7	1	4	1	0	3	33	0	0	0	0	0	0	0	0	260
33	Papua	634	10	17	16	13	6	3	6	1	25	90	1	0	0	0	1	1	0	0	824
Indonesia		94.727	2.918	3.090	1.983	3.345	1.450	980	824	399	9.552	24.598	307	306	514	537	64	152	288	14	146.048

Source : Indonesian Medical Council Secretariat, MoH Republic of Indonesia, 2014

Annex 3.6

**NUMBER OF HEALTH PERSONNEL WITH REGISTRATION LETTER (Ind: STR)
BY PROVINCE FROM YEAR 2011 TO DECEMBER 2013**

No	Province	Nurse	Midwife	Physiotherapist	Dental Nurse	Refractionist Optician	Speech therapist	Radiographer	Occupational Therapist	Nutritionist	Medical record	Dental technician	Env. Health	Medical electric tech.	Lab. Tech	Anesthesia Nurse	Accupuncture	Medical Physics Tech.	Orthotist Prosthetist	Blood Transfusion Tech	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	5.425	16.320	508	914	56	2	351	1	844	241	17	1.383	158	1.097	36	0	5	3	14	27.375
2	North Sumatera	9.709	19.514	298	318	140	6	409	5	1.031	61	1	543	69	178	78	0	20	1	9	32.390
3	West Sumatera	5.695	8.118	186	296	240	8	177	4	878	603	23	762	110	420	88	0	3	2	10	17.623
4	Riau	2.688	1.739	78	344	6	3	61	0	278	4	7	649	14	405	28	0	1	0	6	6.311
5	Jambi	8.077	14.908	196	232	55	10	137	5	418	256	38	244	27	1.205	95	0	1	2	11	25.917
6	South Sumatera	2.271	1.300	32	65	29	0	68	10	64	0	5	107	26	167	0	0	0	0	7	4.151
7	Bengkulu	1.798	1.304	38	109	4	1	70	0	153	0	20	19	18	177	9	0	0	0	2	3.722
8	Lampung	5.478	8.518	233	593	171	9	318	8	567	120	2	944	24	1.034	38	0	2	0	8	18.067
9	Bangka Belitung Islands	3.090	3.166	6	44	11	0	78	0	354	0	3	211	13	166	25	0	1	0	0	7.168
10	Riau Islands	7.181	8.740	91	170	34	4	184	8	471	35	28	715	22	1.359	75	0	0	0	23	19.140
11	DKI Jakarta	3.547	6.254	239	202	60	8	228	0	330	57	11	256	49	1.146	50	0	1	2	57	12.497
12	West Java	18.540	10.442	962	935	721	369	1.209	202	1.072	586	120	609	662	4.772	270	0	35	41	320	41.867
13	Central Java	15.236	16.081	743	1.637	287	109	865	100	1.484	755	37	1.164	175	3.234	244	0	10	5	116	42.282
14	DI Yogyakarta	33.764	26.096	734	1.397	632	120	596	191	2.194	1.451	7	1.525	375	3.749	253	66	35	74	51	73.310
15	East Java	5.021	3.065	242	461	57	13	139	14	685	364	0	534	58	941	88	0	7	1	254	11.944
16	Banten	7.153	13.757	223	830	406	24	547	58	509	513	180	642	327	4.147	473	182	13	8	97	30.089
17	Bali	3.708	2.072	17	476	30	7	234	14	519	18	10	642	45	265	129	0	6	0	6	8.198
18	West Nusa Tenggara	3.406	2.552	0	237	16	1	13	1	741	59	7	395	37	429	36	0	1	1	11	7.943
19	East Nusa Tenggara	4.552	3.498	145	588	21	1	55	0	621	81	1	547	11	181	51	0	0	0	19	10.372
20	West Kalimantan	6.051	1.320	77	547	15	1	73	0	518	25	3	509	17	643	26	0	0	0	4	9.829
21	Central Kalimantan	4.075	4.462	45	609	27	1	126	6	693	34	9	1.166	23	1.227	25	0	4	0	15	12.547
22	South Kalimantan	979	1.353	44	117	7	3	124	8	287	49	11	290	41	955	58	0	3	0	29	4.358
23	East Kalimantan	4.111	2.358	39	108	3	2	48	2	381	7	5	115	26	0	20	0	0	0	2	7.227
24	North Sulawesi	2.656	372	122	271	7	2	22	5	400	1	1	496	16	0	9	0	1	2	11	4.394
25	Central Sulawesi	407	1.124	18	56	7	0	27	0	398	3	0	245	19	48	9	0	0	0	7	2.368
26	South Sulawesi	315	1.000	53	53	2	2	48	1	191	0	0	657	15	0	24	0	0	0	1	2.362
27	South East Sulawesi	1.679	1.501	15	34	1	0	29	0	109	9	4	118	8	7	0	0	0	0	0	3.514
28	Gorontalo	19.685	14.902	396	831	15	5	455	12	1.352	348	108	1.019	233	787	58	0	38	1	15	40.260
29	West Sulawesi	4.158	1.915	22	79	4	0	50	0	871	1	4	518	10	229	15	0	0	0	6	7.882
30	Maluku	672	78	16	1	0	0	34	0	277	0	2	0	0	62	7	0	0	0	4	1.153
31	North Maluku	2.884	1.745	4	38	4	0	31	0	567	5	1	678	31	63	1	0	0	0	3	6.055
32	West Papua	1.203	391	11	32	0	0	11	0	149	5	0	98	8	242	6	0	0	0	4	2.160
33	Papua	3.200	644	28	69	0	0	26	1	344	6	4	143	5	159	19	0	0	0	7	4.655
Indonesia		198.414	200.609	5.861	12.693	3.068	711	6.843	656	19.750	5.697	669	17.943	2.672	29.494	2.343	248	187	143	1.129	509.130

Annex 3.7

**NUMBER OF SPECIALIST AND DENTAL SPECIALIST AS ACTIVE NON-PERMANENT EMPLOYEE (Ind: PTT)
BY CRITERIA OF AREA AND PROVINCE YEAR 2013**

No	Province	No of Specialist and Dental Specialist			
		Regular	Remote	Very Remote	Total
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	0	1	0	1
2	North Sumatera	0	2	0	2
3	West Sumatera	0	0	0	0
4	Riau	0	1	0	1
5	Jambi	0	0	0	0
6	South Sumatera	0	0	0	0
7	Bengkulu	0	0	0	0
8	Lampung	0	2	0	2
9	Bangka Belitung Islands	0	0	0	0
10	Riau Islands	0	6	0	6
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	0	0	0	0
16	Banten	0	0	0	0
17	Bali	0	1	0	1
18	West Nusa Tenggara	0	1	0	1
19	East Nusa Tenggara	0	2	0	2
20	West Kalimantan	0	3	0	3
21	Central Kalimantan	0	13	0	13
22	South Kalimantan	0	1	0	1
23	East Kalimantan	0	2	0	2
24	North Sulawesi	0	3	0	3
25	Central Sulawesi	0	3	0	3
26	South Sulawesi	0	5	0	5
27	South East Sulawesi	0	0	0	0
28	Gorontalo	0	0	0	0
29	West Sulawesi	0	0	0	0
30	Maluku	0	1	0	1
31	North Maluku	0	2	0	2
32	West Papua	0	3	0	3
33	Papua	0	4	0	4
Indonesia		0	56	0	56

Source : Personnel Bureau, MoH Republic of Indonesia, 2014

Annex 3.8

**NUMBER OF GP AS ACTIVE NON-PERMANENT EMPLOYEE (Ind: PTT)
BY CRITERIA OF AREA AND PROVINCE YEAR 2013**

No	Province	Regular		Remote		Very Remote		Total
		No	%	No	%	No	%	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Aceh	10	3,1	174	53,5	141	43,4	325
2	North Sumatera	25	13,4	111	59,4	51	27,3	187
3	West Sumatera	3	4,7	34	53,1	27	42,2	64
4	Riau	20	21,3	58	61,7	16	17,0	94
5	Jambi	6	6,5	50	53,8	37	39,8	93
6	South Sumatera	4	8,0	44	88,0	2	4,0	50
7	Bengkulu	0	0,0	49	53,3	43	46,7	92
8	Lampung	10	13,3	51	68,0	14	18,7	75
9	Bangka Belitung Islands	1	11,1	7	77,8	1	11,1	9
10	Riau Islands	1	6,7	9	60,0	5	33,3	15
11	DKI Jakarta	15	100,0	0	0,0	0	0,0	15
12	West Java	17	100,0	0	0,0	0	0,0	17
13	Central Java	26	100,0	0	0,0	0	0,0	26
14	DI Yogyakarta	18	100,0	0	0,0	0	0,0	18
15	East Java	36	100,0	0	0,0	0	0,0	36
16	Banten	5	100,0	0	0,0	0	0,0	5
17	Bali	11	100,0	0	0,0	0	0,0	11
18	West Nusa Tenggara	4	8,7	29	63,0	13	28,3	46
19	East Nusa Tenggara	0	0,0	51	18,1	231	81,9	282
20	West Kalimantan	0	0,0	26	20,3	102	79,7	128
21	Central Kalimantan	0	0,0	57	46,3	66	53,7	123
22	South Kalimantan	0	0,0	54	58,7	38	41,3	92
23	East Kalimantan	0	0,0	34	61,8	21	38,2	55
24	North Sulawesi	3	2,2	37	27,0	97	70,8	137
25	Central Sulawesi	0	0,0	57	36,1	101	63,9	158
26	South Sulawesi	11	11,0	67	67,0	22	22,0	100
27	South East Sulawesi	0	0,0	26	14,1	158	85,9	184
28	Gorontalo	0	0,0	27	46,6	31	53,4	58
29	West Sulawesi	0	0,0	8	16,7	40	83,3	48
30	Maluku	0	0,0	11	6,6	155	93,4	166
31	North Maluku	0	0,0	15	15,8	80	84,2	95
32	West Papua	0	0,0	8	6,2	122	93,8	130
33	Papua	0	0,0	18	8,2	201	91,8	219
Indonesia		226	7,2	1.112	35,3	1.815	57,6	3.153

Source : Personnel Bureau, MoH Republic of Indonesia, 2014

Annex 3.9

**NUMBER OF DENTIST AS ACTIVE NON-PERMANENT EMPLOYEE (Ind: PTT)
BY CRITERIA OF AREA AND PROVINCE, UNTIL DECEMBER 2013**

No	Province	Regular		Remote		Very remote		Total
		No	%	No	%	No	%	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Aceh	0	0,00	40	54,05	34	45,95	74
2	North Sumatera	0	0,00	45	70,31	19	29,69	64
3	West Sumatera	1	2,27	30	68,18	13	29,55	44
4	Riau	0	0,00	34	80,95	8	19,05	42
5	Jambi	0	0,00	31	56,36	24	43,64	55
6	South Sumatera	0	0,00	24	88,89	3	11,11	27
7	Bengkulu	0	0,00	6	31,58	13	68,42	19
8	Lampung	1	3,23	20	64,52	10	32,26	31
9	Bangka Belitung Islands	0	0,00	1	25,00	3	75,00	4
10	Riau Islands	0	0,00	7	43,75	9	56,25	16
11	DKI Jakarta	0	0,00	0	0,00	0	0,00	0
12	West Java	2	100,00	0	0,00	0	0,00	2
13	Central Java	4	100,00	0	0,00	0	0,00	4
14	DI Yogyakarta	4	100,00	0	0,00	0	0,00	4
15	East Java	28	100,00	0	0,00	0	0,00	28
16	Banten	0	0,00	0	0,00	0	0,00	0
17	Bali	4	100,00	0	0,00	0	0,00	4
18	West Nusa Tenggara	0	0,00	17	68,00	8	32,00	25
19	East Nusa Tenggara	0	0,00	14	16,47	71	83,53	85
20	West Kalimantan	0	0,00	7	21,88	25	78,13	32
21	Central Kalimantan	0	0,00	21	47,73	23	52,27	44
22	South Kalimantan	0	0,00	32	64,00	18	36,00	50
23	East Kalimantan	0	0,00	22	50,00	22	50,00	44
24	North Sulawesi	1	5,88	8	47,06	8	47,06	17
25	Central Sulawesi	0	0,00	19	36,54	33	63,46	52
26	South Sulawesi	0	0,00	58	74,36	20	25,64	78
27	South East Sulawesi	0	0,00	23	19,01	98	80,99	121
28	Gorontalo	0	0,00	11	50,00	11	50,00	22
29	West Sulawesi	0	0,00	6	26,09	17	73,91	23
30	Maluku	0	0,00	1	1,61	61	98,39	62
31	North Maluku	0	0,00	5	13,51	32	86,49	37
32	West Papua	0	0,00	3	17,65	14	82,35	17
33	Papua	0	0,00	10	24,39	31	75,61	41
Indonesia		45	3,85	495	42,38	628	53,77	1.168

Source : Personnel Bureau, MoH Republic of Indonesia, 2014

Annex 3.10

**NUMBER OF MIDWIFE AS ACTIVE NON-PERMANENT EMPLOYEE (Ind: PTT)
BY CRITERIA OF AREA AND PROVINCE, UNTIL DECEMBER 2013**

No	Province	Regular		Remote		Very Remote		Total
		No	%	No	%	No	%	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Aceh	340	7,76	2.471	56,40	1.570	35,84	4.381
2	North Sumatera	2.885	49,25	2.518	42,98	455	7,77	5.858
3	West Sumatera	1.275	66,96	494	25,95	135	7,09	1.904
4	Riau	567	38,21	656	44,20	261	17,59	1.484
5	Jambi	472	35,28	633	47,31	233	17,41	1.338
6	South Sumatera	592	73,00	212	26,14	7	0,86	811
7	Bengkulu	168	19,76	541	63,65	141	16,59	850
8	Lampung	1.481	69,37	495	23,19	159	7,45	2.135
9	Bangka Belitung Islands	57	61,96	25	27,17	10	10,87	92
10	Riau Islands	78	40,00	95	48,72	22	11,28	195
11	DKI Jakarta	0	0,00	0	0,00	0	0,00	0
12	West Java	2.038	81,45	464	18,55	0	0,00	2.502
13	Central Java	5.004	98,91	55	1,09	0	0,00	5.059
14	DI Yogyakarta	274	100,00	0	0,00	0	0,00	274
15	East Java	3.314	95,92	86	2,49	55	1,59	3.455
16	Banten	793	74,39	273	25,61	0	0,00	1.066
17	Bali	425	94,44	25	5,56	0	0,00	450
18	West Nusa Tenggara	331	55,26	218	36,39	50	8,35	599
19	East Nusa Tenggara	3	0,24	205	16,68	1.021	83,08	1.229
20	West Kalimantan	27	3,82	238	33,66	442	62,52	707
21	Central Kalimantan	11	3,19	165	47,83	169	48,99	345
22	South Kalimantan	29	7,29	264	66,33	105	26,38	398
23	East Kalimantan	91	24,40	138	37,00	144	38,61	373
24	North Sulawesi	47	32,64	37	25,69	60	41,67	144
25	Central Sulawesi	24	2,44	365	37,13	594	60,43	983
26	South Sulawesi	988	57,88	500	29,29	219	12,83	1.707
27	South East Sulawesi	28	2,21	272	21,50	965	76,28	1.265
28	Gorontalo	74	21,02	138	39,20	140	39,77	352
29	West Sulawesi	29	5,56	242	46,36	251	48,08	522
30	Maluku	1	0,35	3	1,05	282	98,60	286
31	North Maluku	0	0,00	83	13,86	516	86,14	599
32	West Papua	0	0,00	22	5,84	355	94,16	377
33	Papua	6	1,52	58	14,68	331	83,80	395
Indonesia		21.452	50,91	11.991	28,46	8.692	20,63	42.135

Source : Personnel Bureau, MoH Republic of Indonesia, 2014

Annex 3.11

**NUMBER OF SPECIAL ASSIGNMENT OF RESIDENT AND D-III HEALTH PERSONNEL
IN DISTRICT PRIORITIZED FOR UNDERDEVELOPED, BORDERS, & ISLANDS REGION (Ind:DTPK) AND REGION WITH HEALTH PROBLEM (Ind:DBK) PROGRAM BY PROVINCE YEAR 2013**

No	Province	Resident	Nurse	Nutritionist	Env. Health	Health Analyst	Midwife	Pharmacist	Dental health	Physiotherapist	Radiographer	Medical record & Health Informatics	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	29	95	51	35	22	2	11	7	0	1	1	254
2	North Sumatera	25	19	3	3	0	4	3	0	0	0	0	57
3	West Sumatera	32	3	0	1	1	0	0	0	0	0	0	37
4	Riau	18	25	4	1	4	0	3	0	0	0	0	55
5	Jambi	5	0	0	0	0	0	0	0	0	0	0	5
6	South Sumatera	5	3	2	3	3	0	0	0	0	0	0	16
7	Bengkulu	21	20	5	1	6	0	0	0	0	0	0	53
8	Lampung	2	2	0	1	0	2	0	1	0	0	0	8
9	Bangka Belitung Islands	3	0	0	0	0	0	0	0	0	0	0	3
10	Riau Islands	25	29	8	6	3	0	0	0	0	0	0	71
11	DKI Jakarta	0	0	0	0	0	0	0	0	0	0	0	0
12	West Java	9	17	1	2	1	0	0	4	0	0	0	34
13	Central Java	12	1	1	1	0	0	0	0	0	0	0	15
14	DI Yogyakarta	0	0	0	0	0	0	0	0	0	0	0	0
15	East Java	20	6	3	4	5	2	1	1	0	0	0	42
16	Banten	9	25	0	2	0	0	0	0	0	0	0	36
17	Bali	1	0	0	0	0	0	0	0	0	0	0	1
18	West Nusa Tenggara	9	48	13	11	17	3	2	0	0	0	0	103
19	East Nusa Tenggara	17	118	24	23	17	0	20	0	1	0	0	220
20	West Kalimantan	12	77	4	3	0	1	1	7	0	0	0	105
21	Central Kalimantan	8	9	3	0	0	0	1	0	0	0	0	21
22	South Kalimantan	16	0	0	0	0	0	0	0	0	0	0	16
23	East Kalimantan	16	56	2	6	5	0	0	0	0	0	0	85
24	North Sulawesi	4	25	2	0	0	0	0	0	0	0	0	31
25	Central Sulawesi	19	39	5	10	2	0	3	0	0	0	0	78
26	South Sulawesi	27	11	3	1	0	0	1	0	0	0	0	43
27	South East Sulawesi	18	136	37	32	17	0	5	0	0	0	0	245
28	Gorontalo	9	30	7	6	0	0	0	0	0	0	0	52
29	West Sulawesi	8	48	5	4	0	0	0	0	0	0	0	65
30	Maluku	13	14	8	10	1	0	0	0	0	0	0	46
31	North Maluku	21	16	4	1	1	0	0	0	0	0	0	43
32	West Papua	13	10	3	11	0	0	0	0	0	0	0	37
33	Papua	15	45	5	3	0	1	1	0	0	0	0	70
	Indonesia	441	927	203	181	105	15	52	20	1	1	1	1.947

Source : Personnel Bureau, MoH Republic of Indonesia, 2014

Annex 3.12

**NUMBER OF ASSIGNMENT OF SPECIALIST AND DENTAL SPECIALIST AS NON PERMANENT EMPLOYEE (*Ind:PTT*)
BY CRITERIA OF AREA AND PROVINCE YEAR 2013**

No	Province	Specialist and Dental Specialist			
		Regular	Remote	Very remote	Total
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	0	1	0	1
2	North Sumatera	0	2	0	2
3	West Sumatera	0	0	0	0
4	Riau	0	1	0	1
5	Jambi	0	0	0	0
6	South Sumatera	0	0	0	0
7	Bengkulu	0	0	0	0
8	Lampung	0	2	0	2
9	Bangka Belitung Islands	0	0	0	0
10	Riau Islands	0	7	0	7
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	0	0	0	0
16	Banten	0	0	0	0
17	Bali	0	1	0	1
18	West Nusa Tenggara	0	1	0	1
19	East Nusa Tenggara	0	2	0	2
20	West Kalimantan	0	3	0	3
21	Central Kalimantan	0	13	0	13
22	South Kalimantan	0	1	0	1
23	East Kalimantan	0	2	0	2
24	North Sulawesi	0	3	0	3
25	Central Sulawesi	0	3	0	3
26	South Sulawesi	0	5	0	5
27	South East Sulawesi	0	0	0	0
28	Gorontalo	0	0	0	0
29	West Sulawesi	0	0	0	0
30	Maluku	0	1	0	1
31	North Maluku	0	2	0	2
32	West Papua	0	3	0	3
33	Papua	0	4	0	4
	Indonesia	0	57	0	57

Source : Personnel Bureau, MoH Republic of Indonesia, 2014

Note : Combination of assignment and re-assignment

Annex 3.13

**NUMBER OF ASSIGNMENT OF GP AS NON PERMANENT EMPLOYEE (Ind:PTT)
BY CRITERIA OF AREA AND PROVINCE YEAR 2013**

No	Province	Reguler		Remote		Very remote		Total
		No	%	No	%	No	%	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Aceh	0	0	176	55,5	141	44,5	317
2	North Sumatera	0	0	113	68,5	52	31,5	165
3	West Sumatera	0	0	33	55,0	27	45,0	60
4	Riau	0	0	59	77,6	17	22,4	76
5	Jambi	0	0	50	57,5	37	42,5	87
6	South Sumatera	0	0	44	95,7	2	4,3	46
7	Bengkulu	0	0	51	54,3	43	45,7	94
8	Lampung	0	0	51	78,5	14	21,5	65
9	Bangka Belitung Islands	1	10,0	8	80,0	1	10,0	10
10	Riau Islands	0	0	10	66,7	5	33,3	15
11	DKI Jakarta	0	0	0	0	0	0	0
12	West Java	0	0	0	0	0	0	0
13	Central Java	0	0	0	0	0	0	0
14	DI Yogyakarta	0	0	0	0	0	0	0
15	East Java	0	0	0	0	0	0	0
16	Banten	0	0	0	0	0	0	0
17	Bali	0	0	0	0	0	0	0
18	West Nusa Tenggara	0	0	30	69,8	13	30,2	43
19	East Nusa Tenggara	0	0	51	16,7	254	83,3	305
20	West Kalimantan	0	0	29	22,0	103	78,0	132
21	Central Kalimantan	0	0	57	46,0	67	54,0	124
22	South Kalimantan	0	0	57	58,8	40	41,2	97
23	East Kalimantan	0	0	35	60,3	23	39,7	58
24	North Sulawesi	4	2,9	37	26,8	97	70,3	138
25	Central Sulawesi	0	0	60	36,4	105	63,6	165
26	South Sulawesi	0	0	68	74,7	23	25,3	91
27	South East Sulawesi	0	0	26	14,1	158	85,9	184
28	Gorontalo	0	0	27	46,6	31	53,4	58
29	West Sulawesi	0	0	8	16,7	40	83,3	48
30	Maluku	0	0	12	6,6	169	93,4	181
31	North Maluku	0	0	16	16,2	83	83,8	99
32	West Papua	0	0	9	6,1	138	93,9	147
33	Papua	0	0	20	7,4	250	92,6	270
	Indonesia	5	0,2	1.137	7,4	1.933	62,9	3.075

Source : Personnel Bureau, MoH Republic of Indonesia, 2014

Note : Combination of assignment and re-assignment

Annex 3.14

**NUMBER OF ASSIGNMENT OF DENTIST AS NON PERMANENT EMPLOYEE (Ind:PTT)
BY CRITERIA OF AREA AND PROVINCE YEAR 2013**

No	Province	Regular		Remote		Very remote		Total
		No	%	No	%	No	%	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Aceh	0	0	39	52,70	35	47,30	74
2	North Sumatera	0	0	46	70,77	19	29,23	65
3	West Sumatera	0	0	30	69,77	13	30,23	43
4	Riau	0	0	38	82,61	8	17,39	46
5	Jambi	0	0	31	56,36	24	43,64	55
6	South Sumatera	0	0	28	87,50	4	12,50	32
7	Bengkulu	0	0	7	35,0	13	65,0	20
8	Lampung	0	0	25	67,57	12	32,43	37
9	Bangka Belitung Islands	0	0	2	50,0	2	50,0	4
10	Riau Islands	0	0	7	43,75	9	56,25	16
11	DKI Jakarta	0	0	0	0	0	0	0
12	West Java	0	0	0	0	0	0	0
13	Central Java	0	0	0	0	0	0	0
14	DI Yogyakarta	0	0	0	0	0	0	0
15	East Java	0	0	0	0	0	0	0
16	Banten	0	0	0	0	0	0	0
17	Bali	0	0	0	0	0	0	0
18	West Nusa Tenggara	0	0	17	68,0	8	32,0	25
19	East Nusa Tenggara	0	0	15	16,48	76	83,52	91
20	West Kalimantan	0	0	8	24,24	25	75,76	33
21	Central Kalimantan	0	0	21	47,73	23	52,27	44
22	South Kalimantan	0	0	35	66,04	18	33,96	53
23	East Kalimantan	0	0	22	48,89	23	51,11	45
24	North Sulawesi	1	5,56	8	44,44	9	50,0	18
25	Central Sulawesi	0	0	20	37,04	34	62,96	54
26	South Sulawesi	0	0	58	73,42	21	26,58	79
27	South East Sulawesi	0	0	23	18,85	99	81,15	122
28	Gorontalo	0	0	11	50,0	11	50,0	22
29	West Sulawesi	0	0	6	26,09	17	73,91	23
30	Maluku	0	0	1	1,56	63	98,44	64
31	North Maluku	0	0	5	13,51	32	86,49	37
32	West Papua	0	0	3	17,65	14	82,35	17
33	Papua	0	0	10	20,0	40	80,0	50
Indonesia		1	0,09	516	44,14	652	55,77	1.169

Source : Personnel Bureau, MoH Republic of Indonesia, 2014

Note : Combination of assignment and re-assignment

Annex 3.15

**NUMBER OF ASSIGNMENT OF MIDWIFE AS NON PERMANENT EMPLOYEE (Ind:PTT)
BY CRITERIA OF AREA AND PROVINCE YEAR 2013**

No	Province	Regular		Remote		Very Remote		Total
		No	%	No	%	No	%	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Aceh	57	5	691	59	428	36	1.176
2	North Sumatera	643	48	627	47	61	5	1.331
3	West Sumatera	554	69	209	26	41	5	804
4	Riau	152	36	206	48	67	16	425
5	Jambi	120	30	212	54	62	16	394
6	South Sumatera	298	76	92	24	1	0	391
7	Bengkulu	30	18	104	62	35	21	169
8	Lampung	397	65	166	27	51	8	614
9	Bangka Belitung Islands	25	83	5	17	0	0	30
10	Riau Islands	34	41	43	52	6	7	83
11	DKI Jakarta	0	0	0	0	0	0	0
12	West Java	542	84	103	16	0	0	645
13	Central Java	1.429	99	18	1	0	0	1.447
14	DI Yogyakarta	36	100	0	0	0	0	36
15	East Java	764	96	19	2	17	2	800
16	Banten	222	76	72	24	0	0	294
17	Bali	78	92	7	8	0	0	85
18	West Nusa Tenggara	105	56	78	41	5	3	188
19	East Nusa Tenggara	3	1	63	19	267	80	333
20	West Kalimantan	7	3	105	46	114	50	226
21	Central Kalimantan	2	4	23	50	21	46	46
22	South Kalimantan	12	17	33	46	26	37	71
23	East Kalimantan	32	49	28	43	5	8	65
24	North Sulawesi	15	31	10	21	23	48	48
25	Central Sulawesi	0	0	65	29	163	71	228
26	South Sulawesi	340	59	190	33	48	8	578
27	South East Sulawesi	2	1	41	18	182	81	225
28	Gorontalo	11	19	26	45	21	36	58
29	West Sulawesi	15	7	108	50	92	43	215
30	Maluku	0	0	1	1	107	99	108
31	North Maluku	0	0	17	16	89	84	106
32	West Papua	0	0	0	0	162	100	162
33	Papua	4	2	20	8	225	90	249
Indonesia		5.929	51	3.382	29	2.319	20	11.630

Source : Personnel Bureau, MoH Republic of Indonesia, 2014

Note : Combination of assignment and re-assignment

Annex 3.16

**NUMBER OF SPECIAL ASSIGNMENT OF RESIDENT AND D-III HEALTH PERSONNEL
IN DISTRICT PRIORITIZED FOR UNDERDEVELOPED, BORDERS, & ISLANDS REGION (Ind:DTPK) AND REGION WITH HEALTH PROBLEM (Ind:DBK) PROGRAM BY PROVINCE YEAR 2013**

No	Province	Resident	Nurse	Nutritionist	Env. Health	Health Analyst	Midwife	Pharmacist	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	65	95	51	35	22	2	11	7	0	1	1	290
2	North Sumatera	63	19	3	3	0	4	3	0	0	0	0	95
3	West Sumatera	61	3	0	1	1	0	0	0	0	0	0	66
4	Riau	45	25	4	1	4	0	3	0	0	0	0	82
5	Jambi	15	0	0	0	0	0	0	0	0	0	0	15
6	South Sumatera	14	3	2	3	3	0	0	0	0	0	0	25
7	Bengkulu	44	20	5	1	6	0	0	0	0	0	0	76
8	Lampung	5	2	0	1	0	2	0	1	0	0	0	11
9	Bangka Belitung Islands	7	0	0	0	0	0	0	0	0	0	0	7
10	Riau Islands	47	29	8	6	3	0	0	0	0	0	0	93
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	29	1	1	1	0	0	0	0	0	0	0	32
14	DI Yogyakarta	0	0	0	0	0	0	0	0	0	0	0	0
15	East Java	37	6	3	4	5	2	1	1	0	0	0	59
16	Banten	17	25	0	2	0	0	0	0	0	0	0	44
17	Bali	1	0	0	0	0	0	0	0	0	0	0	1
18	West Nusa Tenggara	16	48	13	11	17	3	2	0	0	0	0	110
19	East Nusa Tenggara	26	118	24	23	17	0	20	0	1	0	0	229
20	West Kalimantan	23	77	4	3	0	1	1	7	0	0	0	116
21	Central Kalimantan	17	9	3	0	0	0	1	0	0	0	0	30
22	South Kalimantan	25	0	0	0	0	0	0	0	0	0	0	25
23	East Kalimantan	27	56	2	6	5	0	0	0	0	0	0	96
24	North Sulawesi	5	25	2	0	0	0	0	0	0	0	0	32
25	Central Sulawesi	39	39	5	10	2	0	3	0	0	0	0	98
26	South Sulawesi	42	11	3	1	0	0	1	0	0	0	0	58
27	South East Sulawesi	22	136	37	32	17	0	5	0	0	0	0	249
28	Gorontalo	16	30	7	6	0	0	0	0	0	0	0	59
29	West Sulawesi	15	48	5	4	0	0	0	0	0	0	0	72
30	Maluku	36	14	8	10	1	0	0	0	0	0	0	69
31	North Maluku	41	16	4	1	1	0	0	0	0	0	0	63
32	West Papua	24	10	3	11	0	0	0	0	0	0	0	48
33	Papua	33	45	5	3	0	1	1	0	0	0	0	88
Indonesia		873	927	203	181	105	15	52	20	1	1	1	2.379

Source : Personnel Bureau, MoH Republic of Indonesia, 2014

Annex 4.1

ALLOCATION AND REALIZATION OF MINISTRY OF HEALTH (MoH) BUDGET
BY ECHELON I UNIT, 2013

No	ECHELON I UNIT	Budget of MoH														
		MoH Unit			Regional Office			Deconcentration			Assistance Budget			Total Allocation (IDR)	Total Realization (IDR)	%
		Allocation (IDR)	Realization (IDR)	%	Allocation (IDR)	Realization (IDR)	%	Allocation (IDR)	Realization (IDR)	%	Allocation (IDR)	Realization (IDR)	%			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1	Secretariat General	3.207.446.261.000	3.002.376.952.382	93,61	0	0	0	146.642.240.000	131.033.633.160	89,36	0	0	0	3.354.088.501.000	3.133.410.585.542	93,42
2	Inspectorate General	96.084.865.000	76.541.806.535	79,66	0	0	0	0	0	0	0	0	0	96.084.865.000	76.541.806.535	79,66
3	DG of Nutrition and Mother and Child Health	631.568.943.000	558.665.343.729	88,46	27.628.369.000	25.476.883.903	92,21	308.792.333.000	258.159.056.790	83,60	1.167.839.163.000	1.148.666.304.539	98,36	2.135.828.808.000	1.990.967.588.961	93,22
4	DG of Health Effort	9.403.056.564.000	8.953.084.159.344	95,21	10.696.999.413.000	9.818.569.242.827	91,79	131.736.160.000	114.131.453.078	86,64	5.042.371.404.000	4.406.388.638.847	87,39	25.274.163.541.000	23.292.173.494.096	92,16
5	DG of Diseases Control and Environmental Health	1.343.318.308.000	1.360.516.214.595	101,28	697.908.538.000	592.953.610.571	84,96	163.007.850.000	135.391.780.087	83,06	136.886.680.000	107.889.713.678	78,82	2.341.121.376.000	2.196.751.318.931	93,83
6	DG of Pharmaceutical Services and Medical Devices	1.633.970.185.000	1.511.040.872.449	92,48	0	0	0	61.763.014.000	55.112.944.209	89,23	0	0	0	1.695.733.199.000	1.566.153.816.658	92,36
7	National Institute for Health Research and Development	264.129.044.000	248.839.285.748	94,21	300.257.865.000	287.357.286.814	95,70	0	0	0	0	0	0	564.386.909.000	536.196.572.562	95,01
8	Agency for Development and Empowerment Human Resources of Health	1.009.893.041.000	787.602.253.567	77,99	2.116.675.750.000	1.792.984.436.271	84,71	48.762.602.000	42.784.771.860	87,74	0	0	0	3.175.331.393.000	2.623.371.461.698	82,62
Ministry of Health (MoH)		17.589.467.211.000	16.498.666.888.349	93,80	13.839.469.935.000	12.517.341.460.386	90,45	860.704.199.000	736.613.639.184	85,58	6.347.097.247.000	5.662.944.657.064	89,22	38.636.738.592.000	35.415.566.644.983	91,66

Source: Bureau Finance and State Owned Asset, MOH RI, 2014

Annex 4.2

**REGIONAL REVENUE AND EXPENDITURE BUDGET (Ind: APBD) OF PROVINCE GOVERNMENT
BY FUNCTION AND PROVINCE, 2013**

No	Province	Function										% Health
		Economy (IDR)	Health (IDR)	Neatness and Serenity (IDR)	Living Environment (IDR)	Tourism and Culture (IDR)	Public Service (IDR)	Education (IDR)	Social Protection (IDR)	Housing and Public Facility (IDR)	Total (IDR)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1	Aceh	1.828.113	886.579	61.671	28.861	106.170	4.315.123	738.234	182.720	3.632.367	11.779.837	7,53
2	North Sumatera	508.603	297.944	53.432	220.488	29.539	6.477.069	272.544	85.413	921.890	8.866.921	3,36
3	West Sumatera	411.470	354.437	19.983	25.303	44.350	1.580.849	151.520	58.173	667.074	3.313.160	10,70
4	Riau	803.987	540.024	74.630	90.318	51.549	3.642.221	743.331	117.343	2.368.693	8.432.096	6,40
5	Jambi	342.045	252.248	23.618	13.480	19.722	1.167.084	233.974	20.542	580.113	2.652.827	9,51
6	South Sumatera	522.880	176.955	51.310	14.947	29.491	3.495.015	337.021	61.763	1.073.895	5.763.278	3,07
7	Bengkulu	252.272	219.206	30.118	7.424	17.196	788.297	159.049	46.837	247.931	1.768.330	12,40
8	Lampung	297.208	391.229	41.390	11.742	24.526	2.214.965	338.545	89.531	1.001.419	4.410.555	8,87
9	Bangka Belitung Islands	275.722	86.154	21.532	27.068	20.849	980.603	69.947	39.599	387.785	1.909.259	4,51
10	Riau Islands	327.405	125.661	17.026	12.229	48.545	1.559.613	375.531	29.161	267.404	2.762.575	4,55
11	DKI Jakarta	5.206.236	4.634.051	88.505	3.436.731	901.115	10.947.178	12.815.351	714.593	6.832.570	45.576.329	10,17
12	West Java	1.188.627	443.864	19.114	209.612	96.121	13.623.038	831.950	123.874	980.454	17.516.652	2,53
13	Central Java	969.393	1.248.836	74.420	43.661	70.686	8.837.713	318.511	206.733	960.284	12.730.237	9,81
14	DI Yogyakarta	316.479	169.184	30.581	18.427	56.497	1.318.084	251.362	51.384	242.923	2.454.919	6,89
15	East Java	2.170.665	2.070.310	63.780	48.051	106.843	9.219.662	514.846	156.672	1.005.735	15.356.564	13,48
16	Banten	251.251	382.842	17.961	14.237	22.120	3.539.504	301.333	75.974	1.446.781	6.052.003	6,33
17	Bali	468.642	677.394	25.649	19.533	70.037	2.502.193	237.859	63.958	251.183	4.316.449	15,69
18	West Nusa Tenggara	279.261	227.398	26.064	8.693	23.121	1.480.119	45.332	38.041	360.680	2.488.709	9,14
19	East Nusa Tenggara	265.880	177.060	24.932	10.952	22.960	1.539.661	87.185	38.002	234.188	2.400.818	7,37
20	West Kalimantan	457.870	298.337	30.579	9.021	33.940	1.703.151	128.645	30.749	644.841	3.337.135	8,94
21	Central Kalimantan	269.135	189.191	16.340	11.073	18.802	1.226.922	215.133	33.371	567.235	2.547.202	7,43
22	South Kalimantan	459.172	689.024	29.918	18.067	33.611	2.092.025	389.799	47.338	606.035	4.364.989	15,79
23	East Kalimantan	1.340.132	1.155.524	196.985	33.594	68.453	6.592.988	804.208	89.177	2.618.939	12.900.000	8,96
24	North Sulawesi	286.967	122.589	18.263	7.452	50.634	1.021.342	115.954	35.530	303.157	1.961.890	6,25
25	Central Sulawesi	438.041	179.235	13.089	14.275	24.720	1.017.681	135.804	30.906	354.085	2.207.836	8,12
26	South Sulawesi	562.300	340.656	29.688	36.539	57.977	3.524.985	119.067	38.815	1.077.433	5.787.460	5,89
27	South East Sulawesi	232.619	135.946	19.927	7.035	14.133	1.183.768	87.481	18.666	339.792	2.039.366	6,67
28	Gorontalo	199.968	54.612	7.487	29.663	5.609	488.901	117.485	20.704	154.373	1.078.802	5,06
29	West Sulawesi	214.267	50.404	15.577	8.802	7.611	565.345	48.825	13.756	219.227	1.143.813	4,41
30	Maluku	210.811	159.331	17.697	8.800	17.506	859.346	92.018	21.134	183.439	1.570.083	10,15
31	North Maluku	207.894	94.442	19.552	5.990	19.772	639.563	44.537	19.975	351.716	1.403.442	6,73
32	West Papua	617.213	672.966	23.937	24.249	44.179	5.654.580	218.341	65.193	714.077	8.034.736	8,38
33	Papua	497.038	82.906	98.047	51.597	30.446	2.774.192	135.262	76.617	507.198	4.253.303	1,95
	Indonesia	22.679.566	17.586.537	1.302.803	4.527.914	2.188.831	108.572.782	21.475.981	2.742.244	32.104.917	213.181.575	8,25

Source: Bureau Finance and State Owned Asset, MOH RI, 2014

Note: In million rupiah

Annex 4.3

**ALLOCATION AND REALIZATION OF HEALTH OPERATIONAL SUPPORTING FUND (Ind: BOK)
BY PROVINCE, 2013**

No	Province	Allocation (IDR)	Realization ((IDR)	%
(1)	(2)	(3)	(4)	(5)
1	Aceh	29.248.100.000	28.950.191.695	98,98
2	North Sumatera	49.783.180.000	49.227.184.889	98,88
3	West Sumatera	23.332.192.000	23.133.983.750	99,15
4	Riau	18.039.550.000	17.867.663.900	99,05
5	Jambi	15.353.300.000	15.276.021.150	99,50
6	South Sumatera	26.942.600.000	26.751.478.850	99,29
7	Bengkulu	15.733.700.000	15.720.791.240	99,92
8	Lampung	24.060.870.000	23.938.699.150	99,49
9	Bangka Belitung Islands	5.468.850.000	5.391.990.799	98,59
10	Riau Islands	6.715.200.000	6.566.324.200	97,78
11	DKI Jakarta	28.517.025.000	28.229.401.700	98,99
12	West Java	89.715.300.000	86.759.038.240	96,70
13	Central Java	75.269.250.000	75.149.032.927	99,84
14	DI Yogyakarta	10.681.460.000	10.648.421.375	99,69
15	East Java	83.260.250.000	82.464.925.160	99,04
16	Banten	18.743.145.000	18.296.659.000	97,62
17	Bali	10.149.100.000	10.119.280.875	99,71
18	West Nusa Tenggara	41.862.900.000	41.287.509.644	98,63
19	East Nusa Tenggara	95.719.000.000	94.418.415.134	98,64
20	West Kalimantan	28.248.800.000	28.005.926.778	99,14
21	Central Kalimantan	22.664.428.000	21.853.607.500	96,42
22	South Kalimantan	25.842.800.000	25.278.316.350	97,82
23	East Kalimantan	26.579.800.000	23.814.984.555	89,60
24	North Sulawesi	21.343.000.000	21.284.830.512	99,73
25	Central Sulawesi	20.459.835.000	20.393.797.650	99,68
26	South Sulawesi	48.456.800.000	48.211.823.988	99,49
27	South East Sulawesi	28.377.440.000	28.315.066.275	99,78
28	Gorontalo	10.310.600.000	10.288.090.600	99,78
29	West Sulawesi	10.223.000.000	10.133.900.960	99,13
30	Maluku	39.422.000.000	38.462.881.457	97,57
31	North Maluku	26.663.000.000	26.539.856.056	99,54
32	West Papua	35.302.200.000	33.705.682.150	95,48
33	Papua	100.766.400.000	99.534.270.600	98,78
Indonesia		1.113.255.075.000	1.096.020.049.109	98,45

Source: DG of Nutrition and Mother and Child Health, MoH RI, 2014

Note: Cumulative data until Desember 31st, 2013

Annex 4.4

HEALTH INSURANCE PARTICIPANT, 2013

No	Province	Participant of Health Insurance (person)		
		Population*	Insured	%
(1)	(2)	(3)	(4)	(5)
1	Aceh	4.842.238	4.842.238	100,00
2	North Sumatera	12.982.204	6.346.377	48,89
3	West Sumatera	4.846.909	3.215.162	66,33
4	Riau	5.538.367	3.043.366	54,95
5	Jambi	3.092.265	1.411.809	45,66
6	South Sumatera	7.450.394	7.450.394	100,00
7	Bengkulu	1.715.518	935.823	54,55
8	Lampung	7.608.405	7.608.405	100,00
9	Bangka Belitung Islands	1.223.296	1.096.720	89,65
10	Riau Islands	1.679.163	599.764	35,72
11	DKI Jakarta	9.607.787	6.406.352	66,68
12	West Java	43.053.732	22.166.255	51,49
13	Central Java	32.382.657	19.218.385	59,35
14	DI Yogyakarta	3.457.491	3.326.650	96,22
15	East Java	37.476.757	19.866.221	53,01
16	Banten	10.632.166	4.145.872	38,99
17	Bali	3.890.757	3.890.757	100,00
18	West Nusa Tenggara	4.500.212	3.133.961	69,64
19	East Nusa Tenggara	4.683.827	3.776.229	80,62
20	West Kalimantan	4.395.983	2.324.143	52,87
21	Central Kalimantan	2.212.089	1.557.872	70,43
22	South Kalimantan	3.626.616	2.167.044	59,75
23	East Kalimantan	3.553.143	3.101.462	87,29
24	North Sulawesi	2.270.596	1.996.958	87,95
25	Central Sulawesi	2.635.009	1.890.827	71,76
26	South Sulawesi	8.034.776	8.034.776	100,00
27	South East Sulawesi	2.232.586	1.352.752	60,59
28	Gorontalo	1.040.164	1.040.164	100,00
29	West Sulawesi	1.158.651	645.248	55,69
30	Maluku	1.533.506	1.533.506	100,00
31	North Maluku	1.038.087	766.719	73,86
32	West Papua	760.422	760.422	100,00
33	Papua	2.833.381	2.833.381	100,00
Central			28.806.898	
Indonesia		237.989.154	181.292.912	76,18

Source: Center for Health Financing and Health Insurance, MoH RI, 2014

Annex 4.5

NUMBER OF HEALTH INSURANCE PARTICIPANT VISITS IN PUSKESMAS BY PROVINCE, 2013

No	Provinsi	Poor People Quota	Outpatient Service (Ind: RJTP)	Inpatient Service (Ind: RITP)
(1)	(2)	(3)	(4)	(5)
1	Aceh	2.170.960	3.826.299	69.163
2	North Sumatera	4.192.297	3.921.522	13.433
3	West Sumatera	1.533.170	899.815	19.665
4	Riau	1.304.716	781.863	2.649
5	Jambi	821.557	131.687	1.065
6	South Sumatera	2.433.669	289.403	253.449
7	Bengkulu	628.605	1.722.812	5.908
8	Lampung	3.087.541	85.429	57.747
9	Bangka Belitung Islands	212.826	443.419	340.609
10	Riau Islands	333.633	2.965.653	1.730.101
11	DKI Jakarta	1.271.291	1.701	11
12	West Java	14.758.325	10.056.075	359.792
13	Central Java	14.151.037	3.437.381	37.209
14	DI Yogyakarta	1.572.153	9.636.116	165.581
15	East Java	14.001.871	1.651.555	9.925
16	Banten	3.221.969	6.599.027	180.754
17	Bali	904.859	425.100	1.017
18	West Nusa Tenggara	2.259.558	1.447.641	73.232
19	East Nusa Tenggara	2.671.319	3.374.806	22.461
20	West Kalimantan	1.343.859	1.681.534	9.018
21	Central Kalimantan	449.376	245.726	1.736
22	South Kalimantan	753.526	544.760	2.645
23	East Kalimantan	784.013	477.157	3.145
24	North Sulawesi	790.860	5.363.156	27.600
25	Central Sulawesi	1.131.065	299.621	3.405
26	South Sulawesi	2.944.923	776.864	12.610
27	South East Sulawesi	984.912	2.633.039	23.137
28	Gorontalo	504.292	681.470	6.969
29	West Sulawesi	504.423	1.150.849	11.614
30	Maluku	754.627	749.454	3.425
31	North Maluku	328.965	256.758	1.777
32	West Papua	2.833.381	199.191	335
33	Papua	760.422	2.749.689	31.988
	Indonesia	86.400.000	69.506.572	3.483.175

Source: Funding and Health Insurance Center, MoH RI, 2014

Note: RJTP = Rawat Jalan Tingkat Pertama or Basic Outpatient Service, RITP = Rawat Inap Tingkat Pertama or Basic Inpatient Service

Annex 4.6

**NUMBER OF ADVANCE OUTPATIENT SERVICE VISITS (Ind: RJTL)
HEALTH INSURANCE PARTICIPANTS BY PROVINCE, 2013**

No	Province	Advance Outpatient Service Visit		
		Male	Female	Total
(1)	(2)	(3)	(4)	(5)
1	Aceh	179.894	249.585	429.479
2	North Sumatera	143.636	171.418	315.054
3	West Sumatera	85.765	108.338	194.103
4	Riau	22.665	29.426	52.091
5	Jambi	17.748	19.869	37.617
6	South Sumatera	58.734	72.293	131.027
7	Bengkulu	21.100	21.631	42.731
8	Lampung	51.152	58.228	109.380
9	Bangka Belitung Islands	4.078	5.497	9.575
10	Riau Islands	14.050	17.561	31.611
11	DKI Jakarta	32.533	40.081	72.614
12	West Java	498.745	622.936	1.121.681
13	Central Java	668.416	847.957	1.516.373
14	DI Yogyakarta	141.411	179.048	320.459
15	East Java	458.261	568.888	1.027.149
16	Banten	65.355	80.287	145.642
17	Bali	58.047	48.946	106.993
18	West Nusa Tenggara	60.412	66.099	126.511
19	East Nusa Tenggara	34.238	50.333	84.571
20	West Kalimantan	37.805	38.430	76.235
21	Central Kalimantan	7.385	8.752	16.137
22	South Kalimantan	19.139	20.980	40.119
23	East Kalimantan	36.028	40.104	76.132
24	North Sulawesi	32.575	38.173	70.748
25	Central Sulawesi	18.833	22.632	41.465
26	South Sulawesi	112.998	140.778	253.776
27	South East Sulawesi	18.478	23.883	42.361
28	Gorontalo	9.536	15.591	25.127
29	West Sulawesi	8.067	10.127	18.194
30	Maluku	4.810	5.163	9.973
31	North Maluku	3.811	3.906	7.717
32	West Papua	47.252	53.274	100.526
33	Papua	57.317	69.920	127.237
Indonesia		3.030.274	3.750.134	6.780.408

Source: Funding and Health Insurance Center, MoH RI, 2014

Annex 4.7

**NUMBER OF ADVANCE INPATIENT SERVICE VISITS (Ind: RITL)
HEALTH INSURANCE PARTICIPANTS BY PROVINCE, 2013**

No	Province	Advance Inpatient Service Visits		
		Male	Female	Total
(1)	(2)	(3)	(4)	(5)
1	Aceh	43.347	58.918	102.265
2	North Sumatera	38.459	42.346	80.805
3	West Sumatera	14.202	18.921	33.123
4	Riau	5.981	7.166	13.147
5	Jambi	4.801	5.745	10.546
6	South Sumatera	9.397	12.784	22.181
7	Bengkulu	8.017	8.105	16.122
8	Lampung	16.940	17.821	34.761
9	Bangka Belitung Islands	1.105	1.372	2.477
10	Riau Islands	2.730	3.680	6.410
11	DKI Jakarta	2.837	3.509	6.346
12	West Java	99.121	124.129	223.250
13	Central Java	175.180	218.829	394.009
14	DI Yogyakarta	25.813	32.749	58.562
15	East Java	97.019	119.989	217.008
16	Banten	14.606	19.263	33.869
17	Bali	10.692	9.715	20.407
18	West Nusa Tenggara	17.657	20.947	38.604
19	East Nusa Tenggara	23.294	36.557	59.851
20	West Kalimantan	9.896	11.220	21.116
21	Central Kalimantan	3.068	3.390	6.458
22	South Kalimantan	5.177	6.211	11.388
23	East Kalimantan	9.377	10.715	20.092
24	North Sulawesi	10.419	12.100	22.519
25	Central Sulawesi	8.844	11.552	20.396
26	South Sulawesi	30.458	39.438	69.896
27	South East Sulawesi	6.768	9.588	16.356
28	Gorontalo	5.158	8.696	13.854
29	West Sulawesi	2.878	3.632	6.510
30	Maluku	1.714	2.668	4.382
31	North Maluku	1.864	2.306	4.170
32	West Papua	8.049	14.742	22.791
33	Papua	10.139	15.073	25.212
	Indonesia	725.007	913.876	1.638.883

Source: Funding and Health Insurance Center, MoH RI, 2014

Annex 4.8

NUMBER OF LABOR INSURANCE (Ind: JAMPERSAL) PARTICIPANT VISITS BY PROVINCE, 2013

No	Province	Labor Insurance				Family Planning Service	
		Ante Natal Care (ANC)	Post Natal Care (PNC)	Normal Labor	Pre-referral	IUD+Implant	Injection
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Aceh	158.002	170.867	63.146	1.611	19.257	23.751
2	North Sumatera	619.463	714.836	214.367	3.872	1.722	18.213
3	West Sumatera	135.958	130.707	43.357	2.274	1.654	14.835
4	Riau	100.765	136.573	33.814	1.597	1.586	5.870
5	Jambi	14.600	10.256	4.216	120	669	289
6	South Sumatera	76.225	69.794	23.794	639	172	4.021
7	Bengkulu	130.495	170.600	60.356	674	1.400	3.976
8	Lampung	43.250	50.932	12.177	480	21	651
9	Bangka Belitung Islands	55.998	55.564	22.415	989	1.092	3.368
10	Riau Islands	249.358	317.071	114.452	2.570	1.747	173.176
11	DKI Jakarta	78.370	78.040	30.202	606	874	86
12	West Java	685.565	1.197.584	393.896	14.082	749.024	36.349
13	Central Java	342.207	329.194	85.665	5.294	2.723	22.896
14	DI Yogyakarta	468.895	761.551	229.161	10.416	27.608	53.219
15	East Java	35.017	40.154	15.298	1.086	1.731	1.463
16	Banten	692.559	852.072	281.554	12.992	21.457	55.089
17	Bali	48.757	47.428	29.453	1.158	1.017	1.053
18	West Nusa Tenggara	218.642	175.886	68.832	11.179	6.617	21.264
19	East Nusa Tenggara	105.801	92.668	32.882	1.013	383	8.649
20	West Kalimantan	236.005	232.670	57.244	1.382	444	2.427
21	Central Kalimantan	41.339	34.366	12.399	1.139	211	2.324
22	South Kalimantan	75.214	75.148	25.171	1.304	125	1.748
23	East Kalimantan	61.948	76.388	21.788	358	183	1.673
24	North Sulawesi	398.040	313.920	150.600		180	2.220
25	Central Sulawesi	37.692	36.792	8.182	645	3.522	427
26	South Sulawesi	109.919	104.522	28.085	1.653	568	5.189
27	South East Sulawesi	232.823	237.670	72.715	3.731	1.189	22.989
28	Gorontalo	30.729	40.946	12.763	255	4	269
29	West Sulawesi	86.550	104.179	21.844	745	221	3.104
30	Maluku	80.516	70.666	19.304	10	481	6.705
31	North Maluku	37.572	42.041	11.544	599	462	1.455
32	West Papua	67.512	52.736	24.892	431	572	4.698
33	Papua	4.669	4.316	1.277	1	8	817
	Indonesia	5.760.455	6.828.137	2.226.845	84.905	848.924	504.263

Source: Funding and Health Insurance Center, MoH RI, 2014

Annex 5.1

**COVERAGE OF 1st AND 4th VISIT OF PREGNANT WOMEN, DELIVERY ASSISTED BY SKILLED HEALTH PERSONNEL
BY PROVINCE, 2013**

No	Province	Pregnant Women					Delivering Women		
		Total	1st Visit	% 1st Visit	4th Visit	% 4th Visit	Total	Assisted by health personnel	% Assisted by health personnel
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	Aceh	118.012	106.745	90,45	96.479	81,75	98.934	85.678	86,60
2	North Sumatera	314.492	287.910	91,55	265.630	84,46	266.644	217.887	81,71
3	West Sumatera	111.947	106.115	94,79	92.830	82,92	95.180	82.079	86,24
4	Riau	143.423	137.989	96,21	129.585	90,35	127.525	120.385	94,40
5	Jambi	78.298	76.579	97,80	73.296	93,61	69.208	65.107	94,07
6	South Sumatera	188.609	183.189	97,13	175.804	93,21	156.943	139.823	89,09
7	Bengkulu	38.160	37.561	98,43	35.452	92,90	32.259	31.493	97,63
8	Lampung	187.441	177.358	94,62	166.875	89,03	160.579	142.277	88,60
9	Bangka Belitung Islands	31.192	30.166	96,71	28.173	90,32	26.038	25.847	99,27
10	Riau Islands	64.389	62.138	96,50	58.743	91,23	43.268	42.352	97,88
11	DKI Jakarta	165.369	165.125	99,85	158.360	95,76	141.304	136.469	96,58
12	West Java	1.081.827	1.051.541	97,20	951.926	87,99	911.708	798.021	87,53
13	Central Java	624.732	616.321	98,65	575.546	92,13	525.527	524.949	99,89
14	DI Yogyakarta	50.218	50.218	100,00	46.209	92,02	44.177	40.651	92,02
15	East Java	679.440	645.954	95,07	593.531	87,36	577.232	562.964	97,53
16	Banten	242.559	235.727	97,18	209.108	86,21	207.639	195.916	94,35
17	Bali	73.886	71.749	97,11	68.755	93,06	63.210	62.669	99,14
18	West Nusa Tenggara	120.837	118.331	97,93	108.988	90,19	100.715	93.627	92,96
19	East Nusa Tenggara	124.934	103.932	83,19	77.183	61,78	108.181	80.140	74,08
20	West Kalimantan	104.826	100.364	95,74	93.224	88,93	88.893	76.853	86,46
21	Central Kalimantan	49.310	47.613	96,56	44.242	89,72	41.824	39.457	94,34
22	South Kalimantan	78.756	71.592	90,90	61.442	78,02	66.989	56.243	83,96
23	East Kalimantan	87.638	85.813	97,92	74.483	84,99	73.324	57.743	78,75
24	North Sulawesi	48.669	45.747	94,00	42.096	86,49	38.156	37.998	99,59
25	Central Sulawesi	63.660	57.561	90,42	50.684	79,62	47.344	42.728	90,25
26	South Sulawesi	168.169	166.234	98,85	154.106	91,64	153.270	152.934	99,78
27	South East Sulawesi	57.307	47.535	82,95	43.551	76,00	52.980	49.419	93,28
28	Gorontalo	22.198	22.219	100,09	19.477	87,74	20.803	18.881	90,76
29	West Sulawesi	28.779	27.342	95,01	22.360	77,70	26.214	23.982	91,49
30	Maluku	42.164	38.555	91,44	33.107	78,52	35.857	27.237	75,96
31	North Maluku	27.121	23.579	86,94	20.689	76,28	23.455	21.245	90,58
32	West Papua	22.720	18.624	81,97	11.380	50,09	18.641	13.646	73,20
33	Papua	57.203	29.085	50,85	18.250	31,90	48.595	16.186	33,31
	Indonesia	5.298.285	5.046.512	95,25	4.601.564	86,85	4.492.618	4.082.886	90,88

Source: DG of Nutrition and MCH , Moh RI, 2014 (Updated until March 12th, 2014)

Annex 5.2

**PERCENTAGE OF BIRTH BASED ON HISTORY OF ANTE NATAL CARE¹⁾ RELATED TO PREGNANCY TIME,
AND ANTE NATAL CARE COVERAGE BY PROVINCE, RISKESDAS 2013**

No	Province	First ANC ¹	Ideal First ANC ²	ANC Min 4x ³	ANC 4th VISIT ⁴	No ANC
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	94,9	86,0	76,3	65,4	5,1
2	North Sumatera	91,9	79,9	70,7	61,9	8,1
3	West Sumatera	96,2	84,3	80,4	66,7	3,8
4	Riau	92,2	83,0	75,5	67,2	7,8
5	Jambi	94,0	83,6	75,0	62,8	6,0
6	South Sumatera	92,7	81,2	72,2	59,2	7,3
7	Bengkulu	96,8	78,2	83,2	65,7	3,2
8	Lampung	95,0	87,9	85,9	78,1	5,0
9	Bangka Belitung Islands	97,9	82,7	86,1	72,8	2,1
10	Riau Islands	97,7	85,1	90,7	78,7	2,3
11	DKI Jakarta	97,9	86,9	91,1	78,3	2,1
12	West Java	95,9	82,7	87,2	74,4	4,1
13	Central Java	99,0	86,6	92,0	79,7	1,0
14	DI Yogyakarta	99,1	88,8	96,5	85,5	0,9
15	East Java	97,7	84,8	90,1	77,2	2,3
16	Banten	95,6	83,0	81,6	70,2	4,4
17	Bali	99,6	90,3	95,8	84,7	0,4
18	West Nusa Tenggara	98,9	86,0	90,2	73,6	1,1
19	East Nusa Tenggara	88,1	68,4	72,4	55,5	11,9
20	West Kalimantan	89,8	76,9	71,4	59,0	10,2
21	Central Kalimantan	90,5	69,7	71,6	54,0	9,5
22	South Kalimantan	93,8	76,4	82,1	64,2	6,2
23	East Kalimantan	97,3	81,5	84,2	68,5	2,7
24	North Sulawesi	96,3	73,6	81,5	63,8	3,7
25	Central Sulawesi	93,6	65,9	70,3	51,0	6,4
26	South Sulawesi	95,7	72,7	75,9	56,9	4,3
27	South East Sulawesi	94,3	67,0	74,0	55,0	5,7
28	Gorontalo	97,6	66,0	78,2	54,9	2,4
29	West Sulawesi	88,6	66,3	69,7	51,3	11,4
30	Maluku	83,2	59,2	55,8	41,4	16,8
31	North Maluku	88,1	65,9	62,2	44,5	11,9
32	West Papua	83,9	61,0	60,6	44,6	16,1
33	Papua	71,7	56,2	50,9	43,8	28,3
	INDONESIA	95,4	81,6	83,5	70,4	4,6

Source : Baseline Health Research 2013, National Institute for Health Research Development (NHRD), MoHR I, 2013

Note: ¹⁾ Periode of pregnancy Januari 1st, 2010 until interview time

²⁾ First ANC = Frequency of ANC minimal once during pregnancy

³⁾ Ideal ANC First Visit = First ANC at trimester 1

⁴⁾ ANC Min 4x = frequency of ANC minimal 4 times during pregnancy at any pregnancy time

⁵⁾ ANC 4th Visit = ANC 1-1-2, is ANC frequency minimal once at trimester 1, once at trimester 2, and twice at trimester 3

Annex 5.3

**COVERAGE OF IRON TABLET SUPPLEMENTATION (90 TABLET) FOR PREGNANT MOTHER
BY PROVINCE, 2013**

No	Province	No. of Pregnant Women	Pregnant Women with Supplementation of 90 Iron Tablets	
			Total	%
(1)	(2)	(3)	(4)	(5)
1	Aceh	117.907	104.873	88,9
2	North Sumatera	306.116	205.264	67,1
3	West Sumatera	109.792	94.667	86,2
4	Riau	138.214	125.313	90,7
5	Jambi	77.602	72.271	93,1
6	South Sumatera	124.579	104.291	83,7
7	Bengkulu	37.966	34.951	92,1
8	Lampung	182.298	136.156	74,7
9	Bangka Belitung Islands	31.114	28.209	90,7
10	Riau Islands	62.745	38.228	60,9
11	DKI Jakarta	165.369	131.673	79,6
12	West Java	1.040.748	908.197	87,3
13	Central Java	616.169	515.366	83,6
14	DI Yogyakarta	52.579	42.609	81,0
15	East Java	645.726	553.966	85,8
16	Banten	206.584	164.826	79,8
17	Bali	69.759	61.676	88,4
18	West Nusa Tenggara	119.496	108.211	90,6
19	East Nusa Tenggara	123.663	89.810	72,6
20	West Kalimantan	104.445	75.469	72,3
21	Central Kalimantan	49.131	38.756	78,9
22	South Kalimantan	75.026	64.838	86,4
23	East Kalimantan	86.978	55.311	63,6
24	North Sulawesi	45.362	41.235	90,9
25	Central Sulawesi	56.457	36.200	64,1
26	South Sulawesi	169.212	150.809	89,1
27	South East Sulawesi	54.304	43.979	81,0
28	Gorontalo	22.078	18.898	85,6
29	West Sulawesi	28.296	22.738	80,4
30	Maluku	41.205	28.648	69,5
31	North Maluku	26.035	17.958	69,0
32	West Papua	21.653	9.220	42,6
33	Papua	47.937	19.845	41,4
	Indonesia	5.056.545	4.144.461	82,0

Source: DG of Nutrition and MCH , Moh Indonesia 2014 (Updated until February 6th, 2014)

Annex 5.4

**PERCENTAGE OF BIRTH BASED ON CLASSIFICATION OF TOTAL DAY CONSUMING IRON TABLET
DURING PREGNANCY TIME *) BY PROVINCE, RISKESDAS 2013**

No	Province	Iron Tablet Con			
		Consumption 90+	Consumption < 90	Uncertain No of Iron tablet consumed	Not Consuming any Tablet
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	19,1	45,8	19,0	16,2
2	North Sumatera	19,7	34,2	29,6	16,4
3	West Sumatera	30,4	34,8	22,8	12,1
4	Riau	20,8	41,9	22,2	15,1
5	Jambi	32,5	33,7	22,2	11,6
6	South Sumatera	23,2	37,8	20,2	18,8
7	Bengkulu	21,5	32,0	33,7	12,7
8	Lampung	15,4	40,2	31,4	13,0
9	Bangka Belitung Islands	33,1	38,1	20,4	8,4
10	Riau Islands	45,0	22,5	26,2	6,3
11	DKI Jakarta	43,7	22,0	24,8	9,5
12	West Java	39,8	31,4	18,7	10,1
13	Central Java	39,3	31,2	24,1	5,4
14	DI Yogyakarta	58,1	12,9	24,7	4,3
15	East Java	36,5	34,5	20,4	8,6
16	Banten	40,1	31,8	18,2	9,9
17	Bali	45,3	19,3	33,4	1,9
18	West Nusa Tenggara	45,2	38,4	10,9	5,6
19	East Nusa Tenggara	37,3	31,3	17,6	13,8
20	West Kalimantan	20,9	41,3	18,2	19,6
21	Central Kalimantan	17,5	49,9	12,5	20,1
22	South Kalimantan	23,6	38,7	23,3	14,4
23	East Kalimantan	24,9	33,0	33,7	8,4
24	North Sulawesi	27,9	39,2	25,3	7,6
25	Central Sulawesi	20,4	54,5	9,5	15,6
26	South Sulawesi	21,9	50,1	17,5	10,5
27	South East Sulawesi	23,0	47,3	16,1	13,5
28	Gorontalo	31,2	56,8	6,3	5,7
29	West Sulawesi	18,4	44,9	19,7	17,0
30	Maluku	18,6	45,2	15,6	20,7
31	North Maluku	27,6	40,5	14,1	17,8
32	West Papua	22,4	37,5	21,1	19,0
33	Papua	21,1	25,1	22,6	31,2
	INDONESIA	33,3	34,4	21,4	10,9

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

Note : *) Periode Januari 1st 2010 until time of interview

Annex 5.5

**COVERAGE OF TT IMMUNIZATION IN WOMEN AT REPRODUCTIVE AGE
BY PROVINCE, 2013**

No	Province	No of Women 15-39 years old	Women 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	1.038.732	83.368	8,0	75.861	7,3	57.910	5,6	43.287	4,2	41.028	3,9
2	North Sumatera	2.767.175	64.616	2,3	55.549	2,0	27.445	1,0	18.041	0,7	15.115	0,5
3	West Sumatera	991.998	43.100	4,3	37.816	3,8	25.063	2,5	19.969	2,0	21.077	2,1
4	Riau	1.365.431	28.333	2,1	28.541	2,1	28.629	2,1	27.253	2,0	22.616	1,7
5	Jambi	733.000	45.086	6,2	39.385	5,4	15.398	2,1	9.252	1,3	7.109	1,0
6	South Sumatera	1.696.201	117.137	6,9	112.201	6,6	1.284	0,1	445	0,0	300	0,0
7	Bengkulu	392.051	22.067	5,6	20.853	5,3	2.911	0,7	2.768	0,7	2.596	0,7
8	Lampung	1.642.575	67.465	4,1	64.661	3,9	33.742	2,1	30.960	1,9	28.758	1,8
9	Bangka Belitung Islands	287.100	2.541	0,9	6.222	2,2	8.074	2,8	6.661	2,3	7.004	2,4
10	Riau Islands	500.139	22.703	4,5	18.587	3,7	9.927	2,0	6.852	1,4	7.302	1,5
11	DKI Jakarta	2.468.100	33.347	1,4	30.559	1,2	18.404	0,7	19.818	0,8	21.383	0,9
12	West Java	9.590.149	719.103	7,5	652.544	6,8	142.509	1,5	87.126	0,9	72.145	0,8
13	Central Java	6.388.763	317.926	5,0	537.647	8,4	264.393	4,1	212.708	3,3	180.988	2,8
14	DI Yogyakarta	705.171	1.864	0,3	1.454	0,2	27.199	3,9	15.818	2,2	12.374	1,8
15	East Java	7.682.285	59.480	0,8	47.026	0,6	91.145	1,2	132.124	1,7	162.101	2,1
16	Banten	2.664.420	126.764	4,8	121.414	4,6	59.554	2,2	45.569	1,7	43.958	1,6
17	Bali	841.880	113	0,0	142	0,0	4.901	0,6	18.326	2,2	40.642	4,8
18	West Nusa Tenggara	1.051.216	94.461	9,0	91.252	8,7	0	0,0	0	0,0	0	0,0
19	East Nusa Tenggara	948.815	-	-	-	-	-	-	-	-	-	-
20	West Kalimantan	957.465	-	-	-	-	-	-	-	-	-	-
21	Central Kalimantan	515.774	31.526	6,1	26.893	5,2	3.044	0,6	1.538	0,3	1.203	0,2
22	South Kalimantan	850.060	15.899	1,9	12.587	1,5	4.945	0,6	3.089	0,4	1.926	0,2
23	East Kalimantan	868.505	27.426	3,2	25.972	3,0	20.263	2,3	17.807	2,1	22.047	2,5
24	North Sulawesi	457.013	26.875	5,9	23.441	5,1	1.399	0,3	439	0,1	513	0,1
25	Central Sulawesi	576.102	20.758	3,6	18.498	3,2	6.151	1,1	3.741	0,6	2.612	0,5
26	South Sulawesi	1.750.359	96.005	5,5	81.407	4,7	20.077	1,1	14.701	0,8	11.455	0,7
27	South East Sulawesi	504.357	20.557	4,1	18.115	3,6	6.371	1,3	4.599	0,9	4.303	0,9
28	Gorontalo	234.083	16.929	7,2	14.704	6,3	2.458	1,1	1.723	0,7	1.021	0,4
29	West Sulawesi	257.613	15.760	6,1	13.337	5,2	3.038	1,2	985	0,4	981	0,4
30	Maluku	333.171	51.143	15,4	41.477	12,4	12.590	3,8	8.253	2,5	8.308	2,5
31	North Maluku	235.255	15.233	6,5	12.985	5,5	3.685	1,6	2.180	0,9	2.160	0,9
32	West Papua	183.871	5.205	2,8	4.176	2,3	3.137	1,7	2.738	1,5	2.809	1,5
33	Papua	760.174	-	-	-	-	-	-	-	-	-	-
	Indonesia	52.239.003	2.192.790	4,2	2.235.306	4,3	905.646	1,7	758.770	1,5	745.834	1,4

Source : DG of Disease Control & Environmental Health, MoH RI 2014

Updated until February 27th, 2014 (target population data was using Secretary General Data)

Annex 5.6

COVERAGE OF TT IMMUNIZATION IN PREGNANT WOMEN BY PROVINCE, 2013

No	Province	Pregnant Women with Immunization											
		TT1		TT2		TT3		TT4		TT5		TT2+	
		Total	%	Total	%	Total	%	Total	%	Total	%	Total	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	37.707	34,1	35.753	32,3	20.226	18,3	13.962	12,6	13.227	12,0	83.168	75,2
2	North Sumatera	40.990	12,2	37.678	11,2	16.863	5,0	11.786	3,5	9.593	2,9	75.920	22,7
3	West Sumatera	33.259	28,0	33.006	27,8	19.501	16,4	16.081	13,5	13.601	11,4	82.189	69,2
4	Riau	24.092	15,5	25.210	16,2	24.327	15,7	24.694	15,9	20.828	13,4	95.059	61,2
5	Jambi	36.355	47,5	34.211	44,7	12.646	16,5	7.293	9,5	5.426	7,1	59.576	77,9
6	South Sumatera	116.802	64,7	112.047	62,1	1.284	0,7	445	0,2	300	0,2	114.076	63,2
7	Bengkulu	20.534	49,6	19.476	47,0	1.949	4,7	1.573	3,8	1.518	3,7	24.516	59,2
8	Lampung	52.193	29,3	51.433	28,8	23.974	13,4	23.127	13,0	21.381	12,0	119.915	67,2
9	Bangka Belitung Islands	2.185	6,9	5.613	17,8	7.317	23,2	6.017	19,1	6.478	20,5	25.425	80,5
10	Riau Islands	16.284	30,5	14.550	27,3	7.400	13,9	4.777	8,9	5.113	9,6	31.840	59,6
11	DKI Jakarta	30.476	15,9	28.013	14,6	15.914	8,3	17.175	8,9	18.637	9,7	79.739	41,5
12	West Java	719.103	75,7	652.544	68,7	142.509	15,0	87.126	9,2	72.145	7,6	954.324	100,4
13	Central Java	135.747	21,9	372.254	60,0	113.002	18,2	97.167	15,7	80.015	12,9	662.438	106,8
14	DI Yogyakarta	809	1,4	880	1,5	14.519	24,3	13.775	23,1	10.694	17,9	39.868	66,8
15	East Java	12.856	2,0	15.033	2,3	24.465	3,8	39.391	6,2	58.956	9,2	137.845	21,5
16	Banten	116.952	47,7	109.027	44,4	41.947	17,1	29.425	12,0	26.186	10,7	206.585	84,2
17	Bali	113	0,1	142	0,2	3.993	5,3	17.993	23,7	40.313	53,1	62.441	82,3
18	West Nusa Tenggara	94.461	83,3	91.252	80,4	0	0,0	0	0,0	0	0,0	91.252	80,4
19	East Nusa Tenggara	-	-	-	-	-	-	-	-	-	-	-	-
20	West Kalimantan	21.420	21,3	20.707	20,6	8.627	8,6	6.157	6,1	5.846	5,8	41.337	41,2
21	Central Kalimantan	26.970	53,9	24.605	49,2	2.702	5,4	1.284	2,6	967	1,9	29.558	59,1
22	South Kalimantan	10.754	12,3	10.229	11,7	3.097	3,6	2.427	2,8	1.573	1,8	17.326	19,9
23	East Kalimantan	17.483	18,2	16.277	17,0	10.393	10,8	8.613	9,0	9.229	9,6	44.512	46,4
24	North Sulawesi	24.906	54,8	22.681	49,9	1.274	2,8	401	0,9	475	1,0	24.831	54,7
25	Central Sulawesi	19.946	30,9	18.079	28,0	5.794	9,0	3.523	5,4	2.421	3,7	29.817	46,1
26	South Sulawesi	86.875	47,7	78.975	43,3	18.566	10,2	13.801	7,6	10.751	5,9	122.093	67,0
27	South East Sulawesi	20.557	32,3	18.115	28,5	6.371	10,0	4.599	7,2	4.303	6,8	33.388	52,5
28	Gorontalo	16.068	64,3	14.081	56,3	1.730	6,9	1.113	4,5	715	2,9	17.639	70,5
29	West Sulawesi	15.505	49,0	13.185	41,7	2.947	9,3	949	3,0	954	3,0	18.035	57,0
30	Maluku	22.181	51,2	20.259	46,8	4.951	11,4	2.035	4,7	2.243	5,2	29.488	68,0
31	North Maluku	13.545	47,9	12.058	42,7	2.442	8,6	1.280	4,5	1.297	4,6	17.077	60,4
32	West Papua	2.159	9,5	2.087	9,2	1.556	6,8	1.050	4,6	1.232	5,4	5.925	26,1
33	Papua	-	-	-	-	-	-	-	-	-	-	-	-
	Indonesia	1.789.287	34,3	1.909.460	36,6	562.286	10,8	459.039	8,8	446.417	8,6	3.377.202	64,8

Source : DG of Disease Control & Environmental Health, MoH RI 2014

Updated until February 27th, 2014 (target population data was using Secretary General Data)

Note: TT2+ is sum of TT2, TT3, TT4, and TT5

Annex 5.7

**PROPORTION OF ATTENDED BIRTH BASED ON THE HIGHEST QUALIFICATION OF BIRTH ATTENDANT*
BY PROVINCE, RISKESDAS 2013**

No	Province	Percentage of Attended Birth based on the highest qualification of Birth Attendant				
		Doctor	Midwife	Nurse	Non Health Personnel	No Birth Attendant
(1)	(2)	(3)		(4)	(5)	(6)
1	Aceh	15,9	74,6	0,2	8,5	0,7
2	North Sumatera	18,3	74,0	0,2	6,4	1,0
3	West Sumatera	21,8	69,9	0,4	6,3	1,7
4	Riau	15,6	71,2	0,3	12,2	0,7
5	Jambi	11,4	75,5	1,1	11,6	0,4
6	South Sumatera	15,4	72,8	1,0	9,9	0,9
7	Bengkulu	10,7	84,1	0,3	4,5	0,5
8	Lampung	7,9	80,7	0,2	10,8	0,4
9	Bangka Belitung Islands	19,8	69,8	0,3	10,0	0,1
10	Riau Islands	33,8	61,2	0,6	3,5	0,9
11	DKI Jakarta	35,8	61,8	0,4	1,8	0,2
12	West Java	14,7	67,0	0,2	17,6	0,6
13	Central Java	22,7	73,3	0,1	3,5	0,4
14	DI Yogyakarta	43,7	56,2	0,0	0,0	0,1
15	East Java	20,3	73,7	0,2	5,1	0,7
16	Banten	18,7	65,4	0,1	15,1	0,6
17	Bali	40,1	58,8	0,0	1,0	0,2
18	West Nusa Tenggara	9,5	81,9	0,1	7,4	1,1
19	East Nusa Tenggara	7,8	58,2	0,8	32,2	1,0
20	West Kalimantan	8,6	65,4	0,5	24,7	0,7
21	Central Kalimantan	11,0	61,0	2,0	25,4	0,6
22	South Kalimantan	14,8	69,3	0,5	15,0	0,4
23	East Kalimantan	18,7	70,8	0,1	9,8	0,7
24	North Sulawesi	30,7	51,1	0,9	16,5	0,8
25	Central Sulawesi	15,3	59,3	1,2	22,9	1,3
26	South Sulawesi	18,9	62,3	0,3	17,3	1,2
27	South East Sulawesi	8,3	69,0	0,8	21,0	0,8
28	Gorontalo	23,6	67,5	0,0	8,4	0,6
29	West Sulawesi	7,2	53,5	0,6	37,2	1,6
30	Maluku	7,3	51,1	1,7	38,7	1,2
31	North Maluku	13,6	46,5	0,5	38,4	1,0
32	West Papua	13,3	55,7	1,8	28,6	0,6
33	Papua	15,8	41,9	1,2	33,2	7,9
	INDONESIA	18,5	68,6	0,3	11,8	0,8

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

Note : ¹⁾ Periode Januari 1st 2010 until time of interview

* If birth attendant was more than one, attendant with the highest qualification was chosen

Annex 5.8

**PROPORTION OF ATTENDED BIRTH BASED ON THE LOWEST QUALIFICATION OF BIRTH ATTENDANT*
BY PROVINCE, RISKEDAS 2013**

No	Province	Percentage of Attended Birth based on The lowest Qualification of Birth Attendant				
		Doctor	Midwife	Nurse	Non Health Personnel	No Birth Attendant
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	13,4	75,0	0,5	10,2	0,7
2	North Sumatera	15,4	73,6	2,0	8,0	1,0
3	West Sumatera	18,7	70,5	2,7	6,4	1,7
4	Riau	12,9	67,6	3,3	15,5	0,7
5	Jambi	9,4	67,0	0,8	22,4	0,4
6	South Sumatera	12,0	70,4	2,9	13,8	0,9
7	Bengkulu	8,0	82,7	1,7	7,2	0,5
8	Lampung	6,1	76,7	1,1	15,8	0,4
9	Bangka Belitung Islands	15,5	71,6	0,8	12,0	0,1
10	Riau Islands	28,4	62,3	4,0	4,3	0,9
11	DKI Jakarta	29,1	64,7	3,1	2,8	0,2
12	West Java	11,2	62,5	1,2	24,5	0,6
13	Central Java	17,3	71,9	2,3	8,1	0,4
14	DI Yogyakarta	34,3	58,9	5,0	1,7	0,1
15	East Java	16,6	73,5	2,0	7,1	0,7
16	Banten	14,2	62,0	3,2	19,9	0,6
17	Bali	27,0	68,1	2,5	2,1	0,2
18	West Nusa Tenggara	5,7	74,2	1,1	18,0	1,1
19	East Nusa Tenggara	5,2	56,9	2,5	34,5	1,0
20	West Kalimantan	7,0	62,1	1,1	29,0	0,7
21	Central Kalimantan	7,8	54,6	2,9	34,1	0,6
22	South Kalimantan	11,6	64,6	1,4	22,0	0,4
23	East Kalimantan	16,3	71,0	0,4	11,5	0,7
24	North Sulawesi	19,6	55,4	4,2	20,0	0,8
25	Central Sulawesi	12,1	53,4	1,4	31,8	1,3
26	South Sulawesi	10,4	59,3	4,2	25,0	1,2
27	South East Sulawesi	5,4	55,2	1,2	37,3	0,8
28	Gorontalo	9,2	65,5	3,3	21,5	0,6
29	West Sulawesi	5,0	45,7	1,0	46,7	1,6
30	Maluku	5,0	49,2	2,4	42,2	1,2
31	North Maluku	5,1	44,9	4,5	44,6	1,0
32	West Papua	7,8	59,9	2,1	29,6	0,6
33	Papua	9,3	42,8	2,9	36,9	7,9
	INDONESIA	14,2	66,6	2,1	16,3	0,8

Source : Riskeddas 2013, National Institute for Health Research Development (NHRD), MoH RI, 2013

Note: ¹⁾ Periode Januari 1st 2010 until time of interview

* If birth attendant was more than one, attendant with the lowest qualification was chosen

Annex 5.9

PROPORTION OF PLACE OF DELIVERY BY PROVINCE, RISKESDAS 2013

No	Province	Place of Delivery				
		Hospital	Maternity Clinic/ Health Personnel Practice	Health Center/ Supporting Health Center	Polindes/ Poskesdes	House/ others
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	20,0	25,3	7,1	5,2	42,4
2	North Sumatera	19,8	32,0	1,5	1,8	44,9
3	West Sumatera	19,2	42,3	13,0	8,4	17,0
4	Riau	19,8	36,6	2,8	0,5	40,3
5	Jambi	13,0	24,6	6,1	0,7	55,6
6	South Sumatera	17,4	38,2	2,6	4,9	36,9
7	Bengkulu	13,2	23,5	4,6	1,2	57,4
8	Lampung	9,1	57,0	2,3	0,8	30,9
9	Bangka Belitung Islands	22,3	34,0	4,7	9,5	29,4
10	Riau Islands	35,4	49,1	3,4	1,8	10,3
11	DKI Jakarta	33,6	47,2	15,1	0,0	4,1
12	West Java	16,5	43,9	5,0	1,1	33,6
13	Central Java	25,8	51,9	3,4	2,8	16,1
14	DI Yogyakarta	41,0	50,0	7,8	0,2	1,1
15	East Java	23,5	51,0	6,7	9,2	9,6
16	Banten	21,4	39,3	5,3	0,7	33,3
17	Bali	41,6	49,3	6,3	1,3	1,4
18	West Nusa Tenggara	16,3	10,0	28,0	28,9	16,7
19	East Nusa Tenggara	19,3	2,7	29,4	6,4	42,1
20	West Kalimantan	14,2	21,1	7,3	3,5	53,9
21	Central Kalimantan	12,6	14,9	3,6	1,0	67,9
22	South Kalimantan	19,8	18,8	1,9	2,0	57,5
23	East Kalimantan	29,0	36,0	7,6	0,4	27,0
24	North Sulawesi	33,3	13,8	13,8	2,4	36,7
25	Central Sulawesi	19,7	7,8	9,8	3,6	59,2
26	South Sulawesi	21,4	17,7	16,1	2,4	42,3
27	South East Sulawesi	9,6	7,7	14,0	1,5	67,2
28	Gorontalo	27,8	6,9	19,1	14,9	31,3
29	West Sulawesi	9,1	3,2	18,2	0,9	68,7
30	Maluku	20,4	1,6	3,1	0,1	74,9
31	North Maluku	20,3	4,6	5,6	2,3	67,3
32	West Papua	31,0	3,3	10,1	0,2	55,4
33	Papua	26,1	7,3	10,1	0,6	55,9
	Indonesia	21,4	38,0	7,3	3,7	29,6

Source : Riskesdas 2013, National Institute for Health Research Development (NIHRD), MoH RI, 2013

Note : ? Periode Januari 1st 2010 until time of interview

Annex 5.10

**COVERAGE OF COMPLICATIONS AND COMPLICATED OBSTETRY TREATMENT
BY PROVINCE, 2013**

No	Province	No of Pregnant Women	Estimation of Complicated Obstetry	Coverage of Treatment	
				Total	%
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	118.012	23.602	11.635	49,30
2	North Sumatera	314.492	62.898	19.069	30,32
3	West Sumatera	111.947	22.389	14.054	62,77
4	Riau	143.423	28.685	13.303	46,38
5	Jambi	78.298	15.660	12.017	76,74
6	South Sumatera	188.609	37.722	25.196	66,79
7	Bengkulu	38.160	7.632	5.678	74,40
8	Lampung	187.441	37.488	24.993	66,67
9	Bangka Belitung Islands	31.192	6.238	4.809	77,09
10	Riau Islands	64.389	12.878	8.704	67,59
11	DKI Jakarta	165.369	33.074	28.868	87,28
12	West Java	1.081.827	216.365	166.215	76,82
13	Central Java	624.732	124.946	127.650	102,16
14	DI Yogyakarta	50.218	10.044	8.771	87,33
15	East Java	679.440	135.888	116.501	85,73
16	Banten	242.559	48.512	40.732	83,96
17	Bali	73.886	14.777	11.164	75,55
18	West Nusa Tenggara	120.837	24.167	23.687	98,01
19	East Nusa Tenggara	124.934	24.987	11.627	46,53
20	West Kalimantan	104.826	20.965	12.791	61,01
21	Central Kalimantan	49.310	9.862	4.386	44,47
22	South Kalimantan	78.756	15.751	12.959	82,27
23	East Kalimantan	87.638	17.528	13.075	74,60
24	North Sulawesi	48.669	9.734	7.903	81,19
25	Central Sulawesi	63.660	12.732	7.294	57,29
26	South Sulawesi	168.169	33.634	21.860	64,99
27	South East Sulawesi	57.307	11.461	6.215	54,23
28	Gorontalo	22.198	4.440	3.646	82,12
29	West Sulawesi	28.779	5.756	3.337	57,98
30	Maluku	42.164	8.433	2.973	35,26
31	North Maluku	27.121	5.424	2.612	48,15
32	West Papua	22.720	4.544	873	19,21
33	Papua	57.203	11.441	2.196	19,19
	Indonesia	5.298.285	1.059.657	776.793	73,31

Source: DG of Nutrition and MCH , MoH RI, 2014 (Updated until March 12th, 2014)

Annex 5.11

PROPORTION OF HEALTH CARE FOR PUERPERIUM PHASE1 BY PROVINCE, RISKESDAS, 2013

No	Province	Periode of Having Puerperium Health Care (Ind: KF)			Complete Puerperium Phase ²⁾
		6 hours - 3 days	7 - 28 days	29 - 42 days	
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	85,5	44,6	25,1	21,4
2	North Sumatera	86,0	34,7	21,2	13,7
3	West Sumatera	83,3	32,1	29,6	20,7
4	Riau	85,0	23,7	16,2	11,7
5	Jambi	85,5	44,4	35,2	28,5
6	South Sumatera	77,8	38,6	33,2	20,7
7	Bengkulu	92,1	40,1	29,4	22,5
8	Lampung	78,8	44,9	39,9	24,8
9	Bangka Belitung Islands	82,6	27,4	29,5	16,8
10	Riau Islands	76,9	46,6	30,7	17,8
11	DKI Jakarta	90,3	76,7	68,3	55,5
12	West Java	76,6	59,0	53,6	37,8
13	Central Java	89,2	60,4	42,3	34,9
14	DI Yogyakarta	93,5	74,2	50,0	43,7
15	East Java	87,1	66,0	52,7	42,9
16	Banten	78,5	56,4	52,1	38,5
17	Bali	91,4	67,1	64,4	50,2
18	West Nusa Tenggara	87,4	55,7	54,0	38,9
19	East Nusa Tenggara	61,5	37,1	43,5	25,1
20	West Kalimantan	73,3	26,5	27,3	17,0
21	Central Kalimantan	75,4	32,6	26,1	19,1
22	South Kalimantan	85,0	35,6	27,8	18,3
23	East Kalimantan	84,8	47,7	45,0	34,1
24	North Sulawesi	81,0	59,7	56,0	40,4
25	Central Sulawesi	77,1	33,7	26,7	19,6
26	South Sulawesi	81,2	26,9	29,4	15,5
27	South East Sulawesi	78,5	34,9	29,9	21,5
28	Gorontalo	88,4	56,2	48,1	41,2
29	West Sulawesi	72,2	28,6	21,4	15,7
30	Maluku	55,4	33,4	31,5	19,5
31	North Maluku	64,0	31,7	25,8	18,5
32	West Papua	59,1	18,3	16,0	8,8
33	Papua	54,9	34,2	32,3	19,1
	Indonesia	81,9	51,8	43,4	32,1

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

Note : ¹⁾ Periode Januari 1st 2010 until time of interview²⁾ Complete Puerperium Phase = Having KF 1 (6 hours - 3 days), KF 2 (7 - 28 days), and KF 3 (29 - 42 days)

Annex 5.12

**COVERAGE OF NEW AND ACTIVE FAMILY PLANNING ACCEPTORS
BY PROVINCE, 2013**

No	Province	No of Couple in Childbearing Age	New Acceptors		Active Acceptors	
			Total	%	Total	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	747.344	177.694	23,78	671.861	89,90
2	North Sumatera	2.210.958	450.688	20,38	1.454.090	65,77
3	West Sumatera	796.810	168.568	21,16	620.932	77,93
4	Riau	881.168	205.080	23,27	669.196	75,94
5	Jambi	654.256	132.078	20,19	543.086	83,01
6	South Sumatera	1.638.864	408.028	24,90	1.400.871	85,48
7	Bengkulu	362.362	104.318	28,79	302.364	83,44
8	Lampung	1.650.668	376.012	22,78	1.189.577	72,07
9	Bangka Belitung Islands	267.435	40.976	15,32	221.259	82,73
10	Riau Islands	277.581	61.373	22,11	225.189	81,13
11	DKI Jakarta	1.241.204	451.172	36,35	1.050.086	84,60
12	West Java	9.047.576	1.545.118	17,08	7.071.978	78,16
13	Central Java	6.602.519	1.015.041	15,37	5.388.214	81,61
14	DI Yogyakarta	499.584	60.158	12,04	445.006	89,08
15	East Java	7.740.907	1.169.731	15,11	6.113.945	78,98
16	Banten	2.023.773	382.625	18,91	1.441.796	71,24
17	Bali	676.945	75.863	11,21	583.279	86,16
18	West Nusa Tenggara	1.045.880	191.408	18,30	787.933	75,34
19	East Nusa Tenggara	698.186	106.865	15,31	503.405	72,10
20	West Kalimantan	861.174	155.532	18,06	516.631	59,99
21	Central Kalimantan	444.641	94.119	21,17	355.496	79,95
22	South Kalimantan	781.482	159.748	20,44	641.112	82,04
23	East Kalimantan	576.138	91.114	15,81	324.293	56,29
24	North Sulawesi	445.125	105.031	23,60	342.808	77,01
25	Central Sulawesi	502.096	98.314	19,58	421.643	83,98
26	South Sulawesi	1.363.999	335.868	24,62	997.109	73,10
27	South East Sulawesi	430.937	84.298	19,56	298.236	69,21
28	Gorontalo	202.845	45.904	22,63	161.631	79,68
29	West Sulawesi	203.045	40.280	19,84	146.657	72,23
30	Maluku	264.266	64.143	24,27	175.095	66,26
31	North Maluku	209.615	43.969	20,98	127.633	60,89
32	West Papua	146.097	16.931	11,59	7.011	4,80
33	Papua	476.705	42.200	8,85	76.683	16,09
Indonesia		45.972.185	8.500.247	18,49	35.276.105	76,73

Source: National Population and Family Planning Board, 2014

Annex 5.13

**PERCENTAGE OF NEW FAMILY PLANNING ACCEPTORS
BY CONTRACEPTION METHODS AND PROVINCE , 2013**

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	5.007	2,82	1.507	0,85	33	0,02	18.143	10,21	4.578	2,58	77.786	43,78	70.640	39,75	177.694
2	North Sumatera	30.383	6,74	11.384	2,53	4.722	1,05	60.898	13,51	51.082	11,33	149.241	33,11	142.978	31,72	450.688
3	West Sumatera	13.436	7,97	2.523	1,50	925	0,55	16.797	9,96	22.263	13,21	76.987	45,67	35.637	21,14	168.568
4	Riau	7.206	3,51	2.647	1,29	237	0,12	12.653	6,17	15.651	7,63	106.670	52,01	60.016	29,26	205.080
5	Jambi	3.684	2,79	929	0,70	110	0,08	4.796	3,63	10.961	8,30	67.813	51,34	43.785	33,15	132.078
6	South Sumatera	11.540	2,83	2.331	0,57	595	0,15	39.441	9,67	45.476	11,15	182.388	44,70	126.257	30,94	408.028
7	Bengkulu	5.465	5,24	901	0,86	64	0,06	7.372	7,07	14.756	14,15	45.757	43,86	30.003	28,76	104.318
8	Lampung	30.820	8,20	2.491	0,66	215	0,06	28.011	7,45	36.293	9,65	152.989	40,69	125.193	33,29	376.012
9	Bangka Belitung Islands	1.831	4,47	464	1,13	97	0,24	2.607	6,36	2.985	7,28	19.504	47,60	13.488	32,92	40.976
10	Riau Islands	2.313	3,77	788	1,28	78	0,13	9.007	14,68	2.456	4,00	26.963	43,93	19.768	32,21	61.373
11	DKI Jakarta	56.893	12,61	5.162	1,14	1.443	0,32	31.396	6,96	18.774	4,16	216.882	48,07	120.622	26,74	451.172
12	West Java	133.892	8,67	22.195	1,44	3.235	0,21	41.067	2,66	100.667	6,52	803.448	52,00	440.614	28,52	1.545.118
13	Central Java	98.115	9,67	22.811	2,25	1.206	0,12	46.707	4,60	132.188	13,02	542.615	53,46	171.399	16,89	1.015.041
14	DI Yogyakarta	17.969	29,87	1.783	2,96	386	0,64	4.791	7,96	5.282	8,78	25.627	42,60	4.320	7,18	60.158
15	East Java	112.511	9,62	23.236	1,99	2.584	0,22	42.996	3,68	119.088	10,18	609.927	52,14	259.389	22,18	1.169.731
16	Banten	25.093	6,56	2.775	0,73	416	0,11	28.150	7,36	29.356	7,67	190.294	49,73	106.541	27,84	382.625
17	Bali	23.437	30,89	3.050	4,02	312	0,41	5.445	7,18	3.857	5,08	32.495	42,83	7.267	9,58	75.863
18	West Nusa Tenggara	19.762	10,32	1.713	0,89	1.076	0,56	6.875	3,59	29.177	15,24	103.160	53,90	29.645	15,49	191.408
19	East Nusa Tenggara	8.238	7,71	5.324	4,98	102	0,10	5.696	5,33	23.332	21,83	51.034	47,76	13.139	12,29	106.865
20	West Kalimantan	10.924	7,02	2.329	1,50	1.191	0,77	10.062	6,47	9.504	6,11	73.029	46,95	48.493	31,18	155.532
21	Central Kalimantan	1.231	1,31	791	0,84	80	0,08	5.045	5,36	6.565	6,98	48.497	51,53	31.910	33,90	94.119
22	South Kalimantan	1.752	1,10	776	0,49	383	0,24	5.929	3,71	8.777	5,49	69.964	43,80	72.167	45,18	159.748
23	East Kalimantan	5.646	6,20	1.938	2,13	51	0,06	4.768	5,23	3.206	3,52	54.331	59,63	21.174	23,24	91.114
24	North Sulawesi	6.008	5,72	1.212	1,15	115	0,11	5.739	5,46	13.249	12,61	52.555	50,04	26.153	24,90	105.031
25	Central Sulawesi	6.529	6,64	1.328	1,35	340	0,35	5.911	6,01	9.490	9,65	42.457	43,19	32.259	32,81	98.314
26	South Sulawesi	8.557	2,55	2.752	0,82	414	0,12	30.301	9,02	23.916	7,12	158.495	47,19	111.433	33,18	335.868
27	South East Sulawesi	1.788	2,12	648	0,77	174	0,21	6.529	7,75	10.490	12,44	33.899	40,21	30.770	36,50	84.298
28	Gorontalo	3.062	6,67	579	1,26	108	0,24	2.245	4,89	8.542	18,61	18.469	40,23	12.899	28,10	45.904
29	West Sulawesi	1.059	2,63	377	0,94	121	0,30	3.397	8,43	2.692	6,68	17.418	43,24	15.216	37,78	40.280
30	Maluku	1.683	2,62	572	0,89	190	0,30	8.517	13,28	5.899	9,20	29.108	45,38	18.174	28,33	64.143
31	North Maluku	1.230	2,80	380	0,86	162	0,37	1.805	4,11	9.810	22,31	21.863	49,72	8.719	19,83	43.969
32	West Papua	281	1,66	137	0,81	72	0,43	1.124	6,64	1.375	8,12	9.192	54,29	4.750	28,06	16.931
33	Papua	1.287	3,05	960	2,27	137	0,32	13.418	31,80	2.478	5,87	17.258	40,90	6.662	15,79	42.200
Indonesia		658.632	7,75	128.793	1,52	21.374	0,25	517.638	6,09	784.215	9,23	#####	48,56	#####	26,60	8.500.247

Source: National Population and Family Planning Board, 2014

Annex 5.14

**PERCENTAGE OF NEW FAMILY PLANNING ACCEPTORS
BY TYPE OF FACILITY AND PROVINCE, 2013**

No	Province	Family Planning Clinic								
		Government		Private		Private Physician		Private Midwife		Total Acceptors
		Acceptors	%	Acceptors	%	Acceptors	%	Acceptors	%	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	115.247	64,86	21.626	12,17	823	0,46	39.998	22,51	177.694
2	North Sumatera	365.010	80,99	51.331	11,39	2.007	0,45	32.340	7,18	450.688
3	West Sumatera	115.024	68,24	1.129	0,67	1.919	1,14	50.496	29,96	168.568
4	Riau	125.793	61,34	15.259	7,44	6.109	2,98	57.919	28,24	205.080
5	Jambi	83.371	63,12	2.869	2,17	3.514	2,66	42.324	32,04	132.078
6	South Sumatera	281.782	69,06	52.362	12,83	3.518	0,86	70.366	17,25	408.028
7	Bengkulu	76.961	73,78	3.535	3,39	1.768	1,69	22.054	21,14	104.318
8	Lampung	293.635	78,09	6.835	1,82	3.951	1,05	71.591	19,04	376.012
9	Bangka Belitung Islands	30.238	73,79	1.650	4,03	194	0,47	8.894	21,71	40.976
10	Riau Islands	28.885	47,06	11.317	18,44	2.572	4,19	18.599	30,30	61.373
11	DKI Jakarta	180.985	40,11	27.963	6,20	42.854	9,50	199.370	44,19	451.172
12	West Java	973.219	62,99	222.111	14,38	16.418	1,06	333.370	21,58	1.545.118
13	Central Java	550.839	54,27	74.646	7,35	22.117	2,18	367.439	36,20	1.015.041
14	DI Yogyakarta	25.815	42,91	13.950	23,19	721	1,20	19.672	32,70	60.158
15	East Java	779.844	66,67	59.084	5,05	7.808	0,67	322.995	27,61	1.169.731
16	Banten	231.913	60,61	29.418	7,69	7.648	2,00	113.646	29,70	382.625
17	Bali	28.939	38,15	6.161	8,12	2.754	3,63	38.009	50,10	75.863
18	West Nusa Tenggara	176.706	92,32	6.768	3,54	649	0,34	7.285	3,81	191.408
19	East Nusa Tenggara	102.887	96,28	2.667	2,50	73	0,07	1.238	1,16	106.865
20	West Kalimantan	108.876	70,00	24.867	15,99	398	0,26	21.391	13,75	155.532
21	Central Kalimantan	65.349	69,43	7.216	7,67	1.222	1,30	20.332	21,60	94.119
22	South Kalimantan	96.355	60,32	4.532	2,84	2.478	1,55	56.383	35,29	159.748
23	East Kalimantan	55.865	61,31	9.317	10,23	1.321	1,45	24.611	27,01	91.114
24	North Sulawesi	76.621	72,95	18.683	17,79	1.777	1,69	7.950	7,57	105.031
25	Central Sulawesi	86.641	88,13	4.458	4,53	942	0,96	6.273	6,38	98.314
26	South Sulawesi	285.990	85,15	15.250	4,54	1.400	0,42	33.228	9,89	335.868
27	South East Sulawesi	79.616	94,45	453	0,54	443	0,53	3.786	4,49	84.298
28	Gorontalo	37.324	81,31	3.644	7,94	300	0,65	4.636	10,10	45.904
29	West Sulawesi	35.176	87,33	1.606	3,99	107	0,27	3.391	8,42	40.280
30	Maluku	56.656	88,33	3.741	5,83	727	1,13	3.019	4,71	64.143
31	North Maluku	37.808	85,99	1.914	4,35	495	1,13	3.752	8,53	43.969
32	West Papua	15.721	92,85	736	4,35	46	0,27	428	2,53	16.931
33	Papua	39.372	93,30	2.425	5,75	66	0,16	337	0,80	42.200
	Indonesia	5.644.463	66,40	709.523	8,35	139.139	1,64	2.007.122	23,61	8.500.247

Source: National Population and Family Planning Board, 2014

Annex 5.15

**PERCENTAGE OF ACTIVE FAMILY PLANNING ACCEPTORS
BY CONTRACEPTION METHOD AND PROVINCE, 2013**

No	Province	No. of Couple	Active Acceptors		Method of Contraception													
					IUD		Female Operative		Male Operative		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	747.344	671.861	89,90	22.275	3,32	6.438	0,96	218	0,03	21.198	3,16	61.150	9,10	297.239	44,24	263.343	39,20
2	North Sumatera	2.210.958	1.454.090	65,77	149.276	10,27	101.753	7,00	10.475	0,72	159.497	10,97	108.722	7,48	477.396	32,83	446.971	30,74
3	West Sumatera	796.810	620.932	77,93	66.119	10,65	19.723	3,18	2.096	0,34	83.514	13,45	31.644	5,10	307.394	49,51	110.442	17,79
4	Riau	881.168	669.196	75,94	37.879	5,66	10.951	1,64	1.418	0,21	58.418	8,73	25.727	3,84	301.203	45,01	233.600	34,91
5	Jambi	654.256	543.086	83,01	36.160	6,66	4.401	0,81	1.278	0,24	77.053	14,19	12.225	2,25	221.490	40,78	190.479	35,07
6	South Sumatera	1.638.864	1.400.871	85,48	79.977	5,71	49.432	3,53	5.958	0,43	272.087	19,42	89.143	6,36	547.668	39,09	356.606	25,46
7	Bengkulu	362.362	302.364	83,44	21.368	7,07	6.295	2,08	1.212	0,40	56.986	18,85	12.799	4,23	122.331	40,46	81.373	26,91
8	Lampung	1.650.668	1.189.577	72,07	163.157	13,72	16.312	1,37	14.233	1,20	185.471	15,59	33.035	2,78	411.561	34,60	365.808	30,75
9	Bangka Belitung Islands	267.435	221.259	82,73	12.725	5,75	5.399	2,44	378	0,17	20.668	9,34	8.574	3,88	99.184	44,83	74.331	33,59
10	Riau Islands	277.581	225.189	81,13	16.633	7,39	5.351	2,38	881	0,39	15.349	6,82	15.085	6,70	95.428	42,38	76.462	33,95
11	DKI Jakarta	1.241.204	1.050.086	84,60	225.979	21,52	39.162	3,73	12.252	1,17	83.717	7,97	44.166	4,21	376.837	35,89	267.973	25,52
12	West Java	9.047.576	7.071.978	78,16	841.835	11,90	179.829	2,54	60.709	0,86	353.609	5,00	103.096	1,46	3.673.263	51,94	1.859.637	26,30
13	Central Java	6.602.519	5.388.214	81,61	474.292	8,80	291.928	5,42	54.882	1,02	592.714	11,00	124.003	2,30	3.038.341	56,39	812.054	15,07
14	DI Yogyakarta	499.584	445.006	89,08	106.445	23,92	21.540	4,84	3.400	0,76	28.926	6,50	28.861	6,49	204.745	46,01	51.089	11,48
15	East Java	7.740.907	6.113.945	78,98	903.865	14,78	308.432	5,04	29.191	0,48	584.395	9,56	105.576	1,73	2.929.197	47,91	1.253.289	20,50
16	Banten	2.023.773	1.441.796	71,24	159.222	11,04	26.176	1,82	16.719	1,16	136.734	9,48	42.527	2,95	703.408	48,79	357.010	24,76
17	Bali	676.945	583.279	86,16	273.346	46,86	22.227	3,81	3.470	0,59	12.469	2,14	19.863	3,41	203.307	34,86	48.597	8,33
18	West Nusa Tenggara	1.045.880	787.933	75,34	101.411	12,87	17.425	2,21	4.324	0,55	133.330	16,92	20.833	2,64	370.335	47,00	140.275	17,80
19	East Nusa Tenggara	698.186	503.405	72,10	59.480	11,82	26.674	5,30	4.472	0,89	79.348	15,76	16.012	3,18	256.935	51,04	60.484	12,01
20	West Kalimantan	861.174	516.631	59,99	39.059	7,56	9.486	1,84	3.386	0,66	37.684	7,29	17.322	3,35	216.437	41,89	193.257	37,41
21	Central Kalimantan	444.641	355.496	79,95	7.838	2,20	4.184	1,18	641	0,18	37.598	10,58	10.405	2,93	167.208	47,04	127.622	35,90
22	South Kalimantan	781.482	641.112	82,04	11.646	1,82	7.633	1,19	2.457	0,38	47.804	7,46	13.659	2,13	230.786	36,00	327.127	51,02
23	East Kalimantan	576.138	324.293	56,29	33.965	10,47	6.802	2,10	871	0,27	17.092	5,27	10.261	3,16	145.296	44,80	110.006	33,92
24	North Sulawesi	445.125	342.808	77,01	44.532	12,99	7.833	2,28	1.307	0,38	57.877	16,88	12.313	3,59	131.555	38,38	87.391	25,49
25	Central Sulawesi	502.096	421.643	83,98	31.714	7,52	8.379	1,99	1.126	0,27	40.018	9,49	25.426	6,03	164.877	39,10	150.103	35,60
26	South Sulawesi	1.363.999	997.109	73,10	48.599	4,87	17.643	1,77	1.742	0,17	107.219	10,75	68.633	6,88	439.462	44,07	313.811	31,47
27	South East Sulawesi	430.937	298.236	69,21	11.990	4,02	6.053	2,03	1.617	0,54	42.717	14,32	15.859	5,32	115.753	38,81	104.247	34,95
28	Gorontalo	202.845	161.631	79,68	23.035	14,25	2.954	1,83	820	0,51	31.155	19,28	6.383	3,95	53.635	33,18	43.649	27,01
29	West Sulawesi	203.045	146.657	72,23	6.877	4,69	2.431	1,66	510	0,35	15.212	10,37	13.983	9,53	51.650	35,22	55.994	38,18
30	Maluku	264.266	175.095	66,26	8.544	4,88	3.968	2,27	1.171	0,67	21.418	12,23	11.451	6,54	82.903	47,35	45.640	26,07
31	North Maluku	209.615	127.633	60,89	4.135	3,24	1.860	1,46	733	0,57	21.750	17,04	8.583	6,72	57.427	44,99	33.145	25,97
32	West Papua	146.097	7.011	4,80	33	0,47	-	-	-	-	502	7,16	2.635	37,58	2.738	39,05	1.103	15,73
33	Papua	476.705	76.683	16,09	2.231	2,91	3.084	4,02	179	0,23	5.924	7,73	16.856	21,98	36.117	47,10	12.292	16,03
	Indonesia	45.972.185	35.276.105	76,73	4.025.642	11,41	1.241.758	3,52	244.126	0,69	3.439.453	9,75	1.136.810	3,22	16.533.106	46,87	8.655.210	24,54

Source: National Population and Family Planning Board, 2014

Annex 5.16

**PERCENTAGE OF FAMILY PLANNING USE IN MARRIED AND AT REPRODUCTIVE AGE (15-49 YO) WOMEN
BY PROVINCE, RISKESDAS, 2013**

No	Province	Percentage of Contraceptive Prevalence Rate (CPR): Modern and Traditional			
		Modern	Traditional	Used Family Planning	Never Use Family Planning
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	48,9	0,6	28,8	21,7
2	North Sumatera	45,5	1,2	25,4	27,9
3	West Sumatera	53,2	0,4	27,1	19,3
4	Riau	55,0	0,7	25,5	18,8
5	Jambi	69,2	0,3	20,5	9,9
6	South Sumatera	67,0	0,7	19,3	13,0
7	Bengkulu	67,3	0,9	19,9	11,9
8	Lampung	70,3	0,3	19,8	9,7
9	Bangka Belitung Islands	63,4	1,2	23,1	12,3
10	Riau Islands	44,6	0,4	25,0	30,0
11	DKI Jakarta	53,4	0,6	28,0	18,0
12	West Java	64,2	0,2	26,3	9,3
13	Central Java	62,0	0,4	24,1	13,6
14	DI Yogyakarta	54,2	1,3	26,5	18,0
15	East Java	61,8	0,4	23,7	14,1
16	Banten	61,2	0,2	27,3	11,2
17	Bali	62,6	0,4	22,2	14,7
18	West Nusa Tenggara	58,5	0,1	31,7	9,7
19	East Nusa Tenggara	39,2	0,5	25,3	35,1
20	West Kalimantan	70,0	0,3	19,2	10,5
21	Central Kalimantan	68,9	0,5	22,0	8,6
22	South Kalimantan	66,3	0,3	24,4	9,0
23	East Kalimantan	56,7	0,4	27,4	15,6
24	North Sulawesi	65,6	0,4	26,1	7,9
25	Central Sulawesi	58,8	0,6	25,0	15,6
26	South Sulawesi	49,6	0,6	28,3	21,5
27	South East Sulawesi	51,9	0,3	25,0	22,8
28	Gorontalo	65,5	0,2	21,4	12,9
29	West Sulawesi	49,7	0,5	24,9	24,9
30	Maluku	38,0	0,3	26,4	35,4
31	North Maluku	48,7	0,1	28,1	23,1
32	West Papua	41,5	0,6	24,6	33,3
33	Papua	19,6	0,3	11,3	68,8
	INDONESIA	59,3	0,4	24,7	15,5

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

Annex 5.17

**PERCENTAGE OF FAMILY PLANNING METHOD IN MARRIED AND AT REPRODUCTIVE AGE (15-49 YO) WOMEN
BY PROVINCE, RISKESDAS 2013**

No	Province	Modern FP Percentage								Traditional FP Percentage			
		Implant	Male Sterile	Female Sterile	IUD	Injection	Pills	Diaphragm / Female Condom	Male Condom	Amenorhea Lactation Method	Planned Abstinence	Interrupted Coitus	Others
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	1,4	0,1	0,8	2,4	29,9	13,8	0,1	0,5	0,1	0,1	0,2	0,2
2	North Sumatera	3,9	0,1	4,3	2,6	20,9	12,6	0,1	1,1	0,2	0,6	0,3	0,0
3	West Sumatera	6,4	0,1	1,9	5,1	31,2	7,5	0,0	0,9	0,0	0,2	0,2	0,0
4	Riau	2,6	0,1	1,4	2,2	32,6	14,8	0,1	1,3	0,0	0,1	0,5	0,0
5	Jambi	4,5	0,1	0,9	2,4	41,3	19,2	0,1	0,8	0,0	0,1	0,1	0,0
6	South Sumatera	5,4	0,1	1,7	1,7	46,7	10,8	0,1	0,5	0,0	0,3	0,4	0,0
7	Bengkulu	8,4	0,3	1,8	3,3	41,7	10,2	0,3	1,2	0,0	0,6	0,2	0,0
8	Lampung	5,7	0,0	1,0	3,0	45,0	14,9	0,1	0,5	0,0	0,1	0,1	0,0
9	Bangka Belitung Islands	3,0	0,1	1,7	1,9	33,6	21,9	0,0	1,2	0,1	0,6	0,5	0,0
10	Riau Islands	1,0	0,0	2,2	4,7	21,5	13,6	0,1	1,5	0,0	0,1	0,3	0,0
11	DKI Jakarta	1,1	0,0	1,4	7,1	29,2	13,3	0,1	1,1	0,1	0,2	0,2	0,1
12	West Java	2,0	0,2	2,1	5,1	37,0	17,2	0,1	0,5	0,1	0,1	0,0	0,0
13	Central Java	5,1	0,2	3,6	5,4	37,9	8,8	0,1	0,9	0,0	0,2	0,1	0,0
14	DI Yogyakarta	3,8	0,1	2,8	12,9	22,9	7,4	0,3	3,9	0,1	0,9	0,3	0,0
15	East Java	3,4	0,1	3,1	4,3	35,7	14,5	0,0	0,7	0,1	0,2	0,1	0,0
16	Banten	2,2	0,0	1,5	3,6	39,7	13,2	0,1	0,7	0,1	0,1	0,1	0,0
17	Bali	1,9	0,2	4,3	18,2	27,8	8,9	0,0	1,3	0,0	0,2	0,3	0,0
18	West Nusa Tenggara	6,6	0,1	1,3	3,2	39,8	7,4	0,0	0,1	0,0	0,1	0,0	0,0
19	East Nusa Tenggara	6,5	0,2	1,9	3,8	22,4	4,3	0,0	0,1	0,0	0,3	0,1	0,0
20	West Kalimantan	1,3	0,1	1,3	2,3	42,6	22,0	0,0	0,3	0,0	0,2	0,1	0,0
21	Central Kalimantan	2,7	0,1	0,9	0,9	40,9	23,0	0,0	0,4	0,2	0,2	0,0	0,0
22	South Kalimantan	3,0	0,2	0,9	1,5	31,1	28,9	0,1	0,7	0,0	0,1	0,0	0,1
23	East Kalimantan	2,0	0,2	1,2	3,7	27,6	21,3	0,0	0,8	0,1	0,3	0,0	0,0
24	North Sulawesi	9,7	0,1	1,1	3,8	31,1	19,3	0,0	0,4	0,0	0,3	0,1	0,0
25	Central Sulawesi	3,6	0,0	1,1	2,5	26,9	24,4	0,0	0,3	0,0	0,2	0,3	0,1
26	South Sulawesi	3,1	0,1	0,9	1,5	30,4	13,3	0,0	0,3	0,1	0,2	0,4	0,0
27	South East Sulawesi	4,6	0,2	0,7	1,3	26,0	18,9	0,0	0,2	0,0	0,1	0,2	0,0
28	Gorontalo	14,3	0,1	1,1	4,9	25,4	19,5	0,1	0,2	0,1	0,1	0,1	0,0
29	West Sulawesi	4,6	0,1	0,8	0,8	21,2	21,8	0,2	0,2	0,1	0,2	0,2	0,1
30	Maluku	4,7	0,0	0,7	0,7	24,9	7,0	0,0	0,0	0,0	0,1	0,2	0,0
31	North Maluku	7,6	0,0	0,5	0,9	31,8	7,6	0,0	0,3	0,0	0,1	0,0	0,0
32	West Papua	2,1	0,6	1,7	0,8	26,6	9,6	0,0	0,1	0,0	0,4	0,0	0,2
33	Papua	1,7	0,0	1,1	0,5	13,0	3,2	0,0	0,1	0,1	0,1	0,1	0,0
INDONESIA		3,5	0,1	2,3	4,3	34,3	13,9	0,1	0,7	0,1	0,2	0,1	0,0

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

Annex 5.18

**PROPORTION OF MARRIED AND AT REPRODUCTIVE AGE WOMEN USING MODERN CONTRACEPTION
BY TYPE AND DURATION AND BY PROVINCE, RISKESDAS 2013**

No	Province	Modern Type	Type		Duration	
			Hormonal ¹	Non Hormonal ²	Long Term (Ind:MKJP) ³	Short Term / Non MKJP ⁴
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	48,9	45,1	3,8	4,7	44,2
2	North Sumatera	45,4	37,3	8,2	10,9	34,5
3	West Sumatera	53,1	45,1	8,0	13,5	39,6
4	Riau	54,9	49,9	5,1	6,2	48,7
5	Jambi	69,2	65,0	4,2	7,8	61,4
6	South Sumatera	66,8	62,8	4,1	8,9	57,9
7	Bengkulu	67,1	60,1	6,9	13,7	53,3
8	Lampung	70,2	65,7	4,6	9,8	60,4
9	Bangka Belitung Islands	63,3	58,4	4,9	6,6	56,7
10	Riau Islands	44,6	36,1	8,5	7,9	36,6
11	DKI Jakarta	53,4	43,6	9,8	9,6	43,8
12	West Java	64,1	56,2	7,9	9,4	54,7
13	Central Java	61,9	51,7	10,2	14,2	47,7
14	DI Yogyakarta	54,2	34,1	20,1	19,6	34,6
15	East Java	61,8	53,6	8,2	10,9	50,8
16	Banten	61,1	55,2	5,9	7,3	53,8
17	Bali	62,6	38,5	24,0	24,6	38,0
18	West Nusa Tenggara	58,5	53,7	4,7	11,2	47,3
19	East Nusa Tenggara	39,1	33,2	6,0	12,4	26,8
20	West Kalimantan	70,0	65,9	4,1	5,1	64,9
21	Central Kalimantan	68,8	66,5	2,3	4,6	64,2
22	South Kalimantan	66,2	63,0	3,3	5,5	60,8
23	East Kalimantan	56,6	50,7	5,9	7,1	49,5
24	North Sulawesi	65,5	60,1	5,4	14,7	50,8
25	Central Sulawesi	58,7	54,8	3,9	7,2	51,5
26	South Sulawesi	49,5	46,7	2,8	5,6	44,0
27	South East Sulawesi	51,8	49,5	2,4	6,7	45,1
28	Gorontalo	65,5	59,1	6,3	20,3	45,1
29	West Sulawesi	49,6	47,5	2,1	6,3	43,3
30	Maluku	37,9	36,5	1,4	6,1	31,8
31	North Maluku	48,6	46,9	1,7	9,0	39,6
32	West Papua	41,4	38,2	3,2	5,2	36,2
33	Papua	19,6	17,8	1,8	3,3	16,2
	Indonesia	59,3	51,8	7,5	10,2	49,1

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

Note:

1) Hormonal = Implant, Injection, Pills

2) Non hormonal = Modern Contraception: IUD, male steril, female steril, condom

3) MKJP (Long Term Contraception /Metode Kontrasepsi Jangka Panjang) = Implant, Male or Female Sterile, IUD

4) Non MKJP = Injections, Pill, Diaphragma, Condom

Annex 5.19

VISIT NUMBER OF LABOR INSURANCE PARTICIPANT BY PROVINCE, 2013

No	Province	Labor Insurance				FP Service	
		Ante Natal Care (ANC)	Post Natal Care (PNC)	Normal Delivery	Pre-Referral	IUD+Implant	Injection
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Aceh	158.002	170.867	63.146	1.611	19.257	23.751
2	North Sumatera	619.463	714.836	214.367	3.872	1.722	18.213
3	West Sumatera	135.958	130.707	43.357	2.274	1.654	14.835
4	Riau	100.765	136.573	33.814	1.597	1.586	5.870
5	Jambi	76.225	69.794	23.794	639	172	4.021
6	South Sumatera	130.495	170.600	60.356	674	1.400	3.976
7	Bengkulu	55.998	55.564	22.415	989	1.092	3.368
8	Lampung	249.358	317.071	114.452	2.570	1.747	173.176
9	Bangka Belitung Islands	43.250	50.932	12.177	480	21	651
10	Riau Islands	14.600	10.256	4.216	120	669	289
11	DKI Jakarta	78.370	78.040	30.202	606	874	86
12	West Java	685.565	1.197.584	393.896	14.082	749.024	36.349
13	Central Java	468.895	761.551	229.161	10.416	27.608	53.219
14	DI Yogyakarta	35.017	40.154	15.298	1.086	1.731	1.463
15	East Java	692.559	852.072	281.554	12.992	21.457	55.089
16	Banten	342.207	329.194	85.665	5.294	2.723	22.896
17	Bali	48.757	47.428	29.453	1.158	1.017	1.053
18	West Nusa Tenggara	218.642	175.886	68.832	11.179	6.617	21.264
19	East Nusa Tenggara	105.801	92.668	32.882	1.013	383	8.649
20	West Kalimantan	236.005	232.670	57.244	1.382	444	2.427
21	Central Kalimantan	41.339	34.366	12.399	1.139	211	2.324
22	South Kalimantan	75.214	75.148	25.171	1.304	125	1.748
23	East Kalimantan	61.948	76.388	21.788	358	183	1.673
24	North Sulawesi	398.040	313.920	150.600		180	2.220
25	Central Sulawesi	109.919	104.522	28.085	1.653	568	5.189
26	South Sulawesi	232.823	237.670	72.715	3.731	1.189	22.989
27	South East Sulawesi	86.550	104.179	21.844	745	221	3.104
28	Gorontalo	37.692	36.792	8.182	645	3.522	427
29	West Sulawesi	30.729	40.946	12.763	255	4	269
30	Maluku	80.516	70.666	19.304	10	481	6.705
31	North Maluku	37.572	42.041	11.544	599	462	1.455
32	West Papua	4.669	4.316	1.277	1	8	817
33	Papua	67.512	52.736	24.892	431	572	4.698
	Indonesia	5.760.455	6.828.137	2.226.845	84.905	848.924	504.263

Source: Funding and Health Insurance Center, MoH RI, 2014

Annex 5.20

**PERCENTAGE OF UNDERFIVE CHILDREN (0-59 MONTH OLD) CLASSIFIED BASED ON BIRTHWEIGHT CATEGORIES
BY PROVINCE, RISKESDAS 2013**

No	Province	Percentage of Underfive Childrens' Birthweight		
		<2500 gram	2500-3999 gram	≥ 4000 gram
(1)	(2)	(3)	(4)	(5)
1	Aceh	8,6	83,1	8,3
2	North Sumatera	7,2	82,2	10,6
3	West Sumatera	7,3	86,8	5,9
4	Riau	8,6	85,0	6,4
5	Jambi	8,2	86,3	5,5
6	South Sumatera	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 Republic of Indonesia, Riskesdas, 2013

Annex 5.21

**PERCENTAGE OF BREASTFEEDING INITIATION PROCESS IN 0-23 MONTH OLD CHILDREN
BY PROVINCE, RISKESDAS 2013**

No	Province	Categories of breastfeeding initiation process				
		<1 hours (IMD)	1-6 hours	7-23 hours	24-47 hours	>48 hours
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	39,7	27,7	2,9	15,7	14,0
2	North Sumatera	22,9	32,9	4,2	17,1	22,9
3	West Sumatera	44,2	36,6	3,9	9,3	6,1
4	Riau	22,1	43,9	5,1	10,9	18,0
5	Jambi	41,1	34,5	2,8	11,0	10,6
6	South Sumatera	29,6	36,4	5,3	11,7	17,0
7	Bengkulu	35,7	34,0	1,0	18,9	10,3
8	Lampung	24,1	46,3	4,1	13,6	12,0
9	Bangka Belitung Islands	37,4	26,4	2,0	14,6	19,6
10	Riau Islands	22,7	39,5	7,0	14,5	16,4
11	DKI Jakarta	41,9	27,3	3,5	16,1	11,3
12	West Java	35,7	37,4	3,7	11,3	11,9
13	Central Java	37,5	34,6	5,0	9,9	13,0
14	DI Yogyakarta	39,3	39,4	2,0	10,8	8,4
15	East Java	33,3	33,5	3,3	15,3	14,7
16	Banten	33,8	37,7	3,7	13,5	11,4
17	Bali	42,2	33,2	1,6	13,5	9,5
18	West Nusa Tenggara	52,9	30,8	1,4	10,2	4,6
19	East Nusa Tenggara	40,5	40,3	3,2	9,1	6,8
20	West Kalimantan	29,6	36,9	1,9	16,3	15,3
21	Central Kalimantan	23,9	34,8	2,7	21,0	17,5
22	South Kalimantan	28,6	32,8	2,6	15,9	20,0
23	East Kalimantan	35,1	41,0	2,0	10,5	11,4
24	North Sulawesi	29,0	34,7	4,1	15,7	16,4
25	Central Sulawesi	29,0	24,7	4,2	15,7	26,4
26	South Sulawesi	44,9	26,0	3,7	10,2	15,1
27	South East Sulawesi	33,2	35,3	3,0	12,0	16,5
28	Gorontalo	42,7	35,0	1,8	11,6	8,9
29	West Sulawesi	34,0	35,5	3,2	9,9	17,4
30	Maluku	24,8	42,4	3,8	9,7	19,2
31	North Maluku	27,0	39,6	3,8	12,6	17,0
32	West Papua	21,7	43,5	3,2	18,0	13,7
33	Papua	31,5	40,5	3,0	19,2	5,8
Indonesia		34,5	35,2	3,7	13,0	13,7

Source : National Institute for Health Research Development (NHRD), MoH Republic of Indonesia, Riskesdas, 2013

Annex 5.22

COVERAGE OF NEONATAL VISIT BY PROVINCE, 2013

No	Province	No of Babies	Neonatal Visit (Ind: KN)			
			KN1	% KN1	Complete KN	% Complete KN
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	103.971	95.582	91,93	91.685	88,18
2	North Sumatera	283.624	240.673	84,86	193.479	68,22
3	West Sumatera	102.664	93.748	91,32	89.602	87,28
4	Riau	131.002	118.932	90,79	114.696	87,55
5	Jambi	72.383	64.142	88,61	62.722	86,65
6	South Sumatera	174.935	164.664	94,13	161.338	92,23
7	Bengkulu	34.620	31.466	90,89	30.290	87,49
8	Lampung	168.996	156.155	92,40	150.521	89,07
9	Bangka Belitung Islands	27.698	27.245	98,36	26.167	94,47
10	Riau Islands	58.281	55.024	94,41	50.193	86,12
11	DKI Jakarta	150.408	148.895	98,99	141.841	94,30
12	West Java	949.392	884.680	93,18	850.592	89,59
13	Central Java	572.255	556.538	97,25	545.983	95,41
14	DI Yogyakarta	45.436	45.295	99,69	42.860	94,33
15	East Java	598.967	583.932	97,49	533.568	89,08
16	Banten	217.382	213.346	98,14	190.480	87,62
17	Bali	67.137	61.483	91,58	59.526	88,66
18	West Nusa Tenggara	109.384	102.531	93,73	99.969	91,39
19	East Nusa Tenggara	114.888	86.754	75,51	82.246	71,59
20	West Kalimantan	96.934	86.934	89,68	83.674	86,32
21	Central Kalimantan	45.342	41.844	92,29	41.312	91,11
22	South Kalimantan	72.758	65.153	89,55	62.422	85,79
23	East Kalimantan	80.224	70.867	88,34	65.422	81,55
24	North Sulawesi	44.066	40.395	91,67	39.181	88,91
25	Central Sulawesi	56.441	48.947	86,72	47.608	84,35
26	South Sulawesi	152.999	140.363	91,74	131.075	85,67
27	South East Sulawesi	52.284	46.611	89,15	45.355	86,75
28	Gorontalo	21.409	19.953	93,20	18.437	86,12
29	West Sulawesi	25.831	23.675	91,65	23.240	89,97
30	Maluku	38.387	31.729	82,66	30.845	80,35
31	North Maluku	24.172	20.469	84,68	19.912	82,38
32	West Papua	19.843	11.293	56,91	10.276	51,79
33	Papua	50.460	19.706	39,05	12.822	25,41
Indonesia		4.764.573	4.399.024	92,33	4.156.008	87,23

Source : DG of Nutrition and MCH, MoH Republic of Indonesia, 2014

Annex 5.23

**COVERAGE OF TREATMENT OF NEONATAL WITH COMPLICATIONS
BY PROVINCE, 2013**

No	Province	No of Babies	Neonatal with Complication	Coverage of treatment	
				Total	%
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	103.971	15.596	6.654	42,67
2	North Sumatera	283.624	42.544	7.953	18,69
3	West Sumatera	102.664	15.400	3.609	23,44
4	Riau	131.002	19.650	5.414	27,55
5	Jambi	72.383	10.857	6.433	59,25
6	South Sumatera	174.935	26.240	13.983	53,29
7	Bengkulu	34.620	5.193	3.185	61,33
8	Lampung	168.996	25.349	10.576	41,72
9	Bangka Belitung Islands	27.698	4.155	2.933	70,59
10	Riau Islands	58.281	8.742	3.515	40,21
11	DKI Jakarta	150.408	22.561	14.762	65,43
12	West Java	949.392	142.409	65.371	45,90
13	Central Java	572.255	85.838	64.689	75,36
14	DI Yogyakarta	45.436	6.815	6.175	90,60
15	East Java	598.967	89.845	62.973	70,09
16	Banten	217.382	32.607	21.583	66,19
17	Bali	67.137	10.071	7.177	71,27
18	West Nusa Tenggara	109.384	16.408	9.977	60,81
19	East Nusa Tenggara	114.888	17.233	2.644	15,34
20	West Kalimantan	96.934	14.540	6.485	44,60
21	Central Kalimantan	45.342	6.801	2.262	33,26
22	South Kalimantan	72.758	10.914	6.029	55,24
23	East Kalimantan	80.224	12.034	5.334	44,33
24	North Sulawesi	44.066	6.610	3.769	57,02
25	Central Sulawesi	56.441	8.466	2.853	33,70
26	South Sulawesi	152.999	22.950	11.597	50,53
27	South East Sulawesi	52.284	7.843	2.237	28,52
28	Gorontalo	21.409	3.211	1.220	37,99
29	West Sulawesi	25.831	3.875	1.723	44,47
30	Maluku	38.387	5.758	1.623	28,19
31	North Maluku	24.172	3.626	1.333	36,76
32	West Papua	19.843	2.976	629	21,13
33	Papua	50.460	7.569	1.164	15,38
Indonesia		4.764.573	714.686	367.864	51,47

Source : DG of Nutrition and MCH, MoH Republic of Indonesia, 2014

Annex 5.24

**COVERAGE OF BASIC IMMUNIZATION FOR Infant
BY PROVINCE, 2013**

No	Province	BCG		HB0		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	89.678	89,2	81.863	81,4	89.918	91,2	84.706	85,9	87.890	89,1	84.762	86,0	81.797	83,0
2	North Sumatera	278.768	91,5	241.652	79,3	283.854	97,0	276.303	94,5	274.907	94,0	274.375	93,8	238.497	81,5
3	West Sumatera	95.865	88,7	84.759	78,4	95.318	91,9	91.809	88,5	92.553	89,2	89.180	86,0	87.684	84,5
4	Riau	128.439	91,0	102.690	72,7	129.714	94,7	126.541	92,4	125.392	91,5	124.321	90,8	114.936	83,9
5	Jambi	70.907	102,0	63.115	90,8	72.628	107,6	71.816	106,4	72.089	106,8	70.756	104,9	62.329	92,4
6	South Sumatera	160.835	98,0	142.164	86,6	162.931	103,4	160.047	101,6	160.163	101,7	157.868	100,2	139.369	88,5
7	Bengkulu	36.518	96,9	30.635	81,3	36.177	100,0	34.489	95,3	34.216	94,6	34.512	95,4	32.623	90,2
8	Lampung	158.337	97,7	136.765	84,4	158.809	102,0	160.222	102,9	160.536	103,1	158.089	101,6	150.665	96,8
9	Bangka Belitung Islands	26.991	94,0	26.530	92,4	26.806	96,3	25.842	92,8	25.993	93,3	26.033	93,5	26.201	94,1
10	Riau Islands	45.205	93,1	39.797	82,0	46.827	99,4	46.698	99,2	46.518	98,8	45.449	96,5	41.649	88,4
11	DKI Jakarta	171.592	98,2	137.588	78,7	167.537	97,8	164.119	95,8	165.107	96,4	161.645	94,3	155.860	91,0
12	West Java	945.454	109,4	886.254	102,6	778.405	92,9	826.594	98,6	913.411	109,0	916.870	109,4	758.360	90,5
13	Central Java	571.370	101,4	547.634	97,1	571.009	103,3	572.127	103,5	573.273	103,7	568.959	103,0	556.612	100,7
14	DI Yogyakarta	47.934	105,5	47.315	104	35.396	78,7	38.689	86,0	3.126	6,9	44.306	98,5	43722	97,2
15	East Java	592.107	101,7	555.154	95,3	594.741	104,2	589.938	103,4	585.235	102,5	583.596	102,2	566.825	99,3
16	Banten	217.375	97,5	203.142	91,1	215.237	100,5	207.432	96,8	208.156	97,2	204.062	95,3	186.681	87,2
17	Bali	67.867	98,4	64.675	93,7	66.696	98,6	54.322	80,3	65.931	97,5	65.537	96,9	65.628	97,0
18	West Nusa Tenggara	104.079	100,9	98.088	95,1	66.826	67,5	76.767	77,5	107.340	108,4	106.880	107,9	98.528	99,5
19	East Nusa Tenggara	106.238	86,1	74.747	60,6	103.392	87,3	97.469	82,3	94.282	79,6	95.595	80,7	82.819	69,9
20	West Kalimantan	83.172	91,1	60.184	65,9	84.242	96,1	80.763	92,1	81.172	92,6	78.669	89,7	72.105	82,2
21	Central Kalimantan	44.071	96,9	31.562	69,4	43.695	98,0	41.957	94,1	41.840	93,8	41.140	92,2	40.782	91,4
22	South Kalimantan	67.469	85,1	58.157	73,3	67.256	88,3	63.726	83,7	63.558	83,5	62.184	81,7	61.211	80,4
23	East Kalimantan	73.575	84,4	57.546	66,0	74.054	86,6	71.845	84,0	71.064	83,1	69.803	81,6	67.350	78,8
24	North Sulawesi	38.833	94,0	28.517	69,1	39.271	98,0	38.791	96,8	38.456	96,0	37.101	92,6	35.251	88,0
25	Central Sulawesi	51.786	88,1	35.415	60,3	52.189	92,5	50.311	89,1	50.444	89,4	48.637	86,2	44.682	79,2
26	South Sulawesi	156.407	94,4	141.408	85,3	157.489	99,0	154.681	97,2	155.024	97,4	152.625	95,9	140.506	88,3
27	South East Sulawesi	48.809	84,4	27.172	47,0	48.611	87,6	44.897	80,9	44.819	80,8	44.942	81,0	38.796	69,9
28	Gorontalo	21.577	94,9	19.715	86,7	21.619	99,0	21.998	100,8	22.019	100,9	21.504	98,5	21.453	98,3
29	West Sulawesi	24.791	86,2	22.527	78,3	24.849	90,0	27.692	100,2	24.592	89,0	24.642	89,2	23.414	84,8
30	Maluku	35.071	89,0	22.058	56,0	36.829	97,4	34.970	92,4	33.976	89,8	34.705	91,7	34.402	90,9
31	North Maluku	21.209	82,6	16.697	65,0	21.379	86,7	20.584	83,5	20.258	82,1	20.176	81,8	18.921	76,7
32	West Papua	15.365	74,4	7.956	38,5	15.279	77,0	15.532	78,3	15.924	80,3	15.197	76,6	13.424	67,7
33	Papua	34.867	67,0	21.498	41,3	36.684	72,7	31.597	62,6	31.121	61,7	33.772	66,9	33.589	66,6
Indonesia		4.632.560	97,8	4.114.979	86,8	4.425.667	96,3	4.405.273	95,8	4.490.385	97,7	4.497.892	97,9	4.136.670	90,0

Source : DG of Diseases Control and Environmental Health, MoH Republic of Indonesia 2014

Updated until May 2nd, 2014

Annex 5.25

**COVERAGE OF BASIC IMMUNIZATION IN 12-23 MONTH OLD CHILDREN
BY PROVINCE, RISKESDAS 2013**

No	Province	Type of Immunization				
		HB-0	BCG	DPT-HB-3	Polio-4	Measles
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	64,8	72,9	52,9	58,3	62,4
2	North Sumatera	63,0	78,1	63,1	67,5	70,1
3	West Sumatera	70,5	81,0	60,2	64,4	71,4
4	Riau	68,8	81,4	70,0	70,9	77,3
5	Jambi	79,1	85,5	76,7	77,4	79,7
6	South Sumatera	70,8	84,9	73,6	76,3	82,6
7	Bengkulu	81,0	93,0	86,7	87,6	90,2
8	Lampung	79,9	90,0	82,5	84,6	87,9
9	Bangka Belitung Islands	87,5	92,8	83,7	88,3	86,4
10	Riau Islands	87,4	92,0	87,4	88,0	91,9
11	DKI Jakarta	87,8	90,9	79,1	76,7	85,3
12	West Java	78,8	87,8	71,5	73,9	80,8
13	Central Java	90,5	94,8	89,2	87,6	92,6
14	DI Yogyakarta	98,4	98,9	95,1	88,3	98,1
15	East Java	91,2	93,3	85,7	86,2	89,0
16	Banten	76,9	83,6	63,3	64,0	66,7
17	Bali	93,4	97,6	90,4	92,4	93,5
18	West Nusa Tenggara	92,7	92,2	85,2	87,7	90,6
19	East Nusa Tenggara	70,7	84,2	66,0	68,5	84,1
20	West Kalimantan	62,3	81,2	71,9	74,1	77,3
21	Central Kalimantan	57,7	77,0	67,9	69,9	77,4
22	South Kalimantan	69,1	83,2	72,0	73,2	74,1
23	East Kalimantan	83,4	87,3	81,4	81,6	84,1
24	North Sulawesi	82,4	97,3	83,3	81,4	94,4
25	Central Sulawesi	64,7	84,3	72,6	74,0	76,7
26	South Sulawesi	72,9	84,8	69,5	70,9	76,9
27	South East Sulawesi	59,8	84,8	75,3	76,9	83,8
28	Gorontalo	87,5	97,2	93,0	95,8	94,9
29	West Sulawesi	67,6	79,3	67,1	70,2	72,5
30	Maluku	47,8	73,6	53,8	61,8	70,5
31	North Maluku	57,3	83,6	68,9	71,9	80,3
32	West Papua	50,6	80,4	60,0	62,8	76,9
33	Papua	45,7	59,5	40,8	48,8	56,8
	Indonesia	79,1	87,6	75,6	77,0	82,1

Source : National Institute for Health Research Development (NHRD), MoH Republic of Indonesia, Riskesdas, 2013

Annex 5.26

**DROP OUT RATE OF IMMUNIZATION COVERAGE OF DPT/HB(1) -MEASLES AND DPT/HB(1) - DPT/HB(3) ON INFANT
BY PROVINCE 2011-2013**

No	Province	Year					
		2011		2012		2013	
		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	7,7	6,1	5,0	5,3	5,7	5,8
2	North Sumatera	3,9	3,7	5,1	3,1	3,3	2,7
3	West Sumatera	5,7	3,7	7,7	5,0	6,4	3,7
4	Riau	5,4	4,2	3,9	3,4	4,2	2,4
5	Jambi	2,1	2,2	0,0	0,4	2,6	1,1
6	South Sumatera	2,1	1,4	2,5	2,1	3,1	1,8
7	Bengkulu	2,6	3,2	1,5	2,9	4,6	4,7
8	Lampung	4,5	1,0	1,5	0,0	0,5	-0,9
9	Bangka Belitung Islands	7,4	5,4	5,9	5,8	2,9	3,6
10	Riau Islands	9,1	4,8	6,9	2,7	2,9	0,3
11	DKI Jakarta	4,6	2,6	7,1	1,0	3,5	2,0
12	West Java	3,3	2,3	2,4	1,5	3,9	1,0
13	Central Java	3,5	1,3	1,7	0,2	0,4	-0,2
14	DI Yogyakarta	-0,8	0,6	1,4	2,0	2,2	5,1
15	East Java	5,3	2,6	2,6	0,3	1,9	0,8
16	Banten	5,8	4,3	5,6	3,5	5,2	3,6
17	Bali	2,9	3,1	3,2	2,9	1,7	2,5
18	West Nusa Tenggara	6,3	1,3	1,7	0,6	-0,9	0,2
19	East Nusa Tenggara	6,8	7,8	7,3	5,9	7,5	5,7
20	West Kalimantan	5,1	5,1	6,7	4,0	6,6	4,1
21	Central Kalimantan	4,7	6,9	7,7	3,3	5,8	4,0
22	South Kalimantan	7,2	6,6	7,0	5,5	7,5	5,2
23	East Kalimantan	7,9	4,1	4,9	3,4	5,7	3,0
24	North Sulawesi	3,9	4,9	4,2	2,6	5,5	1,2
25	Central Sulawesi	4,4	4,8	6,0	5,1	6,8	3,6
26	South Sulawesi	4,4	2,2	3,5	1,9	3,1	1,8
27	South East Sulawesi	6,2	9,2	5,2	3,6	7,5	7,6
28	Gorontalo	2,6	-0,9	5,1	2,7	0,5	-1,8
29	West Sulawesi	3,2	2,3	4,1	3,0	0,8	-11,4
30	Maluku	5,6	7,2	6,7	7,2	5,8	5,0
31	North Maluku	9,5	6,4	7,8	4,0	5,6	3,7
32	West Papua	2,6	11,2	10,6	11,1	0,5	-1,7
33	Papua	0,5	12,0	7,6	11,1	7,9	13,9
Indonesia		4,4	3,1	3,6	2,1	3,3	1,8

Source : DG of Diseases Control and Environmental Health, MoH RI 2014
Updated until May 2nd, 2014

Annex 5.27

**COVERAGE OF HEALTH CARE FOR INFANT AND UNDER FIVE CHILDREN
BY PROVINCE, 2013**

No	Province	No of Infant	No 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	103.971	417.778	89.818	86,39	292.099	69,92
2	North Sumatera	283.624	1.386.922	241.827	85,26	1.105.485	79,71
3	West Sumatera	102.664	398.524	90.510	88,16	273.925	68,73
4	Riau	131.002	622.514	109.071	83,26	426.701	68,54
5	Jambi	72.383	294.019	62.913	86,92	205.625	69,94
6	South Sumatera	174.935	714.893	158.094	90,37	562.384	78,67
7	Bengkulu	34.620	132.982	31.462	90,88	99.795	75,04
8	Lampung	168.996	797.288	152.611	90,30	522.821	65,57
9	Bangka Belitung Islands	27.698	110.996	26.356	95,15	77.212	69,56
10	Riau Islands	58.281	184.300	18.487	31,72	46.502	25,23
11	DKI Jakarta	150.408	669.518	146.325	97,29	627.984	93,80
12	West Java	949.392	3.453.029	831.559	87,59	2.458.339	71,19
13	Central Java	572.255	2.195.357	546.991	95,59	1.823.780	83,07
14	DI Yogyakarta	45.436	200.936	41.279	90,85	171.713	85,46
15	East Java	598.967	2.473.615	573.576	95,76	1.941.686	78,50
16	Banten	217.382	1.071.144	204.988	94,30	589.570	55,04
17	Bali	67.137	297.400	64.714	96,39	261.651	87,98
18	West Nusa Tenggara	109.384	456.337	102.892	94,06	313.884	68,78
19	East Nusa Tenggara	114.888	503.428	79.714	69,38	365.830	72,67
20	West Kalimantan	96.934	406.856	78.155	80,63	230.147	56,57
21	Central Kalimantan	45.342	210.200	39.511	87,14	137.272	65,31
22	South Kalimantan	72.758	349.022	47.776	65,66	135.099	38,71
23	East Kalimantan	80.224	456.693	61.270	76,37	207.152	45,36
24	North Sulawesi	44.066	203.123	39.657	89,99	142.048	69,93
25	Central Sulawesi	56.441	248.957	39.206	69,46	96.104	38,60
26	South Sulawesi	152.999	775.192	139.204	90,98	521.978	67,34
27	South East Sulawesi	52.284	212.671	46.816	89,54	118.854	55,89
28	Gorontalo	21.409	89.770	16.131	75,35	38.618	43,02
29	West Sulawesi	25.831	90.428	24.459	94,69	60.011	66,36
30	Maluku	38.387	178.910	28.060	73,10	130.156	72,75
31	North Maluku	24.172	99.882	19.304	79,86	62.034	62,11
32	West Papua	19.843	100.917	11.190	56,39	65.366	64,77
33	Papua	50.460	365.176	17.721	35,12	30.769	8,43
Indonesia		4.764.573	20.168.777	4.181.647	87,77	14.142.594	70,12

Source : DG of Nutrition and MCH, MoH Republic of Indonesia, 2014

Annex 5.28
**PERCENTAGE OF COMPLETE BASIC IMMUNIZATION IN 12-23 MONTH OLD CHILDREN
BY PROVINCE, RISKESDAS 2013**

No	Province	Basic Immunization Completeness		
		Complete	Incomplete	No Immunization
(1)	(2)	(3)	(4)	(5)
1	Aceh	38,3	41,9	19,8
2	North Sumatera	39,1	44,5	16,4
3	West Sumatera	39,7	46,9	13,4
4	Riau	52,2	31,9	15,8
5	Jambi	60,3	27,5	12,3
6	South Sumatera	48,3	40,2	11,6
7	Bengkulu	62,1	33,0	4,9
8	Lampung	62,4	31,1	6,5
9	Bangka Belitung Islands	67,7	27,3	5,1
10	Riau Islands	71,6	23,2	5,3
11	DKI Jakarta	64,5	30,7	4,8
12	West Java	56,6	35,1	8,3
13	Central Java	76,9	19,5	3,5
14	DI Yogyakarta	83,1	15,7	1,1
15	East Java	74,5	21,7	3,7
16	Banten	45,8	43,9	10,4
17	Bali	80,8	18,0	1,2
18	West Nusa Tenggara	75,4	21,1	3,6
19	East Nusa Tenggara	50,3	40,2	9,6
20	West Kalimantan	47,4	38,3	14,2
21	Central Kalimantan	42,0	43,2	14,8
22	South Kalimantan	52,0	33,9	14,0
23	East Kalimantan	65,9	26,3	7,8
24	North Sulawesi	60,9	36,7	2,3
25	Central Sulawesi	47,1	42,7	10,1
26	South Sulawesi	49,5	41,7	8,7
27	South East Sulawesi	47,3	41,8	10,9
28	Gorontalo	80,6	16,7	2,8
29	West Sulawesi	52,4	31,0	16,7
30	Maluku	29,7	48,6	21,7
31	North Maluku	42,6	46,8	10,6
32	West Papua	35,6	45,8	18,6
33	Papua	29,2	34,3	36,6
	Indonesia	59,2	32,1	8,7

Source : National Institute for Health Research Development (NHRD), MoH Republic of Indonesia, Riskesdas, 2013

Annex 5.29

COVERAGE OF VILLAGE (*DESA/KELURAHAN*) WITH UNIVERSAL CHILD IMMUNIZATION (UCI) BY PROVINCE, 2011-2013

No	Province	Year 2011			Year 2012			Year 2013		
		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	6.451	4.020	62,32	6.497	4.508	69,39	6.489	4.622	71,23
2	North Sumatera	5.734	3.012	52,53	5.823	3.991	68,54	5.797	4.393	75,78
3	West Sumatera	3.760	3.256	86,60	3.827	3.483	91,01	3.959	2.817	71,15
4	Riau	1.647	1.123	68,18	1.681	1.146	68,17	1.655	1.327	80,18
5	Jambi	1.380	1.310	94,93	1.381	1.276	92,40	1.416	1.416	100,00
6	South Sumatera	3.105	2.730	87,92	3.188	2.892	90,72	3.167	2.900	91,57
7	Bengkulu	1.347	1.077	79,96	1.504	1.217	80,92	1.508	1.334	88,46
8	Lampung	2.462	2.182	88,63	2.503	2.252	89,97	2.463	2.445	99,27
9	Bangka Belitung Islands	359	322	89,69	367	349	95,10	366	354	96,72
10	Riau Islands	351	277	78,92	356	284	79,78	353	250	70,82
11	DKI Jakarta	267	266	99,63	267	267	100,00	267	267	100,00
12	West Java	5.893	4.653	78,96	5.918	5.427	91,70	5.905	5.687	96,31
13	Central Java	8.573	8.254	96,28	8.555	8.454	98,82	8.577	8.503	99,14
14	DI Yogyakarta	438	438	100,00	438	438	100,00	438	438	100,00
15	East Java	8.507	4.645	54,60	8.515	7.298	85,71	8.503	7.215	84,85
16	Banten	1.535	1.189	77,46	1.542	1.343	87,09	1.535	1.259	82,02
17	Bali	716	679	94,83	716	675	94,27	716	689	96,23
18	West Nusa Tenggara	951	893	93,90	1.107	986	89,07	1.079	1.028	95,27
19	East Nusa Tenggara	2.832	2.051	72,42	2.952	2.150	72,83	2.893	2.248	77,70
20	West Kalimantan	1.896	1.342	70,78	1.973	1.387	70,30	1.967	1.370	69,65
21	Central Kalimantan	1.510	1.136	75,23	1.527	1.112	72,82	1.527	1.136	74,39
22	South Kalimantan	1.981	1.416	71,48	1.979	1.330	67,21	2.000	1.628	81,40
23	East Kalimantan	1.438	947	65,86	1.348	879	65,21	1.465	1.097	74,88
24	North Sulawesi	1.673	1.243	74,30	1.708	1.247	73,01	1.691	1.414	83,62
25	Central Sulawesi	1.817	1.365	75,12	1.844	1.535	83,24	1.815	1.599	88,10
26	South Sulawesi	2.960	2.507	84,70	2.984	2.598	87,06	2.982	2.720	91,21
27	South East Sulawesi	2.092	1.492	71,32	2.136	1.627	76,17	2.154	1.217	56,50
28	Gorontalo	622	317	50,96	728	488	67,03	723	584	80,77
29	West Sulawesi	603	409	67,83	645	486	75,35	641	525	81,90
30	Maluku	955	718	75,18	1.090	774	71,01	998	733	73,45
31	North Maluku	1.066	670	62,85	1.073	752	70,08	1.071	817	76,28
32	West Papua	748	414	55,35	1.419	420	29,60	1.427	588	41,21
33	Papua	1.361	750	55,11	2.435	403	16,55	3.579	467	13,05
Indonesia		77.030	57.103	74,13	80.026	63.474	79,32	81.126	65.087	80,23

Source : DG of Diseases Control and Environmental Health, MoH, Indonesia 2014

Updated until May 2nd, 2014 by Immunization Sub Directorate

Annex 5.30

COVERAGE OF IMMUNIZATION IN SCHOOL CHILDREN BY PROVINCE, 2013

No	Province	target (Elementary Student/Same level)					Measles (Class 1)		DT (Class 1)		Td (Class 2)		Td (Class 3)		Td (Class 2+3)	
		Class 1 Campak	Class 1 DT	Class 2	Class 3	Class 2+3	Total	%	Total	%	Total	%	Total	%	Total	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1	Aceh	106.543	106.543	100.896	93.695	194.591	95.919	90,0	96.159	90,3	91.846	91,0	86.093	91,9	177.939	91,4
2	North Sumatera	339.604	339.604	318.084	307.265	625.349	266.531	78,5	268.861	79,2	309.029	97,2	299.189	97,4	608.218	97,3
3	West Sumatera	117.127	120.353	115.738	116.468	232.206	108.901	93,0	111.093	92,3	108.558	93,8	108.164	92,9	216.722	93,3
4	Riau	150.009	150.009	139.295	136.533	275.828	134.208	89,5	135.499	90,3	124.729	89,5	123.876	90,7	248.605	90,1
5	Jambi	75.661	75.661	71.536	71.143	142.679	73.821	97,6	73.844	97,6	70.089	98,0	70.008	98,4	140.097	98,2
6	South Sumatera	186.361	186.361	178.910	174.743	353.653	182.954	98,2	181.038	97,1	174.288	97,4	170.340	97,5	344.628	97,4
7	Bengkulu	42.121	41.777	40.322	39.703	80.025	40.547	96,3	38.228	91,5	37.391	92,7	37.277	93,9	74.668	93,3
8	Lampung	172.593	172.593	165.293	165.296	330.589	165.899	96,1	166.309	96,4	159.835	96,7	158.989	96,2	318.824	96,4
9	Bangka Belitung Islands	29.445	27.887	25.972	25.407	51.379	28.812	97,9	26.947	91,5	24.555	94,5	23.067	90,8	47.622	92,7
10	Riau Islands	40.921	40.921	38.290	37.360	75.650	35.554	86,9	36.121	88,3	32.973	86,1	32.491	87,0	65.464	86,5
11	DKI Jakarta	159.554	159.046	150.618	146.449	297.067	147.461	92,4	145.716	91,6	140.087	93,0	135.232	92,3	275.319	92,7
12	West Java	864.918	864.918	853.970	837.473	1.691.443	820.299	94,8	807.027	93,3	798.622	93,5	792.997	94,7	1.591.619	94,1
13	Central Java	597.815	582.800	581.424	569.425	1.150.849	591.339	98,9	577.149	99,0	571.334	98,3	571.334	100,3	1.142.668	99,3
14	DI Yogyakarta	50.352	50.234	50.140	48.625	98.765	49.701	98,7	49.324	98,2	49.405	98,5	47.943	98,6	97.348	98,6
15	East Java	643.549	643.549	631.745	659.504	1.291.249	630.596	98,0	629.959	97,9	619.117	98,0	644.547	97,7	1.263.664	97,9
16	Banten	235.082	219.564	222.854	218.227	441.081	223.183	94,9	207.945	94,7	183.554	82,4	207.265	95,0	390.819	88,6
17	Bali	72.088	72.088	69.053	69.692	138.745	71.391	99,0	71.334	99,0	68.301	98,9	68.986	99,0	137.287	98,9
18	West Nusa Tenggara	123.662	122.983	116.275	115.696	231.971	119.008	96,2	119.557	96,7	113.275	97,4	112.421	97,2	225.696	97,3
19	East Nusa Tenggara	153.610	153.610	134.028	134.028	272.430	131.321	85,5	126.380	82,3	105.442	78,7	105.442	78,7	212.996	78,2
20	West Kalimantan	119.626	119.626	108.700	105.583	214.283	108.448	90,7	113.204	94,6	104.145	95,8	103.781	98,3	207.926	97,0
21	Central Kalimantan	47.653	53.967	50.461	49.254	99.715	44.809	94,0	50.863	94,2	47.518	94,2	46.564	94,5	94.082	94,4
22	South Kalimantan	82.979	82.655	78.632	78.632	157.264	80.054	96,5	79.058	95,6	73.263	93,2	73.263	93,2	146.525	93,2
23	East Kalimantan	93.299	93.299	85.397	82.706	168.103	81.585	87,4	83.503	89,5	76.128	89,1	74.193	89,7	150.321	89,4
24	North Sulawesi	48.890	48.890	47.422	48.234	95.656	39.360	80,5	39.434	80,7	38.000	80,1	38.179	79,2	76.179	79,6
25	Central Sulawesi	62.334	62.334	59.635	59.050	118.685	59.935	96,2	57.628	92,5	56.224	94,3	55.854	94,6	112.078	94,4
26	South Sulawesi	180.187	180.187	173.707	173.837	347.544	163.629	90,8	173.797	96,5	167.707	96,5	168.334	96,8	336.041	96,7
27	South East Sulawesi	61.018	61.018	60.484	59.310	119.794	55.979	91,7	55.626	91,2	55.445	91,7	52.253	88,1	107.698	89,9
28	Gorontalo	27.490	27.490	26.028	25.488	51.516	21.839	79,4	25.981	94,5	25.074	96,3	24.282	95,3	49.356	95,8
29	West Sulawesi	30.217	30.217	29.487	30.205	59.692	28.052	92,8	27.596	91,3	27.730	94,0	28.000	92,7	55.730	93,4
30	Maluku	31.660	31.660	20.754	21.512	42.266	24.193	76,4	26.931	85,1	16.755	80,7	17.204	80,0	33.959	80,3
31	North Maluku	30.242	30.242	28.247	27.624	55.871	28.123	93,0	28.191	93,2	26.399	93,5	25.851	93,6	52.250	93,5
32	West Papua	16.329	16.329	15.022	14.219	29.241	13.399	82,1	14.349	87,9	11.612	77,3	6.961	49,0	18.573	63,5
33	Papua	20.147	20.147	17.952	17.267	35.219	14.973	74,3	20.788	103,2	17.180	95,7	15.923	92,2	33.103	94,0
Indonesia		5.013.086	4.988.562	4.806.370,5	4.759.653	9.570.398	4.681.823	93,4	4.665.439	93,1	4.525.610	94,2	4.526.303	95,1	9.054.024	94,6

Source : DG of Diseases Control and Environmental Health, MoH RI 2014

Updated until May 2nd, 2014 by Immunization Sub Directorate

Annex 5.31

**COVERAGE OF VITAMIN A CAPSULE SUPPLEMENTATION IN 6 - 59 MONTH OLD CHILDREN
BY PROVINCE, 2013**

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 Children	get Vitamin A	%	No of 6-59 Month Old Children	get Vitamin A	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	108.836	95.078	87,4	355.084	325.237	91,6	463.920	420.315	90,6
2	North Sumatera	237.762	193.875	81,5	697.034	560.328	80,4	934.796	754.203	80,7
3	West Sumatera	102.654	101.052	98,4	405.915	340.200	83,8	508.569	441.252	86,8
4	Riau	142.322	134.783	94,7	559.651	469.041	83,8	701.973	603.824	86,0
5	Jambi	74.498	65.123	87,4	254.822	215.146	84,4	329.320	280.269	85,1
6	South Sumatera	174.920	152.312	87,1	672.719	573.574	85,3	847.639	725.886	85,6
7	Bengkulu	38.939	34.712	89,1	114.731	102.045	88,9	153.670	136.757	89,0
8	Lampung	159.072	139.017	87,4	612.511	423.929	69,2	771.583	562.946	73,0
9	Bangka Belitung Islands	28.080	26.286	93,6	105.486	92.666	87,8	133.566	118.952	89,1
10	Riau Islands	51.445	41.310	80,3	194.043	150.464	77,5	245.488	191.774	78,1
11	DKI Jakarta	174.263	135.800	77,9	669.518	451.544	67,4	843.781	587.344	69,6
12	West Java	1.011.320	834.899	82,6	3.329.829	2.717.658	81,6	4.341.149	3.552.557	81,8
13	Central Java	309.289	307.776	99,5	1.993.754	1.963.180	98,5	2.303.043	2.270.956	98,6
14	DI Yogyakarta	46.022	45.485	98,8	179.340	177.360	98,9	225.362	222.845	98,9
15	East Java	898.435	844.054	93,9	2.473.597	1.989.013	80,4	3.372.032	2.833.067	84,0
16	Banten	227.588	211.990	93,1	856.002	726.669	84,9	1.083.590	938.659	86,6
17	Bali	55.601	56.116	100,9	194.304	185.768	95,6	249.905	241.884	96,8
18	West Nusa Tenggara	133.198	110.305	82,8	366.163	352.282	96,2	499.361	462.587	92,6
19	East Nusa Tenggara	109.130	94.676	86,8	327.847	277.502	84,6	436.977	372.178	85,2
20	West Kalimantan	94.721	72.849	76,9	390.736	312.964	80,1	485.457	385.813	79,5
21	Central Kalimantan	43.852	39.613	90,3	138.575	114.944	82,9	182.427	154.557	84,7
22	South Kalimantan	62.110	57.143	92,0	289.109	250.019	95,9	351.219	307.162	87,5
23	East Kalimantan	82.245	63.773	77,5	435.639	267.552	61,4	517.884	331.325	64,0
24	North Sulawesi	52.848	47.449	89,8	140.103	124.756	89,0	192.951	172.205	89,2
25	Central Sulawesi	45.945	37.797	82,3	143.756	118.373	82,3	189.701	156.170	82,3
26	South Sulawesi	157.743	145.986	92,5	602.663	524.405	87,0	760.406	670.391	88,2
27	South East Sulawesi	53.303	45.822	86,0	200.444	163.570	81,6	253.747	209.392	82,5
28	Gorontalo	24.285	19.073	78,5	78.628	64.043	81,5	102.913	83.116	80,8
29	West Sulawesi	26.799	21.137	78,9	96.258	77.012	80,0	123.057	98.149	79,8
30	Maluku	-	-	-	-	-	-	274.230	172.531	62,9
31	North Maluku	19.619	16.764	85,4	76.791	61.007	79,4	96.410	77.771	80,7
32	West Papua	9.639	10.071	104,5	57.705	24.071	41,7	67.344	34.142	50,7
33	Papua	-	-	-	-	-	0,0	200.598	92.116	45,9
	Indonesia	4.756.483	4.202.126	88,3	17.012.757	14.196.322	83,4	22.244.068	18.663.095	83,9

Source : DG of Nutrition and MCH, MoH Republic of Indonesia, 2014

Annex 5.32

**PERCENTAGE OF 6-59 MONTH OLD CHILDREN WHO GET VITAMIN A CAPSULE SUPPLEMENTATION
IN LAST 6 MONTHS BY PROVINCE , RISKESDAS 2013**

No	Province	Get vitamin A Capsule (%)
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>
1	Aceh	73,8
2	North Sumatera	52,3
3	West Sumatera	70,9
4	Riau	60,8
5	Jambi	74,5
6	South Sumatera	66,0
7	Bengkulu	73,8
8	Lampung	73,6
9	Bangka Belitung Islands	69,2
10	Riau Islands	68,8
11	DKI Jakarta	74,5
12	West Java	81,6
13	Central Java	84,0
14	DI Yogyakarta	84,4
15	East Java	83,4
16	Banten	74,1
17	Bali	76,0
18	West Nusa Tenggara	89,2
19	East Nusa Tenggara	72,0
20	West Kalimantan	67,5
21	Central Kalimantan	65,4
22	South Kalimantan	72,9
23	East Kalimantan	80,3
24	North Sulawesi	80,9
25	Central Sulawesi	69,3
26	South Sulawesi	67,9
27	South East Sulawesi	73,3
28	Gorontalo	83,4
29	West Sulawesi	59,6
30	Maluku	64,8
31	North Maluku	64,6
32	West Papua	64,4
33	Papua	53,1
Indonesia		75,5

Source : National Institute for Health Research Development (NHRD), MoH Republic of Indonesia, MoH Republic of Indonesia, Riskesdas, 2013

Annex 5.33

**COVERAGE OF EXCLUSIVE BREASTFEEDING IN 0-6 MONTH OLD INFANT
BY PROVINCE, 2013**

No	Province	0-6 Month Old	Exclusive Breastfeeding	% Exclusive Breatfeeding
(1)	(2)	(3)	(4)	(5)
1	Aceh	67.381	32.856	48,8
2	North Sumatera	68.909	28.434	41,3
3	West Sumatera	33.623	23.168	68,9
4	Riau	98.455	55.039	55,9
5	Jambi	31.747	16.292	51,3
6	South Sumatera	91.256	58.330	63,9
7	Bengkulu	26.363	19.639	74,5
8	Lampung	103.360	61.402	59,4
9	Bangka Belitung Islands	17.294	8.778	50,8
10	Riau Islands	12.420	6.530	52,6
11	DKI Jakarta	27.264	17.103	62,7
12	West Java	579.593	195.045	33,7
16	Central Java	294.312	171.780	58,4
13	DI Yogyakarta	13.669	9.288	67,9
14	East Java	352.603	249.745	70,8
15	Banten	111.292	53.289	47,9
17	Bali	30.210	20.934	69,3
18	West Nusa Tenggara	93.782	74.786	79,7
19	East Nusa Tenggara	68.130	50.669	74,4
20	West Kalimantan	51.584	24.411	47,3
21	Central Kalimantan	17.755	7.702	43,4
22	South Kalimantan	19.005	11.161	58,7
23	East Kalimantan	19.105	11.249	58,9
24	North Sulawesi	18.597	6.448	34,7
28	Central Sulawesi	14.531	9.051	62,3
25	South Sulawesi	78.815	52.425	66,5
26	South East Sulawesi	21.628	12.115	56,0
29	Gorontalo	7.310	3.953	54,1
27	West Sulawesi	33.416	22.051	66,0
30	Maluku	13.224	3.334	25,2
31	North Maluku	5.103	3.202	62,7
32	West Papua	11.611	6.212	53,5
33	Papua	50.138	23.128	46,1
Indonesia		2.483.485	1.349.549	54,3

Source : DG of Nutrition and MCH, MoH Republic of Indonesia, 2014 (Feb 6th 2014)

Annex 5.34

**COVERAGE OF UNDERFIVE WEIGHING
BY PROVINCE, 2013**

No	Province	No of Underfive	Weighed Underfive (D/S)	
			Total	% of Coverage
(1)	(2)	(3)	(4)	(5)
1	Aceh	462.762	407.942	88,15
2	North Sumatera	1.390.962	1.149.210	82,62
3	West Sumatera	482.641	419.070	86,83
4	Riau	688.164	443.987	64,52
5	Jambi	295.262	246.114	83,35
6	South Sumatera	806.088	634.886	78,76
7	Bengkulu	154.235	128.276	83,17
8	Lampung	790.492	646.733	81,81
9	Bangka Belitung Islands	133.444	94.273	70,65
10	Riau Islands	235.205	187.334	79,65
11	DKI Jakarta	832.437	452.559	54,37
12	West Java	4.279.221	3.444.689	80,50
13	Central Java	2.543.956	2.275.054	89,43
14	DI Yogyakarta	208.857	171.128	81,94
15	East Java	3.000.292	2.651.031	88,36
16	Banten	862.394	748.920	86,84
17	Bali	227.931	192.227	84,34
18	West Nusa Tenggara	468.869	399.965	85,30
19	East Nusa Tenggara	463.474	364.108	78,56
20	West Kalimantan	453.838	286.722	63,18
21	Central Kalimantan	163.512	112.665	68,90
22	South Kalimantan	345.502	259.571	75,13
23	East Kalimantan	329.207	215.188	65,37
24	North Sulawesi	168.996	142.382	84,25
25	Central Sulawesi	429.540	325.749	75,84
26	South Sulawesi	748.425	604.074	80,71
27	South East Sulawesi	219.000	180.941	82,62
28	Gorontalo	98.451	87.055	88,42
29	West Sulawesi	115.972	97.428	84,01
30	Maluku	204.300	150.139	73,49
31	North Maluku	113.531	77.096	67,91
32	West Papua	68.107	38.478	56,50
33	Papua	339.964	132.067	38,85
Indonesia		22.125.031	17.767.061	80,30

Source : DG of Nutrition and MCH, MoH Republic of Indonesia, 2014 (Feb 3rd 2014)

Annex 5.35

**DETECTION AND TREATMENT OF UNDERFIVE CHILDREN WITH SEVERE MALNUTRITION
BY PROVINCE, 2013**

No	Province	Children with Severe Malnutrition case		
		Detected	Treated	%
(1)	(2)	(3)	(4)	(5)
1	Aceh	807	807	100
2	North Sumatera	3.088	3.088	100
3	West Sumatera	747	747	100
4	Riau	119	119	100
5	Jambi	184	184	100
6	South Sumatera	201	201	100
7	Bengkulu	135	135	100
8	Lampung	175	175	100
9	Bangka Belitung Islands	114	114	100
10	Riau Islands	223	223	100
11	DKI Jakarta	1.254	1.254	100
12	West Java	4.898	4.898	100
13	Central Java	5.540	5.540	100
14	DI Yogyakarta	397	397	100
15	East Java	7.965	7.965	100
16	Banten	3.102	3.102	100
17	Bali	96	96	100
18	West Nusa Tenggara	591	591	100
19	East Nusa Tenggara	4.038	4.038	100
20	West Kalimantan	310	310	100
21	Central Kalimantan	63	63	100
22	South Kalimantan	132	132	100
23	East Kalimantan	392	392	100
24	North Sulawesi	75	75	100
25	Central Sulawesi	310	310	100
26	South Sulawesi	317	317	100
27	South East Sulawesi	340	340	100
28	Gorontalo	587	587	100
29	West Sulawesi	246	246	100
30	Maluku	223	223	100
31	North Maluku	328	328	100
32	West Papua	1.379	1.379	100
33	Papua	2.379	2.379	100
Indonesia		40.755	40.755	100

Source : DG of Nutrition and MCH, MoH Republic of Indonesia, 2014 (Feb 3rd 20124)

Annex 5.36

**PERCENTAGE OF DISTRICT / MUNICIPALITY
WITH MINIMUM 2 PUSKESMAS PROVIDING CHILD ABUSE TREATMENT
BY PROVINCE, 2013**

No	Province	No of Puskesmas providing Child Abuse Treatment	No of District/Municipality with Puskesmas providing Child Abuse Treatment	% of District/Municipality
(1)	(2)	(3)	(4)	(5)
1	Aceh	38	18	78,26
2	North Sumatera	130	13	81,82
3	West Sumatera	47	15	78,95
4	Riau	22	11	91,67
5	Jambi	33	11	100,00
6	South Sumatera	33	15	100,00
7	Bengkulu	29	6	60,00
8	Lampung	35	13	92,86
9	Bangka Belitung Islands	20	7	100,00
10	Riau Islands	22	4	57,14
11	DKI Jakarta	12	6	100,00
12	West Java	108	23	88,46
13	Central Java	141	30	85,71
14	DI Yogyakarta	28	5	100,00
15	East Java	145	22	52,63
16	Banten	104	8	100,00
17	Bali	18	9	100,00
18	West Nusa Tenggara	20	10	100,00
19	East Nusa Tenggara	96	19	90,48
20	West Kalimantan	91	10	71,43
21	Central Kalimantan	17	3	21,43
22	South Kalimantan	26	13	100,00
23	East Kalimantan	37	14	100,00
24	North Sulawesi	41	15	100,00
25	Central Sulawesi	22	9	81,82
26	South Sulawesi	18	18	75,00
27	South East Sulawesi	28	12	100,00
28	Gorontalo	10	5	83,33
29	West Sulawesi	8	3	60,00
30	Maluku	74	11	100,00
31	North Maluku	14	5	55,56
32	West Papua	40	11	100,00
33	Papua	19	5	17,24
Indonesia		1.526	379	76,26

Source : DG of Nutrition and MCH, MoH Republic of Indonesia, 2014

Annex 5.37

**PERCENTAGE OF DISTRICT / MUNICIPALITY
WITH MINIMAL 4 PUSKESMAS PROVIDING YOUTH HEALTH CARE (Ind: PKPR)
BY PROVINCE, 2013**

No	Province	No of District/ Municipality	No of Puskesmas with Youth Health Care	No of District/ Municipality with Youth Health Care	% of District/ Municipality with Youth Health Care
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	23	114	23	100,00
2	North Sumatera	33	241	33	100,00
3	West Sumatera	19	89	19	100,00
4	Riau	12	80	9	75,00
5	Jambi	11	54	10	90,91
6	South Sumatera	15	122	15	100,00
7	Bengkulu	10	47	8	80,00
8	Lampung	14	53	9	64,29
9	Bangka Belitung Islands	7	32	6	85,71
10	Riau Islands	7	26	5	71,43
11	DKI Jakarta	6	22	5	83,33
12	West Java	26	459	23	88,46
13	Central Java	35	231	31	88,57
14	DI Yogyakarta	5	76	5	100,00
15	East Java	38	273	37	92,11
16	Banten	8	189	8	100,00
17	Bali	9	50	9	100,00
18	West Nusa Tenggara	10	40	10	100,00
19	East Nusa Tenggara	21	150	19	90,48
20	West Kalimantan	14	124	13	92,86
21	Central Kalimantan	14	18	1	7,14
22	South Kalimantan	13	52	13	100,00
23	East Kalimantan	14	55	10	71,43
24	North Sulawesi	15	77	13	80,00
25	Central Sulawesi	11	41	9	81,82
26	South Sulawesi	24	81	15	62,50
27	South East Sulawesi	12	48	12	100,00
28	Gorontalo	6	23	6	83,33
29	West Sulawesi	5	29	5	100,00
30	Maluku	11	93	7	63,64
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	3.077	406	81,69

Source : DG of Nutrition and MCH, MoH Republic of Indonesia, 2014

Annex 5.38

**NUMBER OF PUSKESMAS PROVIDING CHILD HEALTH CARE
IN NEGLECTED CHILDREN ORPHANAGE BY PROVINCE, 2013**

No	Province	Puskesmas with Neglected Children Orphanage	Puskesmas Providing Child Health Care		No of Orphanage in Area
			Total	%	
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	83	2	2,41	111
2	North Sumatera	28	13	46,43	21
3	West Sumatera	68	68	100,00	102
4	Riau	51	31	60,78	68
5	Jambi	48	48	100,00	48
6	South Sumatera	63	45	71,43	125
7	Bengkulu	22	13	59,09	28
8	Lampung	57	30	52,63	60
9	Bangka Belitung Islands	11	9	81,82	16
10	Riau Islands	19	19	100,00	52
11	DKI Jakarta	33	31	93,94	80
12	West Java	100	100	100,00	117
13	Central Java	25	25	100,00	33
14	DI Yogyakarta	28	28	100,00	66
15	East Java	415	324	78,07	993
16	Banten	19	19	100,00	23
17	Bali	27	27	100,00	60
18	West Nusa Tenggara	85	59	69,41	237
19	East Nusa Tenggara	90	17	18,89	180
20	West Kalimantan	54	53	98,15	115
21	Central Kalimantan	25	25	100,00	44
22	South Kalimantan	44	44	100,00	84
23	East Kalimantan	37	37	100,00	50
24	North Sulawesi	23	20	86,96	33
25	Central Sulawesi	11	11	100,00	18
26	South Sulawesi	140	67	47,86	291
27	South East Sulawesi	48	48	100,00	73
28	Gorontalo	16	16	100,00	22
29	West Sulawesi	15	15	100,00	14
30	Maluku	20	16	80,00	36
31	North Maluku	17	10	58,82	21
32	West Papua	2	-	,00	3
33	Papua	27	-	,00	124
Indonesia		1.751	1.270	72,53	3.348

Source : DG of Nutrition and MCH, MoH Republic of Indonesia, 2014

Annex 5.39

**COVERAGE OF ELEMENTARY SCHOOL CONDUCTING HEALTH EXAMINATION TO 1ST GRADE STUDENT
BY PROVINCE, 2013**

No	Province	Total of Elementary School (Ind: SD/ MI)	Coverage of Elementary School which Conducting Screening to Class 1 Student	
			Total	%
(1)	(2)	(3)	(4)	(5)
1	Aceh	3.932	2.738	70
2	North Sumatera	6.305	4.109	65
3	West Sumatera	4.193	4.060	97
4	Riau	3.483	3.308	95
5	Jambi	2.646	2.354	89
6	South Sumatera	4.729	1.210	26
7	Bengkulu	1.308	1.128	86
8	Lampung	5.294	4.304	81
9	Bangka Belitung Islands	813	810	100
10	Riau Islands	720	665	92
11	DKI Jakarta	3.434	3.402	99
12	West Java	13.924	4.410	32
13	Central Java	22.744	20.750	91
14	DI Yogyakarta	2.016	2.016	100
15	East Java	24.283	22.771	94
16	Banten	4.082	3.715	91
17	Bali	2.483	2.483	100
18	West Nusa Tenggara	3.690	3.385	92
19	East Nusa Tenggara	2.976	530	18
20	West Kalimantan	4.328	2.048	47
21	Central Kalimantan	2.528	1.208	48
22	South Kalimantan	3.472	2.067	60
23	East Kalimantan	2.145	1.580	74
24	North Sulawesi	2.155	1.816	84
25	Central Sulawesi	2.819	1.539	55
26	South Sulawesi	6.603	5.562	84
27	South East Sulawesi	2.369	2.066	87
28	Gorontalo	1.052	952	90
29	West Sulawesi	1.265	554	44
30	Maluku	1.644	225	14
31	North Maluku	1.192	577	48
32	West Papua	751	312	42
33	Papua	2.151	384	18
Indonesia		147.529	109.038	74

Source : DG of Nutrition and MCH, MoH Republic of Indonesia, 2014

Annex 5.40

**PUSKESMAS SUPERVISING CHILDREN IN PRISON
BY PROVINCE, 2013**

No	Province	District / Municipality	Puskesmas	Children Prison
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
1	Aceh	Kota Banda Aceh	Lhoknga	Lhoknga Prison
2	North Sumatera	Kota Medan	Helvetia	Prison for children Medan
3	West Sumatera	Kab. Lima Puluh Koto	Tanjung Pati	Prison for children Tanjung Pati
4	Riau	Kota Pekanbaru	Harapan Raya	Prison for children Riau
5	Jambi	Kab. Batang hari	Muara Bulian	Prison for children Muara Bulian
6	South Sumatera	Kota Palembang	Pakjo	Prison for children Palembang
7	Bengkulu	Kab Rejang Lebong	Curup	Rejang Lebong Prison
8	Lampung	Kab. Lampung Utara	Kotabumi	Prison for children Kotabumi
9	Riau Islands	Kota Batam	Sei Lekop	Bareleng Prison
10	DKI Jakarta	Jakarta Timur	Duren Sawit	Pondok Bambu Crease
11	West Java	Kota Bandung	Ibrahim	Kebon Waru Crease
12	Central Java	Kabupaten Purworejo	Kutoarjo	Prison for children Kutoarjo
13	East Java	Kota Blitar	Sananwetan	Prison for children Blitar
14	Banten	Kota Tangerang	Tanah Tinggi	Prison for children Banten
15	Bali	Kab. Karang Asem	Karang Asem	Prison for children Gianyar
16	West Nusa Tenggara	Kab Lombok Tengah	Aik Darek	Prison for children Mataram
17	East Nusa Tenggara	Kota Kupang	Oesapa	Prison for children Kupang
18	West Kalimantan	Kab. Kubu Raya	Sui Dalam	Prison for children Sungai Raya
19	South Kalimantan	Kab. Banjar	Pelambuan	Prison for children Martapura
20	North Sulawesi	Kota Tomohon	Matani	Prison for children Tomohon
21	South Sulawesi	Kota Pare-Pare	Lompoe	Prison for children Pare Pare

Source : DG of Nutrition and MCH, MoH Republic of Indonesia, 2014

Annex 5.41

**PUSKESMAS CONDUCTING HEALTH SERVICES TO DISABLED CHILDREN
VIA SCHOOL HEALTH PROGRAM AT SPECIAL SCHOOL UNTIL YEAR 2013**

No	Province	No of Municipality/ District with Puskesmas providing Disabled Children Care	No of Health Center
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
1	North Sumatera	8	8
2	West Sumatera	18	95
3	Riau	7	10
4	Jambi	1	1
5	South Sumatera	11	16
6	Lampung	3	4
7	Bangka Belitung Islands	7	7
8	Riau Islands	2	2
9	DKI Jakarta	5	5
10	West Java	22	144
11	Central Java	18	18
12	D I Yogyakarta	5	44
13	East Java	38	38
14	Banten	5	6
15	Bali	9	12
16	West Nusa Tenggara	5	8
17	West Kalimantan	8	10
18	South Kalimantan	4	7
19	East Kalimantan	13	26
20	North Sulawesi	1	1
21	South Sulawesi	23	28
22	Gorontalo	6	8
Indonesia		219	498

Source : DG of Nutrition and MCH, MoH Republic of Indonesia, 2014

Annex 5.42

**PREVALENCE OF NUTRITION STATUS OF UNDERFIVE CHILDREN BASED ON WEIGHT TO AGE STANDARD
BY PROVINCE, RISKESDAS 2013**

No	Province	Nutrition 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 Sumatera	8,3	14,1	72,8	4,8
3	West Sumatera	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 Sumatera	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 for Health Research Development (NHRD), MoH Republic of Indonesia, Riskesdas, 2013

Annex 5.43

**PREVALENCE OF NUTRITION STATUS OF UNDERFIVE CHILDREN BASED ON HEIGHT TO AGE STANDARD
BY PROVINCE, RISKESDAS 2013**

No	Province	Nutrition 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 Sumatera	22,7	19,8	57,5
3	West Sumatera	18,4	20,8	60,8
4	Riau	20,0	16,8	63,2
5	Jambi	19,0	18,9	62,1
6	South Sumatera	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 for Health Research Development (NHRD), MoH Republic of Indonesia, Riskesdas, 2013

Annex 5.44

**PREVALENCE OF NUTRITION STATUS OF UNDERFIVE CHILDREN BASED ON WEIGHT TO HEIGHT STANDARD
BY PROVINCE, RISKESDAS 2013**

No	Province	Nutrition 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 Sumatera	7,5	7,4	72,2	12,8
3	West Sumatera	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 Sumatera	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 for Health Research Development (NHRD), MoH Republic of Indonesia, Riskesdas, 2013

Annex 5.45

**PREVALENCE OF NUTRITION STATUS OF UNDERFIVE CHILDREN BASED ON HEIGHT TO AGE STANDARD AND
WEIGHT TO HEIGHT STANDARD BY PROVINCE, RISKESDAS 2013**

No	Province	Nutrition Status based on Height to Age and Weight to Height Standard					
		Short - Underweight (%)	Short-Normoweight (%)	Short-Overweight (%)	Normal-Underweight (%)	Normal-Normoweight (%)	Normal-Overweight (%)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Aceh	4,13	31,00	6,16	11,54	43,48	3,69
2	North Sumatera	3,51	30,00	8,34	11,41	42,22	4,51
3	West Sumatera	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 Sumatera	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 for Health Research Development (NHRD), MoH Republic of Indonesia, Riskesdas, 2013

Annex 5.46

**PREVALENCE OF ADULT (>18 Year) NUTRITIONAL STATUS
BASED ON BODY MASS INDEX (BMI) AND PROVINCE, RISKESDAS 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 Sumatera	6,46	62,47	12,97	18,09
3	West Sumatera	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 Sumatera	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 for Health Research Development (NHRD), MoH Republic of Indonesia, Riskesdas, 2013

Annex 6.1

**NUMBER OF NEW CASE POSITIVE AFP FOR PULMONARY TUBERCULOSIS
BY SEX AND PROVINCE , 2013**

No	Province	Sex				Total
		Male		Female		
		Total	%	Total	%	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	2.226	65,0	1.198	35,0	3.424
2	North Sumatera	11.302	66,8	5.628	33,2	16.930
3	West Sumatera	3.156	65,6	1.654	34,4	4.810
4	Riau	2.250	64,0	1.263	36,0	3.513
5	Jambi	1.922	61,6	1.198	38,4	3.120
6	South Sumatera	3.609	61,8	2.229	38,2	5.838
7	Bengkulu	1.080	63,4	623	36,6	1.703
8	Lampung	3.953	61,7	2.458	38,3	6.411
9	Bangka Belitung Islands	638	65,1	342	34,9	980
10	Riau Islands	850	59,5	579	40,5	1.429
11	DKI Jakarta	5.264	61,0	3.363	39,0	8.627
12	West Java	19.286	57,6	14.174	42,4	33.460
13	Central Java	11.472	56,1	8.974	43,9	20.446
14	DI Yogyakarta	728	57,0	550	43,0	1.278
15	East Java	13.329	56,2	10.374	43,8	23.703
16	Banten	4.807	60,2	3.178	39,8	7.985
17	Bali	891	60,4	584	39,6	1.475
18	West Nusa Tenggara	2.505	60,5	1.637	39,5	4.142
19	East Nusa Tenggara	2.395	55,7	1.908	44,3	4.303
20	West Kalimantan	2.987	65,6	1.568	34,4	4.555
21	Central Kalimantan	915	63,3	531	36,7	1.446
22	South Kalimantan	2.093	61,1	1.331	38,9	3.424
23	East Kalimantan	1.649	63,5	946	36,5	2.595
24	North Sulawesi	3.148	60,8	2.027	39,2	5.175
25	Central Sulawesi	1.645	60,8	1.060	39,2	2.705
26	South Sulawesi	5.270	59,0	3.662	41,0	8.932
27	South East Sulawesi	2.446	58,1	1.764	41,9	4.210
28	Gorontalo	1.104	60,5	721	39,5	1.825
29	West Sulawesi	756	59,5	514	40,5	1.270
30	Maluku	1.277	57,0	965	43,0	2.242
31	North Maluku	650	62,0	399	38,0	1.049
32	West Papua	401	54,5	335	45,5	736
33	Papua	1.440	56,1	1.129	43,9	2.569
Indonesia		117.444	59,8	78.866	40,2	196.310

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.2

**NUMBER OF NEW CASES AFP POSITIVE FOR PULMONARY TUBERCULOSIS
BY AGE GROUP, SEX AND PROVINCE, 2013**

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	16	5	256	211	450	250	419	232	485	236	420	199	180	65	2.226	1.198	3.424
2	North Sumatera	45	43	1.482	1.009	2.260	1.301	2.333	1.203	2.607	1.130	1.972	730	603	212	11.302	5.628	16.930
3	West Sumatera	19	22	430	320	682	348	514	290	604	291	616	270	291	113	3.156	1.654	4.810
4	Riau	14	11	295	253	535	326	509	267	422	220	367	134	108	52	2.250	1.263	3.513
5	Jambi	21	9	236	209	386	265	379	246	384	243	344	168	172	58	1.922	1.198	3.120
6	South Sumatera	20	10	446	335	777	481	714	456	714	469	644	335	294	143	3.609	2.229	5.838
7	Bengkulu	8	11	113	83	194	146	214	132	227	121	229	85	95	45	1.080	623	1.703
8	Lampung	20	20	397	377	759	560	844	467	736	480	766	391	431	163	3.953	2.458	6.411
9	Bangka Belitung Island	2	2	82	69	151	80	142	66	113	57	88	45	60	23	638	342	980
10	Riau Islands	5	10	133	144	250	198	182	98	121	70	101	42	58	17	850	579	1.429
11	DKI Jakarta	24	19	984	808	1.376	829	1.094	667	970	639	633	297	183	104	5.264	3.363	8.627
12	West Java	83	118	3.502	3.418	4.519	3.293	3.740	2.829	3.348	2.399	2.859	1.568	1.235	549	19.286	14.174	33.460
13	Central Java	34	72	1.590	1.798	2.260	1.945	2.087	1.719	2.298	1.684	2.178	1.275	1.025	481	11.472	8.974	20.446
14	DI Yogyakarta	4	3	136	131	133	119	121	91	133	82	116	72	85	52	728	550	1.278
15	East Java	81	109	1.499	1.824	2.305	1.975	2.348	1.942	3.057	2.225	2.826	1.738	1.213	561	13.329	10.374	23.703
16	Banten	15	23	866	723	1.254	829	972	603	829	560	658	342	213	98	4.807	3.178	7.985
17	Bali	2	5	124	101	184	153	177	119	159	81	137	68	108	57	891	584	1.475
18	West Nusa Tenggara	18	18	302	257	469	342	440	306	515	326	548	293	213	95	2.505	1.637	4.142
19	East Nusa Tenggara	19	26	328	399	502	386	358	328	432	303	437	277	319	189	2.395	1.908	4.303
20	West Kalimantan	31	38	329	225	571	316	618	334	614	320	576	254	248	81	2.987	1.568	4.555
21	Central Kalimantan	6	5	95	101	184	116	199	101	205	111	161	76	65	21	915	531	1.446
22	South Kalimantan	10	15	248	201	373	255	448	310	460	297	393	193	161	60	2.093	1.331	3.424
23	East Kalimantan	10	6	214	187	356	209	341	223	344	175	260	109	124	37	1.649	946	2.595
24	North Sulawesi	21	27	427	309	539	388	581	435	668	372	579	326	333	170	3.148	2.027	5.175
25	Central Sulawesi	11	13	189	187	329	225	337	229	334	194	284	143	161	69	1.645	1.060	2.705
26	South Sulawesi	11	17	660	677	994	657	1.037	732	1.067	728	994	599	507	252	5.270	3.662	8.932
27	South East Sulawesi	6	15	296	310	456	400	458	313	517	322	508	307	205	97	2.446	1.764	4.210
28	Gorontalo	12	7	153	136	225	144	218	139	223	135	197	123	76	37	1.104	721	1.825
29	West Sulawesi	2	6	95	109	165	103	150	105	153	86	132	78	59	27	756	514	1.270
30	Maluku	14	18	207	180	256	200	228	181	270	175	184	132	118	79	1.277	965	2.242
31	North Maluku	11	12	113	86	149	90	124	82	103	61	104	52	46	16	650	399	1.049
32	West Papua	2	7	92	91	124	120	66	52	58	31	45	28	14	6	401	335	736
33	Papua	45	43	428	390	433	361	253	171	176	103	85	49	20	12	1.440	1.129	2.569
Indonesia		642	765	16.747	15.658	24.600	17.410	22.645	15.468	23.346	14.726	20.441	10.798	9.023	4.041	117.444	78.866	196.310
		0,72%		16,51%		21,40%		19,41%		19,39%		15,91%		6,65%				

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Remarks : M = Male F = Female T = Total Male + Female

Annex 6.3

**RESULT OF COVERAGE OF PULMONARY TUBERCULOSIS CASE DETECTION
BY PROVINCE 2013**

No	Province	Case Detection Coverage							
		All cases			Positive AFP			Case Notification Rate (CNR)	
		Male	Female	Total	Male	Female	Total	All cases	AFP Positive
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	Aceh	2.676	1.485	4.161	2.226	1.198	3.424	89,8	73,9
2	North Sumatera	14.545	7.409	21.954	11.302	5.628	16.930	156,3	120,5
3	West Sumatera	4.455	2.418	6.873	3.156	1.654	4.810	135,2	94,6
4	Riau	3.305	1.942	5.247	2.250	1.263	3.513	91,0	60,9
5	Jambi	2.129	1.353	3.482	1.922	1.198	3.120	115,5	103,5
6	South Sumatera	5.280	3.422	8.702	3.609	2.229	5.838	114,3	76,7
7	Bengkulu	1.445	837	2.282	1.080	623	1.703	129,4	96,5
8	Lampung	5.055	3.286	8.341	3.953	2.458	6.411	105,7	81,3
9	Bangka Belitung Islands	968	597	1.565	638	342	980	130,6	81,8
10	Riau Islands	1.931	1.299	3.230	850	579	1.429	180,9	80,0
11	DKI Jakarta	14.048	10.043	24.091	5.264	3.363	8.627	254,1	91,0
12	West Java	34.428	27.293	61.721	19.286	14.174	33.460	141,0	76,4
13	Central Java	21.835	17.869	39.704	11.472	8.974	20.446	117,7	60,6
14	DI Yogyakarta	1.471	1.208	2.679	728	550	1.278	73,8	35,2
15	East Java	23.118	19.263	42.381	13.329	10.374	23.703	111,6	62,4
16	Banten	7.982	5.851	13.833	4.807	3.178	7.985	131,5	75,9
17	Bali	1.798	1.229	3.027	891	584	1.475	82,3	40,1
18	West Nusa Tenggara	3.725	2.653	6.378	2.505	1.637	4.142	135,6	88,1
19	East Nusa Tenggara	3.314	2.676	5.990	2.395	1.908	4.303	120,8	86,8
20	West Kalimantan	3.583	1.917	5.500	2.987	1.568	4.555	119,8	99,2
21	Central Kalimantan	1.606	950	2.556	915	531	1.446	116,5	65,9
22	South Kalimantan	3.069	2.015	5.084	2.093	1.331	3.424	137,8	92,8
23	East Kalimantan	2.750	1.744	4.494	1.649	946	2.595	130,4	75,3
24	North Sulawesi	3.402	2.204	5.606	3.148	2.027	5.175	242,9	224,2
25	Central Sulawesi	2.190	1.402	3.592	1.645	1.060	2.705	135,8	102,3
26	South Sulawesi	7.206	5.005	12.211	5.270	3.662	8.932	147,0	107,5
27	South East Sulawesi	2.557	1.867	4.424	2.446	1.764	4.210	193,3	183,9
28	Gorontalo	1.244	813	2.057	1.104	721	1.825	199,9	177,3
29	West Sulawesi	858	588	1.446	756	514	1.270	130,4	114,5
30	Maluku	2.234	1.734	3.968	1.277	965	2.242	280,5	158,5
31	North Maluku	928	620	1.548	650	399	1.049	149,2	101,1
32	West Papua	1.170	962	2.132	401	335	736	267,0	92,2
33	Papua	3.669	3.166	6.835	1.440	1.129	2.569	302,3	113,6
Indonesia		189.974	137.120	327.094	117.444	78.866	196.310	135,0	81,0
Case Detection Rate							80,99%		

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.4

**PREVALENCE OF PULMONARY TB BASED ON DIAGNOSIS AND SYMPTOM
BY PROVINCE, RISKESDAS 2013**

No	Province	TB Diagnosis (%)	Symptom (%)	
			Prolonged Cough \geq 2 weeks	Bleeding Cough
(1)	(2)	(3)	(4)	(5)
1	Aceh	0,3	4,2	3,5
2	North Sumatera	0,2	3,8	2,7
3	West Sumatera	0,2	3,2	3,0
4	Riau	0,1	1,8	2,5
5	Jambi	0,2	2,7	2,7
6	South Sumatera	0,2	3,2	2,8
7	Bengkulu	0,2	3,2	1,8
8	Lampung	0,1	2,5	2,2
9	Bangka Belitung Islands	0,3	3,8	2,2
10	Riau Islands	0,2	2,3	2,5
11	DKI Jakarta	0,6	4,2	1,9
12	West Java	0,7	3,3	2,8
13	Central Java	0,4	3,8	3,0
14	DI Yogyakarta	0,3	4,9	0,9
15	East Java	0,2	5,0	2,4
16	Banten	0,4	2,7	3,2
17	Bali	0,1	4,0	2,5
18	West Nusa Tenggara	0,3	4,4	3,8
19	East Nusa Tenggara	0,3	8,8	4,0
20	West Kalimantan	0,2	2,8	3,0
21	Central Kalimantan	0,3	3,2	2,8
22	South Kalimantan	0,3	4,4	3,1
23	East Kalimantan	0,2	2,5	1,6
24	North Sulawesi	0,3	4,1	3,7
25	Central Sulawesi	0,2	4,9	3,7
26	South Sulawesi	0,3	6,6	3,3
27	South East Sulawesi	0,2	4,3	4,4
28	Gorontalo	0,5	4,6	4,8
29	West Sulawesi	0,3	4,6	3,1
30	Maluku	0,3	3,4	3,8
31	North Maluku	0,2	4,7	4,3
32	West Papua	0,4	3,5	2,7
33	Papua	0,6	5,1	4,5
Indonesia		0,4	3,9	2,8

Source : National Institute for Health Research Development (NHRD), MoH RI, Riseskdas, 2013

Annex 6.5

**COVERAGE OF CURED POSITIVE AFP PULMONARY TB, COMPLETE TREATMENT
AND SUCCESS RATE BY PROVINCE, 2013**

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	2.712	2.381	87,8	119	4,4	2.500	92,2
2	North Sumatera	18.095	16.474	91,0	635	3,5	17.109	94,6
3	West Sumatera	4.618	3.819	82,7	296	6,4	4.115	89,1
4	Riau	3.066	2.180	71,1	320	10,4	2.500	81,5
5	Jambi	2.938	2.491	84,8	159	5,4	2.650	90,2
6	South Sumatera	5.272	4.518	85,7	469	8,9	4.987	94,6
7	Bengkulu	1.498	1.290	86,1	136	9,1	1.426	95,2
8	Lampung	6.166	5.381	87,3	361	5,9	5.742	93,1
9	Bangka Belitung Islands	1.062	907	85,4	19	1,8	926	87,2
10	Riau Islands	1.219	627	51,4	271	22,2	898	73,7
11	DKI Jakarta	8.878	5.919	66,7	1.281	14,4	7.200	81,1
12	West Java	34.194	28.825	84,3	2.628	7,7	31.453	92,0
13	Central Java	20.266	16.440	81,1	1.373	6,8	17.813	87,9
14	DI Yogyakarta	1.220	957	78,4	67	5,5	1.024	83,9
15	East Java	25.461	21.771	85,5	1.493	5,9	23.264	91,4
16	Banten	8.707	7.347	84,4	922	10,6	8.269	95,0
17	Bali	1.430	1.073	75,0	169	11,8	1.242	86,9
18	West Nusa Tenggara	3.834	3.096	80,8	406	10,6	3.502	91,3
19	East Nusa Tenggara	4.134	3.553	85,9	268	6,5	3.821	92,4
20	West Kalimantan	2.847	2.630	92,4	54	1,9	2.684	94,3
21	Central Kalimantan	1.382	911	65,9	311	22,5	1.222	88,4
22	South Kalimantan	3.378	3.017	89,3	141	4,2	3.158	93,5
23	East Kalimantan	2.618	1.978	75,6	219	8,4	2.197	83,9
24	North Sulawesi	4.942	4.389	88,8	245	5,0	4.634	93,8
25	Central Sulawesi	2.856	2.427	85,0	243	8,5	2.670	93,5
26	South Sulawesi	9.394	7.880	83,9	388	4,1	8.268	88,0
27	South East Sulawesi	3.672	3.157	86,0	317	8,6	3.474	94,6
28	Gorontalo	1.645	1.344	81,7	222	13,5	1.566	95,2
29	West Sulawesi	1.381	1.128	81,7	100	7,2	1.228	88,9
30	Maluku	2.260	1.542	68,2	427	18,9	1.969	87,1
31	North Maluku	1.028	429	41,7	381	37,1	810	78,8
32	West Papua	589	292	49,6	120	20,4	412	69,9
33	Papua	2.091	1.192	57,0	404	19,3	1.596	76,3
	Indonesia	194.853	161.365	82,8	14.964	7,7	176.329	90,5

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Remarks: *Cohort year 2012

Annex 6.6

**NUMBER OF NEW CASES AND CUMULATIVE CASES OF AIDS
BY PROVINCE UNTILL DECEMBER 2013**

No	Province	No of New Case			Cummulative Case
		2011	2012	2013	1987-2013
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	32	27	47	165
2	North Sumatera	30	260	-	1.301
3	West Sumatera	130	120	150	952
4	Riau	118	130	163	992
5	Jambi	47	62	79	437
6	South Sumatera	41	62	-	322
7	Bengkulu	18	6	5	160
8	Lampung	11	137	94	423
9	Bangka Belitung Islands	34	28	59	303
10	Riau Islands	31	99	7	382
11	DKI Jakarta	1.332	1.187	640	7.477
12	West Java	480	184	33	4.131
13	Central Java	546	798	524	3.339
14	DI Yogyakarta	34	243	134	916
15	East Java	1.261	1.276	1.038	8.725
16	Banten	188	208	188	1.042
17	Bali	567	650	641	3.985
18	West Nusa Tenggara	81	123	77	456
19	East Nusa Tenggara	41	44	76	496
20	West Kalimantan	160	89	-	1.699
21	Central Kalimantan	20	7	11	97
22	South Kalimantan	65	80	72	334
23	East Kalimantan	91	34	-	332
24	North Sulawesi	133	144	146	798
25	Central Sulawesi	21	43	81	190
26	South Sulawesi	212	213	250	1.703
27	South East Sulawesi	66	56	51	212
28	Gorontalo	8	14	14	68
29	West Sulawesi	-	3	3	6
30	Maluku	3	117	125	437
31	North Maluku	42	38	42	165
32	West Papua	76	17	9	187
33	Papua	1.367	2.111	849	10.116
Indonesia		7.286	8.610	5.608	52.348

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.7

**NUMBER OF HIV NEW CASES
BY PROVINCE, 2011 - 2013**

No	Province	No of HIV infection		
		2011	2012	2013
(1)	(2)	(3)	(4)	(5)
1	Aceh	31	26	46
2	North Sumatera	1.251	1.337	1.603
3	West Sumatera	132	133	222
4	Riau	439	314	412
5	Jambi	105	203	208
6	South Sumatera	265	230	262
7	Bengkulu	33	40	79
8	Lampung	295	335	189
9	Bangka Belitung Islands	103	132	97
10	Riau Islands	674	792	926
11	DKI Jakarta	4.012	3.926	5.865
12	West Java	1.429	1.416	3.041
13	Central Java	1.057	1.110	2.322
14	DI Yogyakarta	310	272	489
15	East Java	2.715	2.912	3.391
16	Banten	433	395	502
17	Bali	1.557	1.737	1.690
18	West Nusa Tenggara	132	110	170
19	East Nusa Tenggara	352	242	259
20	West Kalimantan	499	465	525
21	Central Kalimantan	68	46	57
22	South Kalimantan	83	88	174
23	East Kalimantan	429	392	467
24	North Sulawesi	222	212	264
25	Central Sulawesi	37	86	147
26	South Sulawesi	611	524	792
27	South East Sulawesi	49	71	100
28	Gorontalo	11	8	26
29	West Sulawesi	5	7	0
30	Maluku	440	295	236
31	North Maluku	46	92	54
32	West Papua	356	535	448
33	Papua	2.850	3.028	3.974
Indonesia		21.031	21.511	29.037

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.8

**NUMBER AND PERCENTAGE OF AIDS CASE AMONG INTRAVENOUS DRUG USER (IDU)
BY PROVINCE UNTIL DECEMBER 2013**

No	Province	Number of AIDS New Cases	Number of AIDS New Cases among IDU	Percentage of AIDS New Cases among IDU	Number of Cumulative AIDS Cases	Number of Cumulative AIDS Cases among IDU	Percentage of Cumulative AIDS Cases among IDU
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Aceh	47	3	6,4	165	32	19,4
2	North Sumatera	-	0	-	1.301	382	29,4
3	West Sumatera	150	15	10,0	952	342	35,9
4	Riau	163	14	8,6	992	163	16,4
5	Jambi	79	19	24,1	437	213	48,7
6	South Sumatera	-	0	-	322	107	33,2
7	Bengkulu	5	0	0,0	160	70	43,8
8	Lampung	94	13	13,8	423	179	42,3
9	Bangka Belitung Islands	59	3	5,1	303	56	18,5
10	Riau Islands	7	0	0,0	382	28	7,3
11	DKI Jakarta	640	171	26,7	7.477	171	2,3
12	West Java	33	2	6,1	4.131	2.493	60,3
13	Central Java	524	8	1,5	3.339	283	8,5
14	DI Yogyakarta	134	2	1,5	916	193	21,1
15	East Java	1.038	74	7,1	8.725	1.547	17,7
16	Banten	188	55	29,3	1.042	441	42,3
17	Bali	641	4	0,6	3.985	421	10,6
18	West Nusa Tenggara	77	0	0,0	456	32	7,0
19	East Nusa Tenggara	76	0	0,0	496	7	1,4
20	West Kalimantan	-	0	-	1.699	283	16,7
21	Central Kalimantan	11	0	0,0	97	11	11,3
22	South Kalimantan	72	1	1,4	334	37	11,1
23	East Kalimantan	-	0	-	332	39	11,7
24	North Sulawesi	146	5	3,4	798	68	8,5
25	Central Sulawesi	81	4	4,9	190	13	6,8
26	South Sulawesi	250	77	30,8	1.703	652	38,3
27	South East Sulawesi	51	0	0,0	212	6	2,8
28	Gorontalo	14	0	0,0	68	8	11,8
29	West Sulawesi	3	0	0,0	6	1	16,7
30	Maluku	125	0	0,0	437	80	18,3
31	North Maluku	42	5	11,9	165	38	23,0
32	West Papua	9	0	0,0	187	5	2,7
33	Papua	849	0	0,0	10.116	6	0,1
Indonesia		5.608	475	8,5	52.348	8.407	16,1

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.9

**NUMBER OF SERVICES, COUNSELING VISIT, AND DIAGNOSTIC TEST OF HIV
BY PROVINCE, 2013**

No	Province	Total Services	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	7	2.447	1.941	1.926	1.894	46	2,4
2	North Sumatera	47	35.329	35.104	35.154	35.118	1.603	4,6
3	West Sumatera	17	6.418	6.434	6.166	6.339	222	3,6
4	Riau	22	23.763	23.587	23.747	23.745	412	1,7
5	Jambi	9	2.751	2.751	2.750	2.750	208	7,6
6	South Sumatera	20	23.358	23.441	23.399	23.384	262	1,1
7	Bengkulu	7	3.987	4.070	4.070	4.062	79	1,9
8	Lampung	10	4.317	4.273	4.266	4.257	189	4,4
9	Bangka Belitung Islands	4	1.288	1.288	1.287	1.287	97	7,5
10	Riau Islands	11	32.674	28.417	27.711	27.693	926	3,3
11	DKI Jakarta	68	97.471	73.095	72.204	73.272	5.865	8,1
12	West Java	275	115.701	127.915	127.631	125.954	3.041	2,4
13	Central Java	109	41.925	45.698	45.788	45.424	2.322	5,1
14	DI Yogyakarta	19	4.471	6.588	6.606	6.469	489	7,4
15	East Java	77	44.920	55.626	55.671	55.445	3.391	6,1
16	Banten	35	8.332	9.032	9.050	8.962	502	5,5
17	Bali	36	23.221	20.818	20.918	20.613	1.690	8,1
18	West Nusa Tenggara	13	11.983	12.781	12.654	12.632	170	1,3
19	East Nusa Tenggara	14	5.857	5.858	5.819	5.908	259	4,5
20	West Kalimantan	21	16.404	18.005	17.905	17.905	525	2,9
21	Central Kalimantan	5	1.202	1.193	1.192	1.141	57	4,8
22	South Kalimantan	8	2.719	2.613	2.614	2.665	174	6,7
23	East Kalimantan	26	18.282	17.951	18.209	18.206	467	2,6
24	North Sulawesi	12	14.187	13.623	13.591	13.999	264	1,9
25	Central Sulawesi	7	2.359	2.359	2.334	2.334	147	6,3
26	South Sulawesi	19	24.335	24.067	24.075	23.874	792	3,3
27	South East Sulawesi	3	6.127	6.324	6.325	6.325	100	1,6
28	Gorontalo	1	1.518	1.525	1.532	1.529	26	1,7
29	West Sulawesi	2	0	0	0	0	0	-
30	Maluku	7	2.063	2.055	2.059	2.043	236	11,5
31	North Maluku	3	746	746	746	745	54	7,2
32	West Papua	15	9.534	12.806	12.469	12.449	448	3,6
33	Papua	61	91.246	76.217	75.041	73.973	3.974	5,3
Indonesia		990	680.935	668.201	664.909	662.396	29.037	4,4

Source: DG of Diseases Control and Environmental Health, MOH RI, 2014

Annex 6.10

**NUMBER OF PNEUMONIA IN UNDERFIVE CHILDREN
BY PROVINCE AND AGE GROUP, 2013**

No	Province	Underfive Children as Target of Pneumonia Case Finding	Realization of Pneumonia Case Finding in Underfive Children							
			Pneumonia		Severe Pneumonia		All types Pneumonia		Total	%
			< 1 Year	1-4 Year	< 1 Year	1-4 Year	< 1 Year	1-4 Year		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	47.258	624	1.602	67	88	691	1.690	2.381	5,04
2	North Sumatera	135.914	6.566	8.752	89	183	6.655	8.935	15.590	11,47
3	West Sumatera	49.377	2.546	8.382	167	231	2.713	8.613	11.326	22,94
4	Riau	58.136	12.377	7.256	9.946	10.121	22.323	17.377	39.700	68,29
5	Jambi	31.916	1.225	4.117	48	70	1.273	4.187	5.460	17,11
6	South Sumatera	76.084	13.995	27.488	826	529	14.821	28.017	42.838	56,30
7	Bengkulu	18.159	341	830	30	45	371	875	1.246	6,86
8	Lampung	123.223	3.140	5.972	192	216	3.332	6.188	9.520	7,73
9	Bangka Belitung Islands	13.374	1.963	4.586	186	281	2.149	4.867	7.016	52,46
10	Riau Islands	18.580	581	1.288	176	160	757	1.448	2.205	12
11	DKI Jakarta	97.620	6.827	14.283	2.331	1.000	9.158	15.283	24.441	25,04
12	West Java	438.440	58.433	99.444	3.690	3.272	62.123	102.716	164.839	37,60
13	Central Java	322.978	18.457	34.868	1.303	1.304	19.760	36.172	55.932	17,32
14	DI Yogyakarta	-	-	-	-	-	-	-	-	-
15	East Java	383.188	23.535	53.623	1.014	1.191	24.549	54.814	79.363	20,71
16	Banten	111.438	10.658	20.559	417	454	11.075	21.013	32.088	28,79
17	Bali	39.694	1.088	2.448	25	35	1.113	2.483	3.596	9,06
18	West Nusa Tenggara	46.066	9.216	15.152	793	741	10.009	15.893	25.902	56,23
19	East Nusa Tenggara	46.849	638	812	143	27	781	839	1.620	3,46
20	West Kalimantan	42.771	970	2.121	35	51	1.005	2.172	3.177	7,43
21	Central Kalimantan	7.830	28	107	3	70	31	177	208	2,66
22	South Kalimantan	36.988	3.867	9.208	156	231	4.023	9.439	13.462	36,40
23	East Kalimantan	-	-	-	-	-	-	-	-	-
24	North Sulawesi	22.640	179	386	6	3	185	389	574	3
25	Central Sulawesi	27.415	3.522	6.954	171	158	3.693	7.112	10.805	39,41
26	South Sulawesi	83.290	2.223	5.130	122	211	2.345	5.341	7.686	9,23
27	South East Sulawesi	23.252	1.300	3.229	12	41	1.312	3.270	4.582	20
28	Gorontalo	11.167	1.702	2.499	65	28	1.767	2.527	4.294	38,45
29	West Sulawesi	11.638	463	835	18	18	481	853	1.334	11,46
30	Maluku	-	-	-	-	-	-	-	-	-
31	North Maluku	11.071	107	249	2	4	109	253	362	3,27
32	West Papua	-	-	-	-	-	-	-	-	-
33	Papua	-	-	-	-	-	-	-	-	-
Indonesia		2.336.354	186.571	342.180	22.033	20.763	208.604	362.943	571.547	24,46

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.11

**PNEUMONIA CASE FATALITY RATE IN UNDERFIVE CHILDREN
BY PROVINCE AND AGE GROUP, 2013**

No	Province	Under five Children with Pneumonia			No of Death caused by Pneumonia in Underfive Children			CFR (%)		
		< 1 Year	1-4 Year	Total	< 1 Year	1-4 Year	Total	< 1 Year	1-4 Year	0-4 Year
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	691	1.690	2.381	0	0	0	0,00	0,00	0,00
2	North Sumatera	6.655	8.935	15.590	2	0	2	0,03	0,00	0,01
3	West Sumatera	2.713	8.613	11.326	29	13	42	1,07	0,15	0,37
4	Riau	22.323	17.377	39.700	0	0	0	0,00	0,00	0,00
5	Jambi	1.273	4.187	5.460	0	0	0	0,00	0,00	0,00
6	South Sumatera	14.821	28.017	42.838	1	1	2	0,01	0,00	0,00
7	Bengkulu	371	875	1.246	114	306	420	30,73	34,97	33,71
8	Lampung	3.332	6.188	9.520	0	0	0	0,00	0,00	0,00
9	Bangka Belitung Island	2.149	4.867	7.016	5	0	5	0,23	0,00	0,07
10	Riau Islands	757	1.448	2.205	0	2	2	0,00	0,14	0,09
11	DKI Jakarta	9.158	15.283	24.441	0	0	0	0,00	0,00	0,00
12	West Java	62.123	102.716	164.839	5.799	360	6.159	9,33	0,35	3,74
13	Central Java	19.760	36.172	55.932	36	31	67	0,18	0,09	0,12
14	DI Yogyakarta	-	-	-	-	-	-	-	-	-
15	East Java	24.549	54.814	79.363	6	2	8	0,02	0,00	0,01
16	Banten	11.075	21.013	32.088	0	0	0	0,00	0,00	0,00
17	Bali	1.113	2.483	3.596	0	0	0	0,00	0,00	0,00
18	West Nusa Tenggara	10.009	15.893	25.902	20	8	28	0,20	0,05	0,11
19	East Nusa Tenggara	781	839	1.620	6	2	8	0,77	0,24	0,49
20	West Kalimantan	1.005	2.172	3.177	1	0	1	0,10	0,00	0,03
21	Central Kalimantan	31	177	208	0	0	0	0,00	0,00	0,00
22	South Kalimantan	4.023	9.439	13.462	0	0	0	0,00	0,00	0,00
23	East Kalimantan	-	-	-	-	-	-	-	-	-
24	North Sulawesi	185	389	574	0	0	0	0,00	0,00	0,00
25	Central Sulawesi	3.693	7.112	10.805	2	2	4	0,05	0,03	0,04
26	South Sulawesi	2.345	5.341	7.686	5	4	9	0,21	0,07	0,12
27	South East Sulawesi	1.312	3.270	4.582	10	3	13	0,76	0,09	0,28
28	Gorontalo	1.767	2.527	4.294	2	1	3	0,11	0,04	0,07
29	West Sulawesi	481	853	1.334	0	1	1	0,00	0,12	0,07
30	Maluku	-	-	-	-	-	-	-	-	-
31	North Maluku	109	253	362	0	0	0	0,00	0,00	0,00
32	West Papua	-	-	-	-	-	-	-	-	-
33	Papua	-	-	-	-	-	-	-	-	-
Indonesia		208.604	362.943	571.547	6.038	736	6.774	2,89	0,20	1,19

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.12

**PERIOD PREVALENCE URTI, PNEUMONIA, PNEUMONIA IN UNDERFIVE, AND PREVALENCE OF PNEUMONIA
BY PROVINCE, RISKESDAS 2013**

No	Province	Period prevalence URTI (%)		Period prevalence Pneumonia (%)		Prevalence of pneumonia (%)		Period Prevalence of Pneumonia in Underfive Children (per 1000 lives)	
		Diagnosis	Diagnosis/ Symptom	Diagnosis	Diagnosis/ Symptom	Diagnosis	Diagnosis/ Symptom	Diagnosis	Diagnosis/ Symptom
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	Aceh	20,1	30,0	0,4	2,6	1,8	5,4	6,1	35,6
2	North Sumatera	10,9	19,9	0,1	1,3	1,1	3,2	1,0	12,4
3	West Sumatera	16,1	25,7	0,2	1,2	1,4	3,1	3,4	10,2
4	Riau	10,9	17,1	0,1	0,9	1,0	2,1	1,7	8,3
5	Jambi	9,8	17,0	0,1	0,9	1,7	3,1	0,0	9,8
6	South Sumatera	11,3	20,2	0,1	0,9	0,9	2,4	0,8	10,8
7	Bengkulu	13,0	20,8	0,1	0,8	1,3	2,7	0,0	8,8
8	Lampung	12,0	17,8	0,1	0,6	1,2	2,3	0,0	7,7
9	Bangka Belitung Islands	9,2	23,4	0,1	2,4	0,9	4,3	4,1	34,8
10	Riau Islands	8,9	19,6	0,1	1,4	1,3	3,2	0,0	22,0
11	DKI Jakarta	12,5	25,2	0,2	2,4	1,8	5,9	2,9	19,6
12	West Java	13,2	24,8	0,2	1,9	2,0	4,9	3,5	18,5
13	Central Java	15,7	26,6	0,2	1,9	2,0	5,0	2,8	19,0
14	DI Yogyakarta	11,3	23,3	0,2	1,7	1,2	4,6	3,2	27,8
15	East Java	15,6	28,3	0,2	1,7	1,3	4,2	2,0	15,8
16	Banten	16,4	25,8	0,2	1,5	1,6	3,8	2,2	19,3
17	Bali	12,2	22,6	0,2	1,5	0,8	3,1	1,6	8,6
18	West Nusa Tenggara	13,2	28,9	0,2	2,2	1,5	5,1	4,1	20,3
19	East Nusa Tenggara	19,2	41,7	0,3	4,6	1,4	10,3	2,0	38,5
20	West Kalimantan	11,1	18,2	0,1	1,1	1,1	2,7	2,1	15,5
21	Central Kalimantan	14,3	25,0	0,2	2,0	1,4	4,4	5,8	32,7
22	South Kalimantan	10,6	26,7	0,1	2,4	1,1	4,8	0,7	25,0
23	East Kalimantan	14,8	22,7	0,2	1,0	1,2	3,0	2,0	6,6
24	North Sulawesi	13,3	24,7	0,3	2,3	1,9	5,7	4,3	23,2
25	Central Sulawesi	8,9	23,6	0,2	3,5	1,5	7,2	0,9	29,9
26	South Sulawesi	11,9	24,9	0,2	2,8	1,7	6,8	1,0	30,3
27	South East Sulawesi	13,4	22,2	0,3	2,2	1,5	5,2	3,2	29,0
28	Gorontalo	9,5	23,2	0,2	1,7	1,2	4,1	2,7	10,7
29	West Sulawesi	9,3	20,9	0,2	3,1	1,0	6,1	0,0	34,8
30	Maluku	13,3	24,9	0,2	2,3	1,4	4,9	1,5	27,9
31	North Maluku	6,9	17,7	0,2	2,0	0,8	4,5	0,0	18,7
32	West Papua	18,9	25,9	0,2	1,3	2,0	4,2	2,8	14,1
33	Papua	17,2	33,1	0,5	2,6	2,9	8,2	4,2	21,2
Indonesia		13,8	25,0	0,2	1,8	1,6	4,5	2,4	18,5

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

Remarks : Periode prevalence of Upper Respiratory Tract Infection (URTI)/Pneumonia/Pneumonia in Underfive Childresn : is calculated in range of time of 1 last month before interview

Prevalence of Pneumonia : is calculated in range of time of > 1 month - last 12 months before interview

Annex 6.13

**INCIDENCE OF DIARRHEA , DIARRHEA IN UNDERFIVE CHILDREN, AND PERIOD PREVALENCE OF DIARRHEA
BY PROVINCE, RISKESDAS 2013**

No	Province	Incidence of Diarrhea (%)		Incidence of Diarrhea in Underfive Children (%)		Period Prevalence of Diarrhea (%)	
		Diagnosis	Symptom	Diagnosis	Symptom	Diagnosis	Symptom
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Aceh	4,1	5,0	9,0	10,2	7,4	9,3
2	North Sumatera	2,1	3,3	4,9	6,7	4,3	6,7
3	West Sumatera	2,3	3,1	5,6	7,1	4,8	6,6
4	Riau	1,6	2,3	4,1	5,2	3,5	5,4
5	Jambi	1,4	1,9	3,5	4,1	3,5	4,8
6	South Sumatera	1,3	2,0	3,9	4,8	2,9	4,5
7	Bengkulu	1,6	2,0	5,3	6,3	3,8	5,2
8	Lampung	1,3	1,6	3,5	3,9	2,9	3,7
9	Bangka Belitung Islands	1,2	1,9	3,5	3,9	2,1	3,4
10	Riau Islands	1,1	1,7	3,0	3,7	2,3	3,5
11	DKI Jakarta	2,5	4,3	6,7	8,9	5,0	8,6
12	West Java	2,5	3,9	6,1	7,9	4,9	7,5
13	Central Java	2,3	3,3	5,4	6,5	4,7	6,7
14	DI Yogyakarta	1,7	3,1	3,9	5,0	3,8	6,6
15	East Java	2,3	3,8	5,1	6,6	4,7	7,4
16	Banten	2,4	3,5	6,3	8,0	4,3	6,4
17	Bali	1,9	2,8	4,0	5,0	3,6	5,5
18	West Nusa Tenggara	2,6	4,1	5,3	6,6	5,3	8,5
19	East Nusa Tenggara	2,6	4,3	4,6	6,7	6,3	10,9
20	West Kalimantan	1,3	1,9	3,5	4,4	2,8	3,9
21	Central Kalimantan	1,8	2,6	4,4	5,5	3,7	5,4
22	South Kalimantan	1,7	3,3	3,9	5,6	3,2	6,3
23	East Kalimantan	1,5	2,4	2,6	3,3	3,4	5,3
24	North Sulawesi	1,8	3,0	2,9	4,2	4,1	6,6
25	Central Sulawesi	2,2	4,4	3,8	6,8	4,5	8,8
26	South Sulawesi	2,8	5,2	5,3	8,1	5,6	10,2
27	South East Sulawesi	2,0	3,4	3,9	5,9	4,1	7,3
28	Gorontalo	2,1	3,6	4,5	5,9	4,3	7,1
29	West Sulawesi	2,5	4,7	4,5	7,2	5,3	10,1
30	Maluku	1,8	2,9	4,6	6,6	3,7	6,0
31	North Maluku	0,9	1,8	2,5	4,6	2,6	4,7
32	West Papua	1,7	2,2	5,1	5,6	3,9	5,2
33	Papua	4,1	6,3	6,8	9,6	8,7	14,7
Indonesia		2,2	3,5	5,2	6,7	4,5	7,0

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

Remarks : Incidence of Diarrhea/Diarrhea in underfive children : is calculated based on rang of time last 2 weeks before interview

Period Prevalence of Diarrhea : is calculated in range of time of > 2 weeks - last 1 months before interview

Annex 6.14

**DIARRHEA OUTBREAK
BY PROVINCE, 2011 - 2013**

No	Province	2011			2012			2013		
		Case	Death	CFR (%)	Case	Death	CFR (%)	Case	Death	CFR (%)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	40	2	5,00	13	6	46,15	0	-	-
2	North Sumatera	0	-	-	245	3	1,22	17	2	11,76
3	West Sumatera	0	-	-	274	7	2,55	0	-	-
4	Riau	163	2	1,23	0	-	-	0	-	-
5	Jambi	0	-	-	0	-	-	0	-	-
6	South Sumatera	0	-	-	292	8	2,74	0	-	-
7	Bengkulu	0	-	-	0	-	-	0	-	-
8	Lampung	33	0	0,00	17	1	5,88	28	1	3,57
9	Bangka Belitung Islands	0	-	-	0	-	-	0	-	-
10	Riau Islands	1.426	2	0,14	74	-	-	0	-	-
11	DKI Jakarta	0	-	-	0	-	-	0	-	-
12	West Java	229	1	0,44	43	1	2,33	0	-	-
13	Central Java	153	-	-	173	2	1,16	294	-	-
14	DI Yogyakarta	0	-	-	75	1	1,33	0	-	-
15	East Java	32	-	-	81	-	-	59	-	-
16	Banten	268	1	0,37	84	1	1,19	0	-	-
17	Bali	0	-	-	22	-	-	0	-	-
18	West Nusa Tenggara	0	-	-	0	-	-	0	-	-
19	East Nusa Tenggara	50	-	-	12	-	-	0	-	-
20	West Kalimantan	0	-	-	0	-	-	0	-	-
21	Central Kalimantan	179	-	-	0	-	-	0	-	-
22	South Kalimantan	0	-	-	0	-	-	0	-	-
23	East Kalimantan	0	-	-	0	-	-	0	-	-
24	North Sulawesi	0	-	-	0	-	-	0	-	-
25	Central Sulawesi	170	2	1,18	97	1	1,03	167	4	2,40
26	South Sulawesi	0	-	-	0	-	-	81	-	-
27	South East Sulawesi	0	-	-	52	-	-	0	-	-
28	Gorontalo	0	-	-	0	-	-	0	-	-
29	West Sulawesi	0	-	-	0	-	-	0	-	-
30	Maluku	1.426	2	0,14	0	-	-	0	-	-
31	North Maluku	0	-	-	40	-	-	0	-	-
32	West Papua	0	-	-	0	-	-	0	-	-
33	Papua	0	-	-	60	3	5,00	0	-	-
Indonesia		4.169	12	0,29	1.654	34	2,06	646	7	1,08

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Note : CFR = Case Fatality Rate

Annex 6.15

**CASE DETECTION AND TREATMENT OF DIARRHEA
BY PROVINCE, 2013**

No	Province	Estimation No of Diarrhea in Health Center	Treated Cases	%Treated Cases
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
1	Aceh	102.593	97.901	95,43
2	North Sumatera	325.228	134.448	41,34
3	West Sumatera	107.756	112.986	104,85
4	Riau	111.955	118.286	105,65
5	Jambi	60.121	14.613	24,31
6	South Sumatera	156.679	188.028	120,01
7	Bengkulu	39.710	9.531	24,00
8	Lampung	163.136	-	-
9	Bangka Belitung Islands	28.671	27.816	97,02
10	Riau Islands	41.464	-	-
11	DKI Jakarta	189.880	223.709	117,82
12	West Java	922.558	1.170.420	126,87
13	Central Java	689.820	293.883	42,60
14	DI Yogyakarta	74.807	-	-
15	East Java	770.184	672.700	87,34
16	Banten	201.156	247.714	123,15
17	Bali	83.277	35.303	42,39
18	West Nusa Tenggara	97.627	189.778	194,39
19	East Nusa Tenggara	98.958	23.561	23,81
20	West Kalimantan	96.492	52.126	54,02
21	Central Kalimantan	49.837	7.789	15,63
22	South Kalimantan	82.188	-	-
23	East Kalimantan	84.911	-	-
24	North Sulawesi	50.390	17.931	35,58
25	Central Sulawesi	59.645	-	-
26	South Sulawesi	164.129	177.836	108,35
27	South East Sulawesi	46.810	10.331	22,07
28	Gorontalo	22.316	27.427	122,90
29	West Sulawesi	24.007	43.435	180,93
30	Maluku	20.989	-	-
31	North Maluku	22.567	5.441	24,11
32	West Papua	18.120	-	-
33	Papua	70.849	-	-
Indonesia		5.078.830	3.902.993	87,46

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.16

**NUMBER OF NEW CASE OF LEPROCY AND CASE DETECTION RATE (CDR) PER 100.000 POPULATION
BY PROVINCE AND SEX, 2013**

No	Province	Population			Classification			Sex of Leprocy Cases			Case Detection Rate per 100.000 population		
		Male	Female	Total	PB	MB	PB + MB	Male	Female	Total	Male	Female	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	Aceh	2.336.235	2.335.639	4.671.874	171	404	575	337	238	575	14,42	10,19	12,31
2	North Sumatera	6.686.105	6.705.126	13.391.231	31	144	175	109	66	175	1,63	0,98	1,31
3	West Sumatera	2.496.318	2.538.993	5.035.311	24	66	90	65	25	90	2,60	0,98	1,79
4	Riau	3.163.482	2.980.192	6.143.674	6	75	81	60	21	81	1,90	0,70	1,32
5	Jambi	1.701.091	1.628.796	3.329.887	17	73	90	61	29	90	3,59	1,78	2,70
6	South Sumatera	3.998.335	3.859.102	7.857.437	22	174	196	119	77	196	2,98	2,00	2,49
7	Bengkulu	918.667	881.001	1.799.668	7	28	35	26	9	35	2,83	1,02	1,94
8	Lampung	4.055.310	3.825.459	7.880.769	15	118	133	92	41	133	2,27	1,07	1,69
9	Bangka Belitung Islands	694.047	645.727	1.339.774	4	26	30	23	7	30	3,31	1,08	2,24
10	Riau Islands	993.305	944.272	1.937.577	8	33	41	32	9	41	3,22	0,95	2,12
11	DKI Jakarta	5.069.248	4.932.695	10.001.943	20	263	283	203	80	283	4,00	1,62	2,83
12	West Java	23.136.432	22.336.398	45.472.830	223	1.957	2.180	1.463	717	2.180	6,32	3,21	4,79
13	Central Java	16.239.620	16.444.959	32.684.579	244	1.521	1.765	1.172	593	1.765	7,22	3,61	5,40
14	DI Yogyakarta	1.758.098	1.801.982	3.560.080	7	50	57	43	14	57	2,45	0,78	1,60
15	East Java	18.893.068	19.375.757	38.268.825	530	3.602	4.132	2.519	1.613	4.132	13,33	8,32	10,80
16	Banten	5.893.367	5.629.651	11.523.018	95	607	702	424	278	702	7,19	4,94	6,09
17	Bali	2.085.318	2.054.372	4.139.690	7	81	88	71	17	88	3,40	0,83	2,13
18	West Nusa Tenggara	2.255.609	2.396.039	4.651.648	92	255	347	196	151	347	8,69	6,30	7,46
19	East Nusa Tenggara	2.468.008	2.503.794	4.971.802	73	86	159	133	26	159	5,39	1,04	3,20
20	West Kalimantan	2.303.134	2.205.834	4.508.968	6	20	26	23	3	26	1,00	0,14	0,58
21	Central Kalimantan	1.213.109	1.115.714	2.328.823	10	27	37	34	3	37	2,80	0,27	1,59
22	South Kalimantan	1.943.008	1.897.539	3.840.547	10	151	161	130	31	161	6,69	1,63	4,19
23	East Kalimantan	2.088.597	1.879.196	3.967.793	14	143	157	122	35	157	5,84	1,86	3,96
24	North Sulawesi	1.201.332	1.153.336	2.354.668	34	327	361	228	133	361	18,98	11,53	15,33
25	Central Sulawesi	1.427.328	1.359.836	2.787.164	69	255	324	225	99	324	15,76	7,28	11,62
26	South Sulawesi	4.054.974	4.250.180	8.305.154	137	1.035	1.172	769	403	1.172	18,96	9,48	14,11
27	South East Sulawesi	1.189.631	1.180.918	2.370.549	20	223	243	167	76	243	14,04	6,44	10,25
28	Gorontalo	555.584	554.710	1.110.294	19	195	214	139	75	214	25,02	13,52	19,27
29	West Sulawesi	626.895	625.176	1.252.071	46	128	174	110	64	174	17,55	10,24	13,90
30	Maluku	839.425	823.540	1.662.965	69	328	397	215	182	397	25,61	22,10	23,87
31	North Maluku	569.204	545.713	1.114.917	93	425	518	327	191	518	57,45	35,00	46,46
32	West Papua	446.542	400.169	846.711	299	434	733	489	244	733	109,51	60,97	86,57
33	Papua	1.758.058	1.552.657	3.310.715	372	808	1.180	709	471	1.180	40,33	30,34	35,64
	Indonesia	125.058.484	123.364.472	248.422.956	2.794	14.062	16.856	10.835	6.021	16.856	8,66	4,88	6,79

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.17

**PROPORTION OF LEPROSY GRADE 2 DISABILITY (G2D) AND LEPROSY ON 0-14 YEARS OLD CHILDREN
BY PROVINCE, 2013**

No	Province	No of New cases	Grade 2 Disability 2		Leprosy on 0 - 14 years old Children	
			Total	%	Total	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	575	87	15,13	82	14,26
2	North Sumatera	175	23	13,14	50	28,57
3	West Sumatera	90	17	18,89	12	13,33
4	Riau	81	1	1,23	5	6,17
5	Jambi	90	9	10,00	4	4,44
6	South Sumatera	196	65	33,16	7	3,57
7	Bengkulu	35	11	31,43	0	0,00
8	Lampung	133	8	6,02	5	3,76
9	Bangka Belitung Islands	30	4	13,33	5	16,67
10	Riau Islands	41	2	4,88	2	4,88
11	DKI Jakarta	283	27	9,54	26	9,19
12	West Java	2.180	263	12,06	191	8,76
13	Central Java	1.765	197	11,16	111	6,29
14	DI Yogyakarta	57	0	0,00	2	3,51
15	East Java	4.132	521	12,61	362	8,76
16	Banten	702	64	9,12	110	15,67
17	Bali	88	2	2,27	4	4,55
18	West Nusa Tenggara	347	23	6,63	62	17,87
19	East Nusa Tenggara	159	9	5,66	69	43,40
20	West Kalimantan	26	0	0,00	2	7,69
21	Central Kalimantan	37	1	2,70	3	8,11
22	South Kalimantan	161	21	13,04	9	5,59
23	East Kalimantan	157	7	4,46	12	7,64
24	North Sulawesi	361	35	9,70	35	9,70
25	Central Sulawesi	324	23	7,10	42	12,96
26	South Sulawesi	1.172	110	9,39	70	5,97
27	South East Sulawesi	243	15	6,17	22	9,05
28	Gorontalo	214	16	7,48	22	10,28
29	West Sulawesi	174	4	2,30	28	16,09
30	Maluku	397	13	3,27	54	13,60
31	North Maluku	518	12	2,32	79	15,25
32	West Papua	733	15	2,05	221	30,15
33	Papua	1.180	89	7,54	294	24,92
Indonesia		16.856	1.694	10,05	2.002	11,88

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.18

TETANUS NEONATORUM CASE AND RISK FACTOR
BY PROVINCE, 2013

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	4	0	0,0	0	4	0	0	0	2	0	2	0	0	4	0	0	2	0	1	3	0	2	2	0	0	2	0	0		
2	North Sumatera	1	0	0,0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	1	0	0	1	0	0	1	0	1	0	0	
3	West Sumatera	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	0	
4	Riau	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	0	
5	Jambi	2	1	50,0	0	1	0	1	0	0	0	2	0	0	2	0	0	1	1	0	0	2	0	0	0	0	2	0	0	0	
6	South Sumatera	2	1	50,0	0	0	0	2	0	0	0	2	0	0	0	2	0	0	1	1	0	0	2	0	0	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	0	
8	Lampung	5	4	80,0	0	2	1	2	0	2	0	2	1	0	2	3	0	1	1	2	1	2	0	3	0	2	3	0	0	0	
9	Bangka Belitung 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	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	0	
11	DKI Jakarta	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	0	
12	West Java	3	2	66,7	1	2	0	0	0	1	1	1	0	0	0	2	1	1	0	1	1	3	0	0	0	0	3	0	0	0	
13	Central Java	2	1	50,0	0	2	0	0	0	2	0	0	0	0	2	0	0	1	0	1	0	2	0	0	0	0	2	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	0	
15	East Java	19	9	47,4	0	17	0	2	0	3	3	13	0	0	2	15	2	1	0	17	0	14	3	2	0	0	17	2	0	0	
16	Banten	24	17	70,8	0	15	0	9	0	1	3	20	0	0	4	20	0	7	12	1	4	19	4	0	1	24	0	0	0	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	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	0	0
19	East Nusa Tenggara	2	2	100,0	0	2	0	0	0	0	0	1	1	0	0	2	0	0	1	0	1	1	0	1	0	1	0	2	0	0	0
20	West Kalimantan	10	3	30,0	0	7	1	1	1	0	2	7	1	0	0	10	0	1	6	4	0	6	3	1	0	1	0	9	1	0	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	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	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	0	0
24	North Sulawesi	1	1	100,0	0	0	1	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	1	0	0	1	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	0	0	0	0	0	0	0	0	0	0
26	South Sulawesi	2	1	50,0	0	2	0	0	0	1	1	0	0	0	1	1	0	1	1	0	0	2	0	0	0	0	2	0	0	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	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	0	0
29	West 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	0	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	0	0
31	North 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	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	0	0
33	Papua	1	0	0,0	0	1	0	0	0	0	1	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	0
	Indonesia	78	42	53,8	1	55	3	17	2	12	11	51	4	0	18	56	4	16	23	30	9	55	14	8	1	70	8	0	0		

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

updated per April 30, 2014

Annex 6.19

**CASE, DEATH AND INCIDENCE RATE (IR) OF MEASLES
BY PROVINCES, 2013**

No	Province	Population	Cases	Incidence Rate (per 100,000 population)	Death
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	4.671.874	908	19,44	1
2	North Sumatera	13.391.231	74	0,55	0
3	West Sumatera	5.035.311	543	10,78	0
4	Riau	6.143.674	185	3,01	0
5	Jambi	3.329.887	348	10,45	0
6	South Sumatera	7.857.437	299	3,81	0
7	Bengkulu	1.799.668	134	7,45	0
8	Lampung	7.880.769	464	5,89	0
9	Bangka Belitung Islands	1.339.774	34	2,54	0
10	Riau Islands	1.937.577	461	23,79	0
11	DKI Jakarta	10.001.943	1.362	13,62	0
12	West Java	45.472.830	671	1,48	0
13	Central Java	32.684.579	603	1,84	0
14	DI Yogyakarta	3.560.080	641	18,01	0
15	East Java	38.268.825	1.134	2,96	0
16	Banten	11.523.018	1.910	16,58	0
17	Bali	4.139.690	67	1,62	0
18	West Nusa Tenggara	4.651.648	5	0,11	0
19	East Nusa Tenggara	4.778.348	1	0,02	0
20	West Kalimantan	4.433.728	249	5,62	0
21	Central Kalimantan	2.250.539	59	2,62	0
22	South Kalimantan	3.840.547	63	1,64	0
23	East Kalimantan	3.967.793	340	8,57	0
24	North Sulawesi	2.354.668	38	1,61	0
25	Central Sulawesi	2.787.164	189	6,78	0
26	South Sulawesi	8.305.154	450	5,42	0
27	South East Sulawesi	2.370.549	40	1,69	0
28	Gorontalo	1.110.294	13	1,17	0
29	West Sulawesi	1.252.071	14	1,12	0
30	Maluku	1.662.965	28	1,68	0
31	North Maluku	1.114.917	144	12,92	1
32	West Papua	846.711	6	0,71	0
33	Papua	3.310.715	44	1,33	0
Indonesia		248.075.978	11.521	4,64	2

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014
updated per April 30, 2014

Annex 6.20

MEASLES CASE AND VACCINATED MEASLES CASE
BY AGE GROUP AND PROVINCE, 2013

No	Province	Cases based on Age group (Year)										Total of Cases	Total Vaccinated	Proportion of vaccinated case
		<1 Year		1-4 Year		5-9 Year		10-14 Year		≥ 15 Year				
		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	87	8	313	80	251	63	160	33	97	10	908	194	21,37
2	North Sumatera	8	3	30	18	24	17	5	5	7	6	74	49	66,22
3	West Sumatera	38	14	152	86	209	112	88	55	56	31	543	298	54,88
4	Riau	17	2	45	18	62	26	33	16	28	11	185	73	39,46
5	Jambi	39	3	141	91	163	104	61	37	57	21	461	256	55,53
6	South Sumatera	27	6	76	62	93	62	66	45	86	44	348	219	62,93
7	Bengkulu	9	3	20	20	41	36	35	28	29	19	134	106	79,10
8	Lampung	35	21	76	68	88	75	40	35	60	46	299	245	81,94
9	Bangka Belitung Island	8	3	14	9	8	5	1	1	3	3	34	21	61,76
10	Riau Islands	32	20	82	72	115	87	107	79	128	52	464	310	66,81
11	DKI Jakarta	186	0	305	0	313	0	167	0	391	0	1.362	0	0,00
12	West Java	231	38	803	288	536	144	146	58	194	34	1.910	562	29,42
13	Central Java	78	16	186	78	168	59	106	44	133	28	671	225	33,53
14	DI Yogyakarta	16	8	124	104	225	158	68	54	170	84	603	408	67,66
15	East Java	58	1	98	6	101	4	91	4	293	8	641	23	3,59
16	Banten	96	45	271	206	273	232	171	134	323	131	1.134	748	65,96
17	Bali	20	4	41	23	43	19	51	21	94	6	249	73	29,32
18	West Nusa Tenggara	6	0	10	6	7	6	7	1	29	4	59	17	28,81
19	East Nusa Tenggara	9	0	10	8	18	12	5	2	21	13	63	35	55,56
20	West Kalimantan	23	7	51	40	80	63	73	42	113	26	340	178	52,35
21	Central Kalimantan	3	0	12	4	13	4	1	1	9	1	38	10	26,32
22	South Kalimantan	1	0	1	1	4	4	1	2	6	0	13	7	53,85
23	East Kalimantan	20	0	41	11	54	16	54	22	20	2	189	51	26,98
24	North Sulawesi	32	9	144	105	114	83	60	38	100	36	450	271	60,22
25	Central Sulawesi	1	0	2	1	5	4	5	1	1	0	14	6	42,86
26	South Sulawesi	1	0	5	3	16	10	8	6	10	5	40	24	60,00
27	South East Sulawesi	3	2	17	12	14	13	18	14	15	5	67	46	68,66
28	Gorontalo	1	1	0	0	2	1	2	0	0	0	5	2	40,00
29	West Sulawesi	0	0	0	0	0	0	0	0	1	0	1	0	0,00
30	Maluku	5	0	11	4	7	4	3	3	2	0	28	11	39,29
31	North Maluku	14	4	73	22	42	7	12	7	3	0	144	40	27,78
32	West Papua	11	4	12	8	14	8	3	0	4	0	44	20	45,45
33	Papua	5	4	1	0	0	0	0	0	0	0	6	4	66,67
Indonesia		1.120	226	3.167	1.454	3.103	1.438	1.648	788	2.483	626	11.521	4.532	39,34

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014
updated per April 30, 2014

Annex 6.21

**OUTBREAK FREQUENCY AND MEASLES CASE DURING OUTBREAK
BY PROVINCE, 2013**

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	2	1	1	0	35	0
2	North Sumatera	0	0	0	0	0	0
3	West Sumatera	9	8	7	3	98	0
4	Riau	0	0	0	0	0	0
5	Jambi	5	4	4	2	46	0
6	South Sumatera	7	7	6	2	93	0
7	Bengkulu	2	2	2	1	33	0
8	Lampung	8	8	8	4	309	0
9	Bangka Belitung Islands	1	0	0	0	6	0
10	Riau Islands	0	0	0	0	0	0
11	DKI Jakarta	0	0	0	0	0	0
12	West Java	18	11	11	0	205	0
13	Central Java	9	9	9	6	164	0
14	DI Yogyakarta	1	0	0	0	20	0
15	East Java	0	0	0	0	0	0
16	Banten	36	27	25	10	247	0
17	Bali	0	0	0	0	0	0
18	West Nusa Tenggara	0	0	0	0	0	0
19	East Nusa Tenggara	0	0	0	0	0	0
20	West Kalimantan	5	3	3	0	57	0
21	Central Kalimantan	0	0	0	0	0	0
22	South Kalimantan	8	8	8	8	100	0
23	East Kalimantan	0	0	0	0	0	0
24	North Sulawesi	0	0	0	0	0	0
25	Central Sulawesi	5	5	5	0	48	0
26	South Sulawesi	1	1	0	0	20	0
27	South East Sulawesi	6	3	3	3	52	0
28	Gorontalo	1	1	1	1	5	0
29	West Sulawesi	0	0	0	0	0	0
30	Maluku	2	2	1	0	62	0
31	North Maluku	1	1	1	0	26	1
32	West Papua	0	0	0	0	0	0
33	Papua	1	1	1	0	51	0
Indonesia		128	102	96	40	1.677	1

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

updated per April 30, 2014

Annex 6.22

**MEASLES OUTBREAK BASED ON LABORATORY CONFIRMATION
BY PROVINCE, 2013**

No	Province	Laboratory Confirmation											Without Specimen	
		Total Blood (Serum) Sample	Measles		Rubella		Combination of Measles & 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	9	2	35	0	0	0	0	0	0	0	0	0	0
2	North Sumatera	0	0	0	0	0	0	0	0	0	0	0	0	0
3	West Sumatera	45	6	72	1	12	1	9	1	5	0	0	0	0
4	Riau	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Jambi	28	4	40	1	6	0	0	0	0	0	0	0	0
6	South Sumatera	10	1	19	1	14	0	0	0	0	0	0	0	0
7	Bengkulu	35	4	63	1	11	0	0	2	19	0	0	0	0
8	Lampung	53	2	14	5	45	1	250	0	0	0	0	0	0
9	Bangka Belitung Islands	6	0	0	0	0	0	0	0	0	1	6	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	83	10	130	2	9	0	0	6	66	0	0	0	0
13	Central Java	45	0	0	4	109	0	0	5	55	0	0	0	0
14	DI Yogyakarta	4	0	0	0	0	0	0	1	20	0	0	0	0
15	East Java	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Banten	172	32	226	0	0	2	10	1	6	1	5	0	0
17	Bali	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
19	East Nusa Tenggara	0	0	0	0	0	0	0	0	0	0	0	0	0
20	West Kalimantan	20	1	3	2	27	0	0	0	0	2	27	0	0
21	Central Kalimantan	0	0	0	0	0	0	0	0	0	0	0	0	0
22	South Kalimantan	40	0	0	3	34	0	0	0	0	5	66	0	0
23	East Kalimantan	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
25	Central Sulawesi	26	2	27	2	16	0	0	1	5	0	0	0	0
26	South Sulawesi	5	0	0	1	20	0	0	0	0	0	0	0	0
27	South East Sulawesi	23	3	35	1	7	0	0	2	10	0	0	0	0
28	Gorontalo	5	0	0	0	0	0	0	1	5	0	0	0	0
29	West Sulawesi	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Maluku	13	2	62	0	0	0	0	0	0	0	0	0	0
31	North Maluku	5	1	26	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	7	1	51	0	0	0	0	0	0	0	0	0	0
Indonesia		634	71	803	24	310	4	269	20	191	9	104	0	0

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014
updated per April 30, 2014

Annex 6.23

DIPHTHERIA CASE BY AGE GROUP
AND BY PROVINCE, 2013

No	Province	No of cases based on age group (Year)										Total Case	Total Vaccinated	Proportion of Vaccinated case	Total Death	Case Fatality Rate (%)
		<1 Year		1-4 Year		5-9 Year		10-14 Year		≥ 15 Year						
		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	2	1	1	0	1	0	2	1	6	2	33,33	2	33,33
2	North Sumatera	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-
3	West Sumatera	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-
4	Riau	0	0	0	0	1	0	0	0	2	0	3	0	0,00	1	33,33
5	Jambi	2	1	7	3	1	1	1	1	2	1	13	7	53,85	1	7,69
6	South Sumatera	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-
7	Bengkulu	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-
8	Lampung	0	0	0	0	3	3	0	0	0	0	3	3	100,00	0	0,00
9	Bangka Belitung Islands	0	0	1	0	0	0	0	0	0	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	2	0	0	0	1	0	1	0	4	0	0,00	0	0,00
12	West Java	1	0	1	0	2	0	1	0	4	0	9	0	0,00	0	0,00
13	Central Java	0	0	1	1	0	0	6	5	2	0	9	6	66,67	0	0,00
14	DI Yogyakarta	0	0	0	0	1	1	0	0	1	1	2	2	100,00	0	0,00
15	East Java	9	8	147	127	174	137	75	54	205	27	610	353	57,87	24	3,93
16	Banten	0	0	5	2	7	2	8	6	0	0	20	10	50,00	5	25,00
17	Bali	0	0	2	2	1	1	0	0	1	1	4	4	100,00	0	0,00
18	West Nusa Tenggara	0	0	0	0	1	0	0	0	0	0	1	0	0,00	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	7	4	9	1	9	1	3	0	29	6	20,69	3	10,34
21	Central Kalimantan	0	0	0	0	0	0	0	0	0	0	0	0	-	0	-
22	South Kalimantan	0	0	6	0	6	3	1	0	2	0	15	3	20,00	3	20,00
23	East Kalimantan	0	0	3	2	3	0	1	1	8	3	15	6	40,00	0	0,00
24	North Sulawesi	0	0	2	2	1	1	0	0	0	0	3	3	100,00	0	0,00
25	Central Sulawesi	0	0	0	0	0	0	4	0	15	0	19	0	0,00	0	0,00
26	South Sulawesi	0	0	1	1	3	0	4	0	4	0	12	1	8,33	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	0	0	0	0	0	0	-	0	-
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	0	0	0	0	0	0	0	0	-	0	-
	Indonesia	13	9	187	145	214	150	112	68	252	34	778	406	52,19	39	5,01

Source: DG of Diseases Control and Environmental Health, MoHRI, 2014
updated per April 30, 2014

Annex 6.24

**NON POLIO AFP RATE PER 100.000 POPULATION OF LESS THAN 15 YEARS OLD
AND PERCENTAGE OF ADEQUATE SPECIMEN BY PROVINCE, 2013**

No	Province	Non Polio AFP Case	Non Polio AFP Rate per 100.000 population of < 15 years old	Adequate Specimen (%)
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
1	Aceh	54	3,60	88,8
2	North Sumatera	93	2,09	83,3
3	West Sumatera	41	2,56	95,1
4	Riau	36	1,76	83,3
5	Jambi	30	3,00	76,6
6	South Sumatera	76	3,17	89,4
7	Bengkulu	12	2,18	75,0
8	Lampung	69	3,00	91,3
9	Bangka Belitung Islands	18	4,50	44,4
10	Riau Islands	11	2,00	90,9
11	DKI Jakarta	71	2,96	76,0
12	West Java	345	2,59	92,1
13	Central Java	233	2,71	97,8
14	DI Yogyakarta	34	4,25	97,0
15	East Java	221	2,35	86,8
16	Banten	106	3,07	97,1
17	Bali	39	3,71	87,1
18	West Nusa Tenggara	40	2,76	97,5
19	East Nusa Tenggara	115	6,39	73,9
20	West Kalimantan	38	2,71	86,8
21	Central Kalimantan	12	1,71	83,3
22	South Kalimantan	25	2,27	88,0
23	East Kalimantan	25	2,08	80,0
24	North Sulawesi	25	3,85	92,0
25	Central Sulawesi	34	3,78	88,2
26	South Sulawesi	53	2,08	75,4
27	South East Sulawesi	23	2,71	82,6
28	Gorontalo	20	5,71	90,0
29	West Sulawesi	5	1,11	60,0
30	Maluku	16	2,67	87,5
31	North Maluku	15	3,75	86,6
32	West Papua	5	1,67	100,0
33	Papua	23	2,00	69,5
Indonesia		1.963	2,74	87,7

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014
updated per March 18, 2014

Annex 6.25

**CASE AND ANNUAL PARASITE INCIDENCE PER 1,000 POPULATION AT RISK OF MALARIA
BY PROVINCE, 2013**

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	4.671.874	46.136	39.912	5.747	45.659	2.058	4,51	0,44
2	North Sumatera	13.391.231	102.586	57.109	25.072	82.181	17.404	21,18	1,30
3	West Sumatera	5.035.311	5.764	5.150	400	5.550	1.292	23,28	0,26
4	Riau	6.143.674	17.650	10.192	5.632	15.824	1.404	8,87	0,23
5	Jambi	3.329.887	43.866	27.540	6.171	33.711	3.705	10,99	1,11
6	South Sumatera	7.857.437	43.056	22.361	6.168	28.529	3.080	10,80	0,39
7	Bengkulu	1.799.668	45.818	28.046	10.703	38.749	7.004	18,08	3,89
8	Lampung	7.880.769	24.194	18.685	5.323	24.008	2.678	11,15	0,34
9	Bangka Belitung Islands	1.339.774	62.067	54.914	6.052	60.966	1.721	2,82	1,28
10	Riau Islands	1.937.577	7.094	4.439	2.161	6.600	958	14,52	0,49
11	DKI Jakarta	10.001.943	0	0	0	0	0	-	0,00
12	West Java	45.472.830	31.235	31.231	4	31.235	212	0,68	0,00
13	Central Java	32.684.579	55.357	55.049	308	55.357	1.157	2,09	0,04
14	DI Yogyakarta	3.560.080	80	80	0	80	73	91,25	0,02
15	East Java	38.268.825	29.726	29.554	172	29.726	7	0,02	0,00
16	Banten	11.523.018	2.859	1.342	89	1.431	97	6,78	0,01
17	Bali	4.139.690	10.616	10.616	0	10.616	0	0,00	0,00
18	West Nusa Tenggara	4.651.648	91.994	78.263	13.731	91.994	2.666	2,90	0,57
19	East Nusa Tenggara	4.971.802	377.734	339.479	13.823	353.302	81.386	23,04	16,37
20	West Kalimantan	4.508.968	37.598	21.744	14.722	36.466	1.047	2,87	0,23
21	Central Kalimantan	2.328.823	25.371	12.121	12.542	24.663	4.660	18,89	2,00
22	South Kalimantan	3.840.547	13.511	10.477	4.121	14.598	5.508	37,73	1,43
23	East Kalimantan	3.967.793	26.465	7.690	10.108	17.798	1.862	10,46	0,47
24	North Sulawesi	2.354.668	22.506	15.215	8.048	23.263	2.605	11,20	1,11
25	Central Sulawesi	2.787.164	41.682	23.815	12.075	35.890	3.140	8,75	1,13
26	South Sulawesi	8.305.154	55.893	44.473	10.177	54.650	2.109	3,86	0,25
27	South East Sulawesi	2.370.549	21.019	13.470	7.507	20.977	1.472	7,02	0,62
28	Gorontalo	1.110.294	13.850	6.982	6.868	13.850	1.204	8,69	1,08
29	West Sulawesi	1.252.071	22.138	17.234	13.352	30.586	504	1,65	0,40
30	Maluku	1.662.965	48.818	38.127	4.260	42.387	13.721	32,37	8,25
31	North Maluku	1.114.917	21.630	16.054	3.704	19.758	5.030	25,46	4,51
32	West Papua	846.711	123.283	101.447	10.096	111.543	32.547	29,18	38,44
33	Papua	3.310.715	361.660	305.169	41.045	346.214	141.216	40,79	42,65
Indonesia		248.422.956	1.833.256	1.447.980	260.181	1.708.161	343.527	20,11	1,38

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.26

**INCIDENCE & PREVALENCE OF MALARIA
BY PROVINCE, RISKESDAS 2013**

No	Province	Incidence of Malaria (%)		Prevalence of Malaria (%)	
		Diagnosis	Diagnosis/Symptom	Diagnosis	Diagnosis/Symptom
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	0,3	2,4	1,6	6,1
2	North Sumatera	0,3	1,4	1,2	5,2
3	West Sumatera	0,3	1,4	1,1	4,3
4	Riau	0,1	0,6	0,8	2,5
5	Jambi	0,5	1,3	1,9	4,7
6	South Sumatera	0,2	1,0	1,3	4,0
7	Bengkulu	1,5	2,3	5,7	9,3
8	Lampung	0,2	0,7	1,3	3,4
9	Bangka Belitung Islands	0,9	2,6	4,4	8,7
10	Riau Islands	0,1	0,8	1,5	4,2
11	DKI Jakarta	0,0	2,0	0,3	5,8
12	West Java	0,1	1,6	0,5	4,7
13	Central Java	0,0	1,5	0,6	5,1
14	DI Yogyakarta	0,1	1,4	0,5	5,3
15	East Java	0,0	1,8	0,5	5,2
16	Banten	0,0	1,4	0,4	4,3
17	Bali	0,0	0,8	0,4	2,7
18	West Nusa Tenggara	0,5	3,0	2,5	9,0
19	East Nusa Tenggara	2,6	6,8	10,3	23,3
20	West Kalimantan	0,4	1,4	1,6	4,6
21	Central Kalimantan	0,4	1,5	2,2	6,4
22	South Kalimantan	0,1	2,8	1,1	7,3
23	East Kalimantan	0,2	0,9	1,4	4,3
24	North Sulawesi	0,7	2,7	3,7	10,0
25	Central Sulawesi	1,3	5,1	4,0	12,5
26	South Sulawesi	0,2	3,1	1,0	8,1
27	South East Sulawesi	0,2	1,9	1,2	5,6
28	Gorontalo	0,2	1,9	1,1	5,6
29	West Sulawesi	0,4	2,8	1,3	7,5
30	Maluku	1,2	3,8	3,9	10,7
31	North Maluku	1,1	3,2	4,7	11,3
32	West Papua	4,5	6,7	12,2	19,4
33	Papua	6,1	9,8	17,5	28,6
Indonesia		0,3	1,9	1,4	6,0

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

Annex 6.27

**ANNUAL PARASITE INCIDENCE (API) OF MALARIA
BY PROVINCE, 2010-2013**

No	Province	API			
		2010	2011	2012	2013
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	0,88	0,76	0,44	0,44
2	North Sumatera	0,95	0,85	0,84	1,30
3	West Sumatera	0,38	0,09	0,25	0,26
4	Riau	1,02	0,15	0,20	0,23
5	Jambi	2,18	1,08	1,29	1,11
6	South Sumatera	1,80	0,22	0,20	0,39
7	Bengkulu	6,86	3,89	5,32	3,89
8	Lampung	0,54	0,49	0,18	0,34
9	Bangka Belitung Islands	7,77	3,66	2,66	1,28
10	Riau Islands	6,59	1,91	2,47	0,49
11	DKI Jakarta	0,00	0,00	0,00	0,00
12	West Java	0,43	0,01	0,01	0,00
13	Central Java	0,10	0,01	0,03	0,04
14	DI Yogyakarta	0,01	0,00	0,06	0,02
15	East Java	0,10	0,00	0,02	0,00
16	Banten	0,01	0,01	0,02	0,01
17	Bali	0,03	0,00	0,00	0,00
18	West Nusa Tenggara	2,08	0,93	0,82	0,57
19	East Nusa Tenggara	31,72	22,09	19,41	16,37
20	West Kalimantan	6,18	2,21	0,85	0,23
21	Central Kalimantan	4,34	3,74	3,48	2,00
22	South Kalimantan	1,56	2,31	2,06	1,43
23	East Kalimantan	1,92	1,46	1,15	0,47
24	North Sulawesi	6,11	3,21	2,35	1,11
25	Central Sulawesi	5,69	3,35	2,49	1,13
26	South Sulawesi	0,54	0,38	0,19	0,25
27	South East Sulawesi	1,00	1,48	0,79	0,62
28	Gorontalo	2,29	2,14	1,64	1,08
29	West Sulawesi	1,07	2,22	1,23	0,40
30	Maluku	8,98	8,34	7,42	8,25
31	North Maluku	12,32	4,57	5,08	4,51
32	West Papua	61,18	73,21	52,27	38,44
33	Papua	54,94	52,80	60,56	42,65
Indonesia		1,98	1,75	1,69	1,38

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.28

**PROPORTION OF MALARIA CASES TREATED AS MoH PROGRAM
AND TREATED INDEPENDENTLY BY PROVINCE , RISKESDAS 2013**

No	Province	Malaria cases treated				Take Anti Malaria medicine with/without specific symptom
		Get ACT medicine program	Get medicine in the first 24 hours	Take the medicine for 3 days long	Efective medication with ACT	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	33,1	44,1	70,4	33,3	0,7
2	North Sumatera	20,9	62,9	84,8	55,7	0,8
3	West Sumatera	18,9	42,2	69,4	30,2	0,7
4	Riau	13,4	60,0	76,4	48,8	0,2
5	Jambi	21,7	59,4	72,2	46,1	0,4
6	South Sumatera	22,4	48,0	76,6	41,5	0,6
7	Bengkulu	28,6	62,7	81,9	53,6	1,1
8	Lampung	13,9	45,1	71,4	36,5	0,4
9	Bangka Belitung Islands	47,9	67,1	86,4	59,2	0,9
10	Riau Islands	43,7	37,9	83,6	33,6	0,7
11	DKI Jakarta	14,3	20,1	81,6	20,1	0,5
12	West Java	7,9	25,3	78,6	24,0	0,4
13	Central Java	18,7	50,1	84,8	45,2	0,3
14	DI Yogyakarta	11,6	51,6	71,0	40,3	0,4
15	East Java	21,1	50,4	65,1	34,1	0,4
16	Banten	10,8	44,3	69,0	32,4	0,2
17	Bali	23,2	53,7	89,2	49,1	0,3
18	West Nusa Tenggara	36,4	52,3	70,6	36,1	0,8
19	East Nusa Tenggara	55,0	52,9	86,8	48,3	2,7
20	West Kalimantan	17,8	59,7	70,6	44,9	0,7
21	Central Kalimantan	25,5	56,2	81,6	50,5	0,6
22	South Kalimantan	29,9	48,4	69,7	31,2	0,9
23	East Kalimantan	39,4	54,2	88,1	48,4	0,4
24	North Sulawesi	34,9	55,5	85,2	47,2	1,7
25	Central Sulawesi	29,9	48,9	72,4	40,4	2,8
26	South Sulawesi	29,8	35,8	74,1	27,9	0,8
27	South East Sulawesi	27,8	34,8	67,1	20,4	0,6
28	Gorontalo	44,8	46,2	75,3	32,2	1,0
29	West Sulawesi	26,8	44,0	72,2	34,5	0,8
30	Maluku	39,6	54,6	78,1	44,6	1,9
31	North Maluku	52,3	49,6	80,5	42,0	2,3
32	West Papua	42,8	63,4	78,0	49,6	5,1
33	Papua	49,6	55,2	83,6	50,0	4,1
Indonesia		33,7	52,9	81,1	45,5	0,6

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

Annex 6.29

**CASE, DEATH, CASE FATALITY RATE (%) AND INCIDENCE RATE PER 100,000 POPULATION OF DENGUE HAEMORRHAGIC FEVER (DHF)
BY PROVINCE, 2013**

No	Province	Population Number	Dengue Hemorrhagic Fever			
			No of Case	Incidence Rate per 100,000 population	No of Death Case	Case Fatality Rate (%)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	4.726.001	1.369	28,97	13	0,95
2	North Sumatera	12.893.642	3.223	25,00	12	0,37
3	West Sumatera	4.730.613	2.206	46,63	16	0,73
4	Riau	6.143.674	1.398	22,76	11	0,79
5	Jambi	3.249.012	638	19,64	18	2,82
6	South Sumatera	7.593.425	1.436	18,91	3	0,21
7	Bengkulu	1.821.649	414	22,73	0	0,00
8	Lampung	7.049.523	4.573	64,87	45	0,98
9	Bangka Belitung Islands	1.266.391	741	58,51	20	2,70
10	Riau Islands	1.941.159	913	47,03	7	0,77
11	DKI Jakarta	9.761.992	10.156	104,04	20	0,20
12	West Java	45.736.365	23.118	50,55	162	0,70
13	Central Java	36.745.961	15.144	41,21	182	1,20
14	DI Yogyakarta	3.457.491	3.319	95,99	16	0,48
15	East Java	38.054.487	14.895	39,14	156	1,05
16	Banten	10.690.278	3.977	37,20	30	0,75
17	Bali	4.043.773	6.813	168,48	5	0,07
18	West Nusa Tenggara	4.058.506	1.703	41,96	5	0,29
19	East Nusa Tenggara	4.804.719	449	9,34	10	2,23
20	West Kalimantan	4.249.142	775	18,24	13	1,68
21	Central Kalimantan	2.393.471	1.035	43,24	7	0,68
22	South Kalimantan	3.449.117	1.085	31,46	11	1,01
23	East Kalimantan	3.874.580	3.593	92,73	29	0,81
24	North Sulawesi	2.265.937	1.151	50,80	9	0,78
25	Central Sulawesi	2.660.974	1.778	66,82	11	0,62
26	South Sulawesi	8.386.763	4.261	50,81	43	1,01
27	South East Sulawesi	2.221.448	1.135	51,09	10	0,88
28	Gorontalo	1.012.191	238	23,51	3	1,26
29	West Sulawesi	1.145.922	500	43,63	0	0,00
30	Maluku	1.501.359	33	2,20	0	0,00
31	North Maluku	1.106.631	242	21,87	4	1,65
32	West Papua	564.085	48	8,51	0	0,00
33	Papua	1.793.969	152	8,47	0	0,00
Indonesia		245.394.250	112.511	45,85	871	0,77

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Note: updated per May 5, 2014

Annex 6.30

**DISTRICTS/MUNICIPALITIES INFECTED BY DENGUE HAEMORRHAGIC FEVER
BY PROVINCE, 2011 - 2013**

No	Province	No of District/ Municipality	Infected District / Municipality					
			2011		2012		2013	
			Total	%	Total	%	Total	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Aceh	23	22	95,65	22	95,65	20	86,96
2	North Sumatera	33	23	69,70	25	75,76	26	78,79
3	West Sumatera	19	17	89,47	18	94,74	17	89,47
4	Riau	12	12	100,00	12	100,00	12	100,00
5	Jambi	11	9	81,82	9	81,82	11	100,00
6	South Sumatera	15	14	93,33	14	93,33	13	86,67
7	Bengkulu	10	10	100,00	10	100,00	10	100,00
8	Lampung	14	11	78,57	11	78,57	14	100,00
9	Bangka Belitung Islands	7	7	100,00	7	100,00	7	100,00
10	Riau Islands	7	4	57,14	5	71,43	4	57,14
11	DKI Jakarta	6	6	100,00	6	100,00	6	100,00
12	West Java	26	26	100,00	26	100,00	26	100,00
13	Central Java	35	35	100,00	35	100,00	35	100,00
14	DI Yogyakarta	5	5	100,00	5	100,00	5	100,00
15	East Java	38	38	100,00	38	100,00	38	100,00
16	Banten	8	8	100,00	8	100,00	8	100,00
17	Bali	9	9	100,00	9	100,00	9	100,00
18	West Nusa Tenggara	10	8	80,00	9	90,00	9	90,00
19	East Nusa Tenggara	21	6	28,57	11	52,38	7	33,33
20	West Kalimantan	14	12	85,71	14	100,00	12	85,71
21	Central Kalimantan	14	11	78,57	13	92,86	12	85,71
22	South Kalimantan	13	11	84,62	13	100,00	13	100,00
23	East Kalimantan	14	14	100,00	14	100,00	14	100,00
24	North Sulawesi	15	8	53,33	12	80,00	14	93,33
25	Central Sulawesi	11	10	90,91	11	100,00	11	100,00
26	South Sulawesi	24	20	83,33	23	95,83	22	91,67
27	South East Sulawesi	12	5	41,67	7	58,33	8	66,67
28	Gorontalo	6	4	66,67	6	100,00	6	100,00
29	West Sulawesi	5	3	60,00	4	80,00	5	100,00
30	Maluku	11	2	18,18	6	54,55	4	36,36
31	North Maluku	9	4	44,44	5	55,56	7	77,78
32	West Papua	11	0	0,00	3	27,27	6	54,55
33	Papua	29	0	0,00	6	20,69	1	3,45
Indonesia		497	374	75,25	417	83,90	412	82,90

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.31

**RABIES CASE BY PROVINCE
IN INDONESIA, 2011-2013**

No	Province	2011			2012			2013		
		GHPR	VAR	LYSSA	GHPR	VAR	LYSSA	GHPR	VAR	LYSSA
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Aceh	546	537	2	138	103	0	524	323	1
2	North Sumatera	3.909	2.745	31	4.563	3.816	18	3.468	2.721	5
3	West Sumatera	2.586	1.923	7	2.606	1.975	14	3.037	2.274	8
4	Riau	930	698	6	1.500	1.252	0	5.106	4.359	12
5	Jambi	764	555	0	674	516	0	778	638	0
6	South Sumatera	1.585	1.374	0	982	681	1	772	234	0
7	Bengkulu	788	563	6	775	607	3	926	736	3
8	Lampung	1.047	942	0	450	413	1	1.102	945	0
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	383	174	0	530	192	1	396	317	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	30	0	0	14	9	0	48	18	0
17	Bali	52.798	49.900	23	55.836	52.250	8	37.066	30.359	1
18	West Nusa Tenggara*	0	0	0	0	0	0	0	0	0
19	East Nusa Tenggara	5.500	4.871	12	5.564	5.176	7	5.067	4.172	6
20	West Kalimantan*	0	0	0	0	0	0	0	0	0
21	Central Kalimantan	935	636	2	1.265	825	5	778	581	0
22	South Kalimantan	179	171	2	119	0	0	241	201	0
23	East Kalimantan	315	260	1	92	74	0	141	111	2
24	North Sulawesi	2.961	1.086	26	3.527	1.706	35	2.795	1.331	30
25	Central Sulawesi	976	660	21	1.197	960	4	1.239	1.066	8
26	South Sulawesi	2.454	1.053	0	1.201	841	9	2.022	997	6
27	South East Sulawesi	1.134	959	5	413	389	3	614	541	12
28	Gorontalo	440	226	3	458	292	6	507	350	8
29	West Sulawesi	307	204	0	603	601	0	678	215	1
30	Maluku	237	232	6	198	152	3	1.528	1.275	11
31	North Maluku	3.206	2.074	31	2.045	1.501	19	303	295	5
32	West Papua*	0	0	0	0	0	0	0	0	0
33	Papua*	0	0	0	0	0	0	0	0	0
Indonesia		84.010	71.843	184	84.750	74.331	137	69.136	54.059	119
Persentase VAR/GHPR		85,5%			87,7%			78,2%		

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

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 6.32

**FILARIASIS CASES BY PROVINCE
IN INDONESIA, YEAR 2009-2013**

No	Province	No of Clinical Case of Filariasis				
		2009	2010	2011	2012	2013
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	2.359	2.359	2.359	2.359	2.359
2	North Sumatera	141	141	148	186	186
3	West Sumatera	274	274	274	193	193
4	Riau	532	532	532	310	310
5	Jambi	257	221	222	300	300
6	South Sumatera	210	210	210	185	185
7	Bengkulu	94	94	94	85	85
8	Lampung	74	74	74	74	74
9	Bangka Belitung Islands	207	207	207	207	105
10	Riau Islands	31	31	31	39	39
11	DKI Jakarta	53	53	53	53	53
12	West Java	474	474	480	480	877
13	Central Java	412	412	412	412	412
14	DI Yogyakarta	37	37	37	37	37
15	East Java	219	219	238	238	238
16	Banten	76	76	81	81	81
17	Bali	18	18	18	18	18
18	West Nusa Tenggara	71	71	71	71	71
19	East Nusa Tenggara	1.730	1.730	1.730	1.730	2.203
20	West Kalimantan	253	253	269	269	269
21	Central Kalimantan	225	225	238	238	238
22	South Kalimantan	385	385	385	422	422
23	East Kalimantan	409	409	409	409	409
24	North Sulawesi	30	30	30	30	30
25	Central Sulawesi	451	451	468	474	517
26	South Sulawesi	128	128	129	133	133
27	South East Sulawesi	201	107	119	119	119
28	Gorontalo	224	224	224	224	224
29	West Sulawesi	96	96	96	96	96
30	Maluku	70	70	70	70	70
31	North Maluku	27	27	27	27	27
32	West Papua	988	988	988	988	988
33	Papua	1.158	1.343	1.343	1.346	1.346
Indonesia		11.914	11.969	12.066	11.903	12.714

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.33

**CASE, DEATH AND CASE FATALITY RATE (CFR) OF LEPTOSPIROSIS
BY PROVINCE, 2011 - 2013**

No	Province	2011			2012			2013		
		Case	Death	CFR	Case	Death	CFR	Case	Death	CFR
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	South Sumatera	0	-	-	0	-	-	1	0	0,00
2	DKI Jakarta	11	0	0	10	0	0	66	7	10,61
3	West Java	29	4	13,79	0	0	0	1	0	0,00
4	Central Java	184	33	17,93	129	20	15,50	156	17	10,90
5	DI Yogyakarta	626	43	6,87	72	7	9,72	163	8	4,91
6	East Java	5	2	40,00	28	2	7,14	244	25	10,25
7	Banten	0	-	-	0	-	-	10	3	30,00
8	East Kalimantan	2	0	0,00	0	-	-	0	-	-
Indonesia		857	82	9,57	239	29	12,13	641	60	9,36

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Note CFR=Case Fatality Rate

**ANTRAX CASE ON HUMAN
BY PROVINCE, 2011 - 2013**

No.	Province	2011			2012			2013		
		Case	Treated	Death	Case	Treated	Death	Case	Treated	Death
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	Central Java	27	27	1	0	-	-	0	-	-
2	East Nusa Tenggara	14	14	0	18	18	0	0	-	-
3	South Sulawesi	0	-	-	4	4	0	11	11	1
Indonesia		41	41	1	22	22	0	11	11	1

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.34

**PREVALENCE OF ASTHMA, COPD AND LUNG CANCER
BY PROVINCE, RISKESDAS 2013**

NO	Province	Asthma Prevalence based on Symptom (%)	COPD Prevalence in > 30 years old based on symptom (%)	Prevalence of Cancer based on Doctor's Diagnosis (‰)
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
1	Aceh	4,0	4,3	1,4
2	North Sumatera	2,4	3,6	1,0
3	West Sumatera	2,7	3,0	1,7
4	Riau	2,0	2,1	0,7
5	Jambi	2,4	2,1	1,5
6	South Sumatera	2,5	2,8	0,7
7	Bengkulu	2,0	2,3	1,9
8	Lampung	1,6	1,4	0,7
9	Bangka Belitung Islands	4,3	3,6	1,3
10	Riau Islands	3,7	2,1	1,6
11	DKI Jakarta	5,2	2,7	1,9
12	West Java	5,0	4,0	1,0
13	Central Java	4,3	3,4	2,1
14	DI Yogyakarta	6,9	3,1	4,1
15	East Java	5,1	3,6	1,6
16	Banten	3,8	2,7	1,0
17	Bali	6,2	3,5	2,0
18	West Nusa Tenggara	5,1	5,4	0,6
19	East Nusa Tenggara	7,3	10,0	1,0
20	West Kalimantan	3,2	3,5	0,8
21	Central Kalimantan	5,7	4,3	0,7
22	South Kalimantan	6,4	5,0	1,6
23	East Kalimantan	4,1	2,8	1,7
24	North Sulawesi	4,7	4,0	1,7
25	Central Sulawesi	7,8	8,0	0,9
26	South Sulawesi	6,7	6,7	1,7
27	South East Sulawesi	5,3	4,9	1,1
28	Gorontalo	5,4	5,2	0,2
29	West Sulawesi	5,8	6,7	1,1
30	Maluku	5,3	4,3	1,0
31	North Maluku	5,0	5,2	1,2
32	West Papua	3,6	2,5	0,6
33	Papua	5,8	5,4	1,1
	INDONESIA	4,5	3,7	1,4

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Note: CPOD = Chronic Obstructive Pneumonia Disease

Annex 6.35

**PREVALENCE OF DIABETES, HYPERTHYROID IN ≥ 15 YEARS OLD AND HYPERTENSION IN ≥ 18 YEARS OLD POPULATION
BY PROVINCE, RISKESDAS 2013**

NO	Province	DIABETES (%)		HYPERTHYROID (%)	HYPERTENSION (%)		
		D*	D/G	D*	By interview		Measured
					D**	D/O	U
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Aceh	1,8	2,6	0,3	9,7	9,8	21,5
2	North Sumatera	1,8	2,3	0,3	6,6	6,7	24,7
3	West Sumatera	1,3	1,8	0,3	7,8	7,9	22,6
4	Riau	1,0	1,2	0,1	6,0	6,1	20,9
5	Jambi	1,1	1,2	0,2	7,4	7,4	24,6
6	South Sumatera	0,9	1,3	0,1	7,0	7,0	26,1
7	Bengkulu	0,9	1,0	0,2	7,8	7,9	21,6
8	Lampung	0,7	0,8	0,2	7,4	7,4	24,7
9	Bangka Belitung Islands	2,1	2,5	0,4	9,9	10,0	30,9
10	Riau Islands	1,3	1,5	0,2	8,8	8,8	22,4
11	DKI Jakarta	2,5	3,0	0,7	10,0	10,1	20,0
12	West Java	1,3	2,0	0,5	10,5	10,6	29,4
13	Central Java	1,6	1,9	0,5	9,5	9,5	26,4
14	DI Yogyakarta	2,6	3,0	0,7	12,8	12,9	25,7
15	East Java	2,1	2,5	0,6	10,7	10,8	26,2
16	Banten	1,3	1,6	0,4	8,6	8,6	23,0
17	Bali	1,3	1,5	0,4	8,7	8,8	19,9
18	West Nusa Tenggara	0,9	1,3	0,2	6,7	6,8	24,3
19	East Nusa Tenggara	1,2	3,3	0,4	7,2	7,4	23,3
20	West Kalimantan	0,8	1,0	0,1	8,0	8,1	28,3
21	Central Kalimantan	1,2	1,6	0,2	10,6	10,7	26,7
22	South Kalimantan	1,4	2,0	0,2	13,1	13,3	30,8
23	East Kalimantan	2,3	2,7	0,3	10,3	10,4	29,6
24	North Sulawesi	2,4	3,6	0,5	15,0	15,2	27,1
25	Central Sulawesi	1,6	3,7	0,4	11,6	11,9	28,7
26	South Sulawesi	1,6	3,4	0,5	10,3	10,5	28,1
27	South East Sulawesi	1,1	1,9	0,3	7,6	7,8	22,5
28	Gorontalo	1,5	2,8	0,3	11,1	11,3	29,0
29	West Sulawesi	0,8	2,2	0,3	9,5	9,6	22,5
30	Maluku	1,0	2,1	0,2	6,6	6,8	24,1
31	North Maluku	1,2	2,2	0,2	6,9	7,0	21,2
32	West Papua	1,0	1,2	0,2	5,0	5,2	20,5
33	Papua	0,8	2,3	0,2	3,2	3,3	16,8
	INDONESIA	1,5	2,1	0,4	9,4	9,5	25,8

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

Note: D* based on doctor diagnosis
D** based on health personnel diagnosis
D/G Based on doctor diagnosis/symptom
D/O based on health personnel's diagnosis/ take medicine
U based in blood tension measurement

Annex 6.36

**PREVALENCE OF CORONARY HEART DISEASE, HEART FAILURE AND STROKE
IN ≥ 15 YEARS OLD POPULATION BY PROVINCE, 2013**

NO	Province	CORONARY HEART DISEASE (%)		HEART FAILURE (%)		STROKE (‰)	
		D*	D/G	D*	D/G	D**	D/G
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Aceh	0,7	2,3	0,10	0,3	6,6	10,5
2	North Sumatera	0,5	1,1	0,13	0,3	6,0	10,3
3	West Sumatera	0,6	1,2	0,13	0,3	7,4	12,2
4	Riau	0,2	0,3	0,12	0,2	4,2	5,2
5	Jambi	0,2	0,5	0,04	0,1	3,6	5,3
6	South Sumatera	0,4	0,7	0,07	0,2	5,2	7,8
7	Bengkulu	0,3	0,6	0,10	0,1	7,0	9,4
8	Lampung	0,2	0,4	0,08	0,1	3,7	5,4
9	Bangka Belitung Islands	0,6	1,2	0,05	0,1	9,7	14,6
10	Riau Islands	0,4	1,1	0,17	0,3	7,6	8,5
11	DKI Jakarta	0,7	1,6	0,15	0,3	9,7	14,6
12	West Java	0,5	1,6	0,14	0,3	6,6	12,0
13	Central Java	0,5	1,4	0,18	0,3	7,7	12,3
14	DI Yogyakarta	0,6	1,3	0,25	0,4	10,3	16,9
15	East Java	0,5	1,3	0,19	0,3	9,1	16,0
16	Banten	0,5	1,0	0,09	0,2	5,1	9,6
17	Bali	0,4	1,3	0,13	0,3	5,3	8,9
18	West Nusa Tenggara	0,2	2,1	0,04	0,2	4,5	9,6
19	East Nusa Tenggara	0,3	4,4	0,10	0,8	4,2	12,1
20	West Kalimantan	0,3	0,9	0,08	0,2	5,8	8,2
21	Central Kalimantan	0,3	1,7	0,07	0,2	6,2	12,1
22	South Kalimantan	0,5	2,2	0,06	0,3	9,2	14,5
23	East Kalimantan	0,5	1,0	0,08	0,1	7,7	10,0
24	North Sulawesi	0,7	1,7	0,14	0,4	10,8	14,9
25	Central Sulawesi	0,8	3,8	0,12	0,7	7,4	16,6
26	South Sulawesi	0,6	2,9	0,07	0,5	7,1	17,9
27	South East Sulawesi	0,4	1,7	0,04	0,2	4,8	8,8
28	Gorontalo	0,4	1,8	0,06	0,2	8,3	12,3
29	West Sulawesi	0,3	2,6	0,07	0,3	5,9	15,5
30	Maluku	0,5	1,7	0,09	0,4	4,2	8,7
31	North Maluku	0,2	1,7	0,02	0,2	4,6	10,7
32	West Papua	0,3	1,2	0,08	0,2	4,2	5,8
33	Papua	0,2	1,3	0,07	0,5	2,3	9,4
	Indonesia	0,5	1,5	0,13	0,3	7,0	12,1

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

Annex 6.37

**PREVALENCE OF CHRONIC RENAL FAILURE, RENAL STONES AND ARTHRITIS
IN ≥ 15 YEARS OLD POPULATION BY PROVINCE, 2013**

NO	Province	CHRONIC RENAL FAILURE (%)	RENAL STONES (%)	ARTHRITIS (%)	
		D*	D*	D**	D/G
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	0,4	0,9	18,3	25,3
2	North Sumatera	0,2	0,3	8,4	19,2
3	West Sumatera	0,2	0,4	12,7	21,8
4	Riau	0,1	0,2	6,8	10,8
5	Jambi	0,2	0,4	8,6	14,2
6	South Sumatera	0,1	0,3	8,4	15,6
7	Bengkulu	0,2	0,4	10,2	16,5
8	Lampung	0,3	0,5	11,5	18,9
9	Bangka Belitung Islands	0,1	0,1	5,8	17,8
10	Riau Islands	0,1	0,3	5,9	11,6
11	DKI Jakarta	0,1	0,5	8,9	21,8
12	West Java	0,3	0,8	17,5	32,1
13	Central Java	0,3	0,8	11,2	25,5
14	DI Yogyakarta	0,3	1,2	5,6	22,7
15	East Java	0,3	0,7	11,1	26,9
16	Banten	0,2	0,4	9,5	20,6
17	Bali	0,2	0,7	19,3	30,0
18	West Nusa Tenggara	0,1	0,3	9,8	23,7
19	East Nusa Tenggara	0,3	0,7	12,6	33,1
20	West Kalimantan	0,2	0,4	13,3	22,3
21	Central Kalimantan	0,2	0,4	12,6	21,8
22	South Kalimantan	0,2	0,4	9,5	25,8
23	East Kalimantan	0,1	0,4	8,2	16,0
24	North Sulawesi	0,4	0,5	10,3	19,1
25	Central Sulawesi	0,5	0,8	11,4	26,7
26	South Sulawesi	0,3	0,5	10,6	27,7
27	South East Sulawesi	0,2	0,5	12,0	20,8
28	Gorontalo	0,4	0,6	10,4	17,7
29	West Sulawesi	0,2	0,2	8,0	22,5
30	Maluku	0,2	0,5	8,9	18,8
31	North Maluku	0,2	0,4	5,9	17,4
32	West Papua	0,2	0,3	8,3	15,4
33	Papua	0,2	0,4	15,4	26,5
	Indonesia	0,2	0,6	11,9	24,7

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

Annex 6.38

PROPORTION OF HOUSEHOLD BASED ON TYPE OF DRINKING WATER SOURCE BY PROVINCE, RISKESDAS 2013

No	Province	Source of Drinking water										
		Boottled/ Packaged Water	Refill water	Piped Water	Water vendor	Drilled / Jet Pumped Well	Well with Cover	Well without cover	Wellspring with cover	Wellspring without cover	Rainwater Shelter	Water from river/lake/ irrigation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1	Aceh	2,4	37,4	7,2	3,3	3,6	29,3	7,3	4,2	1,7	0,6	3,0
2	North Sumatera	5,3	32,2	15,4	1,0	15,0	14,2	3,1	6,0	2,4	2,2	3,1
3	West Sumatera	4,1	32,7	13,8	0,5	4,1	19,7	5,1	8,9	6,3	1,5	3,3
4	Riau	1,9	47,2	1,0	0,9	7,9	15,0	5,2	0,5	0,2	19,3	0,9
5	Jambi	3,5	23,3	11,6	0,4	4,1	28,3	12,4	1,7	0,6	10,0	4,0
6	South Sumatera	2,3	19,0	15,4	0,3	4,5	35,9	8,9	1,4	1,1	6,1	5,2
7	Bengkulu	1,2	18,2	14,3	0,3	4,2	45,4	10,7	1,7	2,2	0,1	1,8
8	Lampung	5,7	11,3	3,4	0,9	5,3	56,4	10,1	3,2	1,3	0,8	1,6
9	Bangka Belitung Islands	11,6	41,6	1,9	0,2	8,3	23,4	10,5	0,5	0,1	1,1	0,7
10	Riau Islands	4,9	65,9	5,5	1,8	2,5	10,2	5,4	1,0	1,9	0,5	0,4
11	DKI Jakarta	33,2	35,6	13,8	1,7	14,7	0,7	0,2	0,0	0,0	0,1	0,0
12	West Java	12,1	22,6	6,6	1,3	16,2	22,6	3,7	8,2	5,5	0,3	1,0
13	Central Java	6,2	11,0	15,6	2,7	13,0	30,3	5,3	12,3	2,3	0,7	0,4
14	DI Yogyakarta	10,6	11,5	10,6	0,3	5,4	49,6	4,6	2,4	0,9	3,9	0,2
15	East Java	12,8	12,1	11,5	1,8	20,3	24,4	4,7	9,2	2,1	0,5	0,6
16	Banten	20,3	28,7	5,2	1,0	22,1	13,2	2,8	4,1	1,7	0,5	0,4
17	Bali	30,6	10,2	23,0	2,5	3,5	7,1	1,4	15,7	1,9	3,4	0,7
18	West Nusa Tenggara	4,8	12,6	20,0	3,4	9,4	31,6	7,1	8,7	1,7	0,2	0,4
19	East Nusa Tenggara	0,6	4,1	26,7	2,2	2,2	17,8	9,5	18,6	9,9	3,7	4,5
20	West Kalimantan	3,2	14,3	7,5	0,8	2,3	5,8	3,7	4,3	4,4	45,3	8,4
21	Central Kalimantan	3,7	27,0	8,2	1,0	11,0	11,5	4,3	4,4	2,1	10,1	16,7
22	South Kalimantan	3,2	20,7	24,8	3,5	9,6	13,1	5,7	2,6	0,5	1,9	14,1
23	East Kalimantan	4,1	56,7	16,3	1,0	2,6	5,1	2,0	1,8	1,1	5,8	3,5
24	North Sulawesi	11,9	29,0	16,7	0,8	5,9	15,4	5,4	11,2	2,3	1,1	0,3
25	Central Sulawesi	1,8	18,8	21,3	1,0	14,7	14,3	4,5	13,7	5,7	1,0	3,2
26	South Sulawesi	1,9	25,2	14,0	1,5	16,3	17,7	7,2	8,4	5,1	2,2	0,5
27	South East Sulawesi	1,9	14,1	27,7	2,4	6,7	27,1	5,3	9,3	1,7	2,2	1,6
28	Gorontalo	3,5	23,7	19,3	1,2	8,1	36,9	2,9	2,8	0,9	0,0	0,7
29	West Sulawesi	0,8	13,4	11,8	0,1	7,9	18,8	11,6	26,1	4,3	0,7	4,3
30	Maluku	1,4	11,9	22,1	3,4	6,8	18,2	8,9	17,4	3,7	2,8	3,5
31	North Maluku	1,4	8,6	23,1	0,3	5,0	32,8	8,3	5,6	1,4	7,7	5,8
32	West Papua	3,0	30,5	14,3	1,8	2,2	16,7	3,4	3,5	1,9	15,7	7,0
33	Papua	1,6	17,6	7,7	0,7	1,1	5,3	3,0	10,1	22,8	20,0	9,9
	Indonesia	9,7	21,0	11,9	1,6	12,8	22,5	4,9	7,6	3,2	2,9	1,9

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.39

PROPORTION OF HOUSEHOLD BASED ON PHYSICAL QUALITY OF DRINKING WATER BY PROVINCE, RISKESDAS 2013

No	Province	Physical Quality of Drinking Water					
		Not turbid	Colorless	Tasteless	No foam	No Smell	Good
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Aceh	91,6	93,6	96,0	98,8	96,2	88,1
2	North Sumatera	94,5	97,1	96,9	99,1	97,9	91,9
3	West Sumatera	96,9	98,2	97,4	99,3	98,2	94,6
4	Riau	97,6	97,7	98,2	99,4	98,7	95,4
5	Jambi	96,1	98,3	98,5	99,3	98,6	94,6
6	South Sumatera	95,5	97,7	97,7	99,4	98,9	93,2
7	Bengkulu	93,3	97,2	97,5	99,1	98,1	91,2
8	Lampung	97,3	98,8	98,8	99,7	99,2	96,2
9	Bangka Belitung Islands	99,3	99,6	98,1	99,8	99,2	97,0
10	Riau Islands	98,9	99,2	99,6	99,9	99,4	98,3
11	DKI Jakarta	98,4	99,1	98,6	99,5	98,3	96,3
12	West Java	97,3	98,7	97,1	99,4	98,6	94,3
13	Central Java	97,1	98,9	98,4	99,5	98,4	95,2
14	DI Yogyakarta	97,4	98,9	98,9	99,7	99,0	96,4
15	East Java	98,2	99,1	98,1	99,6	99,1	96,2
16	Banten	97,8	98,3	96,3	99,6	98,5	93,8
17	Bali	97,4	99,2	99,3	99,9	99,6	96,4
18	West Nusa Tenggara	98,2	98,8	95,5	99,6	98,9	93,4
19	East Nusa Tenggara	90,9	97,3	92,1	99,3	98,6	85,2
20	West Kalimantan	97,0	97,8	97,1	99,6	98,5	93,7
21	Central Kalimantan	94,0	95,1	94,6	99,4	96,4	88,2
22	South Kalimantan	95,3	96,6	90,9	99,5	97,6	87,1
23	East Kalimantan	97,2	98,7	97,7	99,5	98,7	95,2
24	North Sulawesi	97,6	98,7	97,9	99,7	99,4	95,0
25	Central Sulawesi	95,3	98,1	94,6	99,2	98,8	90,8
26	South Sulawesi	95,5	98,7	97,6	99,5	98,5	93,0
27	South East Sulawesi	96,4	98,2	97,2	99,1	98,4	93,1
28	Gorontalo	95,8	98,2	98,9	99,5	99,1	95,0
29	West Sulawesi	96,8	98,5	97,6	99,3	98,8	95,3
30	Maluku	94,0	97,7	97,6	99,5	99,3	92,6
31	North Maluku	97,2	98,5	95,7	99,3	98,8	92,9
32	West Papua	96,2	98,0	97,5	99,1	97,6	94,2
33	Papua	84,3	93,4	92,7	99,1	97,8	78,6
	Indonesia	96,7	98,4	97,4	99,5	98,6	94,1

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Note : * Combination of not turbid, colorless, tasteless, no foam and no smell

Annex 6.40

PROPORTION OF HOUSEHOLD BASED OR DRINKING WATER PROCESSING BEFORE CONSUMED, BY PROVINCE, RISKESDAS 2013

No	Province	Drinking Water processed before consumed	
		Yes	No
(1)	(2)	(3)	(4)
1	Aceh	59,90	40,10
2	North Sumatera	69,50	30,50
3	West Sumatera	71,70	28,30
4	Riau	58,40	41,60
5	Jambi	78,60	21,40
6	South Sumatera	81,90	18,10
7	Bengkulu	85,80	14,20
8	Lampung	83,60	16,40
9	Bangka Belitung Islands	49,40	50,60
10	Riau Islands	36,60	63,40
11	DKI Jakarta	41,60	58,40
12	West Java	69,10	30,90
13	Central Java	85,90	14,10
14	DI Yogyakarta	80,30	19,70
15	East Java	70,00	30,00
16	Banten	56,40	43,60
17	Bali	48,50	51,50
18	West Nusa Tenggara	33,50	66,50
19	East Nusa Tenggara	90,60	9,40
20	West Kalimantan	80,70	19,30
21	Central Kalimantan	64,80	35,20
22	South Kalimantan	77,50	22,50
23	East Kalimantan	54,20	45,80
24	North Sulawesi	66,70	33,30
25	Central Sulawesi	78,80	21,20
26	South Sulawesi	72,00	28,00
27	South East Sulawesi	84,40	15,60
28	Gorontalo	82,50	17,50
29	West Sulawesi	82,70	17,30
30	Maluku	87,80	12,20
31	North Maluku	92,70	7,30
32	West Papua	69,10	30,90
33	Papua	57,00	43,00
Indonesia		70,10	29,90

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.41

PROPORTION OF HOUSEHOLD BASED ON METHOD OF DRINKING WATER PROCESSING BEFORE CONSUMED, BY PROVINCE, RISKESDAS 2013

No	Province	Method of Water Processing *				
		Heated/Boiled	Heated by Sunlight	Added with Alum solution	Filtered and added with Alum/Tawas Solution	only Filtered
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Aceh	95,9	1,7	0,1	0,3	2,1
2	North Sumatera	96,5	2,4	0,0	0,1	1,0
3	West Sumatera	97,0	2,3	0,0	0,1	0,7
4	Riau	97,3	2,2	0,0	0,1	0,4
5	Jambi	97,2	1,9	0,2	0,0	0,7
6	South Sumatera	94,6	3,7	0,4	0,6	0,8
7	Bengkulu	95,8	3,8	0,0	0,1	0,3
8	Lampung	97,6	2,1	0,0	0,2	0,1
9	Bangka Belitung Islands	97,1	2,0	0,0	0,1	0,8
10	Riau Islands	95,4	1,8	0,0	0,3	2,4
11	DKI Jakarta	96,9	1,6	0,0	0,0	1,5
12	West Java	96,5	2,8	0,0	0,0	0,7
13	Central Java	97,2	2,3	0,1	0,1	0,3
14	DI Yogyakarta	97,0	2,4	0,0	0,0	0,6
15	East Java	96,7	2,1	0,1	0,4	0,7
16	Banten	97,8	1,6	0,1	0,0	0,5
17	Bali	95,6	2,3	0,4	0,2	1,5
18	West Nusa Tenggara	96,4	2,0	0,1	0,4	1,2
19	East Nusa Tenggara	97,1	2,1	0,0	0,2	0,5
20	West Kalimantan	96,0	3,5	0,0	0,1	0,4
21	Central Kalimantan	92,6	1,8	2,8	0,6	2,1
22	South Kalimantan	93,6	2,1	2,1	1,2	1,0
23	East Kalimantan	94,8	1,7	1,2	0,2	2,1
24	North Sulawesi	96,1	1,8	0,0	0,2	1,9
25	Central Sulawesi	95,7	1,5	0,0	0,9	1,9
26	South Sulawesi	97,1	1,2	0,0	0,5	1,2
27	South East Sulawesi	97,4	1,8	0,0	0,3	0,5
28	Gorontalo	97,4	2,3	0,1	0,0	0,2
29	West Sulawesi	96,3	2,4	0,1	0,4	0,9
30	Maluku	90,6	3,0	0,0	0,1	6,2
31	North Maluku	95,6	3,7	0,0	0,4	0,4
32	West Papua	97,2	2,1	0,0	0,3	0,4
33	Papua	94,7	2,8	0,0	0,3	2,2
	Indonesia	96,5	2,3	0,2	0,2	0,8

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Note: * Household conducting water processing

Annex 6.42

**PROPORTION OF HOUSEHOLD WITH ACCESS TO DRINKABLE WATER SOURCE
BASED ON CRITERIA OF JMP WHO - UNICEF 2006 , BY PROVINCE, RISKESDAS 2013**

No	Province	Access to drinkable water source	
		Improved*	Unimproved**
(1)	(2)	(3)	(4)
1	Aceh	47,1	52,9
2	North Sumatera	57,9	42,1
3	West Sumatera	51,3	48,7
4	Riau	45,5	54,5
5	Jambi	58,6	41,4
6	South Sumatera	65,3	34,7
7	Bengkulu	66,7	33,3
8	Lampung	74,3	25,7
9	Bangka Belitung Islands	44,3	55,7
10	Riau Islands	24,0	76,0
11	DKI Jakarta	61,6	38,4
12	West Java	65,1	34,9
13	Central Java	77,8	22,2
14	DI Yogyakarta	81,7	18,3
15	East Java	77,9	22,1
16	Banten	65,0	35,0
17	Bali	82,0	18,0
18	West Nusa Tenggara	74,4	25,6
19	East Nusa Tenggara	69,7	30,3
20	West Kalimantan	67,8	32,2
21	Central Kalimantan	48,1	51,9
22	South Kalimantan	54,7	45,3
23	East Kalimantan	35,2	64,8
24	North Sulawesi	61,0	39,0
25	Central Sulawesi	66,7	33,3
26	South Sulawesi	60,3	39,7
27	South East Sulawesi	74,7	25,3
28	Gorontalo	70,4	29,6
29	West Sulawesi	66,1	33,9
30	Maluku	68,5	31,5
31	North Maluku	75,3	24,7
32	West Papua	55,2	44,8
33	Papua	45,7	54,3
	Indonesia	66,8	33,2

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

Note : * piped water/water company, drilled or pumped water, covered well or wellspring, rainwater shelter, bottled water
(ONLY IF other source of water in household was improved)

** bottled water, refilled water, water vendor, uncovered well or wellspring, river, lake and irrigation

Annex 6.43

**RECAPITULATION OF QUALITY OF MICROBIOLOGY IN DRINKING WATER AT DISTRIBUTION LINE
YEAR 2013**

No	Province	No or water pipeline company	Water company qualified microbiology standard
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
1	Aceh	19	-
2	Sumatera Utara	17	-
3	Sumatera Barat	16	-
4	Riau	11	-
5	Jambi	10	1
6	Sumatera Selatan	9	-
7	Bengkulu	9	-
8	Lampung	9	-
9	Kep. Bangka Belitung	3	-
10	Kepulauan Riau	7	2
11	DKI Jakarta	1	-
12	Jawa Barat	21	-
13	Jawa Tengah	35	8
14	DI Yogyakarta	5	-
15	Jawa Timur	38	4
16	Banten	8	-
17	Bali	10	3
18	Nusa Tenggara Barat	7	-
19	Nusa Tenggara Timur	15	-
20	Kalimantan Barat	14	-
21	Kalimantan Tengah	14	-
22	Kalimantan Selatan	12	-
23	Kalimantan Timur	14	-
24	Sulawesi Utara	10	-
25	Sulawesi Tengah	9	-
26	Sulawesi Selatan	22	-
27	Sulawesi Tenggara	9	-
28	Gorontalo	6	-
29	Sulawesi Barat	3	-
30	Maluku	3	-
31	Maluku Utara	8	5
32	Papua Barat	4	-
33	Papua	6	-
Indonesia		384	23

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.44

PROPORTION OF HOUSEHOLD BASED ON LATRINE FACILITY , BY PROVINCE, RISKESDAS 2013

No	Province	Latrine facility			
		Exclusively owned	Shared owned	Public	Carelessly
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	64,6	5,7	7,0	22,7
2	North Sumatera	80,2	6,1	3,4	10,2
3	West Sumatera	68,3	5,8	4,9	21,0
4	Riau	88,4	4,1	1,7	5,8
5	Jambi	81,7	3,1	3,5	11,7
6	South Sumatera	76,1	5,4	3,9	14,6
7	Bengkulu	76,4	4,8	2,0	16,9
8	Lampung	88,1	4,2	1,4	6,4
9	Bangka Belitung Islands	77,0	5,9	2,6	14,5
10	Riau Islands	88,1	6,6	2,4	2,8
11	DKI Jakarta	86,2	8,8	4,5	0,4
12	West Java	78,2	7,6	7,0	7,2
13	Central Java	78,6	5,3	2,7	13,4
14	DI Yogyakarta	84,5	11,0	1,5	3,0
15	East Java	73,4	6,2	3,1	17,3
16	Banten	76,7	6,7	3,4	13,2
17	Bali	77,8	12,5	0,6	9,1
18	West Nusa Tenggara	57,8	9,5	3,4	29,3
19	East Nusa Tenggara	70,2	6,5	2,0	21,3
20	West Kalimantan	69,4	6,5	2,3	21,8
21	Central Kalimantan	68,5	13,2	9,8	8,5
22	South Kalimantan	69,4	9,2	6,6	14,8
23	East Kalimantan	87,8	3,8	3,6	4,8
24	North Sulawesi	75,5	8,2	4,0	12,4
25	Central Sulawesi	59,3	6,9	5,5	28,2
26	South Sulawesi	71,2	8,4	3,6	16,9
27	South East Sulawesi	70,0	5,3	4,5	20,2
28	Gorontalo	50,2	10,8	14,9	24,1
29	West Sulawesi	52,8	5,4	7,4	34,4
30	Maluku	62,3	5,3	9,1	23,4
31	North Maluku	60,2	5,1	15,8	19,0
32	West Papua	66,5	8,2	14,8	10,4
33	Papua	59,9	6,5	5,7	27,9
	Indonesia	76,2	6,7	4,2	12,9

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.45

PROPORTION OF HOUSEHOLD BASED ON LATRINE TYPE BY PROVINCE, RISKESDAS 2013

No	Province	Type of latrine *			
		Swan Neck Pipe (Ind:Leher Angsa)	Throne (Ind:Plengsengan)	Dry Pit without floor (Ind: Cemplung/Cubluk)	Dry Pit with floor (Ind:Cemplung /Cubluk)
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	84,9	3,7	7,4	4,0
2	North Sumatera	84,2	5,4	6,4	4,0
3	West Sumatera	83,1	5,6	8,0	3,3
4	Riau	78,4	6,5	5,5	9,5
5	Jambi	76,9	7,6	8,9	6,6
6	South Sumatera	79,4	2,6	13,3	4,7
7	Bengkulu	91,1	1,8	4,5	2,6
8	Lampung	78,3	3,3	12,5	5,9
9	Bangka Belitung Islands	96,8	1,0	1,6	0,6
10	Riau Islands	88,2	2,8	5,0	4,1
11	DKI Jakarta	95,4	2,4	1,4	0,8
12	West Java	83,7	6,3	7,9	2,1
13	Central Java	88,2	2,7	6,5	2,5
14	DI Yogyakarta	91,8	0,9	4,1	3,2
15	East Java	80,7	5,8	9,4	4,1
16	Banten	92,3	3,0	4,1	0,6
17	Bali	98,8	0,8	0,3	0,1
18	West Nusa Tenggara	91,8	5,8	1,5	0,9
19	East Nusa Tenggara	58,0	17,4	17,2	7,4
20	West Kalimantan	84,5	4,9	3,8	6,8
21	Central Kalimantan	65,8	3,0	8,2	23,0
22	South Kalimantan	78,3	1,4	8,0	12,3
23	East Kalimantan	88,4	2,1	3,8	5,7
24	North Sulawesi	92,8	3,7	1,8	1,7
25	Central Sulawesi	87,0	6,6	3,6	2,8
26	South Sulawesi	87,4	5,8	5,4	1,4
27	South East Sulawesi	87,6	2,3	6,2	3,9
28	Gorontalo	95,8	1,4	1,8	1,0
29	West Sulawesi	87,9	6,7	2,6	2,8
30	Maluku	88,8	5,4	3,0	2,8
31	North Maluku	93,0	1,9	2,4	2,7
32	West Papua	79,8	8,7	9,2	2,4
33	Papua	46,1	13,2	24,3	16,5
	Indonesia	84,4	4,8	7,2	3,7

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Remark : * Household with exclusively owned, shared owned, and public latrine facility

Annex 6.46

PROPORTION OF HOUSEHOLD BASED ON PLACE FOR FINAL PROCESSING OF STOOL, BY PROVINCE, RISKESDAS 2013

No	Province	Place for Final Processing of Stool						
		Septic Tank	Waste Management	Pond/Paddy	River/lake/Sea	Ground pit	Beach, Field or garden	Others
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Aceh	63,3	2,6	2,0	16,7	10,3	4,5	0,7
2	North Sumatera	72,5	2,8	1,6	11,4	9,0	2,0	0,6
3	West Sumatera	53,9	6,3	12,5	20,4	5,1	1,3	0,5
4	Riau	66,4	4,5	1,2	10,4	15,5	1,4	0,5
5	Jambi	61,9	3,4	1,0	19,2	12,3	1,8	0,3
6	South Sumatera	63,2	3,6	2,4	18,2	10,6	1,6	0,4
7	Bengkulu	66,6	3,5	1,4	16,1	10,3	1,9	0,2
8	Lampung	64,1	5,2	3,8	6,5	19,7	0,6	0,1
9	Bangka Belitung Islands	81,6	1,0	0,2	4,3	2,6	9,8	0,4
10	Riau Islands	81,4	1,5	0,3	11,7	2,3	1,4	1,4
11	DKI Jakarta	88,8	3,0	0,3	5,9	1,9	0,1	0,0
12	West Java	62,9	5,5	12,9	15,7	2,4	0,4	0,1
13	Central Java	67,9	3,4	5,3	14,7	7,4	0,8	0,4
14	DI Yogyakarta	82,7	4,7	1,1	4,1	7,0	0,2	0,1
15	East Java	63,2	2,8	1,1	17,4	13,4	1,7	0,3
16	Banten	74,7	3,0	7,5	7,6	1,6	5,4	0,2
17	Bali	84,6	4,0	0,1	3,9	2,8	4,4	0,2
18	West Nusa Tenggara	50,3	13,1	1,5	18,0	6,3	10,3	0,5
19	East Nusa Tenggara	34,7	4,4	0,2	1,3	39,4	19,2	0,8
20	West Kalimantan	60,6	1,9	0,5	18,6	10,5	7,3	0,6
21	Central Kalimantan	55,1	0,8	0,5	34,0	8,8	0,6	0,2
22	South Kalimantan	61,0	2,4	0,3	27,6	7,5	0,9	0,2
23	East Kalimantan	78,7	2,0	0,5	11,7	5,7	1,1	0,3
24	North Sulawesi	74,8	3,3	0,5	10,3	9,1	1,4	0,6
25	Central Sulawesi	64,3	2,2	1,0	19,1	3,8	8,5	1,2
26	South Sulawesi	64,2	7,5	0,8	8,5	10,9	7,6	0,5
27	South East Sulawesi	67,0	2,9	0,3	7,7	12,2	9,2	0,7
28	Gorontalo	69,4	4,2	0,7	12,7	2,3	10,2	0,3
29	West Sulawesi	55,9	2,0	1,1	21,5	10,4	8,5	0,7
30	Maluku	66,5	3,5	0,3	11,7	4,2	13,3	0,5
31	North Maluku	74,2	2,7	0,4	11,2	2,7	8,1	0,7
32	West Papua	72,6	4,2	0,4	14,9	3,3	4,5	0,1
33	Papua	34,6	2,8	1,8	11,7	32,2	14,6	2,2
	Indonesia	66,0	4,0	4,4	13,9	8,6	2,7	0,4

Annex 6.47

**PROPORTION OF HOUSEHOLD WITH ACCESS TO SANITATION FACILITY
BASED ON JMP WHO - UNICEF 2006 CRITERIA, BY PROVINCE, RISKESDAS 2013**

No	Province	Access to sanitation facility	
		Improved*	Unimproved**
(1)	(2)	(3)	(4)
1	Aceh	53,4	46,6
2	North Sumatera	66,8	33,2
3	West Sumatera	49,9	50,1
4	Riau	64,2	35,8
5	Jambi	59,5	40,5
6	South Sumatera	58,8	41,2
7	Bengkulu	61,9	38,1
8	Lampung	60,8	39,2
9	Bangka Belitung Islands	73,9	26,1
10	Riau Islands	74,8	25,2
11	DKI Jakarta	78,2	21,8
12	West Java	58,1	41,9
13	Central Java	62,7	37,3
14	DI Yogyakarta	72,1	27,9
15	East Java	57,5	42,5
16	Banten	68,3	31,7
17	Bali	72,5	27,5
18	West Nusa Tenggara	41,1	58,9
19	East Nusa Tenggara	30,5	69,5
20	West Kalimantan	56,0	44,0
21	Central Kalimantan	51,1	48,9
22	South Kalimantan	54,5	45,5
23	East Kalimantan	74,1	25,9
24	North Sulawesi	63,4	36,6
25	Central Sulawesi	52,6	47,4
26	South Sulawesi	54,9	45,1
27	South East Sulawesi	58,0	42,0
28	Gorontalo	45,9	54,1
29	West Sulawesi	42,9	57,1
30	Maluku	54,2	45,8
31	North Maluku	54,9	45,1
32	West Papua	54,9	45,1
33	Papua	30,5	69,5
	Indonesia	59,8	40,2

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

Keterangan : * Exclusively owned , swan neck piped latrines or plengsengan, final stool processing in septic tank

** Shared or public facility, or carelessly defecation, jamban complung, and final stool processing not using septic tank

Annex 6.48

**NUMBER OF VILLAGE CONDUCTING COMMUNITY BASED TOTAL SANITATION PROGRAM
YEAR 2013**

No	Province	2011	2012	2013
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
1	Aceh	11	87	122
2	North Sumatera	6	109	121
3	West Sumatera	360	639	647
4	Riau	187	363	387
5	Jambi	149	159	169
6	South Sumatera	459	617	633
7	Bengkulu	99	112	125
8	Lampung	25	71	256
9	Bangka Belitung Islands	56	91	95
10	Riau Islands	28	35	96
11	DKI Jakarta	0	2	2
12	West Java	371	504	779
13	Central Java	971	1.423	2.817
14	DI Yogyakarta	8	34	63
15	East Java	1.248	2.838	3.618
16	Banten	63	116	149
17	Bali	8	10	672
18	West Nusa Tenggara	334	834	1.071
19	East Nusa Tenggara	557	1.084	1.531
20	West Kalimantan	182	206	252
21	Central Kalimantan	177	330	451
22	South Kalimantan	220	342	391
23	East Kalimantan	25	56	56
24	North Sulawesi	0	26	50
25	Central Sulawesi	186	298	318
26	South Sulawesi	175	268	331
27	South East Sulawesi	5	36	118
28	Gorontalo	76	111	319
29	West Sulawesi	81	132	192
30	Maluku	43	59	77
31	North Maluku	48	72	107
32	West Papua	54	65	100
33	Papua	23	36	113
Indonesia		6.235	11.165	16.228

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.49

ACHIEVEMENT OF HOUSEHOLD CONDUCTING HEALTHY AND CLEAN LIFESTYLE (IND: PHBS) YEAR 2013

No	Province	No of Household	No of Monitored Household	Household conducting PHBS	Achievement (%)
(1)	(2)	(3)	(4)	(5)	(6)
1	Aceh	1.066.346	208.157	68.844	33,07
2	North Sumatera	3.037.306	950.436	596.005	62,71
3	West Sumatera	1.152.378	752.580	523.419	69,55
4	Riau	1.328.461	286.214	118.760	41,49
5	Jambi	770.610	318.301	197.582	62,07
6	South Sumatera	1.813.436	1.121.582	702.184	62,61
7	Bengkulu	432.867	318.074	208.097	65,42
8	Lampung	1.934.431	1.043.237	571.361	54,77
9	Bangka Belitung Islands	311.144	41.170	22.946	55,73
10	Riau Islands	441.750	199.668	95.613	47,89
11	DKI Jakarta	2.508.869	852.556	559.779	65,66
12	West Java	11.493.124	5.405.403	2.613.893	48,36
13	Central Java	8.703.499	3.154.402	2.370.336	75,14
14	DI Yogyakarta	1.037.852	387.889	137.743	35,51
15	East Java	10.379.484	1.995.195	898.271	45,02
16	Banten	2.596.432	661.027	233.590	35,34
17	Bali	1.028.171	192.217	133.388	69,39
18	West Nusa Tenggara	1.252.516	72.551	20.999	28,94
19	East Nusa Tenggara	1.013.882	242.617	118.942	49,02
20	West Kalimantan	1.022.980	131.556	65.799	50,02
21	Central Kalimantan	572.790	30.933	15.861	51,28
22	South Kalimantan	975.168	202.554	121.713	60,09
23	East Kalimantan	870.912	264.645	199.184	75,26
24	North Sulawesi	581.872	170.117	120.280	70,70
25	Central Sulawesi	620.404	82.943	31.707	38,23
26	South Sulawesi	1.847.825	1.131.725	620.999	54,87
27	South East Sulawesi	502.047	253.922	111.225	43,80
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	214.316	26.066	10.883	41,75
32	West Papua	168.076	22.275	5.681	25,50
33	Papua	658.584	498.894	186.790	37,44
Indonesia		61.156.669	21.349.729	11.840.461	55,46

Source : Center for Health Promotion, MoH RI

Annex 6.50

PROPORTION OF HOUSEHOLD BASED ON LOCATION IN SLUM AREA, BY PROVINCE , RISKESDAS 2013

No	Province	Household located in slum area	
		Yes	No
(1)	(2)	(3)	(4)
1	Aceh	12,9	87,1
2	North Sumatera	12,7	87,3
3	West Sumatera	20,4	79,6
4	Riau	10,7	89,3
5	Jambi	14,2	85,8
6	South Sumatera	18,4	81,6
7	Bengkulu	9,5	90,5
8	Lampung	9,2	90,8
9	Bangka Belitung Islands	10,9	89,1
10	Riau Islands	25,8	74,2
11	DKI Jakarta	29,4	70,6
12	West Java	26,7	73,3
13	Central Java	15,3	84,7
14	DI Yogyakarta	12,2	87,8
15	East Java	17,0	83,0
16	Banten	24,0	76,0
17	Bali	10,0	90,0
18	West Nusa Tenggara	22,2	77,8
19	East Nusa Tenggara	14,6	85,4
20	West Kalimantan	16,6	83,4
21	Central Kalimantan	13,6	86,4
22	South Kalimantan	26,5	73,5
23	East Kalimantan	19,4	80,6
24	North Sulawesi	12,5	87,5
25	Central Sulawesi	11,2	88,8
26	South Sulawesi	15,5	84,5
27	South East Sulawesi	14,6	85,4
28	Gorontalo	8,9	91,1
29	West Sulawesi	6,9	93,1
30	Maluku	13,4	86,6
31	North Maluku	13,9	86,1
32	West Papua	22,9	77,1
33	Papua	21,4	78,6
	Indonesia	18,7	81,3

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.51

**NUMBER OF DISTRICT / MUNICIPALITY CONDUCTING HEALTHY DISTRICT/MUNICIPALITY (IND: KKS) IN INDONESIA
YEAR 2013**

No.	Province	No of Municipality / District	Those who conducting healthy city program	Achievement of KKS (%)
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
1	Aceh	23	2	8,70
2	North Sumatera	33	17	51,52
3	West Sumatera	19	19	100,00
4	Riau	12	9	75,00
5	Jambi	11	8	72,73
6	South Sumatera	15	13	86,67
7	Bengkulu	10	8	80,00
8	Lampung	14	9	64,29
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	35	35	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	21	7	33,33
20	West Kalimantan	14	8	57,14
21	Central Kalimantan	14	1	7,14
22	South Kalimantan	13	10	76,92
23	East Kalimantan	14	13	92,86
24	North Sulawesi	15	10	66,67
25	Central Sulawesi	11	5	45,45
26	South Sulawesi	24	24	100,00
27	South East Sulawesi	12	7	58,33
28	Gorontalo	6	6	100,00
29	West Sulawesi	5	5	100,00
30	Maluku	11	0	0,00
31	North Maluku	9	0	0,00
32	West Papua	11	0	0,00
33	Papua	29	0	0,00
Indonesia		497	325	65,39

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014

Annex 6.52

REGULATION OF SMOKING FREE AREA IN PROVINCE AND DISTRICT / MUNICIPALITY LEVEL, YEAR 2013

No	Province	District / Municipality	Remarks
(1)	(2)	(3)	(4)
1	Aceh	Simeulue Aceh Barat Aceh Tengah Aceh Barat Daya Kota Banda Aceh	Surat Edaran No. 338/18186 Tahun 2012 tentang larangan merokok dalam ruangan kerja dan gedung kantor Ranperbup Ranperda Perda No. 10 Tahun 2013 tentang Kawasan Tanpa Rokok dan Kawasan Terbatas Merokok Edaran No. 061.2/950/2013
2	North Sumatera	Mandailing Natal Kota Tebing Tinggi Kota Medan	Perwali No. 47 Tahun 2011 tentang Kawasan Tanpa Rokok Pergub No. 35 Tahun 2012 tentang Kawasan Tanpa Rokok pada Perkantoran di Lingkungan Pemerintah Prov. Sumatera Utara Perda No. 5 Tahun 2010 tentang Kawasan Dilarang Merokok Perwali No. 3 Tahun 2013 Perda Tahun 2013
3	West Sumatera	Lima Puluh Kota Padang Pariaman Pasaman Pesisir Selatan Sijunjung Tanah Datar Pasaman Barat Padangpanjang Kota Payakumbuh Kota Sawahlunto Solok Kota Bukittinggi Kota Padang Kota Pariaman	Perda No. 8 Tahun 2012 tentang Kawasan Tanpa Rokok Perbup untuk Tingkat Sekolah Himbauan Bupati Perbup untuk Tingkat Sekolah Perbup No. 45 Tahun 2013 tentang Kawasan Tanpa Rokok Edaran No. 443.52/362/Dinkes 2009 tentang Kawasan Bebas Rokok Perbup untuk Tingkat Sekolah Perbup No. 23 Tahun 2009 tentang Larangan Merokok Perda No. 8 Tahun 2009 tentang Kawasan Tanpa Asap Rokok dan Kawasan Tertib Rokok SK No. 451/Kesra/PKK/IV/2004 tentang Kawasan Tanpa Rokok Edaran No. 297/ST-WK/Pyk-2005 tentang Dilarang Merokok Perwali No. 440,05/430/WK-Pyk/2005 tentang Kawasan Tanpa Rokok Instruksi No. 17/P.WK/Pyk-2009 tentang Dilarang Merokok Perda No. 15 Tahun 2011 tentang Kawasan Tanpa Rokok Instruksi No. 440/2226/Dinkes/V/2009 Perwali Kawasan Tanpa Rokok di Sekolah Perda No. 1/2012 tentang Kawasan Tanpa Rokok Perwali No. 14 Tahun 2011 tentang Kawasan Tanpa Rokok Ranperda
4	Jambi	Bungo Kota Jambi	Perda No. 10 Tahun 2010 tentang Larangan Merokok di Tempat Umum Perbup No. 11 Tahun 2012 tentang Larangan Merokok Perwali No. 189 Tahun 2010 tentang Penerapan Kawasan Tanpa Rokok
5	Riau	Kep. Meranti Kota Dumai	Perbup No. 68 Tahun 2011 tentang Kawasan Tanpa Rokok Perwali No. 11 Tahun 2012 tentang Kawasan Tanpa Rokok
6	Bengkulu	Rejang Lebong Kota Bengkulu	Perbup No. 20 Tahun 2007 tentang Kawasan Dilarang Merokok Perwali No. 38 Tahun 2011 tentang Kawasan Dilarang Merokok
7	South Sumatera	Kota Palembang	Perwali No. 18 Tahun 2010 Perda No. 7/2009
8	Bangka Belitung Islands	Bangka Barat Belitung Timur Kota Pangkal Pinang	Perbup No. 10 Tahun 2012 tentang Penetapan Kawasan Tanpa Rokok Perbup Perwali

No	Province	District / Municipality	Remarks
(1)	(2)	(3)	(4)
9	Lampung	Lampung Selatan	SK Bupati No. 128/SOS/HK-LS/2007 tentang Kawasan Bebas Rokok di Sekolah
		Lampung Barat	Perbup No. 04 Tahun 2011 tentang Kawasan Dilarang Merokok
		Kota Metro	Edaran No. 440/130/02/2013 tentang Kawasan Tanpa Rokok
	Riau Islands		Edaran No. 441.7/8778/D2/VI/2008
			Perbup No. 5 Tahun 2013
		Bintan	Edaran Bupati
		Kota Batam	Ranperda
		Kota Tanjung Pinang	Ranperda
10	DKI Jakarta		Perda No. 2 Tahun 2005 tentang Kawasan Tanpa Rokok
11	West Java		Pergub No. 50 Tahun 2012 tentang Pedoman Pelaksanaan, Pembinaan, Pengawasan dan Penegakan Hukum Kawasan Dilarang Merokok
		Bandung	Perbup No. 15 Tahun 2008 tentang Kawasan Bebas Asap Rokok
		Bogor	Perbup No. 54 Tahun 2012
		Cianjur	Perbup No. 53 Tahun 2010 tentang Kawasan Tanpa Rokok
		Indramayu	Perbup Kawasan Tanpa Rokok
		Karawang	Perda No. 6 Tahun 2011
		Sukabumi	Perbup No. 6 Tahun 2011
		Kota Bandung	Perda No. 11 Tahun 2005
		Kota Bogor	Perda No. 12 Tahun 2009 tentang Kawasan Tanpa Rokok
			Perwali No. 7/2010 Tentang Petunjuk pelaksanaan Perda Kota Bogor No. 12 Tahun 2009 ttg Kawasan Tanpa Rokok
		Kota Cirebon	SK No. 27A Tahun 2006 tentang Perlindungan Masyarakat Bukan Perokok di Kota Cirebon
		Kota Sukabumi	SK Walikota No. 55 Tahun 2006 tentang Kawasan Bebas Asap Rokok di Tempat Kerja Di Lingkungan Pemerintah Kota Sukabumi
			Perwali No. 3 Tahun 2007 tentang Kendaraan Umum yang Bersih, Higienis, dan Bebas Asap Rokok
		Kota Bekasi	Perwali No. 89 Tahun 2008 tentang Kawasan Bebas Asap Rokok
		Kota Depok	Edaran No. 40/874-Huk/2008 tentang Larangan Merokok
			Perda No. 16 Tahun 2012 tentang Pembinaan dan Pengawasan Ketertiban Umum
		Kota Tasikmalaya	Perwali No. 18 Tahun 2011 tentang Kawasan Tanpa Rokok
12	Central Java		
		Boyolali	Perbup No. 26 Tahun 2011 Ttentang Kawasan Tanpa Rokok pada fasilitas dan tempat proses belajar mengajar di Kabupaten Boyolali
		Karanganyar	Instruksi No. 3 Tahun 2009
			Edaran No. 440/7350.3
			Perbup No. 91 Tahun 2009 tentang Kawasan Tanpa Asap Rokok dan Kawasan Terbatas Merokok
		Kebumen	Instruksi No. 1 Tahun 2009 tentang Kawasan Tanpa Rokok
		Pekalongan	Perda No. 19 Tahun 2012 tentang Kawasan Tanpa Rokok
		Purbalingga	Perbup No. 73 Tahun 2010 tentang Kawasan Tanpa Rokok
		Purworejo	Perbup No. 57 Tahun 2009 tentang Kawasan Tanpa Rokok dan Kawasan Terbatas Merokok
		Rembang	SK Kadinkes No. 443.5/03/2011 tentang Kawasan Terbatas Merokok di Lingkungan Dinas Kesehatan Kabupaten Rembang
		Sragen	Perbup No. 72 Tahun 2011 tentang Petunjuk Pelaksanaan Perda Kab Sragen No. 1 Tahun 2011 tentang Kawasan Tanpa Rokok
			Perda No. 1 Tahun 2011 tentang Kawasan Tanpa Rokok
		Wonosobo	Instruksi No. 442/079/2006 tentang Kawasan Bebas Rokok pada tempat kerja dan Rapat, Pelayanan Kesehatan, Pelayanan umum, Kantor pemerintah dan swasta serta Sekolah.
		Kota Surakarta	Perwali No. 13 Tahun 2010 tentang Kawasan Tanpa Rokok dan Kawasan Terbatas Merokok
		Kota Semarang	Perwali No. 12 Tahun 2009 tentang Kawasan Tanpa Rokok dan Kawasan Terbatas Merokok Kota Semarang
			Perda No. 3 Tahun 2013
		Kota Pekalongan	Perwali No. 5A Tahun 2010 tentang Kawasan Tanpa Rokok
			Perda No. 19 Tahun 2012 tentang Kawasan Tanpa Rokok

No	Province	District / Municipality	Remarks
(1)	(2)	(3)	(4)
13	D.I. Yogyakarta	Kota Tegal	SK No. 440/209/2010 tentang Penetapan Kawasan Tanpa Asap Rokok pada Institusi Pendidikan dan Kesehatan Kota Tegal Perwali No. 440/209/2009 tentang Penetapan Kawasan Tanpa Asap Rokok Perda No. 5 Tahun 2007 tentang Kawasan Tanpa Rokok Pergub No. 42 Tahun 2009 tentang Kawasan Dilarang Merokok SK Kadinkes No. 188/05113/IV.2 Tahun 2012 tentang Pembentukan Satuan Tugas Kawasan Dilarang Merokok
		Gunung Kidul	Edaran No. 440/0880 Tahun 2009 tentang Penerapan Kawasan Dilarang Merokok Perbup No. 22 Tahun 2009 tentang Kawasan Dilarang Merokok
		Sleman Kulonprogo Kota Yogyakarta	Perbup No. 42 Tahun 2012 tentang Kawasan Tanpa Rokok Perbup No. 61/2009 tentang Kawasan Tanpa Asap Rokok Edaran No. 440/004/SE/2010 tentang Larangan Merokok di Komp.Balaikota Yogyakarta
14	East Java	Banyuwangi	SK No. 134 Tahun 2003 tentang Penetapan Kaawasan Bebas Rokok Bagi Seluruh Sekolah di Kabupaten Banyuwangi
		Jombang	SK No.188.4/039/415.44/2011 SK Direktur RSUD Kab. Jombang tentang RSUD Kab.Jombang sebagai Kawasan Bebas Rokok Perbup No. 18 Tahun 2012 tentang Kawasan Tanpa Rokok
		Malang	Perbup No. 13 Tahun 2009 tentang Pengendalian Merokok di Tempat Kerja di Lingkungan Pemerintah Kab. Malang
		Probolinggo	Perbup No. 188
		Sidoarjo	Perbup No. 58 Tahun 2011
15	Banten	Tulungagung	Perda No. 4 Tahun 2011 tentang Kawasan Tanpa Rokok dan Kawasan Terbatas Merokok Perda No. 9 Tahun 2010 Tentang Kawasan Tanpa Asap Rokok dan Terbatas Merokok
		Kota Surabaya	Edaran No. 4 Tahun 2004 Perda No. 5 Tahun 2008
		Kota Pasuruan	SK No. 188.45/330/436.1.2/2009 tentang Tim Pemantau Kawasan Tanpa Rokok dan Kawasan Dilarang Merokok di Kota Surabaya
		Kota Probolinggo	Perwali No. 25 Tahun 2009 tentang Pelaksanaan Perda Kota Surabaya Instruksi No. 4 Tahun 2004 tentang Kawasan Bebas Rokok di Sekolah Negeri dan Swasta Perda No. 12 Tahun 2012 tentang Kawasan Tanpa Rokok dan Kawasan Terbatas Merokok
		Lebak	SK No. 180/AUK-35/2010 tentang Kawasan Dilarang Merokok
16	Bali	Tangerang	Perbup No. 16 Tahun 2012 tentang Kawasan Tanpa Rokok
		Kota Tangerang	Perwali No. 54 Tahun 2008 tentang Larangan Merokok Bagi Guru dan Siswa Sekolah Perda No. 5 Tahun 2010 tentang Kawasan Tanpa Merokok Perda No. 10 Tahun 2011 tentang Kawasan Tanpa Rokok Pergub No. 8 Tahun 2012
		Badung	Perbup No. 15 Tahun 2008 tentang Kawasan Bebas Asap Rokok Perda No. 8 Tahun 2013
		Bangli	SK No 443/80/2011 tentang Pembentukan Tim Pembina dan Pengawasan Larangan Merokok Pada Tempat-Tempat Tertentu Perbup No. 24 Tahun 2010 tentang Kawasan Tanpa Rokok
		Gianyar	Edaran No. 658.2/2036.a/Diskes/2010 tentang Kawasan Bebas Asap Rokok Kepada SKPD Gianyar
17	West Nusa Tenggara	Jembrana	Perbup No. 16 Tahun 2013 tentang Kawasan Tanpa Rokok
		Karangasem	Perbup No. 1 Tahun 2013 tentang Kawasan Tanpa Rokok
		Kota Denpasar	Perwali No.25 A Tahun 2010 tentang Kawasan Tanpa Rokok Perda No. 7 Tahun 2013
		Lombok Barat	Perda No. 4 Tahun 2013
		Lombok Timur	Instruksi No. 2 Tahun 2004 tentang Pelaksanaan PHBS Kab. Lombok Timur SK No. 447.7/224/Dikes/V/2008
18	East Nusa Tenggara	Sumbawa	Perbup
		Kota Mataram	Perda No. 4 Tahun 2013
		Flores Timur	SE Bupati tentang Kawasan Tanpa Rokok

No	Province	District / Municipality	Remarks
(1)	(2)	(3)	(4)
19	West Kalimantan	Kota Pontianak	SK No. 44./3446.a/D-Kes/P3/2009 tentang Kawasan Tanpa Rokok Perwali No. 67 Tahun 2012 Perda No. 10/2010 tentang Kawasan Tanpa Rokok
20	Central Kalimantan	Kapuas Kotawaringin Barat Seruyan Kota Palangkaraya	Instruksi No. 24/Admin/Kesra/2013 tentang Kawasan Tanpa Rokok Tempat Kerja MOU SE Bupati Perwali No. 9 Tahun 2013 tentang Kawasan Tanpa Rokok
21	South Kalimantan	Barito Kuala Hulu Sungai Tengah Tanah Laut Tapin Kota Banjarmasin	Perda No. 4 Tahun 2012 tentang Penyelenggaraan Kesehatan Di Kalsel Perbup No. 10 Tahun 2013 tentang Kawasan Tanpa Rokok di Institusi Kesehatan dan Di Institusi Pendidikan Edaran No. 441.7/2/5/KES/2013 tentang Kawasan Tanpa Rokok dan Kawasan Terbatas Merokok Perbup No. 26 Tahun 2011 tentang Pengaturan Kawasan Tanpa Rokok di Fasyankes Di Kab Tanah Laut Edaran No. 188/150/KUM tentang Kawasan Tanpa Rokok Perda No. 7/2013 tentang Kawasan Tanpa Rokok
22	East Kalimantan	Kutai Kartanegara Kutai Timur Kota Balikpapan Kota Samarinda Kota Bontang Kota Tarakan	Pergub No. 1 Tahun 2013 tentang Kawasan Tanpa Rokok SK No. 487/SK-Bup/HK/2010 tentang Kawasan Bebas Asap Rokok di Tempat Kerja dan Lingkungan Sekolah se-Kabupaten Kutai Kartanegara Perbup Perwali No. 4 Tahun 2012 Perwali No. 51 Tahun 2012 tentang Kawasan Tanpa Rokok Perda No. 5 Tahun 2012 tentang KBAR Perda No. 3/2012 tentang Kawasan Tanpa Rokok dan Kawasan Terbatas Merokok
23	North Sulawesi	Minahasa Talaud Kota Manado Kota Bitung	Perbup No. 11 Tahun 2011 tentang Kawasan Dilarang Merokok Perbup No. 28 Tahun 2013 Perbup No. 5 Tahun 2013 tentang Kawasan Tanpa Rokok Perda No. 5 Tahun 2013 Perwali Nomor 10 Tahun 2010 tentang Kawasan Tanpa Rokok
24	Central Sulawesi	Banggai Kepulauan Tojo Una-una Kota Palu	SK Bupati No. 440/875/Dinkes/2013 Perda No. 6 Tahun 2013 Perda No. 1 Tahun 2010 tentang Sistem Kesehatan Daerah
25	South Sulawesi	Enrekang Kep. Selayar Luwu Utara Kota Makassar Kota Pare-pare Kota Palopo	Rancangan Perbup Kawasan Tanpa Rokok Perbup No. 21 Tahun 2011 tentang Pedoman Pelaksanaan Kawasan Tanpa Rokok Perwali No. 13 Tahun 2011 tentang Pusat Kesehatan Masyarakat dan Sekolah Negeri Menjadi Kawasan Tanpa Asap Rokok Perda No. 4 Tahun 2013 Rancangan Perwali No. 8 Tahun 2011 tentang Kawasan Tanpa Rokok
26	South East Sulawesi	Kota Kendari Kota Bau-bau	Perbup No. 70 Tahun 2008 tentang Penetapan Kawasan Tanpa Rokok dalam Wilayah Kota Kendari Perwali
27	Gorontalo	Gorontalo Bone Bolango	Edaran No. 1 Tahun 2012 tentang Kawasan Tanpa Rokok (Kawasan Tanpa Rokok) di Instansi dan Tempat-Tempat Umum Perbup No. 48 Tahun 2011 tentang Kawasan Bebas Rokok
28	West Sulawesi		Ranperda
29	Maluku		Perda No. 1 Tahun 2014

No	Province	District / Municipality	Remarks
(1)	(2)	(3)	(4)
30	North Maluku	Halmahera Selatan Kota Tidore	Perbup No. 1 Tahun 2012 tentang Kawasan Tanpa Rokok Edaran No. 441/1545/10/2013
31	West Papua	Kota Sorong	Instruksi No. 440/02 Tahun 2013 tentang Kawasan Tanpa Rokok di Kota Sorong

Source: DG of Diseases Control and Environmental Health, MoH RI, 2014



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