



### Our Motto

Our service comes with a smile and sincerity

### Work Ethics

Integrity
Enthusiasm
Professionalism
Innovation

Responsibility Exemplary Trustworthy

# SOUTH TANGERANG MUNICIPALITY Geography:

Total Area: 147,19 Km2

Administrative Division: - 7 Sub-districts (Kecamatan)

- 54 Urban Villages (Kelurahan)

Borders: North: Jakarta & Tangerang Municipality

East : Jakarta & Depok Municipality

South: Bogor Regency & Depok Municipality

**West: Tangerang Regency** 

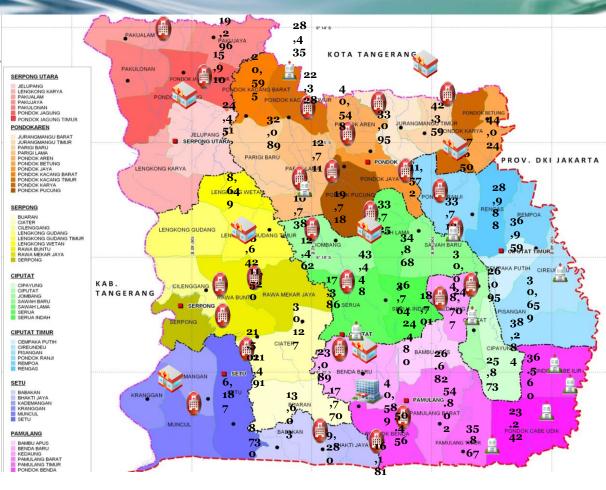
Population

1.696.308

Total Area

147,1

Km<sup>2</sup>



**Total** Smb-districts

7

Total
Village
Offices

54

Total
Community
Hiealth
Cemters

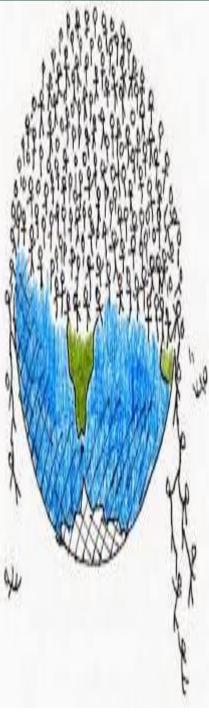
24 IP 5 NIP **Total Public Hospitals** 

**Total Private Hospitals** 

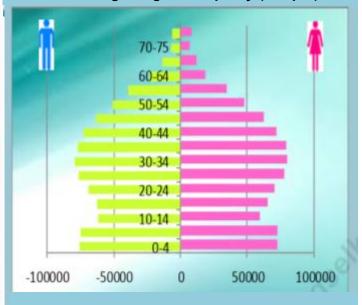
29

Total
Integrated
Health
Centers

tals lilealith Cembers 835



### Population Pyramid South Tangerang Municipality (People)

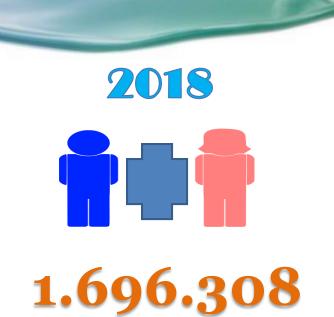


Source: Central Statistics Bureau, Province of Banten

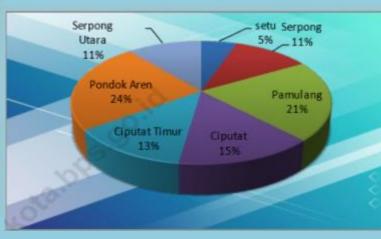
#### Population of the South Tangerang Municipality Year 2018

Details	Unit	2018
Population	People	1.696.308
- Male	People	854.013
- Female	People	842.295
Gender Ratio		101,39
Population Growth	Percentage	3,13
Population Density	People/km <sup>2</sup>	11.524

Source: Central Statistics Bureau, Province of Banten



### Composition of Population South Tangerang 2018



Source: Central Statistics Bureau, South Tangerang Municipality

### **Human Development Index**



**Mean Years of Schooling** 

**11,77** years



Adjusted per Capita Expenditure

15.291 in thousands of rupiah

### HDI in South Tangerang Municipality: 80,84

Source: Central Statistics Bureau of South Tangerang Municipality 2017

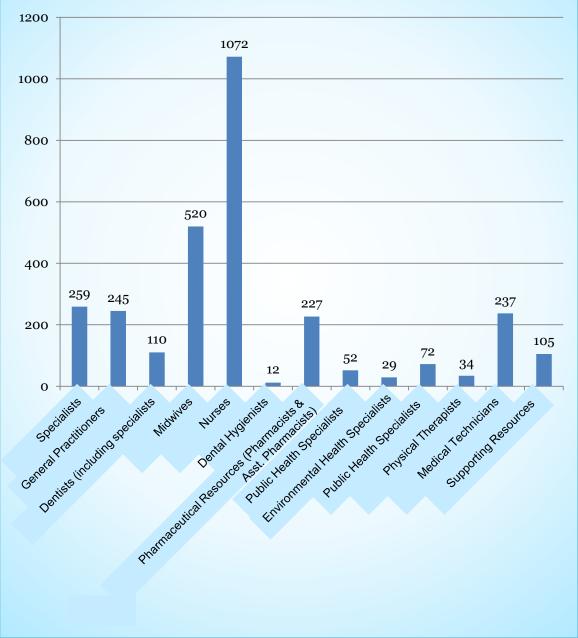
### DEGREE OF HEALTH

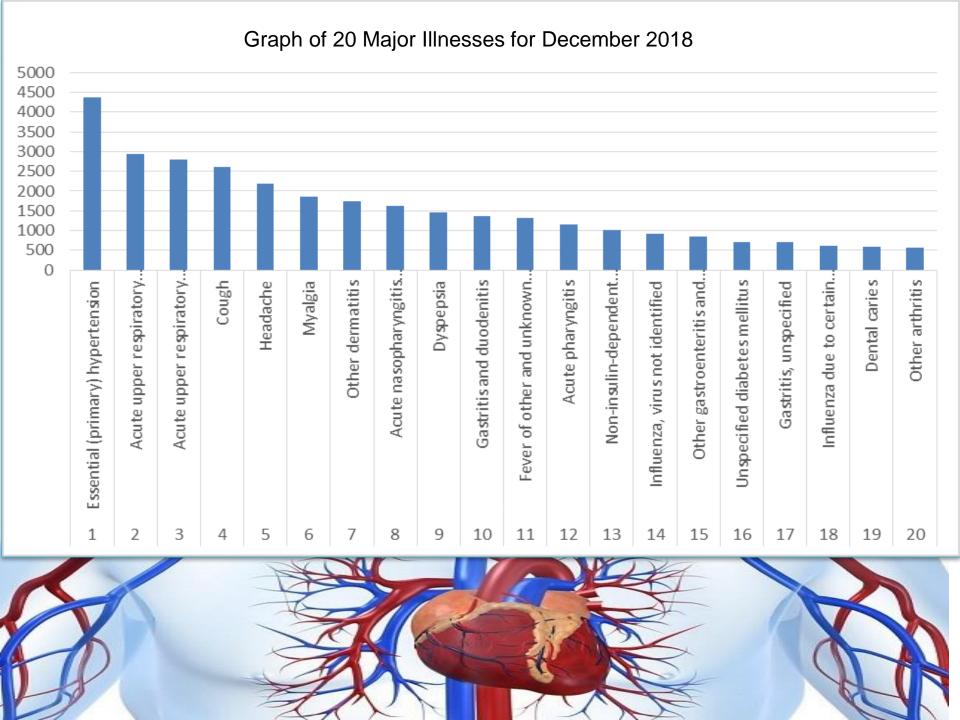
NO	CONDITIONS	2013	2014	2015	2016	2017	2018
1	Life Expectancy	72,10	72,11	72,12	72,14	72,16	72,16
2	Number of Maternal Mortality (per 100.000 live births)	48 (14 cases)	35 (10 cases)	49 (15 cases)	48 (15 cases)	48 (15 cases)	42 (13 cases)
3	Number of Infant Mortality (0-1 yrs) (per 1000 live births)	0,7 (21 cases)	0,4 (13 cases)	1,2 (37 cases)	1,4 (43 cases)	1,5 (48 cases)	1,9 (60 cases)
4	Number of Mortality for Children Below 5 years Old (0-5 yrs) (/1000 live births)	0,03 (3 cases)	0,1 (10 cases)	0,04 (4 cases)	0,05 (6 cases)	0,03 (4 cases)	0,02 (2 cases)
5	Cases of Malnutrition in Children Below 5 Years Old (Weight/Height)	77	67	88	94	109	70

#### MHR CHC (Puskesmas)+Hospitals

WITH CITC (Puskesinas)+Hospitals				
PROFESSION	Male	Female	Total	
Specialists	130	129	259	
General Practitioners	71	174	245	
Dentists (including specialists)	15	95	110	
Midwives		520	520	
Nurses	283	789	1072	
Dental Hygienists	3	9	12	
Pharmaceutical Resources (Pharmacists and Assistant Pharmacists)	21	206	227	
Public Health Specialists	10	42	52	
Environmental Health Specialists	7	22	29	
Nutrition Specialists	14	58	72	
Physical Therapists	6	28	34	
Medical Technicians	77	160	237	
Supporting Resources	38	67	105	
TOTAL	675	2299	2974	

#### MEDICAL HUMAN RESOURCES AT THE COMMUNITY HEALTH CENTERS (Puskesmas) AND HOSPITALS

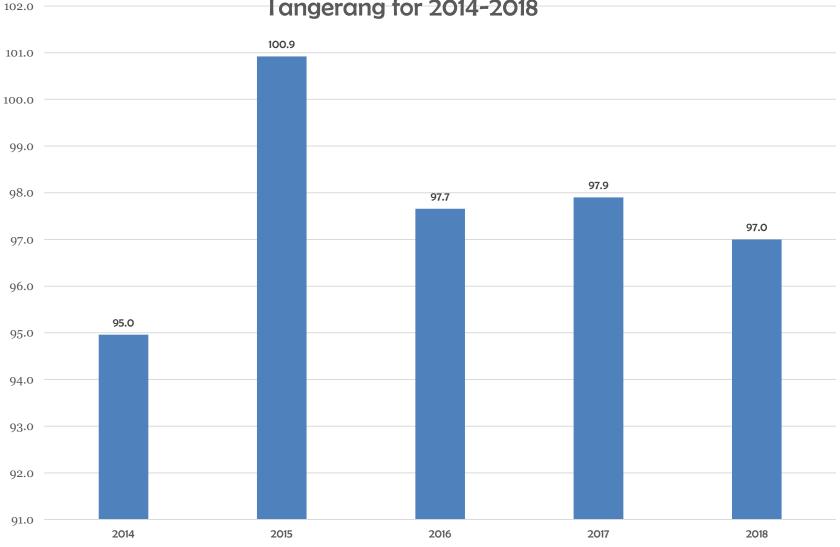






# IMMUNIZATION PROGRAMS

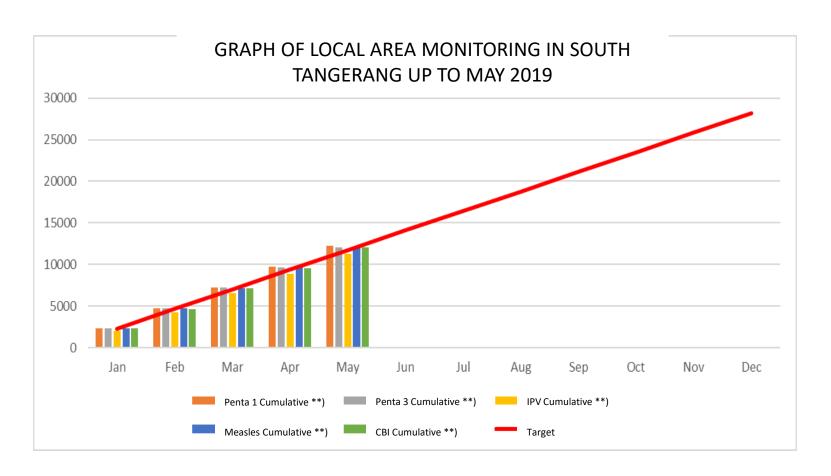
### Coverage of Complete Basic Immunization in South Tangerang for 2014-2018



### Number of People Targetted for the Immunization Programs in 2019

No	DETAILS	TOTAL	DESCRIPTION
1	Population	1.747.908	Data from the Data and Information Center
2	Newborns (NB)	29.660	Data from the Data and Information Center
3	Surviving Infants (SI)	29.683	Data from the Data and Information Center
4	Toddlers below 2 y.o ( o – 2 Tahun )	29.588	Data from the Data and Information Center
5	Fertile Women (Women of Childbearing Age)	520.718	Data from the Data and Information Center
6	Pregnant Women of Child-bearing Age	32.628	Data from the Data and Information Center
7	First Year Elementary School Students	30.793	Data from the Data and Information Center
8	Second Year Elementary School Students	30.355	Data from the Data and Information Center
9	Fifth Year Elementary School Students	28.749	Data from the Data and Information Center

### **COVERAGE OF IMMUNIZATION PROGRAMS UP TO MAY 2019**







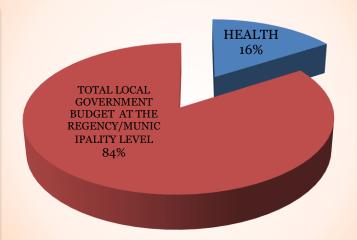
### **BUDGET FOR HEALTH**

		ALLOCATED HEAL	THURIDCET
NO	SOURCE OF FUND	Rupiah	%
1	2	3	4
		- U	
	SOURCE OF BUDGET FOR HEALTH:		
1	LOCAL GOVERNMENT BUDGET AT THE REGENCY/MUNICIPALITY LEVEL	577.861.020.337	93,85
	a. Direct Expenditure	476.543.827.426	
	b. Indirect Expenditure	101.317.192.911	
2	PROVINCIAL LOCAL GOVERNMENT BUDGET	_	0,00
	- Provincial Co-administration Fund		
3	STATE BUDGET:	37.841.370.000	6,15
	- General Allocation Fund		0,00
	- Special Allocation Fund	23.841.370.000	3,87
	- Deconcentration Fund	0 1 0/	0,00
	- Regency/Municipality Co- administration Fund		0,00
	- Others (specify) Local Incentive Fund	14.000.000.000	2,27
4	FOREIGN LOAN AND GRANT		0,00
	(Specify project and source of fund)		
5	OTHER GOVERNMENT SOURCES		0,00
	TOTAL BUDGET FOR HEALTH	615.702.390.337	
	AL LOCAL GOVERNMENT BUDGET AT		
T	HE REGENCY/MUNICIPALITIY LEVEL	3.642.462.279.782	

% OF LOCAL GOVERNMENT BUDGET TOWARDS LOCAL GOVERNMENT BUDGET

AT THE REGENCY/MUNICIPALITY LEVEL

#### **BUDGET FOR HEALTH**



### **Budget**



15,86



# FOCUS OF PLANNED BUDGET FOR HEALTH 2018







**Efforts to reduce the Maternal and Infant Mortality Rate.** 



Efforts to reduce the Prevalence of Stunting (short and extremely short stature) for children under 2 years old in comparison to figures from the previous year



Efforts to reduce the number of Communicable Diseases



**Efforts to reduce the number of Non-communicable Diseases** 



Strengthening the Implementation of the National Health Insurance/Indonesian Health Cards.



Efforts to increase the Equal Distribution of Health Services Qualities and Resources.



### NATIONAL HEALTH INSURANCE

(Jaminan Kesehatan Nasional – JKN)

### **National Health Insurance (JKN)**

- 2019 Local Government Budget for the Non-Contributory Insurance from the National Health Insurance is IDR 132.578.670.000 (33,7% of the 16% Local Health Office Budget).
- Up to June 2019, the number of South Tangerang population who are benificiaries of the Non-Contributory Insurance (insured through the South Tangerang Local Government Budget) totaled 479.826 people (28,28%).
- Total membership of the National Health Insurance (Universal Health Coverage UHC) in the South Tangerang Municipality is 99,8% of the total population.

## BUDGET FOR THE IMMUNIZATION PROGRAM FROM THE LOCAL GOVERNMENT BUDGET

NO	YEAR	BUDGET CEILING			
		LOCAL HEALTH OFFICE	IMMUNIZATION	%	
1	2015	212.010.730.906	654.662.000	0,31	
2	2016	216.903.518.033	1.032.399.200	0,46	
3	2017	238.578.638.095	652.136.194	0,27	
4	2018	267.383.151.544	450.000.000	0,17	
5	2019	393.085.004.644	450.000.000	0,11	
,	TOTAL	1.327.961.041.222	3.239.187.394	0,26	



# IMMUNIZATION PROGRAMS (Local Government Budget)

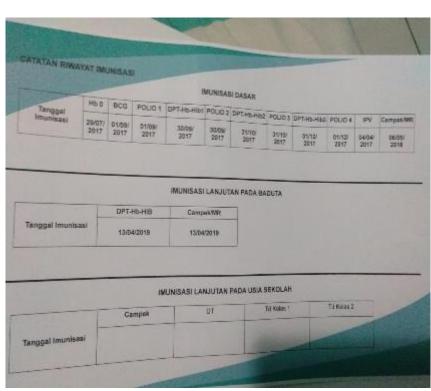
### 1. COMPLETE IMMUNIZATION CERTIFICATE

- Complete Immunization Certificates are given to infants (0-11 months) who have received the Basic Immunization (Hb0 1x, BCG 1x, DPT-Hb-Hib 3x, Polio 4x, MR 1x)
- Have been implemented in almost all Community Health Centers in the South Tangerang Municipality.
- Contains records of the basic immunization. Continued to children under two years old and school age children.

### **Example of the Complete Immunization Certificate**

Front Back





### **Presentation of the Complete Immunization**

Certificate



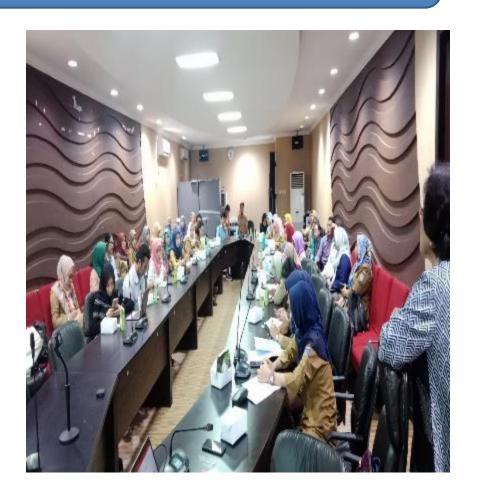






## 2. Coordination Meeting and Evaluation of the Immunization Programs





## 3. Data Validation and Evaluation of the Immunization Programs



- Conducted 4 times a year
- To validate coverage data
- Present the evaluation results of the immunization programs to the Heads of the Community Health Centers

## 4. Partnership Gathering with the Private Health Services Providers





## 5. Commemorating the World Immunization Week



- Attended by Health Cadres
- Parents of Infants and Children under 5 Years Old
- Heads of the Community Health Centers
- Administrators of the Immunization Programs
- Professional Organizations
- South Tangerang Regional Office of the Ministry of Religious Affairs
- Partners

### 6. Cross Program Partnerships



Attended by
 Administrators of the
 Immunization Programs,
 Midwives Coordinators,
 Surveillance Officers, and
 Administrators of the
 Nutrition Programs

### 7. Coordination Meeting for the School Children Immunization Month





# 8.Data Quality Self Assessment (DQS) --> Evaluation of Data Management for Immunization Programs



- Held at 29 Community Health Centers
- The purpose is to evaluate the data management quality

### 9. Coordination Meeting on Adverse Events Following Immunization



# 10. Improving the Capacity of Immunization Programs Management on Vaccines/Cold Chains



- Attended by Pharmaceutical Staffs at the Community Health Centers, Clinics/Hospitals.
- Held once a year.

# 11. Effective Vaccine Management (EVM) --> Evaluation of the Vaccine Chain Management Quality.

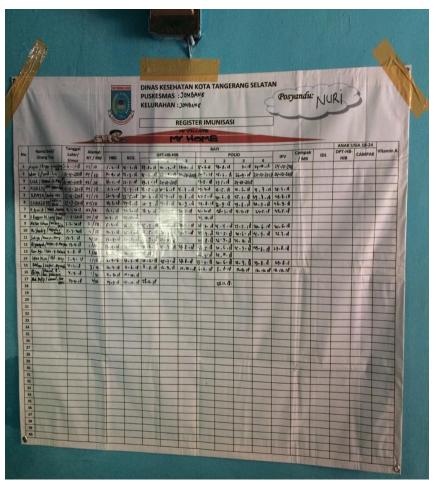




### 12. Promotional Efforts

## Communication, Information and Educational Media (CIE)





### Leaflets





#### Imunisasi lengkap melindungi anak anda

Bayi yang telah mendapatkan imunisasi dasar lengkap kecil kemungkinan terserang berbagai macam penyakit. Seandainya sakit, gejalanya akan jauh lebih ringan dan tidak berbahaya.



Penyakit-penyakit yang

penyakit yang dapat menyebabkan kanker hali Tuberculosis (TBC): penyakit paru yang menyebabkan

- Polio: adalah sejenis penyakit lumpuh kaki Diften: adalah sejenis penyakit susah bernafas
   Pertusis/batuk rejan: dikenal juga dengan batuk 100 hari
- Tetanus: penyakit kaku dan kejang serta 'menyebabkan kematian'
- Pneumonia (radang paru): sesak nafas dengan demam tinggi dan dapat 'meyebabkan kematian' Meningitis (radang selaput otak): di tandai dengan demam tinggi, kaku leher belakang, kejang, tidak sadar dan 'kematian'
- Campak: dapat menyebabkan komplikasi diare. radang paru, kebutaan bahkan 'kematian' - Rubella : Penyakit yang ditandal dengan ruam merah, jika didenta oleh ibu hamil akan berpotensi

Imunisasi untuk anak yang sehat, anak dengan sakit ringan bisa ditunda pemberian imunisasinya



Jika bayi sakit berat maka pada saat jadwal imunisasi, maka imunisasi dapat diberikan setelah sembuh



Cek jadwal dan status imunisasi anak setiap bulan

- Luangkaniah waktu untuk membaca buku KIA, dan bila ada yang kurang di pahami dapat ditanyakan - Posyandu kepada petugas kesehatan
- Buku imunisasi disimpan dengan baik sampal anak dewasa untuk memantau status imunisasi dan 📦



Imunisasi melindungi bayi dan masyarakat

- Imunisasi bukan hanya melindungi bayi, tetapi juga melindungi masyarakat di sekitarnya dari penyakit.
- Jika semua anak bayi dimunisasi dengan lengkap maka akan dapat melindungi masyarakat dari penyakit berat, wabah, kecacatan, bahkan kematian.



#### Imunisasi dapat diperoleh melalui

- Fasilitas kesehatan seperti Puskesmas, bidan praktik swasta, bidan praktik mandiri, rumah sakil dan pelayanan kesehatan lainnya







# IMMUNIZATION PROGRAMS (STATE BUDGET)

Supportive Supervision (Community Health
 Centers and Hospitals) → Non-Physical Special
 Allocation Fund for Management Support

2. Provision of cold chain for vaccines through the Physical Special Allocation Fund

3. 13 units in 2018, 4 units in 2019

## 4. The Immunization and Electronic Logistics Monitoring System (SMILE)

- Adopting the E-VIN system used in India
- The South Tangerang and Bogor Municipalities were selected for the Pilot Project inthe implementation of the E-VIN, which in Indonesia is called "SMILE"
- An innovative collaboration between the Ministry of Health of the Republic of Indonesia and the UNDP
- Provides ease in the request and pick up processess for vaccines





### Efforts to Strengthen and Improve the System





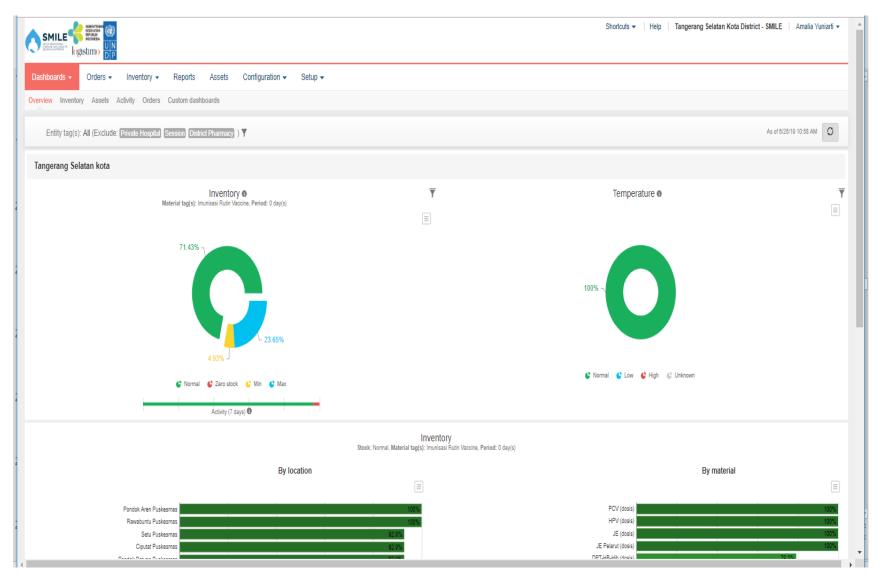


Technological Innovations to monitor temperatures

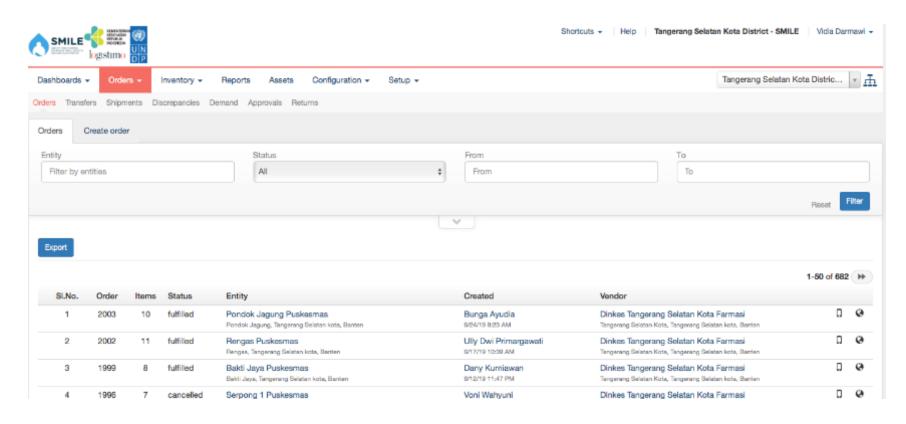




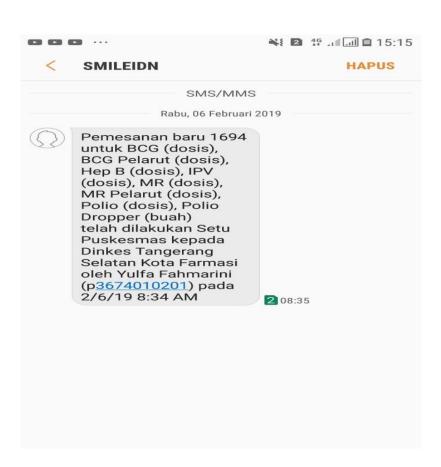
### Real-time vaccine stock and temperature visibility



#### ORDER and APPROVAL - MOBILE and WEB based



### **Notifications**



### **Stock Notification through** email

onnie muonesia service

[Logistimo] Daily notifications for Indonesia - SMILE

To: Mukhlis Hanif Nurdin, Aisyah Putri Mayangsari, vidia UNDP, Leslie Ong

#### Events on 3/30/19

#### Stock count differs from current stock (Stock count threshold [%] = 40)

3/30/19 9.45 PM: Cek stok fisik atas 190 Td (dosis) oleh p3271060202 di fasilitas Pondok Rumput Puskesmas kurang dari 40 persen dibandingkan stok dalam catatan 3/30/19 9.45 PM: Cek stok fisik atas 100 MR Pelanti (dosis) oleh p3271060202 di fasilitas Pondok Rumput Puskesmas kurang dari 40 persen dibandingkan stok dalam catatan 3/30/19 9.45 PM: Cek stok fisik atas 100 MR (dosis) oleh p3271060202 di fasilitas Pondok Rumput Puskesmas kurang dari 40 persen dibandingkan stok dalam catatan 3/30/19 9.45 PM: Cek stok fisik atas 120 BCG Pelanti (dosis) oleh p3271060202 di fasilitas Pondok Rumput Puskesmas kurang dari 40 persen dibandingkan stok dalam catatan 3/30/19 9.45 PM: Cek stok fisik atas 120 BCG (dosis) oleh p3271060202 di fasilitas Pondok Rumput Puskesmas kurang dari 40 persen dibandingkan stok dalam catatan 3/30/19 9.45 PM: Cek stok fisik atas 120 BCG (dosis) oleh p3271060202 di fasilitas Pondok Rumput Puskesmas kurang dari 40 persen dibandingkan stok dalam catatan

#### < Min.

3/30/19 7:19 PM; Polio Dropper (buah) sejumlah 8 telah kurang dari batas minimum 13 di fasilitas Ciputat Puskesmas pada 3/30/19 7:20 PM. 3/30/19 7:19 PM: Polio (dosis) sejumlah 80 telah kurang dari batas minimum 130 di fasilitas Ciputat Puskesmas pada 3/30/19 7:20 PM. 3/30/19 1:27 PM: Td (dosis) sejumlah 20 telah kurang dari batas minimum 20 di fasilitas Pulo Armyn Puskesmas pada 3/30/19 1:27 PM 3/30/19 1:27 PM: DPT-HB-Hib (dosis) sejumlah 70 telah kurang dari batas minimum 75 di fasilitas Pulo Armyn Puskesmas pada 3/30/19 1:27 PM. 3/30/19 1:22 PM: MR Pelarut (dosis) sejumlah 40 telah kurang dari batas minimum 60 di fasilitas Pulo Armyn Puskesmas pada 3/30/19 1:27 PM. 3/30/19 1:22 PM; MR (dosis) sejumlah 40 telah kurang dari batas minimum 60 di fasilitas Pulo Armyn Puskesmas pada 3/30/19 1:27 PM. 3/30/19 1:22 PM: Hep B (dosis) sejumlah 10 telah kurang dari batas minimum 10 di fasilitas Pulo Armyn Puskesmas pada 3/30/19 1:22 PM. 3/30/19 1:20 PM: IPV (dosis) sejumlah 10 telah kurang dari batas minimum 15 di fasilitas Bondongan Puskesmas pada 3/30/19 1:20 PM 3/30/19 1:17 PM: MR (dosis) sejumlah 10 telah kurang dari batas minimum 60 di fasilitas Bondongan Puskesmas pada 3/30/19 1:20 PM. 3/30/19 1:17 PM: Hep B (dosis) sejumlah 6 telah kurang dari batas minimum 13 di fasilitas Bondongan Puskesmas pada 3/30/19 1:20 PM. 3/30/19 1:17 PM: MR Pelarut (dosis) sejumlah 10 telah kurang dari batas minimum 60 di fasilitas Bondongan Puskesmas pada 3/30/19 1:20 PM. 3/30/19 11:43 AM: Polio Dropper (buah) sejumlah 10 telah kurang dari batas minimum 11 di fasilitas Lawang Gintung Puskesmas pada 3/30/19 11:43 AM. 3/30/19 11:43 AM: Polio (dosis) sejumlah 100 telah kurang dari batas minimum 110 di fasilitas Lawang Gintung Puskesmas pada 3/30/19 11:43 AM. 3/30/19 11:41 AM: DPT-HB-Hib (dosis) sejumlah 60 telah kurang dari batas minimum 65 di fasilitas Keranggan Puskesmas pada 3/30/19 11:41 AM. 3/30/19 10:12 AM: MR Pelarut (dosis) sejumlah 60 telah kurang dari batas minimum 60 di fasilitas Pancasan Puskesmas pada 3/30/19 10:12 AM. 3/30/19 10:12 AM: MR (dosis) sejumlah 60 telah kurang dari batas minimum 60 di fasilitas Pancasan Puskesmas pada 3/30/19 10:12 AM. 3/30/19 9:48 AM: IPV (dosis) sejumlah 10 telah kurang dari batas minimum 15 di fasilitas Serpong 1 Puskesmas pada 3/30/19 9:51 AM.

#### Status changed (Status = 0)

3/30/19 9:19 AM: Status aset ILR 6320893 di Warung Jambu Puskesmas adalah Working sejak 3/30/19 9:19 AM

#### Stock back to normal level

3/30/19 1:15 PM: Stok Polio Dropper (buah) telah kembali ke batas normal dari status > max. di fasilitas Bondongan Puskesmas, dan stok sekarang adalah 74.
3/30/19 11:15 AM: Stok MR Pelarut (dosis) telah kembali ke batas normal dari status > max. di fasilitas Kampung Sawah Puskesmas, dan stok sekarang adalah 350.
3/30/19 9:54 AM: Stok Hep B (dosis) telah kembali ke batas normal dari status > max. di fasilitas Cipaku Puskesmas, dan stok sekarang adalah 47.



## Thank You