

Priority Needs: (to be discussed with WR)
 Main Recommendations: (to be discussed with WR)



Context

Extension: 1,913.000 Km². Around 15.000 islands (70% unpopulated)

The world's largest archipelago, Indonesia achieved independence from the Netherlands in 1949.

Indonesia is located in an area of the world that experiences regular natural disasters, such as earthquakes, tsunamis, floods, severe droughts and volcanic eruptions. Since the Indonesian archipelago forms a part of the Pacific Ring of Fire, it is prone to earthquakes and volcanic eruptions. The government has since then been putting 10 of its 129 active volcanoes on "alert" status.

In recent years, political, economic, religious and social crises have led to complex emergency situations in several provinces, notably Maluku, North Maluku, NTT (West Timor), Aceh, Sulawesi, Papua and Kalimantan. These civil disturbances have contributed to an increasing number of emergencies in Indonesia in recent years.

Both, natural and manmade disasters have resulted in increased mortality and morbidity, as well as a growing population of displaced people.

The Government of the Republic of Indonesia established a coordinating body, called BAKORNAS at the central level and SATKORLAK at the provincial level, for response to both natural and man-made disasters.

Geography

Location: South eastern Asia, archipelago between the Indian Ocean and the Pacific Ocean

Land boundaries: border countries: Malaysia 1,782 km, Papua New Guinea 820 km

Climate: tropical; hot, humid; more moderate in highlands

Natural hazards: occasional floods, severe droughts, tsunamis, earthquakes, a volcanoes

Geography – note: archipelago of 17,000 islands (6,000 inhabited); straddles Equator; strategic location astride or along major sea-lanes from Indian Ocean Pacific Ocean

Affected Population ¹

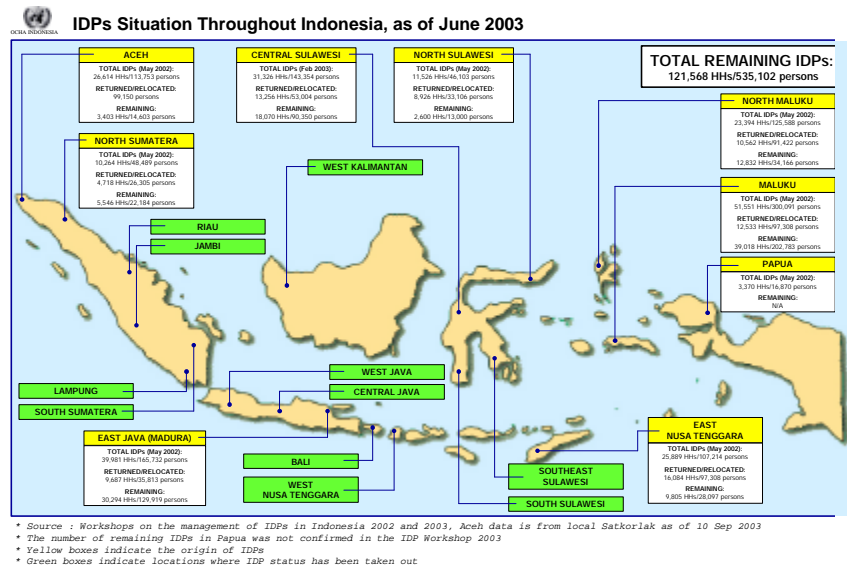
Total Population: 228,437,870 (male 48,2%; female 51,8%) (July 2001 est.)

Age structure:
 0-14 years: 30.26% (male 50,9%; female 49,1%)
 15-64 years: 65.11% (male 49,9%; female 50,1%)
 65 years and over: 4.63% (male 43,8%; female 56,2%)

Life expectancy: Male: 65.9 years. Female: 70.75 years (2001)

Urban Population: 39.4 % lives in urban areas and 60.6 % lives in rural area

IDPs and Refugees : According to the Indonesian government official government policy, as of 1st January 2004, stated that, since there are only a few IDPs remain, they should now be categorized as “Vulnerable people” rather than IDPs.



¹ Source: Provincial Profiles of Potential Health Problems Due to disaster in Indonesia 2001

Political Structure

Executive branch

Chief of state and head of government: President MEGAWATI Sukarnopu (since 23 July 2001) and Vice President Hamzah HAZ (since 26 July 2001)

Cabinet: Cabinet appointed by the president

Elections: president and vice president elected separately by the 70 member People's Consultative Assembly or MPR for five-year terms; election for president last held 23 July 2001. In year 2004, there will be a change election system which previously the president was elected by the house parliament member (the people vote for political party to be sitting candidate of the parliament members and the president by name. The next election will be in April 2004 until October 2004 with inauguration of the president and vice president as a closing of election period.

Legislative branch

Unicameral House of Representatives or Dewan Perwakilan Rakyat (DPR) (500 seats; 462 elected by popular vote, 38 are appointed military representatives)

Elections: last held 7 June 1999 (next to be held in April 2004)

Judicial branch

Supreme Court or Mahkamah Agung (justices appointed by the president from a list of candidates approved by the legislature)

Administrative Division

There are total of 32 provinces.

2 special regions: Aceh and Yogyakarta

1 capital city district: Jakarta

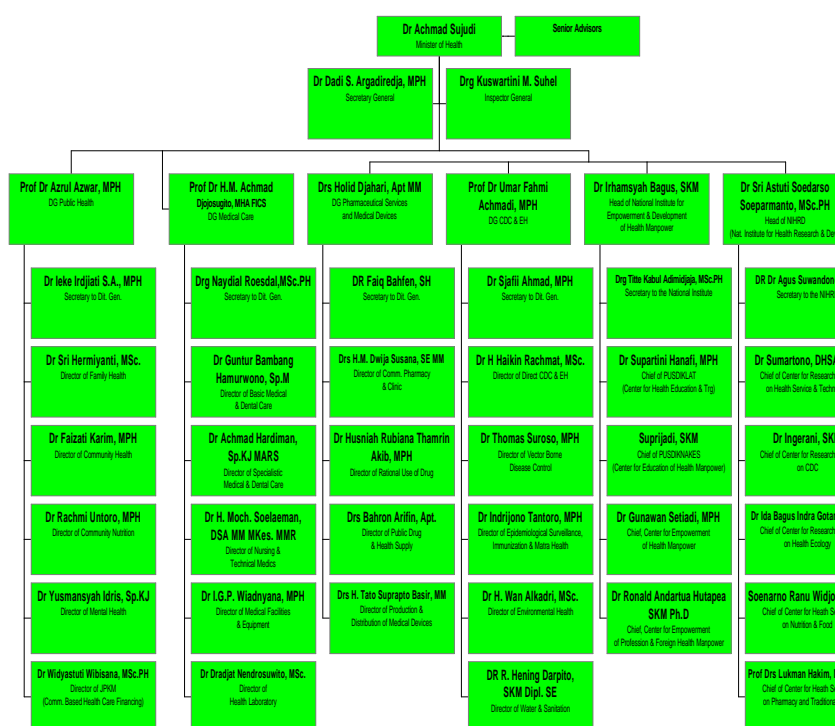
29 provinces: Bali, Banten, Bengkulu, Gorontalo, Jambi, Jawa Barat, Jawa Tengah, Jawa Timur, Kalimantan Barat, Kalimantan Selatan, Kalimantan Tengah, Kalimantan Timur, Kepulauan Bangka Belitung, Lampung, Maluku, Maluku Utara, Nusa Tenggara Barat, Nusa Tenggara Timur, Riau, Sulawesi Selatan, Sulawesi Tengah, Sulawesi Tenggara, Sulawesi Utara, Sumatera Barat, Sumatera Selatan, Sumatera Utara, West Irian Jaya, Papua, Riau Kepulauan (Note: 5 provinces were added to the previous list of 27 provinces)

Each province is sub-divided in districts and each district in sub-districts.

As decentralization had been already implemented, the 302 districts and 89 municipalities are now the lowest level of administrative units

Structure of the Health System – Health System Profile ³

The ministry of health has a structure as we can see below:



In addition, there is a National Agency for Drug and Food Control, which was not part of the Ministry Health. The National Agency is, among others, responsible for the registration of medicines and medical supplies and inspection of manufacturers. The agency can, upon request and provided a justification given, authorize the importation in Indonesia of drugs and medical supplies that are not registered in Indonesia. The National agency has branch offices in most provinces.

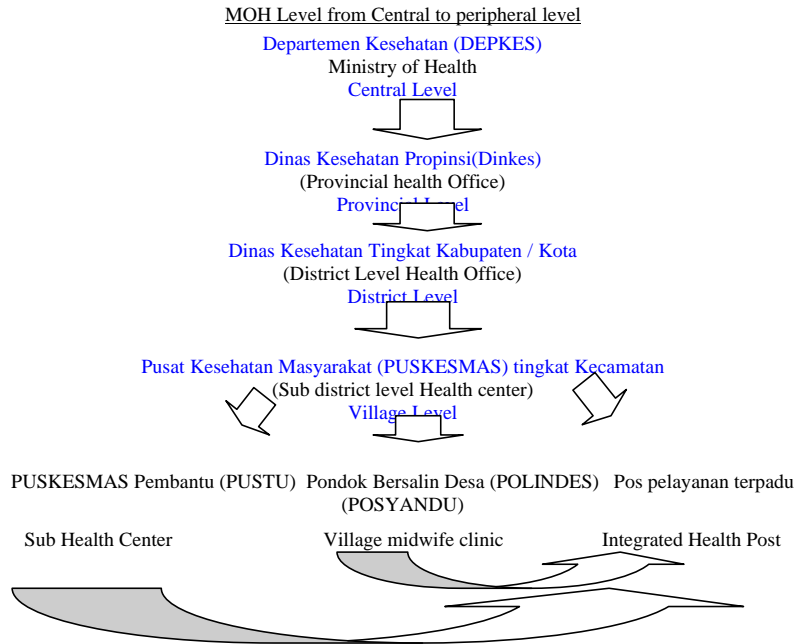
Mobilization of internal and external resources to support development programmes comes under responsibility of the National Development Planning Board. Environmental impact Analysis ensures health aspects are included in all development activities.

Each sub-district in Indonesia has at least one health centre headed by a doctor, usually supported by two three sub-centres, the majority of which are headed by nurses. Health centres mainly provide 8 programmes. Most are equipped with four-wheel drive vehicles or motorboats to serve as mobile health centres. They provide services to underserved populations in urban and remote rural areas.

³ Sources: WHO, World Bank, Indonesia Health Profile, MoH 2000

At the village level, the integrated Family Health Post provides preventive and promotive services. The health posts are established and managed by the community with the assistance of health center staff. improve maternal and child health, midwives are being deployed to the villages.

Structure Of Health System



Equivalent Political Structure with the Health Structure from Central to Peripheral

Political Structure		Health Structure	
Level	Position	Level	Position
Central (Pusat)	Government of Indonesia (Pemerintah Indonesia)	Ministry Of Health (Departemen Kesehatan)	Minister of Health (Mentri Kesehatan)
Provincial (Propinsi)	Governor = Gubernur	Provincial Health Office (Dinas Kesehatan Propinsi)	Head Of Provincial Health Office (Kepala Dinas Kesehatan Propinsi)
District Municipality (Kabupaten)	Head Of District / Major = Bupati / Walikota	District Health Office (Dinas Kesehatan Kabupaten)	Head Of District Health Office (Kepala Dinas Kesehatan Kabupaten)
Subdistrict (Kecamatan)	Head Of Subdistrict = Camat	Health Center (PUSKESMAS)	Head Of Health Center (Kepala PUSKESMAS)

Total expenditure on health as % of GDP: 1.7

Total per capita health expenditure in USD: 56

Health Facilities	Hospital beds / 1000 population: 0.7 Public Hospitals: 680 Public Health Centres: 7,237 Public Health Sub-centres: 21,267 Moving Public Health Centres: 6,440
Health Personal	Physicians rate / 100,000 populations: 16 Physicians: 34,603 Nurses/Midwives: 108,068 Pharmacist and other medical graduates: 6,410 Non-nursing paramedics: 91,078 Assistant paramedics: 30,752 Non-medical paramedics: 84,332

Epidemiological Profile ⁴

Crude mortality rate: 10 per 1,000 / year

Infant mortality rate: 48 per 1,000 live birth / year

Under-5 mortality rate: 56 per 1,000 live birth / year

Maternal mortality rate: 307 per 100,000 live birth / year

Immunisation ⁵: Coverage Infants Immunization: BCG 93.1 %, DPT3 80.6%, Polio 70.4%, Measles 78.6 %, HB1 70.9%, HB2 58.1 %, HB3 45.3 %.
Coverage immunization of pregnant women with Tetanus toxoid : TT1 83.6% and TT2 76.7%

HIV/AIDS ⁷: HIV/AIDS - adult prevalence rate: 0.05%
HIV/AIDS - people living with HIV/AIDS: 52,000, from them 13,000 are women.
HIV/AIDS - deaths: 3,100

Food security ⁶

Nutritional status: The prevalence of severe and moderate malnutrition at Children under 5 : 24.7%. The percentage of Reproductive women have mid upper : circumferential < 23.5 cm are 21.5%

⁴ Source: Indonesia Demographic and Health Survey 2002-2003

⁵ Source: Indonesia Demographic and Health Survey 2002-2003

⁷ Source: UNAIDS, MoH (1999 est.)

⁶ Source: Indonesian Health Profile, MoH 2001

Water and Sanitation ⁸

It is estimated that 91% of the urban population and 65% of the population in rural areas have access to water. The estimated sanitation coverage is 87% in urban and 52% in rural areas.

Main WHO programmes (WHO Plan of Action 2002-2003)

Communicable Disease Surveillance, Prevention, Eradication And Control
Malaria
Tuberculosis
Surveillance, Prevention and Management of Non communicable Diseases
Tobacco
Health Promotion
Disability/ Injury prevention and Rehabilitation
Mental Health and Substance Abuse
Child and Adolescent Health
Research and Programme Development in Reproductive Health
Making Pregnancy Safer
Women's Health
HIV/AIDS
Health and Environment
Food Safety
Essential Medicines: Access, Quality and rational use
Immunization and Vaccines Development
Blood Safety and Clinical Technology
Evidence For Health Policy
Research Policy and Promotion
Organization of Health services
Emergency Preparedness and Response
Emergency Humanitarian field activity (see map below)



Accessibility and Essentials for Logistics

Dry season: Between June and September. Dry winds blowing from Australia (low moisture)

Rainy season: Between December and March there is the wet (high moisture) wind from Asia and Pacific, and passed through several oceans.

Routes of access: Railways: Total 6,458km Highways: Total 342,700 km (paved 158,670 km)
Airports: 453 (2000 est.), 136 of these 453 with paved runways Waterways: 21,579 km total

⁸ Source: Global Water Supply and Sanitation Assessment, 2000. WHO & UNICEF report

Communication

Telephones - main lines in use: 5,588,310 (1998)

Telephones - mobile cellular: 1.07 million (1998)

Telephone system: general assessment: domestic service fair, international service good

Radios: 31.5 million (1997)

Television broadcast stations: 41 (1999)

Televisions: 13.75 million (1997)

Internet Service Providers (ISPs): 24 (2000)

Internet users: 400,000 (2000)

Security

Security phases:

- Phase V: West Timor
- Phase IV: Aceh, Banda Aceh
- Phase III: Banda Aceh, North Maluku, Maluku, and Kai Island.
- Phase II: Irian Jaya (Papua).
- Rest of Indonesia phase I. Bali & Lombok no phase.

Main Humanitarian Players

The complete updated list of UN agencies and NGOs, areas and sector interventions is available in WFP, EHA and OCHA Indonesia.

Coordination

Regular events:

UN Technical Humanitarian Coordination Meeting on Indonesia: Regular UN coordination meetings every two weeks. These meetings will normally be attended by UN agencies, IOM and the World Bank. OCHA will arrange, chair, and take minutes of the meetings.

As required, humanitarian coordination meetings at the level of Heads of Agencies will be conducted under the chairmanship of the Humanitarian Coordinator. These meetings will be attended by the agencies and organizations that are members of the Inter-Agency Standing Committee. OCHA Indonesia will arrange, prepare for, and take minutes of the meeting.

UN - NGOs Coordination Meeting: A monthly NGO coordination meeting will be held, normally on the third Wednesday of the month. The meeting will be attended by the UN humanitarian agencies and all interested international NGOs and ICRC/IFRC.

UN - Donors Coordination: Regular donor coordination meetings at technical level will be arranged, chaired by OCHA. Twice a year, humanitarian coordination meetings at ambassadorial level will be held under the chairmanship of the Humanitarian Coordinator. Ad hoc meetings may be arranged in connection with the launch of a consolidated appeal or related to specific emergencies. OCHA Indonesia will arrange, prepare for, and take minutes of the meetings.

Coordination with Government of Indonesia: At least once a month, OCHA Indonesia will meet formally with one or more representatives of BAKORNAS PBP to coordinate ongoing humanitarian efforts. There are no coordination meetings conducted by MOH so far they are still starting to hold the meetings in the coming months.

Useful Contacts

The complete list of useful contacts by including more relevant partners is available in WHO/EHA OCHA Indonesia

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