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Baseline Assessment on Women's Accessibility to Public Services

(Banten Province)

Management Strengthening and Institution Building for Local Public Service and Providers (MSIB-LPSP)

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LIST OF TERM AND ABBREVIATION

APBD	Anggaran Pendapatan Belanja Daerah/ Regional Revenue and Expenditure/ Regional Budget
Askes	Asuransi kesehatan/ Health Insurance
BAPPEDA	Badan Perencanaan Daerah/ Regional Development Planning Board
BPPKBMPD	Badan Pemberdayaan Perempuan, Keluarga Berencana, Masyarakat Dan Pemerintahan Desa/ Body of Women, Family, community, and Village Government empowerment
BKKBN	Badan Koordinasi Keluarga Berencana Nasional/ National Family Planning Coordination Board
BKBPP	Badan Keluarga Berencana dan Pemberdayaan Perempuan/ Board of Fammily Palnning and Women Empowerment
BPMPD	Badan Pemberdayaan Masyarakat dan Pemerintahan Desa/ Board of Community and Village Government Empowerment
BPS	Biro Pusat Statistik/ Statistical Center Bureau
CHC	Community Health Center
DAK	Special Allocation Fund. DAK is transfer fund from central to regional government, that have fixed allocation, set by the sentral government
Dependency ratio	Dependency ratio is comparison between population number aged 0-14 added by population number aged 60 years and above; with population number of population number aged 15-60 years old. Young dependency ratio is comparison between

	population number aged 0-14 with population number of population number aged 15-60 years old. Old dependency ratio is comparison between population number aged 60 years and above, with population number of population number aged 15-60 years old.
Dinas Dukcapil	Local Government Population and Civil Administration Working Unit
Dinas Kesehatan	Local Government Health Working Unit
Dinas Pendidikan	Local Government Education Working Unit
Dinas PU	Local Government Public Work Working Unit
Dinas Sosial	Local Government Social Working Unit
DKM	Dewan Keluarga Masjid/ Board of Musque Brotherhood
DSF	Decentralization Support Facilities
Dukcapil	Kependudukan dan catatan sipil
DP4	Daftar Potensial Penduduk Pemilih Pilkada/ Potential List of Elector Citizen for the election of the Regional Head
DPS	Daftar Pemilih Sementara/ Temporary Elector List
DPT	Daftar Pemilih Tetap/ Permanen Elector List
FGD	Focus Group Discussion
GRB	Gender Responsive Budget
HRD	Human Resource Development
Inpres	Instruksi Presiden/ President Instruction
Jamkesmas	Jaminan Kesehatan Masyarakat/ Indonesian Social Health Insurance
Jamsostek	Men Power Social Insurance
K4	Kunjungan 4 Kali/ 4 times visit to health facility, during women pregnancy period.
Keluarga Pra-	Pre –Well being family is family that can not fulfill their

Sejahtera Pre-Well being family.	minimum basic need. BKKBN develops indicators to identify the Pre-well being family, such are: ❑ Eat less than 2 times a day ❑ The family members do not have different clothes for working, for going to school, for traveling, and for staying at home ❑ Living at house that have no proper floor, wall, and roof ❑ The family members who get sick, can not afford health service ❑ The family members in productive age, can not afford contraception services ❑ The family members in school age, do not access schools
Keluarga Sejahtera 1/ Well Being 1 family.	Well being 1 family is family that can fulfill their minimum physical basic need, but can not afford their social and psychological need such are need on education, family planning services, etc. BKKBN develops indicators to identify the Pre-well being family, such are: ❑ Do not eat meat/ fish/ egg at least once a week ❑ Do not get new cloth, at least once a year ❑ Live at house with less than 8 m2 for each family member ❑ Not all family members accessing health services in the last 3 months ❑ Do not have at least 1 family member who work and have income ❑ Not all family members who are 10-60 years old, can read and write ❑ Not all family members in productive age, can not afford contraception services
Keluarga	Well being 2 family is family that can fulfill their basic

Sejahtera 2/ Well being 2 family.	physical need and their social/ psychological; but do not have any investment and do not access information services.
Keluarga Sejahtera 3/ Well being 3 family.	Well being 3 family is family that can fulfill their basic physical need, their social/ psychological and having any investment; but do not give routine material contribution for the welfare of their social environment.
Keluarga Sejahtera 3+/ Well being 3+ family.	Well being 3+ family is family that can fulfill their basic physical need, their social/ psychological, having any investment, and give routine material contribution for the welfare of their social environment.
Kelurahan	Certain government unit, thai is similar with village, but located at city area
KK	Kartu keluarga/ Family Card
KN 1	Neonatus visit in 0-7 days
KN 2	Neonatus visit in 28 days
KPUD	KPUD (Komisi Pemilihan Umum Daerah/ Commision of Regional election)
KTP	Kartu Tanda Penduduk/ Citizen Card
KUA	Kantor Urusan Agama/ Office for religion Issues
LG	Local Government
MSIB-LPSP	Management Strengthening And Institution Building For Local Public Service And Providers
MSS	Minimum Service Standard
MTQ	Musabaqah Tilawatil Qur'an/ Qor'an Reading Contest
Musrenbang	(Musyawarah Perencanaan Pembangunan/ Deliberative Forums for Development Planning)
n.a.	Not available Statistical term to show that the required data is not available
NGO	Non Government Organization
P2WKSS	Peningkatan Peranan Wanita Menuju Keluarga Sehat Sejahtera/ Women Empowerment Program to Create Healthy and Wellbeing Family

PAD	Regional Owned Sources
PDAM	Perusahan Daerah Air Minum, or Regional Water Company, owned 100% by the local government of the area in which it operates
Perda	Local Regulation
Permendagri	Minister of Home Affair Regulation
PermenPAN	Misnister of State Aparatus Regulation
Perpres	President Regulation
PERPAMSI	Persatuan Pengelola Air Minum Seluruh Indonesia/ Indonesian Drinking Water Provider Association
PKK	Pendidikan Kesejahteraan Keluarga/ Family welfare Education
Poskesdes	Pos Kesehatan Desa (Village Health Post)
Posyandu	Integrated Community Health Service
PP	Peraturan Pemerintah/ Government Regulation
PPRG	Perencanaan dan Penganggaran Responsive Gender/ Gender Responsive Budget
PT	Perseroan Terbatas
PUM	PUM (The Directorate General of the Ministry of Home Affairs responsible for general affairs of regional government, including service delivery)
Puskesmas	Pusat Kesehatan Masyarakat/ Community Health Center/CHC
Pustu	Puskesmas Pembantu/ Supporting CHC
RPJMD	Rencana Pembangunan Jangka Menengah/ Mid Term Development Strategic Planning
RSUD	Rumah Sakit Umum Daerah/ Regional General Hospital
RT	Rukun Tetangga/ Neighbor level government unit
RW	Rukun warga/ certain government unit, consist of some RT
RTRW	Rencana Tata Ruang dan Wilayah/ Regional Spatial Developmen Planning
RSUD	Rumah Sakit Umum Daerah
Sanitarian	Sanitation officer at CHC

Sekda	Sekretariat Daerah
SHI	Social Health Insurance
SIAK	Sistem Informasi Administrasi Kependudukan
SILPA	Sisa Lebih erhitungan Anggaran Tahun Lalu
SKPD	Satuan Kerja Perangkat Daerah/ Government Working Unit
SKPD Forum	Planning forum for local government working unit
SKTM	Surat Keterangan Tidak Mampu/ Letters that state the holder as the poor
Susenas	Survey Kesejahteraan Nasional/ National Welfare Sensus
TKI	Indonesian Work Force
UPTD	Unit Pelaksana Teknis Daerah/ Regional Technical Implementer Unit

EXECUTIVE SUMMARY

One objective of decentralization is to improve the efficiency, effectiveness, quality, equity, accessibility, and responsiveness of public service delivery. But up to now, various service pictures, show how women have more limited access to good public services. Maternal, infant, and children under 5 mortality rate in Indonesia are among the highest in South East Asia region. There are 307 maternal deaths per 1000 births, due to any birth complications. It means that 2 mother die every 2 hours. There are 46 children of 1000 children die before they celebrate their 5th birthday. It means that 225,000 children die every year, and 25 children under 5 die every hour[1].

MSIB-LPSP is program that having purpose to improve institutional management of population/ civil administration service at Serang District, of water service at PDAM of Cilegon City, and of public hospital health service at Cilegon City. To make MSIB-LPSP program brings improvement on gender equality in accessing public service, the program need empiric findings on women and men access toward population/ civil administration, water, and health service. The baseline assessment is MSIB-LPSP supporting research to provide such empirical findings.

The baseline assessment is conducted at Serang District, Cilegon City, and Lebak District form June – July 2010. Stakeholders of the baseline assessment are Dukcapil Dinas of Serang District, PDAM and Public Work Dinas of Cilegon City, RSUD Adjidarmo and Health Dinas at Lebak District; Bappeda, Women Empowerment Section, and representative of community health cadres at all assessment sites. The baseline assesment use: 1) desk study methods upon service, gender mainstreaming, and planning-budgeting data; and 2) depth interview to the decision maker of

[1] Ministry of Health of the RI, 2008.HSP, "DTPS-KIBBLA Referensi Advokasi Anggaran dan Kebijakan"- Perencanaan Kesehatan Ibu, Bayi Baru Lahir dan Anak dengan Pemecahamn Masalah melalui pendekatan Tim Kbaupaten/ Kota, Jakarta

the assessment stakeholders. The interview covers indicators such are: 1) provider's perception on gender equality problems related to the service, 2) regulation framework related to the services, 3) service organization and provision management in increasing equal access for men and women toward the services, 4) service performance in equalizing gender equality to access the service, and 5) women perception about theis access problem, and their expectation on service improvement.

The baseline assessment found that obstacles of women's access to population and civil administration service are: 1) although had been protected by regulation, women need more institutionalized support to have birth certificate under the mother custody; 2) women who have low access to the service, due to their lack of access toward the marriage certificate, face high cost burden to have such service from the court and from the Religion Affair Office; 3) people usually need the service, when they need to access other services, like when they will enroll their children to the school or when they seek for job. Low access of women to education and job, makes their access to population and civil adminisration service is also low; and 4) Family card provision needs original signature of the Head of Popolation and Civil Service Dinas, that makes the service slower to be delivered.

Obstacles of women's access to water service are: 1) PDAM face difficulty to set rational water price. PDAM also lack subsidy support from the local budget, that make them difficult to serve poor people; 2) PDAM set some conditions, that make poor people and village people hardly can access the service; 3) PDAM often face technological and capital limitation, that limit their service coverage, especially in village areas; 4) Water provision by Public Work Dinas face limited and unpredictable budget, that limit their capacity to serve people; and 5) Water provision by Public Work Dinas often lack sufficient budget to maintain the built water infrastructure, and to empower local community to manage water properly.

Women's access to health service still faces obstacle such are: 1) Jamkesmas does not cover all poor people, that makes many poor women still face difficulty in accessing health service, especially in hospital; 2) Jamkesmas is vulnerable to be used by non-poor people, that limit the access of the poor to health service; 3) although recently national regulation set certain budget allocation for health, obligate the formulation of service standard, and open room for public participation in health service including the hospital service; but their implementation in local level still questionable; 4) low awareness among women to access health facilities for mother related health problems.

To increase women access to population and civil administration service, the assessment recommend: 1) Regulation framework on population and civil administration should be advocated to provide rational subsidy for poor people in accessing all population/ civil administration service, to eliminate procedure that make the service become more complicated and more costly, to integrate gender responsiveness into Minimum Service Standard (MSS), and to obligate the formulation of clear planning and budgeting in reaching those MSS; 2) The Dukcapil Dinas needs to establish special unit/ special officer that will handle affirmative service to women who are in vulnerable condition, establish institutionalized bridging service, to link women to other services that have direct link to population/ civil administration service, establish institutionalized partnership with other related sectors that having network to citizens at village level, and develop gender disaggregated data, related to the service.

To increase gender equality in accessing water service, the assessment recommend: 1) Regulation framework on water should be advocated to 1) eliminate conditions that hamper the poor and women poor to access water, obligate the government to develop subsidy and other financing mechanism to make PDAM can serve the poor, develop water management standard that will hinder PDAM from inefficient management, provide citizen mechanism to participate in the service planning, implementation, and monitoring, and obligate PDAM and local

government to develop gender disaggregated data related to the service; 2) PDAM needs to develop affirmative procedures and financing alternatives to serve the poor, develop system to reduce water leakage, including optimize citizen participation in supervising water facilities condition at their dwelling neighborhood, develop more effective system to reduce payment arrears, including cooperation with community based organization to collect the fee payment, refine partnership mechanism with private water providers, and develop system to encourage citizen access to the PDAM complaint system.

To increase gender equality in accessing health service, the assessment recommend: 1) Regulation framework on health should be advocated to: explicitly covers women health and the poor access to the health service, to make public hospital have clear tax incentive, that enable them to serve the poor, to protect the health provider from moral hazard of any social health insurance usage, to obligate the government to develop subsidy and other financing mechanism to make hospital and Dinas can serve the poor, and provide citizen mechanism to participate in the service planning, implementation, and monitoring; 2) the hospital need to socialize and optimize the consumer access toward the hospital complaint system, to develop expert medical worker provision plan; to develop mechanism to accommodate consumer/ citizen participation in the service planning, implementation, monitoring, and supervision, to develop mechanism to facilitate the establishment and the empowerment of consumer groups; and to develop gender disaggregated data in health service.

CONTENT LIST

CHAPTER 1

BACKGROUND, PURPOSE, OBJECTIVES, AND METHODOLOGY OF THE BASELINE ASSESSMENT

1.1. Background

One objective of decentralization is to improve the efficiency, effectiveness, quality, equity, accessibility, and responsiveness of public service delivery. Indonesia still faces various barriers in addressing and improving public service, and so in improving welfare status of all citizen. In this situation, certain population groups will suffer more from the poor services. Women, the poor, children, and other vulnerable and disadvantage groups are some groups who will suffer from the poor services.

In case of women, various service pictures, show how women have more limited access to good public services. Maternal, infant, and children under 5 mortality rate in Indonesia are among the highest in South East Asia region. There are 307 maternal deaths per 1000 births, due to any birth complications. It means that 2 mother die every 2 hours. There are 46 children of 1000 children die before they celebrate their 5th birthday. It means that 225,000 children die every year, and 25 children under 5 die every hour[1].

Experience and lesson learned in developing countries have shown, that the need to improve public service for women, children, the poor and other disadvantage groups, can be searched through the strengthening of decentralization. It is because decentralization can make health system function more efficiently, and can increase community involvement in service oversight and decision making. But, to work successfully, decentralization requires some preconditions: suitable

[1] Ministry of Health of the RI, 2008.HSP, "DTPS-KIBBLA Referensi Advokasi Anggaran dan Kebijakan"- Perencanaan Kesehatan Ibu, Bayi Baru Lahir dan Anak dengan Pemecahamn Masalah melalui pendekatan Tim Kbaupaten/ Kota, Jakarta

managerial and technical capacity and competence, system accountability, clear mandates, transparent regulation- coverage- access- and utilization of service facilities. Adequate cost control, and the degree of citizen engagement in decision making process[2].

Any effort to improve public services, including MSIB-LPSP program, should consider those women's access toward public services. This consideration is important to make the program contributes to the more equal acess of men and women in accessing public service. Since in Banten Province the program will focus on public hospital service in Lebak District, water service at Cilegon City, and Population administration at Serang District; it is expected that the program will brings equal access of men and women toward health, clean water, and population administration services.

1.2. Purpose, Objective, and Methodology, of the Baseline Assessment

Purpose

Purpose of the baseline assessment is to provide baseline information on women access to public services, especially health, water, and population administration services; to make the service provision could guarantee equal access of men and women to those services.

Objectives

Objectives of the baseline assessment are divided into objectives at Local Government (LG) working unit level, and objectives at the service provider level.

As objectives at the LG working unit level, the baseline assessment will figure out:

[2] World Bank, 1987, "Financing health Services in Developing Countries: an Agenda for Reform", Washington D.C. in Paul L/Hutchinson PhD and Anne K.LaFond MSc, 2004, "Monitoring and Evaluation of Decentralization Reforms in Developing Country Health Sectors"

- How policy, legal framework, and regulation at LG working unit guarantee the equal access of men and women toward public services, especially health, water, and population administration services.
- How planning and budgeting system at LG level guarantee the equal access of men and women toward public services; especially health, water, and population administration services.
- The degree of men and women could influence policy and practice in public services; especially health, water, and population administration services.
- Formulate recommendation to improve LG level policy, regulation, and planning-budgeting system; that can improve the equal access of men and women toward public services; especially water, and population administration services; which could be incorporated in the MSIB-LPSP implementation.

As objectives at the service provider level, the baseline assessment will figure out:

- The existing provision mechanisms that influence accessibility of men and women toward the services.
- Barriers and opportunities that influence the accessibility of men and women toward public services; especially water, and population administration services.
- Formulate recommendation to improve provision mechanisms; that can improve the access equality among men and women toward public services; especially water, and population administration services and can be incorporated in the MSIB-LPSP implementation.

IV. Expected Output from the Baseline Assessment

The baseline assessment divides expected outputs into (i) the expected outputs at LG working unit level, and (ii) the expected output at the service provider level.

At LG working unit level, the baseline assessment is expected to produce these following outputs:

- Map of opportunities and barriers exist at national and local policy, legal framework, and regulation; that determine the accessibility of men and women toward public services; especially water, and population administration services
- Map of opportunities and barriers exist at national and local planning-budgeting system; that determine the accessibility of men and women toward public services; especially health, water, and population administration services
- The degree of men and women participation in influencing policy and practice in public services; especially health, water, and population administration services
- Map of factors that promote and or hamper men and women participation in influencing policy and practice in public services; especially health, water, and population administration services
- Recommendation to improve LG level policy, regulation, and planning-budgeting system; that can improve the accessibility of men and women toward public services; especially health, water, and population administration services and can be incorporated in the MSIB-LPSP implementation
- Recommendation of monitoring and evaluation framework to measure how far the MSIB-LPSP implementation contributes to the improvement of policy, legal framework, and regulation, which in turn improving the equality of men and women access toward public services.

At the service provider level, the baseline assessment is expected to produce these following outputs:

- Description on provision mechanisms of public services; especially water, and population administration services; that influence accessibility of men and women toward the services.

- Description on barriers and opportunities that influence the accessibility of men and women toward public services; especially water, and population administration services
- Recommendation to improve provision mechanisms; that can improve the access equality among men and women toward public services; especially water, and population administration services; which can be incorporated in the MSIB-LPSP implementation.
- Recommendation on monitoring and evaluation framework to measure how far the MSIB-LPSP implementation contributes to the improvement of service provider insitutions, that in turn improving the access equality of men and women toward the services.

  Include to this recommendation is key performance indicators that should be perform by the service provider; in improving the access equality of men and women toward public services; especially health, water, and population administration services

Methodology

The Baseline Assessment Approach

The baseline assessment uses mixed quantitative and qualitative approach. The quantitative approach catches data such are women's access degree toward public services, quantitative data on participation and influence degree of women over the service delivery, and quantitative aspects in organization and management of service delivery. Qualitative approach catches data such are women's perception on their access toward public services, participation pattern of women in influencing service delivery, and qualitative aspects in organization and management of service delivery.

Implementation Time and Venue of the Baseline Assessment

The baseline assessment takes place at Lebak District, Cilegon City, and Serang District, on May up to July 2010.

Stages and Working Plan of the Baseline Assessment

Implementation of the baseline assessment follows these following stages:

1. Assessment design building
2. Initial introduction and informal approach with the relevant stakeholders
3. Desk study
4. FGD with relevant women groups as service users
5. Interview by using interview guidance forms
6. Data analysis
7. Report draft writing
8. Workshop to verify assessment findings
9. Final report writing

Table 2 shows work plan of baseline assessment implementation, based on those assessment stages.

Table 1.1.

Work Plan of the Baseline Assessment

No.	Activities	May		June				July	
		3	4	1	2	3	4	1	2
1.	Assessment design building								
2.	Assessment instrument building								
3.	Initial introduction and informal approach with the relevant stakeholders								
4.	Desk study								
5.	FGD with relevant women groups as service users								
6.	Survey by using interview guidance forms								

7.	Data analysis								
8.	Report draft writing								
9.	Workshop to verify assessment findings								
10.	Final report writing								

Data Variables and Indicators

The assessment develops data variables and indicators to answer the assessment questions, such are:

- Compare to men's access, how is women access degree toward public service; especially health, water, and population administration services?
- How policy, legal framework, and regulation at LG working unit guarantee the equal access of men and women toward public service; especially health, water, and population administration services?
- How planning and budgeting system at LG level guarantee the equal access of men and women toward public service; especially health, water, and population administration services?
- How public service provision at providers guarantees the equal access of men and women toward public service; especially health, water, and population administration services?
- To what extent men and women could influence policy and practice of public service; especially health, water, and population administration services?

The assessment tool can be seen at Appendix 1 of this report.

Data Collecting Technique

The assessment uses three data collecting technique, such are:

- Desk study

Secondary data that become object of the assessment are regulation documents, statistic documents, planning and budgeting documents, and documents related to service provision procedures and standards.

- Depth interview to the assessment stakeholder

  The stakeholders that become subject in the assessment are actors at Bappeda (Badan Perencanaan Pembangunan Daerah/ Regional Government Planning Board), Women Empowerment Body, Public Work Working Unit, Regional Water Company, Health Working Unit, Regional Hospital, and Population Service Working Unit.

- Focus Group Discussion (FGD)

  The stakeholder that becomes participants in the FGD are village cadres.

CHAPTER 2

THE ASSESSMENT FINDINGS:

WOMEN ACCESS *TOWARD* PUBLIC SERVICES

In describing men and women access toward public services; this chapter refers to population and civil administration service at Serang District, water service at Cilegon City, and health service at Lebak District. This chapter organizes the assessment findings to answer question: how far is gender equality in accessing those services; in term of regulation framework, organization and provision mechanism, service financing, service performance, and women perception on services.

This chapter directly discusses men and women access toward public services in three assessment sites: Serang District, Cilegon City, and Lebak District. Geographical, population structure, social and economic background in each assessment sites can be seen at the Appendix 2 of the report.

2.1. WOMEN ACCESS TOWARD POPULATION AND CIVIL ADMINISTRATION SERVICE AT SERANG DISTRICT

Acknowledgment and protection to people right, are based on people's citizenship status. The state will protect and fulfill their right, if people have clear identity and status. The state needs to recognize updated of their citizen birth status; their settlement status; their address; their marriage or divorce status; their living or dead status; and their recorded, acknowledgment, or adoption to their children. All of those citizenship identity and status is important to the state, to enable them make good decision in fulfilling their citizen right through various development program.

Population and civil administration service is service to give legal proof upon all important population and civil events: birth, up to date address, marriage, divorce, children adoption-children legalization- or children acknowledgment, and death. This legal proof is required to give legality and law certainty on citizen identity, to protect civil right of citizens, to be basis for formulating welfare policies and programs.

The following report sections will describe regulation framework, organization and provision mechanism, budgeting and cost, service performance, and women's perception on the population and civil administration service.

2.1.1. Regulation Framework

Regulation framework influences gender equality in accessing population and civil administration services in the following ways:

- Regulations on population and civil administration service, guarantee the fulfillment of all citizen's right on population and civil administration services. Law 23/2006 states that implementator agency of the government has obligation to record their citizen population administration; including the vulnerable groups. The Law defines the vulnerable groups related to population administration services are victims of natural and social disasters, neglected people, and people who live in remote/ isolated areas. For those vulnerable gorups, the Law even obligates the government to take active assistance to record their population administration. The Law The Law also mandates the similar active assistance, to help citizens who have no ability to report them self, due to their limited physical and social condition, like illness, physical handicap, etc.

  By fulfilling right of all citizen, Law 23/2006 guarantee equal access of men and women toward population and civil administration service. By taking active assistance to vulnerable groups; the Law has capability to protect men and women who are vulnerable by being victim of naturan and social disaster, or by living in remote/ isolated area, or by being abondened and marginalized, or by having illness or handicap.

- Regulations on population and civil administration service give opportunity to make the population administration services closer to public. Law 23/2006 and GR 37/2007 allow the establishment of UPTD (Unit Pelaksana Teknis Daerah/ Regional Technical Implementer Unit) at Sub-District level. By allowing this Sub District UPTD, the Law and the GR has capability to broaden women and men access toward the service, and make the access becomes easier and faster.

- Regulations on population and civil administration service deliver similar service to all citizen, including vulerables groups. Law 23/2006 delivers similar service to all citizens, that ranges from 1) population administration, 2) civil administration, 3) population information management, and 4) utilization of the population data to support development programs.

  By delivering such services to all, the Law make women and men has equal opportunity to have pupulation and civil document, to be recorded in the formal govermental information system, and to be considered in the information utilization in development process.

- Regulations on population and civil administration service guarantee that all citizen will have unique and single identity, that will be basis for every population documents. Law 23/ 2006 delivers such single identity by offering NIK (Nomor Induk Kependudukan/ Citizenship Identity Number). By using single identity and linking it into all population documments, the Law guarantee women and men will have legal basis to participate and being recorded in various citizenship documents and activities: in insurance scheme, in social assistance program, in election and other political events, etc.

- Regulations on population and civil administration service provide standardization on the service provision. Government Regulation 37/2007 gives authority to the central government to formulate standards for citizenship forms specification, for citizenship form quality, and for human resource qualificaton in the population and civil service implementor agency.

By providing such standard, the Law has capability to guarantee men and women data will be recorded in equal basis, to enable any segregated citizenship data by gender, and to enable gender responsive decision on development programs that using any population data. By providing standard on human resource at population and civil service implementor agency, the GR has capability to guarantee that all human resource has commitment to guarantee gender equality in accessing population and civil administration service.

- Law 23/2002 regulates protection for children, to fulfill their right to live, to grow, to develop, and to participate optimally to reach humanity with full dignity, and to be protected from violence and discrimination. In protecting children right, the Law states that every child has right to have identity and citizenship status, that should be delivered since their birth; through birth certificate document. The Law put responsibility to the government, to deliver birth certificate, to all children, including vulnerable/ abandoned children. The Law sets that the birth certificate should be delivered in 30 days since the birt day of any children, with no cost at all.

  Children rearing is responsibility of mainly women. Experience, including at Serang District[1], shows that women are dominant actors who process birth certificate for their children. By fulfilling female and male children right on birth certificate, women's burden to make their children having birth certificate become easier.

- Perda (peraturan Daerah/ Local Regulation 20 and 21 year 2010, guarantee access of all citizen to population and civil service. The Perda takes active assistance to vulnerable population, and to citizen who have no ability to record their population event by themselves. In case of birth certificate service, the Perda obligate the legal marriage certificate, but takes active role to overcome the unavailability of such legal marriage certificate. The Perda allows birth certificate under the mother custody.

[1] Women as FGD participant at Serang District, stated that providing birth certificate of their children is their responsibility.

Perda 2/ 2007 eliminating cost burden to process KK (Family Card), KTP (Citizen identity card) and birth certificate that are processed in 0-60 days. Even for them who late processing birth certificate beyond 60 days, rather than asking citizen to through the state court process, the Perda offers compensation by charging retribution fee Rp. 25.000. This cost is cheaper and easier compare to court process.

- Head of Dinas Dukcapil Decree provides on procedure of civil service provision at Population And Civil Service Working Unit (Decree 470/2010). The Decree then makes service procedure, service time, and service cost becomes transparent. Women as dominant responsible actors who process civil documents for their family, now enjoy fast, easy, and transparent service at Dinas Dukcapil.

- Bupati Regulation 10/2010, formulates strategic planning to provide birth certificate to all children at Serang District. The Bupati Regulation sets vision to cover all children in birth certificate service in 2011. That vission is accompanied by mission to coordinate inter relevant sectors cooperation, to improve human resource capacity in delivering the service, to incerase citizen awareness to have population and civil documents, and to develop innovative service programs.

- Law 23/ 2006, besides enforce all citizen obligation to report their population and civil events, also guarantee the right of all citizen to prosecute on compensation and identity rehabilitation, that are resulted from any mistake in population and civil administration.

Those regulations above influence gender equality in acessing population and civil administration service by increasing equal access among men and women. But, there are also some regulation that directly or indirectly hamper gender equlaity. Obstacle from regulation aspect comes in forms such are:

- All regulation on population and civil administration service rely on citizen active action to report their population and civil event. The government has

obligation to provide population and civil administration service, based on active reports provided by the citizen. This active principle, makes the service coverage depens heavily on ciitizen awareness to have population and civil documents.

Civil documents, especially birth certificate, is usually become concern of women. But, if women lack high awareness to have civil and population documents, their participation in accessing such services will be low.

- Regulation creates longer chain of service. President Regulation 25/2008 states that Kartu Keluarga (Family Card) and KTP (Kartu Tanda Penduduk/ Citizen Identity Card) should be through Head of village, Sub District, and at last signed by Head of Dukcapil Dinas (Population and Civil Service Working Unit). This procedure makes KK and KTP processing longer and more complicated. Besides, the Dinas Dukcapil is not the party that having close relationship and deeper knowledge on the citizen at village level. It is hard for the Dinas to do verification data on any citizen who ask for KK/ KTP documents. Head of Dukcapil Dinas at Serang District, for example[2], starting feels worry about potential conflict on the future, related to potential mistake done by Dinas in releasing KK/ KTP.

- Law 23/2006 states that birth certificate processing beyond 60 days, should be processed through the State Court. This regulation hampers many local government to make the service easier for the citizen. Local government needs longer time to increase citizen's awareness to have such birth certificate. Shor time limit, tends to reduce citizen motivation to have birth certificate, due to court related procedure.

- President Regulation 25/2008 states that birth certificate releasement requires marriage license as precondition. The same GR also states that in case the birth certificate applicant does not submit the marriage license, the birth certificate is still released. This last statement, in Serang District is interpreted, by releasing birth certificate under the custody of the mother.

[2] Interview Head of Dukcapil Dinas , Serang District

In Indonesia, many couple may married without any formal marriage certificate. It is because Law 1/1974 on marriage judges any marriage is "legal", in any religious system. The Law does not directly ink the marriage legality with the formal record and legalization from any law body.

Although the President Regulation open room to record birth certificate to citizen without legal marriage document; but not all citizen feel comfortable to record their children birth event, in under the mother custody[3]. So, the unavailability of legal marriage documents still hamper citizens to have birth certificate.

The difficulty to get civil documents that is related to the unavailability of legal marriage document, is especially problems for women who have status as second, third of fourth wife of one husband. Becaus the second, third, and fourth marriage are usually not suppoted by legal marriage documents.

Table A3.1. in Appendix 3 lists substance of regulations on population and civil service that are relevant with the discussion above.

2.1.2. Organization and Service Provision Aspects

At Serang District, Dinas Dukcapil (Population and Civil Service Local Government Working Unit) provides population and civil administration service. Some interesting service provision aspects at Dinas Dukcapil are[4]:

- The Dinas perceive that access obstacles of citizens toward population and civil cervice are: 1) far distance to service provider, 2) too spread service area coverage, and 3) low awareness among citizen to have population and

[3] Women participants in FGD at Serang District on June 17 2010, stated their uncomfortable feeling to record their children birth even under the mother custody.

[4] Most of information in this section refers to depth interview session with Dinas Dukcapil, June 10th, 2010; except there are other resources mentioned in the report.

service documents. The low awareness among citizen make their demand to population and civil document becomes low, make many of them do not have precondition documents (like marriage certificate) to have population and civil document, and make them still do various moral hazard to manipulate the ownership of population and civil document. The Dinas works to overcome those obstacles, when they try to broaden people access to population and civil administration services.

- To overcome low awareness problem, the Dinas conducts socialization and training at villages. They have reguler schedule for this village training programs. They cooperate with PKK activists and PKK cadres to reach women and to create front line voluntary workers at village level. They use other Dinas village program forum, for example they use Health Working Unit training program to also socialize population and civil administration service. They also use house upgrading program from Public Work working unit, for Dinas awareness raising program.

  The Dinas accompanies this awareness rising with effort to extend dead line of free birth certificate processing. The Dinas tries to overcome barrier from Law 23/ 2006. The Law states that birth recording processing beyond 60 should be through the State Court decision. To give more time for citizen to have birth certificate easily, the Dinas ask for regulation support that give compensation to the late applicant, to still have birth certificate by paying retribution Rp. 25.000. The Dinas expects, postponing court process will create opportunity, to motivate citizen, to have population and civil documents. Because, access to population and civil administration service heavily depends on citizen awareness, compare to Dinas service effort. The Dinas will strictly follow regulation of Law 23/2006 on January 25th 2011.

- To provide population and civil administration service, the Dinas had developed Strategic Planning Document for 2006 – 2026. Box 2.1. presents the Dinas strategic planning, that also shows their service target. By having strategic planning document, the Dinas has certain program plan up to 2026, such are: 1) improving human resource quality, 2) improving service facilities and infrastructures, 3) improving data base system, 4) Improving service

procedures, 5) increasing public participation and partnership, 6) Providing accurate citizenship data, and 7) developing data network to all sub-district.

Box 2.1.
Strategic Planning of Dinas Dukcapil
2006-2026

PERIOD	STRATEGY AND TARGETS
2006-2011	❑ Service system arrangement ❑ Socialization broadening To cover 40% citizens
2011-2016	❑ Improving service system arrangement and data base ❑ Socialization broadening To cover 50% citizens
2016-2021	❑ Improving service system arrangement and data base ❑ Socialization broadening To cover 75% citizens
2021-2026	❑ Improving service ❑ HRD improvement ❑ Data base improvement To cover 90% citizens

- To overcome distance and spread location problem that hamper acess to Dinas cervices, the Dinas tries to shifted the service character of Dinas, that is waiting for active report from the citizen into active visiting the population living location. The Dinas operates mobile car service to village level. They only have 1 car, so the mobile car service should be conducted by turns from

one village to others. Facility and human resource limitation in the mobile car makes the mobile car just serves birth certificate of infant aged 1-60 days. Besides traveling from one village to others, the mobile car service is also conducted in some public event, like MTQ (Musabaqah Tilawatil Qur'an/ Qor'an Reading Contest) etc.

The Dinas also tries to make KTP processing nearer to citizen's living settlement. Although regulation asks for sign from the Head of Dukcapil Dinas, the Dinas now serves KTP application in Sub District, by using scanned sign of the Head Dinas. In 2012, the Dinas even plans to make electronic KTP.

The Dinas tries to do similar thing to KK processing. Although regulations ask for sign from the Head of Dukcapil Dinas, the Dinas try to make Sub District can do optimal job in administrating KK. Dinas just do final quick verification for KK.

- The Dinas takes affirmative action to reach the poor and women. They aware that poverty plays important role to hamper poor people access to the Dinas services. For example, many people in Serang District do not have marriage certificate, because their poverty make them can nor afford KUA service to make legal marriage certificate. To reach the poor, the Dinas once cooperated with UNICEF to release 1000 free birth certificate for the poor.

  When processing population and civil documents, the Dinas also assist citizens, to put relevant and accurate information in their documents. The Dinas try to make the document could be used for accessing Assistance Fund Programs. For example, the Dinas gave suggestion to citizens, to write their truly job. There are tendency among poor farmers, not to write down their job as farmer. They prefer to write their job as entrepreneur. Whereas, the Assistance Fund Programs will not classify entrepreneur as poor people who are eligible for the program. The Dinas has 78 jobs list, to help people identify their job.

To reach women, the Dinas allow women without formal marriage license to have birth certificate under mother custody. They facilitated some Women Indonesia Workers, who get pregnant when returned to Indonesia, to have birth certificate for their children. They use tender language, to women who have no legal husband, in the birth certificate document. They facilitate individual cases, that having problem in job selection or education selection process, related to birth certificate under mother custody. In some cases, the Dinas represented citizens in State Court, to help them having legal documents, that is required for having population and civil documents. For example, the Dinas represented citizen in processing birth certificate that is late to be processed.

To reach women, the Dinas direct their campaign to women. They are aware that women care more about birth certificate for their children. They use women icon in their advertising on birth certificate. The advertising presents the Regent wife, who is carrying a baby. Message under that picture is: "Do you love your child? Give your child the birth certificate!"

The Dinas also build informal cooperation with women organizations and women figures. They cooperate with PKK, Health Local Government Working Unit, Village Midwives, Health cadres, manager and workers of maternity clinics. The Dinas projects these women figures to be trainer and service facilitator, to assist citizen in accessing the Dinas service.

- The Dinas follows up Law 23/2002 on children protection, by formulating strategic planning to provide birth certificate to all children at Serang District. The Dinas get regulation support to cooperate with other sectors, in increasing children access toward birth certificate. They cooperate with Bappeda (Regional Development Body) that have authority in planning and budgeting for birth certificate program. They cooperate with the State Court that provids services that often being precondition for population and civil service (for example the processing of birth certificate beyond 60 days requires State Court decision). The Dinas has interest to make the Court deliver transparent, easy, and affordable services, to make citizens have population and civil document. They cooperate with KUA Religion Affair office,

which has authority to release marriage certificate among Moslems. They cooperate with Dinas Kesehatan (Health Local Government Working Unit), that has strong network with women figures, who have good potential to facilitate women in particular and public in general to have population and civil documents. They cooperate with Dinas Sosial (Social Local Government Working Unit) that has good database and network with vulnerable groups. They cooperate with BKBPP (Badan Keluarga Berencana dan Pemberdayaan Perempuan/ Family Planning and Women empowerment Body) and Tim Penggerak PKK (Family Welfare Movement Team), that has skill on women empowerment and network with women figures. They cooperate with BPS (Stastical Center Bureau), that has authority and programs to build database on information related to citizen welfare. They cooperate with Dinas Pendidikan (Education Local Government Working Unit), which has system to select pupil by considering the birth certificate ownership. The Dukcapil Dinas expect, the involvement of Dinas Pendidikan, will make teacher, education board and other education actors actively facilitate children to have birth certificate.

- To increase citizen's access toward the population and civil administration service, the Dinas develop front liner voluntary workers, that are PKK cadres at village level. The Dinas give them capacity building through Bintek (Bimbingan Teknis/ Technical Training) mechanism, and give them motivation to facilitate people at their village, to have population and civil document.

- To provide high quality service, the Dinas had formulated service procedures. This procedure had been accommodated in Head of Dinas Dukcapil Decree 470/2010. This procedure transparently describes:

  - service preconditions
  - service stages and mechanism
  - service officials who are responsible to deliver the service
  - service time
  - service cost

The Dinas exposes all those service procedure and cost at their office, in big size, to enable users read the service procedures.

- The Dinas aware that citizen demand on population and civil services depends on how far such documents are utilized in their important real life. The Dinas maps that such documents are utilized in job selection process, education selection, heir claim, and insurance documents. The Dinas had developed cooperation with education workers: teacher and education board team. They are become one reference for Jamkesmas (Jaminan Kesehatan Masyarakat/ Indonesia Social Health Insurance), and reference for Eector Card, provided by KPUD (Komisi Pemilihan Umum Daerah/ Regional Election Commission).

- The Dinas had built SIAK (Sistem Informasi Administrasi Kependudukan/ Population Administration Information System). Today, the Dinas uses SIAK version 2009, that is installed from the Central Government. The SIAK has online network with 4 Sub Districts. They choose spread 4 subdistrict, that enable the surrounded villages to use the nearest SIAK. The Dinas plans to add more 10 SIAK online networks this year. By having SIAK, the Dinas can easily process population and civil service, including to fulfill request to search individual document files.

- The Dinas still faces problems in delivering the service:

  - There are many services that link with other institution's services, especially services from the State Court and Religion Affair Office. Dukcapil services are often unaffordable, due to other services cost and other services procedure burdens.
  - The Dinas still have some personnel problems. First, there is lack of personnel number, especially among front liner personnel. Second, the Dinas has no budget for give cash incentive to their personnel. After The MoHA Decree eliminate collector fee and operational budget for SKPD, the Dinas has no enough budget. To maintain personnel service spirit, the Dinas allows their front liners to wear distinctive uniform, including tie for men personnel. The Dinas also still faces personnel mutation problems, which make them should have many training programs for personnel.

- The Dinas just has 1 mobile service car, so policy to make service closer to village is not optimal yet. The mobile service car also offers limited services for now: birth certificate. Facility and human resource limitation make other services are not feasible yet to be delivered for now.
- The Dinas cooperation with many institutions, like with village midwife, education board, etc; is informal. The Dinas expect, other institutions also measure and appreciate their actors in promoting and facilitating the ownership of population and civil documents. For example, the Dinas expect that the Health Working Unit include their mid-wives success in promoting population and civil documents, in their performance measurement.
- Although District government, especially Asisten Daerah I (Regional Secretary Assistant) support addition SIAK online development, but the network development should be built based on the existing network. It makes the online SIAK can not be built by prioritizing the isolated villages, even those locations mostly need such SIAK network.
- The Dinas has no accurate data on their potential service user. For example, they hardly can predict how many children from family that having no formal marriage certificate, which have not access the Dinas service yet. They can not predict how much vulnerable citizen that need more active and affirmative action from the Dinas. They have no data on how many widow who are eligible for divorce certificate from the Dinas. All of those problems due first to the service character of Dinas, that rely on citizen active reports. Second, such required data is not provided by other institution. Data on vulnerable groups from Social Dinas, data on micro family condition from BKBPP have not answer the Dinas need.

2.1.3. Budget and Cost

2.1.3.1. Gender Mainstreaming in Budgeting at Province Level

Banten Province government has impressive policies and practices, in promoting gender responsive planning and budgeting. In 2008, they got appreciation from the Ministry of Women Empowerment, as:

- The first Province that formulate and enact Regional Regulation on gender mainstreaming.
- Province that perceived as had implemented women empowerment program, well.

Gender mainstreaming program at Banten Province had been integrated into RPJMD (Rencana Pembangunan Jangka Menengah/ Mid Term Strategic Planning 2007-2012. The RPJMD had used Gender Development Index as the planning basis.

The Bappeda (Badan Perencanaan Pembangunan/ Regional Development Body) of Banten Province had developed gender mainstreaming analysis and evaluation among Province Budget, in the formulation stage for 2011 budget. They used Pathway Analysis and Gender Budget Statement to formulate gender responsive programs and budget allocation at Banten Province. For APBD 2011, Banten Province still invited expert team from the Ministry of Women Empowerment.

Although Bappeda for now just using the gender mainstreaming analysis and evaluation in province level; but they set target that they will effectively implement gender mainstreaming analysis and evaluation upon all District/ City planning-budgeting practices in 2012. The Province Bappeda had trained 3rd and 4th echelon of District/ City government staffs, about GRB. Bappeda also had requested all District and city SKPD to formulate SKPD profile, that integrating gender disaggregated data, as initial step to implement GRB. For now, piloting in City level is initiating at Tangerang City.

The implementation of GRB (Gender Responsive Budget) at Banten Province still faces some problems, such are:

- Lacks of more comprehensive gender disaggregated data
- Analysis and evaluation expert team is still recruited from outside Banten Province
- MSS (Minimum Service Standard) that is delivered from Central Government, still need adaptation at local level, especially in integrating gender aspect into the MSS

- Budget mechanism from central government, like DAK (Dana alokasi Khusus/ Special Allocation Fund), still need adaptation to integrate MSS and gender mainstreaming in the program[5].

The Women Empowerment Body of Banten Province predicted, that overall gender responsive budget in Province is about 5% (about Rp. 6,3 Billion) from total Province APBD. That amount of budget is spread among 8 SKPD (Satuan Kerja Perangkat Daerah/ Local Government Working Unit).

The Banten government still faced some problem, in promoting gender mainstreaming in planning and budgeting:

- There are many Women Empowerment Bodies, which are newly established at District/ City level. As new institution, they are still seeking proper strategy to implement gender mainstreaming in planning and budgeting.
- Many Women Empowerment Bodies are united with other regional institution, like Family Planning or Village Empowerment. Usually, the other institutions that are join the Women Empowerment institution, that getting more budget allocation from the local government.
- Many decision makers among local government institution do not have proper and comprehensive understanding on gender equality issues[6].

2.1.3.2. Gender Mainstreaming in Budgeting at Serang District

Bappeda at Serang District had trained on GRB, that was delivered by Province Bappeda; but they have not implement the GRB analysis and decision making into District RPJMD, RKPD (Rencana Kerja Pemerintah Daerah/ Annual Regional Working Plan) and into APBD (Anggaran Pendapatan dan Belanja Daerah/ Annual Regional Budget). Related to Province Perda on Gender Mainstreaming, the District Bappeda socializes the Perda to PKK Working Team and Dharma Wanita (Civil Service's Wife Organization).

[5] Interview with Mr. Dedi Kusumayadi, M.Si, Section Chairman of Community and Social Affair at Bappeda, Banten Province.

[6] Interview with Heald of Women Empowernment Division BKBPP, Serang District

For now, Bappeda promotes GRB to be implemented by all District SKPDs, but having no analysis or evaluation tools for controlling GRB. The most concrete GRB program for Bappeda is P2WKSS (Peningkatan Peranan Wanita Menuju Keluarga Sehat Sejahtera/ Women Empowerment Program to Create Healthy and Wellbeing Family) programs, that involves various SKPD. Bappeda usually promotes SKPD to implement program at P2WKSS locations.

Bappeda is still facing problem for implementing GRB at Districts. The problems are:

- District needs stronger regulation framework for GRB, for each SKPD. Existing regulation such as the MoHa Decree 13/ 2006 gives limited room for GRB programs, because the relevant account code for GRB is account for Women and Children Protection.
- The central government programs and budget is often come to District after annual budgeting process had been closed. It makes District government difficult to plan and implement GRB, even if the Central Government brings GRB to District[7].

BKBPP (Badan Keluarga Berencana dan Pemberdayaan Perempuan), especially Women Protection and Children Protection Section, is institution that having function to promote gender equality in regional development. Both of Section in BKBPP had not familiar and implement GRB yet. They also had not implemented the gender mainstreaming standard yet. Their program related to GRB is focused on program to protect women and children. In 2009 and 2010, they coordinate P2WKSS program. Budget for coordinating P2WKSS program in 2009 is Rp. 75 millions, and Rp.100 million in 2010. They coordinate Education Dinas, Health Dinas, Agriculture Dinas, which implement P2WKSS program at various locations. Besides P2WKSS the Women and Children Protection section in BKBPP have no experience yet in promoting and coordinating GRB among SKPDs at Serang District[8].

[7] Interview with Drs Dadi Suryadi Msi, Kabid Perencanaan dan Pengembangan Sosial Budaya dan Pemerintahan, BAPPEDA, Serang District; June 11th 2010.

[8] Interview with Eman Herman, Kasubid PUG and with Nina Martini, Kasubid Kualitas Hidup Perempuan, at Serang District, June 11th, 2010.

2.1.3.3. Budget Allocation for Supporting Population and Civil Administration Service

Population and civil administration affair is implemented by three institutions: Dinas Dukcapil, BKBPP, and Sub District Government. All of Dinas Dukcapil budget is for managing the population and civil administration affair. Budget share of BKBPP and Sub District Unit for managing the population and civil administration affair are subsequently 5.86 % and 2.86 % from their total budget.

Total budget for population and civil administration affair is Rp. 4.851.834.301, increased from Rp. 4.350.646.138 in 2009. Total budget for Dukcapil in 2010 is Rp. 4.659.823.201, increased from Rp. 4.196.016.138 in 2009. Total budget for BKBPP for supporting population and service administration affair in 2010 is Rp. 165.000.000, increased from Rp. 151.630.000 in 2009. Budget for Sub District Unit for supporting population and service administration affair in 2010 is Rp. 27.011.100, increased from 3.000.000 in 2009.

From the total budget in 2010, Dinas Dukcapil uses 4.02 % for indirect expenditure (salary and administration support) and 59.80% for direct expenditure (direct program related expenditure). Total direct expenditure for population and civil administration affair in 2010 is 2.978.561.100; increased from Rp. 2.570.280.956 in 2009. Total budget for population & civil administration affair in 2010 is 0.55 % from total expenditure in APBD. Compare to 0.46 % in 2009. See Table A4.1 and Table A4.2 in Section A4.1. in Appendix 4, to get detail of expenditure for population and civil administration affair.

Compare to the total APBD at Serang District that is Rp. 881.996.456.974; expenditure for population and civil administration affair conducted by all in charge SKPD shares 0.55%.
Expenditure of Dukcapil Dinas shares 0.53 % from total APBD. Composition between direct and indirect expenditure in total APBD is 27.55 % and 72.45 %. It means that majority of APBD allocates more for internal bureaucracy affair

than to development program. Personnel expenditure in indirect post is 79.83 % from indirect post, and 57.83% from total expenditure. Personnel expenditure in indirect and direct post is 64.95% from total expenditure. Grant, share fund, financial assistance, and subsidy programs are 14.16% from total indirect expenditure.

Direct expenditure from all in charge SKPD for managing population and civil administration affair is 1.23% from direct total APBD expenditure. Direct expenditure of Dukcapil Dinas is 0.29% from total direct expenditure in APBD. Table A4.3 and Table A4.4 in Section A4.1. in Appendix 4 shows all of expenditure data that had been discussed above.

Revenue from population and civil service affair comes from Dinas Dukcapil. In 2010 the Dinas contributed Rp. 758.900.000, increased from Rp. 605.050.000 in 2009 (see Table A4.1 in Section A4.1. in Appendix 4). Comparing dinas Dukcapil revenue and expenditure in 2010, shows that the Dinas expenditure always exceed their revenue. It means that their revenue is not fulfill the service cost. In 2010, the gap between Dinas expenditure and Dinas revenue is Rp. 3,900,923,201. The Dukcapil Dinas stated, that in case of birth certificate retribution fee (that is Rp. 25.000), the fee just covers printing cost. Other service cost components depend on budget from APBD[9]. In the future, the Dukcapil Dinas also does not project big revenue from services. Law 28/ 2009 clearly does not list printing fee retribution for birth certificate. It means that the Law obligate the birth certificate service should be free.

The unability of Dinas Dukcapil to fulfill full cost recovery principle for service relates to overall low fiscal capacity of Serang District. In 2010, PAD (Pendapatan Asli Daerah/ Own Source Revenue from taxes, service fee, natural resource revenue, etc) is Rp. 122.990.034.000. It is just 5.53% from transfer revenue from the Central Government, which is Rp. 659.338.027.000. Revenue from Taxes share and province assistance is subsequently Rp. 30.284.939.000 and 7.700.000.000. Total revenue of Serang District is Rp. 820.313.000.000, that means that Regional Own Sources share from the total revenue is only

[9] The statement was stated by Head of Dukcapil Dinas, in interview on June 10th 2010.

14,9%. See Table A4.5 and Table A4.6 in Section A4.1. in Appendix 4, for detail revenue structure of Serang District.

Beside shortage in revenue, Serang District also has limited financing mechanism for their development programs. In 2010, Serang District just use one financing mechanism: using SILPA (Sisa Lebih Perhitungan Anggaran Sebelumnya/ Previous Unspent Budget). Table A4.7 at Section A4.1 in Appendix 4 show financing structure in APBD at Serang District.

2.1.3.4. Service Cost

According to Head of Dukcapil Dinas Decree no. 470/ 2010, the service costs are as listed in the Table 2.1.

Table 2.1.
Cost of Population and Civil Administration Services

POPULATION AND CIVIL ADMINISTRATION DOCUMENTS	COST/ FEE
KTP	free
KK	free
Birth certificate 1-60 days	free
Birth certificate dispensation	25.000
Birth certificate di atas 1 tahun	25.000 (and submit legal documents from The state court)
Death certificate 1 - 30 days	50.000
Marriage certificate	150.000 (in working hour time) 250.000 (in holiday time)
Divorce certificate	250.000
Child adoption certificate	250.000
Child acknowledgement	200.000

Child legalization	200.000
Alteration certificate	50.000
Re-release of population and service documents	100.000
Cancellation of population and service documents	75.000

Most of citizens live at city, perceive that cost of birth certificate cost is affordable. Although the birth certificate cost is actually cheap, but transportation burden makes the cost become harder to bear. KTP and KK processing is perceived affordable. Other documents beside birth certificate, are hardly to be acessed, and generally many people have no strong interest to own such documents. They feel hard to judge whether the service cost is affordable or not; but comparing to the benefit that they do not aware yet, the cost is perceived harder to afford[10].

The Dukcapil Dinas tries to reduce the cost burden, especially for the poor. For example, they offer collective processing by paying Rp. 25.000 (cost of single document processing) for any amount of document produced. This mechanism enables community figures taking facilitator role to assist people to have population and civil documents.

2.1.4. Service Coverage/ Service Performance

Acknowledgment and protection to people right are based on people's citizenship status. The state will protect and fulfill their right, if people have clear identity and status. The state needs to recognize updated of their citizen birth status; their settlement status; their address; their marriage or divorce status; their living or dead status; and their recorded, acknowledgment, or adoption to their children. All of those citizenship identity and status is important to the state, to enable them make good decision in fulfilling their citizen right through various development program.

[10] Statements of FGD participants at Serang District, June 17th 2010.

SKPD Dukcapil (Satuan Kerja Perangkat Daerah Kependudukan Pencatatan Sipil/ Population and Civil Service Administration Working Unit), is Local Government institution that having task to administrate and record any citizenship events, to make them having formal legal status. The Dukcapil does the task to protect civil right status, to provide accurate and valid data on citizen regionally and nationally, and to provide reference for arranging governmental, developmental, and societal issues.

Population administration service at Serang District is impressive. The awareness on the importance of such service, makes the Serang District Government, especially SKPD Dukcapil (Satuan Kerja Pemerintah Daerah Kependudukan dan Pencatatan Sipil/ Local Government Population and Civil Service Working Unit) takes active roles to broaden the service coverage. There are 9 services that are served by the Population and Civil Service Working Unit, such are service to release:

- KK (Kartu Keluarga/ Family Card)
- KTP (Kartu Tanda Penduduk/ Ciitizen Identity Card)
- Birth certificate
- Birth in dead condition certificate
- Marriage license
- Divorce certificate
- Death certificate
- Children adoption, children legalization, or children acknowledgment
- Alteration certificate

Data in 2006, 2007, and 2008 show impressive service coverage improvement. Improvement in birth certificate service, increased from 28.850 in 2006, to 35.120 in 2007. Number of birth certificate in 2008 seems reduced compare to 2007, due to the separation of six Sub-District that formed Serang City. Prediction made in 2008 showed that there are 1.300.000 citizens have no birth certificate. In 2026, it is expected that 90% citizens will have birth certificate. Strategic planning to deliver birth certificate to all children in 2011; refines target of birth certificate service coverage.

Unfortunately, there is no gender segregated data on population and civil administration service. There is also no data on birth certificate that had been given to women without legal marriage documents, or women who have children without husband. There is also no data on any population and civil documents that are released as results of facilitation for handicapped or marginalized people.

Data on public access toward population services at Serang District is not gender disaggregated. The available data just shows that in 2008 there are 27.430 number of birth certificate released by the Population Administration Working Unit. The number of death certificate, marriage license, divorce certificate, certificate of adoption child, and alteration certificate; subsequently are 2, 22, 0, 2, and 206. In 2006, the number of family card, Id card, and Kipem card released are 227.027, 88.916, and 2.165.

We can predict women problems in accessing population administration service from these following assumptions:

- That the farer distance between people living location, the more difficult people could access the population administration service.
- That the harder ownership to marriage document, the harder women can own citizenship documents
- That poverty among women makes them harder to own population/ civil documents
- That low awareness among women makes them and their children own less population/ civil documents.

In 2007, there are 827.386 citizens who are married, but record in 2006, there are only 249.777 citizens that own the marriage certificate both from KUA (Kantor Urusan Agama/ Office for Religion Issues) and from the Population Administration office. Non-Islamic citizens who process the marriage certificate from Population Administration office are also low: only 57 citizens in 2006 and 768 citizens in 2007. Unrecorded marriage leads to unrecorded divorce. In this case, women suffer more, especially divorced/ abandoned women with children.

Section A5.1. in Appendix 5 shows data on population and civil service performance.

2.1.5. Women Perception on Their Access to Population and Civil Administration Service

The assessment explores women perception on their access to population and civil administration service through FGD at Serang District, on June 17th 2010. The FGD explores the participants and their neighbors' experience in accessing population and civil service. The FGD enable exploration on the participant's neighbors to be done, because the FGD participants are health or PKK cadres from village level. They are women figures who have voluntary responsibility to make close relationship with their village dwellers, and works to improve their welfare. Results of the FGD are:

- Obstacle of women access toward population and civil administration services are:

  - High cost to access formal marriage certificate from Religion Affair Office

    As religious people, all or almost all of Indonesia people get married under religion arrangement. After being legal according to any religious system, not all people seek legalization from the Law Body. One major obstacle that prevent people to seek formal law legality for their marriage is high cost to have it. Some participants mentions various cost to have formal marriage notification from KUA: from Rp. 225.000 up to Rp. 400.000. This various cost means that procedures and cost to have the formal marriage notification is not transparent yet. Besides, the FGD participant that for many poor people in their village the cost is unaffordable.

    By not having formal marriage notification, many women feel uncomfortable to have birth certificate, under the mother custody. They prefer to have certificate that clearly mention the name of both parent. They are very worry, other people will judget their children as children

from outside the marriage al all. In case couples without formal marriage document get divorced, they also loose legal status for their children. It creates the next burden to access birth certificate.

Not having formal marriage certificate also creates problem in deciding children age. People feel ashamed to record their children age, who are older than their marriage formal periods.

Unavailability of formal marriage certificate is more common among women who become second, third, and fourth wife of the same husband. Women in this position usually face difficulty in accessig population and civil documents. In the same time, the unavailability of birth certificate makes men could marry for second, third, and fourth time. They commonly claim themselves as single men in those next marriges. It makes the number of women who become the second, third, and fourth wife become larger and unrecorded.

Itsbat is formal procedure to legalize marriage without formal marriage. People should through this procedure to get the formal marriage certificate. But many of them do not know the itsbat procedure, and also unable to afford the Itsbat procedure cost. Many of them also do not know how to legalize their children existence in Itsbat procedure. People access toward Itsbat service is also low. They do not need Itsbat to have population and civil service document, since they also do not aware on the importance of those documents. People need Itsbat, when they want to get divorced. Because to get divorce certificate from Religion Affair Office, they should proven that they have legal marriage.

- Low awareness on the importance of population and civil documents

FGD participants stated that many women around them do not know understand the importance to have KTP. They never go outside their village, they have no insurance, they never buy some extensive goods that need civil and population document support. Population and civil documents that are starting familiar for them are KTP, KK, and birth

certificate. They do not see the importance to make birth in dead condition, marriage, divorce, and death certificate. They also never experience something in their life, that requires population and civil documents support. One FGD participant stated, that Posyandu (Integrated Community Health Center) recorded any birth in dead condition. But some time, there were objection to make such report, because they worry, the death is caused by preventable causes. They do not know, that beside record made by Posyandu, it is important for them to have legal certificate from Dukcapil Dinas, to legalize their identity.

- Obligation to through state court process for any late civil documents, make many women stop their effort to have population and civil documents.

- Unwillingness to do some precondition procedures, hamper women ownership to KTP and KK document.

  For example, women unwilling to make residential moving document, makes them difficult to have KK.

- Cultural factors hamper the ownership of population and civil documents.

  Serang women at villages have habit to change their name when they get married. They believe that change on name will give them new luck. Changing name makes them have inconsistency identity in their documents. When this identity inconsistency creates problem to them, they have to make alteration certificate.

- Geographical distance hampers access to population and civil services.
  For many women, processing population and civil services at the capital city of Serang District is too expensive. Birth certificate cost is only Rp. 25.000, but transportation cost to reach the Dinas may reach Rp. 250.000. They expect all services could be delivered at Sub District office.

- Lack of supporting administration document hampers access to population and civil services

  Some FGD participants stated that sometime Sub District run out the application form. It makes service being postponed, or being slower.

- Moral hazard conducted by service user, make population and civil administration service more complicated and more costly.

  Some time mother process birth certificate, in time when they enroll their children to the school. They often manipulate their children age, to make their children are accepted by the school. But in other time, they want their children age is recorded according to their real age. It makes them have to process alteration certificate for Rp. 100.000.

- Women do not know yet, that they may help people who have no ability to process population and civil documents by themselves (due to old age, illness, handicap etc). They think (they are health and PKK cadres, who are used to assist community), helping the vulnerable group to access population and civil documents is good and necessary. They also think that many community figures and organization have potential to play this assistance role. One of potential community organization is organization that works for old ager.

- Factors that increase people demand to population and civil service documents are:

  - Utilization of KTP as precondition for receiving Assistance Fund Schemes, or to have social insurance card; makes many women starting process KTP ownership.

  - Mechanism to reduce service cost, motivate women to have population and service documents. Collective processing that reduces cost is perceived as effective mechanism.

- The availability of local facilitator, motivate women to have population and service documents. But, to make local facilitator work more effectively, they need certain appreciation to taking role as facilitator. They do not ask for financial incentive, but incentive like distinctive certificate as population and civil service trainer/ facilitator. They believe that such trainer certificate will give them more justification for their facilitator's role.

  Today, PKK activist in one kelurahan (government unit near city location, that similar with village level) had systematically managed member donation for assisting village citizen to have population and civil documents. They also used personal approach, to reach women who feel uncomfortable to have birth certificate under the mother custody, due to their marriage problems. That PKK figures is activist of PKK working team at district level.

- The availability of information related to state court and religion affair office, will help women to fulfill required documents for having poplation and civil documents.

- The availability of advisors or facilitators that assist women in state court, will help women to fulfill required documents for having population and civil documents.

- Women often feel uncomfortable, to make birth certificate under mother custody. The availability of distinctive officers to handle such problems, will help women to overcome their uncomfortable feeling.

- The availability of online SIAK, motivates women to access population and civil documents. They want the SIAK networks are built from the most isolated locations first, to overcome transportation burden in such locations.

2.2. WOMEN ACCESS TOWARD CLEAN WATER SERVICE AT CILEGON CITY

2.2.1. Regulation Framework

Regulation framework influences gender equality in accessing clean water services in the following ways:

- Law 7/ 2004, guarantee the fulfullment of all citizen's right to access water for their minimal daily water need, to make them have healthy, clean, and productive life. The Law obligate the goverment to manage water resource, by also allow participation from private sector and community groups to participate in the water management. So the Law allow financing for water management from government budget, private budget, and revenue from service charge fee. All parties that get involved in water management should consider the function of water that ranges from social, economic, and environment sustainabiliity function.

  To guarantee that water management conducted by all parties can fulfill the social, economic, and environment sustainabiliity function of water; the government have obligation to control, to monitor, and tp evaluate the water management activities, by involving citizen participation. Beside giving control, the government have obligation to empower all actors involved in water management.

- Government Regulation 16/ 2005 give direction on SPAM (Sistem Penyediaan Air Minum/ drinking water provision system). The GR devide SPAM as piped and non-piped water provision. The government have obligation to fulfill citizens right on daily water need, to make them have healthy, clean, and productive life. The government could bear this obligation through BUMN/ BUMD. In case of such BUMN and BUMD are not exist yet, the government could manage SPAM through other government institution, or invite the participation of cooperatives, private sector, or community.

  All SPAM must fulfill the service standard. Since private and community involvement in SPAM is welcomed, the government have role to develop

management and quality standard, to give license for participating in SPAM, to monitor and to empower SPAM activities and SPAM actors. Standard is formulated by the central government, while licensing and monitoring are conducted by each government level for SPAM activities in their authority.

Financing of SPAM covers any pyisical and non physical system development. The government have obligation to finance the SPAM, by allows financing participation from private sector and community. Financial resources range from government, BUMN/BUMD, cooperative, provate sector, community and other legal budget. One of community financing is payment for water service tariff. Water tariff is service charge fee, that should fulfill prinsiples such are affordibility, justice, service quality, cost recovery, efficiency, tranparency, accountability, and water resource protection.

The GR regulate accountability of public SPAM by obligate BUMN/ BUMD to make transparent and responsible reports, submit the report to the government, and publish financial report tat had been audited by authoritative institution to public.

The GR also guarantee consumers right on water service, such are right to get good water quality, right to get informed about water tariff and their payment amount, right to process inflicted service to the court, and get compensation if necessary. In the same time, the consumers have obligation to pay the service charge fee, to use water wisely, to participate in maintaining water facilities, and to obey procedure in accessing service.

- MoHA Decree 47/99 set guideline on PDAM performance appraisal. The Supervisor Board of PDAM shoul do such appraisal in each of the end of accounting year. The appraisal covers financial, operational, and administration aspects. Appraisal on operational aspect covers evaluation on service coverage, water quality, water flow continuity, water leakage, and time period needed to make new water connection.

- Mayor Decree 1/2008 provide guideline on service organization in PDAM. The Decree firmly state that PDAM is public owned company, that is directed by a

director, under supervision of the Supervisor Board. PDAM is responsible the Mayor. Roles of the Supervisory Board are: 1) providing control and supervision over the PDAM management; 2) providing advisory on PDAM management improvement and development. The supervisory Board state that members of Supervisory Board are Local Government Officials, Professional and/or consumers. This statement makes the citizen/ consumer representative in the Supervisory Board become one alternative, but not a necessity. The director submit responsibility report to the mayor, through the Supervisor Board.

PDAM has Service Unit, an organization unit that have responsibility to deliver direct service to the consumers. The Decree open the possibility, to make the service closer to the consumers, if it is necessary: the PDAM may establish service unit at Sub District, that is responsible to the PDAM director.

- Mayor Decree 48/2009 devides PDAM consumers into 4 different groups, that each groups have different payment obligation. The first group, consists of public hydran, organizations work for social activities, and household that having little access to public road, living at small land and plain housing quality. This first group pay below baseline water tariff. The second group consists of organizations work for social but semi comercial activities, low middle class household, and small scale enterprise. This second group pay at the baseline water price. The third group consists of wealthy household and middle and larga scale enterprise. The special group, pay based on the agreement with PDAM, due to their special characteristic. The special groups mainly come from indystry groups that need special water supply pattern.

- Mayor Decree 49/ 2009 set water tariff for each consumer groups. The tarrif for example covers registration, new connection, and service. The Decree also set on fine for any payment arrears.

Those regulations framework may and may not improve gender equality in accessing water service. Since the most vulnerable group toward water access is poor women, especially at village; regulation protection to women could be

examined by question: whether the regulation guarantee water provision to the poor especially at village.

Water provision by the government through BUMN/BUMD, and by private sectors face one challenging principle: cost recovery. Although BUMN/ BUMD also refers to other principles: affordability, and justice; but the obligation to fulfill cost recovery and lack of firm regulation poor and non-por consumers to be served (that should put the poor as priority); potential to make BUMN/ BUMD hinder to serve the poor.

Due to business orientation, it must be difficult to motivate private sector to serve water for the poor. At least, the existing regulation must provide sound rule of game, where the government can prevent the private sector monopolyze water resource control and water provision market, and can regulate the market price and standard quality of water provision by private sectors. Up to now, such clear and safe (for the poor protection) of rule of game to control private sector in water provision are not exist yet. Until today, national policy on water provision based on institution, that should provide such sound rule of the game is nor enacted with strong legal status. The national policy on that issue, is still set as policy without any legal umbrella.

Water provision by government institution outside BUMD/ BUMN is not supported by the sound regulation to finance optimally, to reach the poor. Water provision need expensive cost and complicated technology, that if there is no strong commitment, the privat sector will have more capacity to finance and to take the market for profit purpose. Community based water management need institutional empowerment. Water is common pool resource, that make the water as good, having distinctive characteristic. Recent research showed that if citizen get water for free, they will consume it without any responsibility, including responsibility to maintain the water facility. Requirement to enforce that community could organize them selves, to plan-to contribute in financing-to build-to maintain- and to manage water; is often limited in operational stage. In investment stage, in case of water infrastructure building needs expensive cost; community still need subsidy mechanism. Cost recovery principle in operational stage may be fulfilled in community based water management; but will be

difficult to be fulfilled in complicated investment water infrastructure building. The existing regulation haven't regulate government role in such cases in community based water management.

Table A3.2. in Appendix 3 regulations on clean water service that are relevant with the discussion above.

2.2.2. Organization and Service Provision Aspects

At Cilegon City, Dinas PU (Public Work Working Unit), Health Dinas and PDAM (Regional Owned Water Company) provides clean water service.

Some interesting service provision aspects at Dinas PU are[11]:

- The Dinas perceive that access obstacles of women and citizen in general toward clean water service are:

  - Geographical condition of Cilegon city that is consisted of hill and sand, makes clean water provision difficult. Although water resource at Cilegon City is sufficient; to get land water source, the Dinas should drill minimally 20 meter in hill areas, and get salty air in sandy areas.

  - In extreme dry season, some villages will have water shortage.

  - Requirement to dig deeply into the land for getting water, needs expensive cost. It creates hard burden to the poor, in accessing clean water.

  - Cultural habit makes people perceives that taking water can be done from every sources. They do not aware of safe water quality.

[11] Interview with Mr. Yul Ashrif and Mr Syamsuri, Housing Cipta Karya Division, Public Work Dinas, Cilegon City

- PU Dinas build water infrastructure based on annual Musrenbang (Musyawarah Perencanaan Pembangunan/ Deliberative Forums for Development Planning)[12] results. They review citizen proposal in Musrenbang forums, conducts survey to verify people need on clean water and to measure feasibility of building water infrastructure in the proposed locations.

  If the Dinas decide that the location is feasible to have clean water infrastructure, they conduct development socialization to the Kelurahan Government and local RT-RW (Rukun Tetangga –Rukun Warga/ the smalles government unit). They then build clean water infrastructure, that usually accompanied by public bath and toilet facilities. After the clean water infrastructure developed and ready to be used, the Dinas submit the operational management to RT/RW managers. By submitting the water infrastructure management to RT/RW government, the PU Dinas do not have to maintain and manage the utilization of the water infrastructure. They also do not formal monitoring and evaluation upon the established water infrastructure. They sometimes heard some citizens told about the infrastructure conditions.

- PU Dinas usually build clean water infrastructure that consist of drill well, water tank 5m3, and pipe network. Usually, one clean water infrastructure point can serve 60 families or about 1300 citizens. They use simple gravitation technology, except for location with water resource located below the dwelling area. In such location, the PU Dinas must use more complicated technology. But, the PU Dinas use the gravitation technology more often than the more complicated one.

- Although the PU Dinas submit their water infrastructure to RT/RW government, but they never build any water managers among citizens. They also never build any formal contact with communities in managing the ongoing water infrastructure utilization.

[12] Procedure of planning and budgeting in Indonesia consist s of a) Village Musrenbang, b) Sub-District Musrenbang, c) SKPD/ sectoral forum, c) District Musrenbang, and d) other post – District Musrenbang at District, Province, and national level.

- The PU Dinas do not cooperate with PDAM in building water infrastructure. The PU Dinas rely on Musrenbang proposals, and believe that PDAM has their own plans and strategies to provide clean water to the citizens. They just cooperate with PDAM in serving locations that have water shortage in the extreme dry season. The PU Dinas informs such location to PDAM, and ask PDAM to provide water through PDAM's mobile water trucks. The Dinas do not know for sure, in which areas the mobile truck supply free water, and in which areas the mobile truck sell the water with market price.

- The PU Dinas also do not use data from Health Dinas, on citizen access to water. Data from Health Dinas show very high access of citizen to water (90%), but in the same time the service coverage of PU Dinas and PDAM together is just 31%. This gap service coverage data makes the PU Dinas prefer to use Musrenbang proposal, rather than formulate water development planning by using such existing water access data, and water quality data from the Health Dinas.

- Public Work Dinas usually choose village area to be served. This policy actually potential to serve poor women at village who are the most vulnerable group. But since the service coverage of Public Work Dinas is very small (just 5,23% in 2009), there must many women and their family who have no access to piped water facilities.

Some interesting service provision aspects at Health Dinas are[13]:

- The Health Dinas has responsibility to monitor the quality of water resource owned by citizens, promote healthy and clean living habit, and facilitate community to build sanitation facilities at their houses. In taking this responsibility, they regularly collect data on water resource owned by citizens. Based on the Health Dinas data, 90% of Cilegon citizens having water resource at their houses. Refers to PDAM and PU Dinas service coverage, the Health Dinas conclude that 22% use PDAM piped water resource, 9% use PU and other piped water resource, and 59% use drill well

[13] Interview with Mr. Nurdin, Environment Health, Health Dinas at Cilegon City

that is developed by citizen them selves. This water resorce access data from Dinas does not differ too much from the last SUSENAS (Survey Kesejahteraan Nasional/ National Welfare Survey) data, that mentioned such access that reach 94%. There is no data in Health Dinas, about citizen who get used to buy water in any extreme dry season.

- Although citizen access to water is high, but the Health Dinas also find that good water quality in Cilegon city just exist in about 50% areas. So, the Dinas also have agenda to improve access of the citizens toward good quality of water.

- The Health Dinas usually have no authority to build physical water infrastructure. Their responsibility is to monitor water quality, and to provide consultation on clean water, sanitation, and healthy living habit. For building water infrastructure, the Health Dinas encourages citizens to propose water development plan through Musrenbang mechanism.

- The health Dinas has distinctive officers to promote clean water usage and sanitation facilities usage. Such officers are sanitarian officer at Puskesmas (Pusat Kesehatan Masyarakat/ Community Health Center) in each Sub District. Such officers play important role in providing consultantion service related to clean water, sanitation, and healthy living habit.

Some interesting service provision aspects at PDAM are[14]:

- PDAM is regional owned water company, that serve domestic need in Cilegon city. They can not serve industry need, because of their agreement with PT. KTI (Krakatau Tirta Industri). There are two important agreement among others, that influence the PDAM service capacity and service market. First, that PDAM will get water supply from KTI. Second, that KTI will serve industry need at Cilegon city, and serve special housing complex. KTI service coverage for domestic need is about 2% of total family at Cilegon City.

1. [14] Interview with Head of Consumer Relation, PDAM, Cilegon City; and FGD innitial immersion with PDAM director, personnel manager, customer relation manager, technical planning manager, and budget and cash manager.

- PDAM perceives the obstacle of women and citizen in general toward clean water are:

  - The limited capacity of PDAM to serve citizen need on water. It relates to facility owned, technical capacity, pipe infrastructure availability, water leakage, etc.
  - Water leakage in PDAM, that reduce PDAM capacity to serve people
  - The scarcity of water sources to be used by PDAM

- PDAM has no water source, due to unavailability of water resource pool at Cilegon city. All water resource is located outside Cilegon city. So, PDAM buy water from KTI, with cost that is perceived by them as very cheap. PDAM buy water from KTI in phases, to see the fluency of water distribution.

  Beside make PDAM should buy water from PT KTI, the unavailability of water resource makes PDAM also can not contribute to the effort to maintain water resource and environment sustainability. But PDAM always get informed about PERPAMSI monitoring result on river as water resource potential. PDAM rely on water resource maintenance that is conducted by KTI. KTI has good system to maintain water resource.

- The existing production capacity (that is water quota set by PT KTI for PDAM) is similar with capacity to serve about 21.000 customers. The highest water consumption from PDAM per capita is 200 liters a day, compare to national standard 100-150 liters per capita and WHO standard 60 liters per capita.

- In 2008, PDAM had developed Master Plan for clean water development. This is long term planning for water resource management, and service system development for 2008 up to 2028. PDAM also consider RTRW (Regional Spatial Development Planning), in developing their service planning. Form RTRW, they consider the trend of housing development, so they can plan the potential consumers to be served. PDAM also have benchmark data as basis for their planning.

As regional company, PDAM performance is measured by using criteria in MoHA Decree 47/1999. According to this criteria, PDAM performance is judges as good and healthy. Financial management performance of PDAM since 2004 until 2008 always get "Wajar Tanpa Pengecualian" (Healthy in all aspect of financial management) predicate. This performance makes PDAM got reward as the best public service provider at Cilegon City and Banten Province in 2008. In the same year, they also got these following rewards:

- Nominator from Banten Province to be contested at national level, on the Performance of Local Government Management in Public Work sector.
- The 22nd best BUMD (Badan Usaha Milik Daerah/ Regional Owned Company) from Business Review Magazine.

- In managing the available water supply, PDAM had succeeded to develop ready to drink water, at RSUD of Cilegon City, Metro Complex, and Taman Raya Cilegon Complex. Customers in ZAMP area is about 600 direct connections. These zones is called ZAMP (Zona Air Minum Prima/ Excellence Water Service Zone of PDAM. In ZAMP, PDAM implement tight monitoring policy. Service standards in ZAMP are 1) water should flow 24 hours fluently. Below 24 hours flow, tha water quality will reduced; 2) good quality pipe infrastructure; 3) the water quality fulfills the quality standards set by the Health Ministry.

  Better water management at ZAMP is not because customers at ZAMP pay more fees. But it is pilot conducted by PDAM, to improve water management in all locations. For now, actually the water quality supplied by KTI is actually ready to drink. But since water quality also influenced by the flow fluency and the quality of pipe networks, PDAM just declare ZAMP as area with ready to drink water supply.

- PDAM existing customers is 12.195, consisted of 2,56% 1st group consumers who pay under the water baseline fee, 97,17% 2nd group consumers, who pay on the water baseline fee, and 0,27% 3rd group consumers, who pay full tariff fee.

The number of PDAM customers is about 22% of total family at Cilegon City. It includes additional consumers after the management transfer from District Serang PDAM to Cilegon City PDAM in 2009. Those 22% PDAM customers mainly come from domestic market, because they do not serve industry need on water. In 2013, PDAM plans to add customer, to reach 30% of service coverage. Since Cilegon City has so many industries, PDAM is also starting to think, to serve industry, as long as they can access other water resource from other non KTI providers.

One condition to be PDAM user is the legal ownership over the house. It is to hinder any change on the house dweller will give impact to any change on PDAM customer status.

- PDAM build relationship with their consumers, in term of provider-consumers relationship. They make selection mechanism when the consumers submit application to be water user, they arrange new connection in maximum 6 working days, they accept and response any complaint from consumers in 24 hours a day, and they collect fee of service from the consumers. PDAM is starting forming fee collector from consumers. PDAM realize that women are dominant actors who make water payment, and are responsible for service provision at their home. But for today, collectors from customer especially among women are still rare, and still not institutionalized. The number of collector consumers is unable to be identified firmly.

- PDAM had not developed Consumer Groups to accommodate citizen participation in water management. But, consumer satisfaction index according to the State Men power Ministry No.63/Kep/M.Pan/7/2003, in 2008 and 2009 are 73,12 (good) and 73,49 (good).

- PDAM conduct monitoring over the water they manage. They usually do the monitoring once in 3 months. Except in the Excellence Service Zone, that is conducted every day, with the same tariff. The purpose of this intensive monitoring is to accelerate the monitoring improvement on the water quality. PDAM expects, monitoring mechanism on water quality for all location will follow the mechanism that is practiced today at the Excellence Service Zone.

In monitoring the water quality, PDAM use Sucofindo service, because Sucofindo standard even better than standars set by the Health Ministry. Sucofindo use 24 quality indicators, whereas the Health Ministry use 13 quality indicators. They do not use the Health Dinas monitoring system and data. Because, the monitoring object of PDAM and Health dinas is different. PDAM monitor piped water quality, whereas Health Dinas monitor land water quality.

- PDAM use two main financing sources for their service: the investment fund contribution from the local government (APBD fund), and fee of service from the user. The first financing source depends on budget allocation decision between executive and legislative. The second financing source is accumulated by using fee collecting procedure. Beside their locket in the office, PDAM has online network at West Java and Banten Bank, BTN (bant Tabungan Negara/ The State Investment Bank), and PT Pos; as points where the user can pay the water easily. To make customer get informed about the fee they should pay, PDAM list the water fee that should be paid by the customers in their website.

  In case the users have arrears beyond Rp. 500.000; PDAM cooperate with the State Judiciary. The main purpose to involve the State Judiciary is not to collect the water arrears (Although the arrears is high, especially after the transfer of District Serang PDAM to Cilegon PDAM), but to raise citizen awareness and responsibility to pay the service. PDAM refers to the similar cooperation with the State Judiciary practiced by Tangerang City.

- Cooperation with the State Judiciary had given positive result yet. There is no significant arrears reduce. Cost for such cooperation also high enough. PDAM also lately heard, that similar cooperation at Tangerang city also starting face problems.

- Accountability mechanism at PDAM is that the Supervisor Board will supervise PDAM management, in financial, operational, and administration aspect. Director of PDAM will responsible to the mayor, through the Supervisory

Board. The Supervisory Board also has authority to provide advise and consideration on PDAM development and improvement. Although the regulation open the room for citizen/ consumer representative in the Supervisory Board; but members of Supervisory Board in PDAM mainly come from the Government officials and professional.

- PDAM build partnership with institution and personal parties. PDAM partners from institutions are 1) PT. Krakatau Tirta Industri, 2) PT. Sauh Bahtera Sejahtera, 3) PT. Peteka Karya Tirta, 4) PT. Palmars, 5) PD.PCM. PDAM partners from personal parties are H. Waseh, H. Rasyid, and H. Alfayan. Majority of the partnership is partnership to get royalty from the partner institution, since the partner institution operates at Cilegon city and serve citizens of Cilegon City. In this cooperation, PDAM aware that not all partners provide good quality of water. The water quality from personal partners, for example, is still salty, because these locations are near the sea.

  Another PDAM partnership was their cooperation with PERPAMSI Banten and with World Waternet. PDAM get capaciity building and technology transfer on: 1) GIS (Geographic Information System), 2) UFW (Uncounted Flow Water), 3) Water Resource management, 4) Master Plan formulation, and production management.

- To reach the poor, some time PDAM send their water truck to the needy locations. Since the water price of PDAM is cheaper then other providers, water supply from PDAM water truck help the poor much. Some time, PDAM also give water free for the poor. But it is not often to be conducted, and not recorded in the institutional data record system. PDAM have 5 water trucks, the 2 have 5000 liters water capacity, and the 3 have 30.000 liters water capacity.

  PDAM also use public hydrant, especially at public religious facilities. Number of public hydrant is 0,11% of total direct connection of PDAM. PDAM build public hydrant based on their planning, because until today no demand for

public hydrant come from citizens. PDAM also use social tariff for public hospital, public religious facilities, and public school.

- PDAM still face some service provision problems such are:

  - Geographical condition at Cilegon city that is surrounded by hill, makes PDAM just can serve certain locations, mainly at city area. It limits PDAM service coverage, to city citizens. If today PDAM coverage is 22%, it can be predicted that many women at village areas have no access to piped water service.
  - Although data from the Health Dinas shows very high access to water among citizen, but PDAM have commitment to keep enlarge their service coverage. Because, land water quality at Cilegon city is not good, so ideally citizens needs processed water to make their water safe to be consumed.
  - Although PDAM now have idle capacity, but this capacity can not be used directly for increasing service coverage. They need additional networks and additional technology to make that idle water reach the customers. Their existing distribution network had been used optimally for serving their existing customers. So, any effort to increase customers number, shoul be accompanied by additional network infrastructure development
  - PDAM perceive that their vision formulation is not ideal yet, and still need improvement. The existing vision is too long, so make PDAM service development orientation become unclear
  - PDAM partners from personal parties are starting question the benefit that could be delivered by PDAM as exchange for the royalty they pay to PDAM.
  - Users sometimes commit moral hazard, like using pump machine to accelerate water flow to their home. There is also indication of water stealing. Water price at PDAM is about Rp. 1,2 per liter. Water price at from supplier from community personal/ groups is Rp. 4000 per 20 liter, or Rp. 200 per liter. This price gap is potential to motivate some parties to steal water, and sell it to other parties. Perda actually set 5 billion fines to water stealer, but its enforcing ability is not known yet.

- Payment arrears are still high, because fine for any payment late is too low. The fine amount is often lower then transportation cost of the customer, to pay the service fee at PDAM locket.
  Responding to the high payment arrears, PDAM develop fee collecting and tax section in their organization. Besides, they also raise fine amount from Rp. 1500 to Rp. 10.000. But overall collecting mechanism still needs improvement.
- Water leakage at PDAM is still high (39,16% in march 2010). It creates inefficiency, so need improvement.
- MSS for water management is not available yet. Such MSS is important to make PDAM accountable to publik. It is better if PERPAMSI (Persatuan Pengelola Air Minum Seluruh Indonesia/ Indonesia Drinking Water Provider Association) formulates such MSS.

2.2.3. Budget and Cost

2.2.3.1. Gender Mainstreaming in Budgeting at Cilegon City

BKBPP at Cilegon City takes active role in mainstreaming gender to other regional institutions. They coordinate P2WKSS program at 19 Dinas, and use the program to socialize the gender mainstreaming in development program and budget. The P2WKSS program usually starts with analysis on women position in education, health, water, economic, and other sectors handled by the involved Dinas. BKBPP actively assist other Dinas in formulating program and budget for P2WKSS.

In P2WKSS at Cilegon City, Public Work Dinas build gender responsive sanitation program; Education Dinas provide non-formal education for women; Health Dinas provide Healthy and Clean Living Habit program. The 19 involved Dinas in P2WKSS use APBD funds and also access CSR (Corporate Social Responsibility) fund.

BKBPP always coordinate with Bappeda to consolidate programs and budget for P2WKSS programs, to make all program become gender responsive. But gender mainstreaming in other programs outside the P2WKSS is not institutionalized.

They had been trained by Province Bappeda on GRB, but they will implement the GRB in 2011[15].

2.2.3.2. Budget Allocation for Supporting Clean Water Service

Clean water affair is implemented by Public Work Dinas, and PDAM. Budget allocation for Public Work Dinas in 2010 is 91,795,222,495 increased from 79,161,020,925 in 2009. Compare to the total APBD at Cilegon District in 2009, that is Rp. 643,853,142,693 expenditure for public work shared 12.29% from the total APBD. Composition between direct and indirect expenditure in total APBD is 57.19% and 42.81%. It means that APBD expenditure for direct programs exceed expenditure for internal bureaucracy. Personnel expenditure in indirect post is 88.48% from indirect post, and 37.88% from total expenditure. Personnel expenditure in indirect and direct post is 45.93% from total expenditure. Grant, share fund, financial assistance, and subsidy programs are 5.93 % from total indirect expenditure.

Direct expenditure of Public Work Dinas is 31.65% from direct total APBD expenditure. Budget for recorded water provision program in 2009 is 1.53 % from total direct budget of Public Work Dinas) and in 2010 is 0.004% from total direct budget of Public Work Dinas).

Table A4.8 up to Table A4.11. in Section A4.2. in Appendix 4 shows all of expenditure data that had been discussed above.

Public Work Dinas does not charge fee for their water services. But, the Dinas also raise other revenue, that in 2009 reach 58,000,000 In the same year, expenditure at Public work dinas is 91,795,222,495 So, it seems that any revenue at the Dinas can not fulfill the cost of services at the Dinas. At regional level, PAD (Pendapatan Asli Daerah/ Own Source Revenue) is Rp

[15] Interview with .... and Mr Sep H Setiawan, chairman of Gender Mainstreaming Section, at Economic division, Bappeda at Cilegon City, ...

134,204,104,988 It is just 31.38% from transfer revenue from the Central Government, that is Rp. 427,613,957,327 Revenue from Taxes share and province assistance are subsequently Rp. 42,007,935,620 and 15,000,000,000 Total revenue of Cilegon City is Rp.620,825,997,935 that means that Regional Own Sources share from the total revenue is only 21.62%. See Table A4.12 and Table A4.13 in Section A4.1. in Appendix 4, for detail revenue structure of Cilegon City.

In 2009, Cilegon City has two mechanism for their development programs: SILPA (Sisa Lebih Perhitungan Anggaran Sebelumnya/ Previous Unspent Budget) and Regional Debt. Table A4.14 at Section A4.1 in Appendix 4 shows financing structure in APBD at Cilegon city.

PDAM does not present their budget data. But respondent of PDAM (the Consumer Relation Manager) stated that PDAM had created profit. It means that their revenue had exceeded their operational cost. In the same time, the respondent also stated, that water tariff is below the unit cost of water provision. It means that the profit do not created by the service charge fee, but from the other revenue. Other revenue for PDAM is royalty revenue from other water provider that have agreement with PDAM, and from investment contribution from the Local Government. APBD 2009 lists the amount of investment contribution of the local government is Rp. 2,000,000,000 but data on how much is allocated for PDAM is not accessed by the assessment. Since PDAM had created profit, they give contribution to the regional revenue cash. But, the investment contribution from the local government always exceed PDAM revenue share. It is better for PDAM if not bear obligation to share dividend before they can reach 80% coverage. But, since the investment contribution from the local government always exceed PDAM revenue share and help PDAM to create profit; the dividend sharing does not create problem for PDAM.

2.2.3.3. Service Cost

Public Work Dinas predicts that for building one point of water infrastructure, they need Rp. 150 million. Each infrastructure point can serve 60 families or

1300 citizens. So cost of service for each family is predicted 2,500,000.00 and Rp 115,384.62 for each citizen.

After Public Work Dinas finished the water infrastructure development, they do not need to allocate maintenance/ operational cost; because they shift the infrastructure management to RT/RW government. If the infrastructure uses more complicated system than gravitation system, cost of electricity to operate the infrastructure may reach Rp. 500.000 a month. For gravitation system, usually each family pay for Rp. 10.000 a month to operate the water infrastructure.

PDAM had calculated their production cost, based on Law 23/ 2004 on procedure to calculate PDAM production cost. But the tariff is set by the agreement between executive and legislative, and it is below the unit cost of service provision. Tariff structure of PDAM based on mayor Decree 49/2009 is presented in the Table A4.15 up to A4.17 in Section A4.2 at Appendix 4.

Compare to water price provided by other provider that may reach Rp. 4000 for each 20 liters (Rp. 200 per liter), the PDAM cost is cheaper (the cheapest price is only Rp 1,2 per liter). But cost of connection is often perceived unaffordable for the poor.

2.2.4. Service Coverage/ Service Performance

Service coverage of Public Work Dinas in 2008 and 2009 is 3,24% and 5,23%.
Service coverage of PDAM in 2008 and 2009 is 18,18% and 22%.
Service coverage of other private providers is 2,51% and 3,84%.
Time period to make new connection, maximum is 6 days

The other performance indicators of PDAM are[16]:

- PDAM had not reach the ideal standard to maintain the water flow for 24 hours.

[16] As stated by The Manager of Customer Relation of PDAM, in research interview session.

- Water leakage is 39,16% in march 2010. This leakage is high and must reduce the PDAM ability to provide water efficiently.
- Consumer satisfaction index according to the State Menpower Ministry No.63/Kep/M.Pan/7/2003, in 2008 and 2009 are 73,12 (good) and 73,49 (good)
- Financial management performance of PDAM since 2004 until 2008 always get "Wajar Tanpa Pengecualian" (Healthy in all aspect of financial management) predicate.
- Nominator from Banten Province to be contested at national level, on the Performance of Local Government Management in Public Work sector
- The 22nd best BUMD (Badan Usaha Milik Daerah/ Regional Owned Company) from Business Review Magazine

With the existing piped water service coverage, that is very small (22% from PDAM, and 31% from PDAM and Public Work Dinas), in 2008, from the 4 diseases that suffered mostly by hospitalized patient, the 3 of them are water related diseases: diare (38,97% of total cases), Tifoid (25,57% of total cases), and dengue fever (14,03% of total cases)[17].

Section A5.2. in Appendix 5 shows data on clean water service performance.

2.2.5. Women Perception on Their Access to Clean Water Service

The assessment explores women perception on their access to clean water service through FGD at Cilegon city, on June 29th 2010. The FGD explores the participants and their neighbor's experience in accessing clean water service. The FGD enable exploration on the participant's neighbors to be done, because the FGD participants are health or PKK cadres from village level. They are women figures who have voluntary responsibility to make close relationship with their village dwellers, and works to improve their welfare. Results of the FGD are:

- Obstacle of women access toward clean water services are:

[17] Data of diseases suffered by hspitalized patient, BPS 2008

- High cost to access land water resource, due to geographical condition at Cilegon city. Women and their family should dig deeply, at minimum 20 meters, to get water. Cost for make such deep well may reach Rp. 6 million.
- Many women and their family, who use deep well water source, often get bad water quality: like salty, contained of coral substance that potential to disturb human's kidney.
- Women and their family, who have no water at extreme dry season, often must buy the water for Rp. 3000 – RP. 5000 for 40 liters. This price is high and burdensome for them. Averagely, for the whole family, they need 80 liter water a day, that cost Rp. 6000 – Rp. 10.000 a day. Or they keep rain water for their family.

- Impact of water problems for women are:

  - In case of women and their family buy water, they prioritize the usage just for drink. They lack water source for bath, for dishes, and for other water related needs.
  - In case of women and their family use rain water, they should do extra job and extra cost to eliminate mosquito's larva.

- Women experience in accessing deep well water from Public Work Dinas:

  - After the establishment of water infrastructure, The RT chairman usually lead the management of water. The RT chairman usually forms certain management committee, that is consisted of community figures. The water management committee is responsible to collect user fee, and to maintain the water facilities, including to control the water usage and solving any conflict on water. Fee collectors are mainly women.
  - Some women stated, that they have to pay Rp. 20.000 a month. To access connection, they pay Rp. 50.000.
  - Some villages do not obligate the poor to pay new connection, but the poor must pay the same monthly fee like others.

- In one kelurahan, after the water management committee get vacuum, the RT chairman transfer the water management to DKM (Dewan Keluarga Mesjid/ Mosque Community Board), to be used for the mosque visitors.
- In one Kelurahan, there is water management committee, that consisted of health cadres. They collect community fund for maintain the water infrastructure, and to improve community health.
- The fee for water service is allocated to pay electricity and to solve any damage in the water infrastructure
- Some water infrastructure can provide water, but the quality of water is perceived bad by the users. The water infrastructure is not used for drink, and citizens keep dig deep well by themselves.
- Some women participate in Kelurahan level Musrenbang. The Musrenbang participants are mainly men. Water development proposal usually stated by women.
- Some women stated they can not access PDAM water, because PDAM hardly can respond to individual application. PDAM respond faster to collective application, say 10 people or more.
- Some women said, that although the service fee of PDAM is low, but the connection fee is expensive for the poor.

- Women experince in acessing PDAM service:

  - Water supply is insufficient, because the time flow is too short.
  - In case women get insufficient and unsatisfied water service, many of them often refuse to pay, or they postpone the payment.
  - Due to water flow inconsistency, some PDAM users, also have deep well water.
  - Women often perceived water quality as bad, if they smell chlorine component in the water. They do not know, that clean water should contain chlorine in normal range.
  - Water quality from PDAM is good, except in rainy days that is a little bit smell
  - Some women know, that their neighbor steal water from abandoned/ uncontrolled PDAM pipe. Some of them also know. That their neighbor use machine to accelerate water flow from the PDAM pipe.

- Water from PDAM often flows too late in the night. It makes women must work harder
- All women in FGD session do not know yet that they can complain on PDAM service through SMS in 24 hour. They usually complain by coming to the PDAM office, when they make water payment. They said,they never get respond related to their complain.
- Some women said, that as long as their deep well having good water quality, they prefer to use land water then become customers of PDAM.
- All of women in FGD session do not know the possibility and the importance of forming consumers association, or to participate in monitoring PDAM performance and service provision accountability.

  One FGD participant that is dweller of one housing complex had succeded to invite PDAM to their complex, to hear the dweller complain. But she has no idea yet, that such better dialogue and involvement can be institutionalized.

- Factors that increase women demand to water service are

  - If provider deliver good quality of water
  - If provider deliver water continuously and do not reduce rest time of women
  - If there are regular and institutionalized monitoring system over the water quality and water flow continuity

- Factors that increase the poor access to water service are:

  - If the connection fee payment makes the fee affordable. For example, by payment system in phases, or subsidy for the connection fee
  - If the pipe network can reach village area
  - If PDAM could cooperate and negotiate with community groups. Community groups could organize collective application, more flexible payment, and provide alternative collateral for the poor who rent the other's houses
  - If PDAM could optimize functions and management of public hydrant.

2.3. WOMEN ACCESS TOWARD HEALTH SERVICE AT LEBAK DISTRICT

2.3.1. Regulation Framework

Regulation framework influences gender equality in accessing health services in the following ways:

- Law 36 on health stated that gender equality is one principle among others, for health development; for reaching the highest health status for all citizens. The Law guarantee the fulfillment of all citizen right on health, while citizens have obligation to care on their health through, among other, aprticipate in social health insurance scheme.

  The government have obligation to plan, to manage, to develop, and to supervise health service provision, that should be affordable for all of citizen. Obligation of the government are:

  - provide health invironment and facilities
  - provide health resouces
  - Provide accessible health information
  - Empower and promote people participation in effort to improve health
  - Provide good quality, efficient, and affordable health service, that must obbey the minimum service standard
  - Implement social health insurance scheme

  Health service cosists of some activities, including services that are usually linked or mostly impacting to women, such are reproduction health, family planning, school health (for school aged childeren), and health for natural disaster victims. With those service activities, the health service consist of 1) personal health service, and 2) community health service. The personal health service is delivered through promotive, preventif, curative, and rehabilitative approach; and directed to rehabilitate the personal and family health. This personal health service have to prioritize user life and health,

upon any other interest. Purpose of community health service isto maintain and to improve cummunity health, and to prevent diseases developed among community.

The Law obligate the government to deliver service to care the health of mother; to make them are able to deliver healthy and qualified new generation, and to reduce mother mortality rate. The government also have obligation to

Reproduction health, as women related health, covers health before women get pregnant, during pregnancy, and after they deliver birth; pregnancy time arrangement, contraception usage, and sexual health; and health of reproduction system. The Law acknowledge citizen's right on reproduction health; so the government have obligation to provide information and affordable service facility to handle reproduction health, including family planning service. The reproduction health service must not against religion norms hold by community.

The Law prohibit abortion, except in medical emergency that is detected in early stage of pregnancy. Such medical emergencies are pregnancy that threat the mother life, or the infant life, or the infant has genetic handicap that will suffer them if they live outside their mother womb. Abortion is also allowed in pregnanancy caused by rape, that make the mother experience psychologically deep trauma. That allowed abortion must be accompanied by councelling in before and after abortion treatment; must be done below 6 months of pregnancy period (except in medical emergency case); must be treated by experienced medical workers eho have legal certificate; must get permission from the pregnant mother and her husband (except for the rape victims); must be conducted in health facilities that fulfill all of the legal conditions.

The Law provide protection to the health of working mother together with all working person, in formal and informal sectors. . To make all workers, including women workers free from any health problems; the government obligate employer to provide standardized working environment, to handle

accidet in working place, to prevent-maintain-promote-rehabilitate the worker's health, and to participate in health financing of their workers. The government give support and protection to the health care of workers.

The Law provide protection on family members, who are ususally becomes women's responsibility to take care of them; such are infant, children, old ager, and difable. The Law protects infant, children, adolescence, and old ager right to health by:

- Acnowledging childrent right to health, since they are in the mother's womb, when they are delivered through birth, after birth time until their age reach 18 years old.
- protecting all infant right to get exclusive breast feeding, for 6 months, except for certain medical indications. The mother's family, community, and the government have obligation to support the mother, by providing sufficient time and sufficient supporting facilities in working places and other public places.
- Providing comprehensive immunization to infant and children
- Providing facilities to protect infant and children from discrimination and violence, that can disturb their health
- Providing education, information, and services to promote adolescence health, including their reproduction health.
- Providing facilities to care the health of old ager, and facilitate them to live independent and productuve in social and economic aspects.
- Providing facilities to care the health of difables, and facilitate them to live independent and productuve in social and economic aspects.
- Guarantee the fulfillment of nutrition need of human being, since in the mother's womb up to their old age. The government prioritize nutrition fulfillment to: i) infant and children under five, ii) girl adolescence, and iii) pregnant and breast feeder mother. The government also guarantee the nutritious need of poor family, and of citizen in any emergency situation.
- Protecting the health of school aged children
- Providing service to victims of natural disaster. women are the responsible person to care their family members especialy children; health service for natural disaster help women to care the health of their members in such

difficult time. Health financing in natural disaster situation is obligation of the government, and may get supported from any financing aid from non-government parties. The law prohibit any health facilities in natural disaster, to refuse any patient or ask for advance fee

In line with types of health service, the health service facility consists of 1) personal health facilities, that are the first line health facility, the second line health facility, and the third line of health facility; and 2) community health facility. The government decide amount and type of the health facilities that will be established; that will be managed by the government, lcal government, and private sector. All health service provider must deliber responsible, non-discriminative, safe, and having good quality service.

The government has authority to recruit and to arrange placement of the medical workers for service equality. When delivering service, the medical werkers have right to get fee and law protection. The fee must not prioritize material interest. But the Law prohibit the health provider to ask fee advance in emergency situation, or refuse patient in such situation. The government, along with community, supervise health provider activities. The Law protects health service consumers right:

- To choose, to accept or to refuse health services they will accept (exept for consumers who have dangerous communicable diseases, who are unconscious, or who have serious mental disturbance).
- To have their health conditions being in secret (except the user them selves, or the court, or the community interest make such health condition to be opened
- To get compensation upon any loss due to health services
- To get mediation service for any conflict due to any indication of careless and or misbehave conducted by the medical workers
-

In fulfilling all citizen’s right on health, the government must develop national health system, that covers health administration, health information, health resource, health service, health financing, community participation in health,

health science and technology, and health law management. In this health system, the Law guarantee all citizen's access to health information. In this system, the government must develop health financing that is sustain, and just allocated. Sources of health financing are the government (central and regional) budget, community, private sector, etc. The government must allocate 5% of the budget, outside salary. The province and district/ city government must allocate 10% of budget outside salary. The government must prioritize their budget for public service especially that directed to the poor, old ager, and abandoned children. The government mobilize financing from private sector through the implementation of social health insurance, or through commercial insurance.

The government and regional government have obligation to guide any parties that conduct activites related to health resourse, and health service. Such government guidance is to guarantee the fulfillment of citizen's need on health. The government deliver such guidance through education/ information sharing, medical workers provision, and financing. As parts of guidance role, the government may give award to any parties that are succeed to build health. The health ministry supervise any activities related to health resource and health service, including using license instrument. The ministry must involve citizen in their supervision role. The ministry have aiuthority to give administration sanction, including the license withdrawing. The Law also regulate any criminal sanction toward the health law violation.

The Law establishes BPKN (Badan Pertimbangan Kesehatan Nasional/ National Health Advisory Body) and BPKD (Badan Pertimbangan Kesehatan Daerah/ Regional Advisory Health Body). BPKN and BPKD are independent institution that having function to cillect and analyze health problems, to give recommendation on health development –including health budget-, and to monitor and evaluate the implementation of healh development. BPKN and BPKD are established in central, province, distric/ city, and sub district level. But organization, membership composition, and financing for BPKN and BPKD is not formulated yet.

The Law commits to make the Government formulate these service related standards:

- Conditions to be fulfilled by health provider
- Profession standard, code of conduct of medical workers (formulated by profession organization)
- Right list of the health service user
- Service standars
- Service Operational Procedure
- Infant and children health
- Nutrition sufficiency
- Nutrition service
- Nutrition workers at servce provider
- Working health

Law 44/2009 states that justice, antidiscrimination, and social function are principle for hospital as health service provider. Purpose of hospital is to make citizen's access toward health easier, to protect citizen's health and safety, and to give law certainty on patients, society, and the hospital. Hospital have duty to deliver personal health service. The hospital have fuctions to provide:

- medication and health rehabilitation service
- maintenance and improvement of personal health, in the 2nd and the 3rd stage, according to the patient's need.
- Education and research, and technology adoption to improve the health services

Parties that can establish hospital are government, local government, and private sector. Government hospital must be a technical working unit that works from institution in health sector, certain institution, or local government working unit; that implement BLU (Badan Layanan Umum/ Public Service Body) in their financial management. The public hospital can not be trasferred into private hospital. Private hospital must be a institution with certain legal body, that is PT (Perseroan Terbatas), that having working area only in hospital business.

The Law classificate hospital into general hospital class A-D, and special hospital class A-C categories. The hospital categorization relates to conditions that must be fulfilled by hospital, to get license for delivering health service. The conditions covers location, building, facilities, human resources, farmacy, and tools/ instruments conditions; number and ownership of practice license of the hospital human resources, etc. The hospital must have efficient and effective organization structure and service management.

In controlling hospital service, the Law mandates performance and medical audit, that can be conducted internally and externally by the supervisor board. The Law also mandates regular accreditation to the hospital, by independent institution. But the Law still mandate other regulation to define definition of this independent institution. The Law obligate the hospital to record and to report all health service activities, in the hospital management onformation system.

The government, along with profession association, hospital association, and civil society organization guide and supervise the hospital activities. The Supervisor workers conduct that supervison works. Civil society can get onvolved in supervision in non-technical issues. Hospital Supervisor Board conduct internal supervision. It is non-structural and independent institution, that is responsible to the hospital owner. Mebers of the Hospital Supervisory Board are the hospital owner, profession organization, hospital association, and community figures. The Hospital Supervisory Board have roles to formulate hospital policy, to monitor implementation of the hospital strategic planning, to consider budget allocation, to monitor service quality, to monitor the fulfillment of patient's and the hospital right-obligation.

Indonesia Hospital Supervisory Body conduct external supervision, that is responsible to the ministry. The Body is nonstructural and independent institutions of the ministry, that also may be established at province level to be responsible to the governoor. Civil society are parts of the Body's members. Financing od the Body comes from APBN and APBD. The body has roles to formulate guidance on supervision, information system, and reporting

system. The Body also analyze the supervision resut, and make recommendation for the the hospital future policy.

The hospital that does not fulfill all of the conditions, will not get legal license to establish the hospital, or will get the operational license withdrawal. The Law also regulate criminal sanction for any violation of the hospital law.

The Law commits to provide these following hospital service standard:

- medication and health rehabilitation service
- profesion
- hospital service
- Operational procedure
- Code of conduct
- Educational hospital
- Hospital organization (in guidance form)
- Patient safety

To support the health service, the Law obligate hospital to:

- Give accurate information on their service to public
- Give safe, good quality, effective, and antidiscrimination service
- Give emergency health service
- Participate in providing health service in natural diseases condition
- Fulfill social function by providing facilities and service to the poor, deliver emergency service without any advance payment, delivering free ambulance service, etc

The law gives administration sanction, that ranges from warning up to license withdrawal; to the violation of those hospital obligation.

The Law obligate hospital to provide sufficient health facilities, including breast feeding room for women, children playing room, special room for old ager and difable

To integrate the hospital service with service from other providers, the Law obligate the government and hospital association to impelement referral system network. The network covers information, facilities, referral service, instrument provision, and human resource capacity building.

Financing for hospital comes from the governmetn budget, the hospital revenue, subsidy from the government, and other resources. The minister formulate national tariff, by considering service unit cost and regional conditions. The Governoor set maximum budget ceiling, based on the national tariff, to be implemented in the hospital. The 3rd class of public hospital is set by the ministry and regional regulation. The 3rd class of non public hospital is set by the hospital director, by considering the tariff set by the government. All revenue of public hospital, is used for operational cost of the hospital, and not to be paid to the regional cash.

The protect the hospital users, the Law:

- Acknowledge citizen's right to get information on service procedure, on their health condition and the medical care they will get including the service fee; on their right and oblgation in accessing hospital service; to get good quality and justice service; to complain and or to suggest about service (including through media), to get consultation on their health condition; to have privacy on their health condition; to accept or to refuse any treatment for them; to be accompanied by their family if they are in critical condition; to through legal procedure if necessary.
- Obligate the medical workers to give service based on permission from the patient
- Obligate the hospital to keep medical secret documents, that just can be open by the patient permisiion and or by request from the court.
- Obligate the hospital to analyze, to report, and to solve problems, to reduce any unexpected cases. Activities to guarantee the patient safety to Committee on Patient Safety that formed by the minister.

The Law mandate other lower regulation to regulate citizen's obligation to the hospital, due to the service they had accepted.

Related to hospital, the government and local government have obligation to:

- Provide hospital, according to the citizen's need
- Guarantee financing of health service at hospital for the poor
- Give guidance and supervise the hospital operation
- Protect the hospital, to make it can deliver professional and accountable health service to all citizen
- Protect hospital service users
- Increase citizen participation in establishing hospital, to make the hospital service is in line with citizen need
- Provide health information
- Guarantee financing of emergency service at the hospital, due to natural disaster and other extraordinary cases.
- Provide medical workers
- Arrange distribution of high tech and expensive medical tools
- Provide legal protection to the hospital, allow them to build partnership with other parties, to through legal procedure if necessary; to get legal protection over the hospital service activities; to promote the hospital service, and for public and educational hospital: they may get tax incentive. More regulation on the tax incentive must still wait for other regulation

Perda 10/2008 states that the RSUD has function to deliver referal health service. A director directs RSUD, with support from structural and functional organization units. The RSUD Committees condusct service need assessment, formulate tecnical planning, and formulate service standards and procedures. The RSUD has Internal Supervisory Unit, that having role to oversight the implementation of service procedures and service standards.

The Perda sets accountability mechanism by making the RSUD director responsible to the Regent, through the Regional Secretary. The Medical and Nursing Committees, and also the Internal Supervisory Unit, submit their report to the RSUD director. Other institutions in the RSUD are Personnel Advisory

Team and Management Communication Forum. Both of that institutions have roles in suggesting the composition of RSUD Internal Supervisory Unit.

As curative health service providers, the RSUD delivers all of their service to all men and women patients. They also deliver women special health services, such is maternity and family planning health services.

Perda 7/2009 regulate RSUD service delivery by obligate them to formulate strategic planning, and by regulating the rights and obligations of RSUD and their patients. Rights of RSUD are for example, to set service procedures, and to cooperate with financing insurence institutions. When facing risks of payment failure of their patients, the RSUD having right to move the patient to the lower class without reducing their service quality. If the RSUD perceives that CHC is able to treat the patients, the RSUD have right to refer the patient treatment to the CHC.

The RSUD have obligation to deliver emergency service without asking advance fee; to give clear information on the service including the service cost; to deliver equal service to all patient groups; to provide public infrstructures that are required by the patients and their families; to build referal health service system; to provide legal protection to the RSUD human resource; and to mediate any conflicts among the RSUD and their clients.

RSUD's patients have rights to get service related information, to get friendly service, to choose and make agreement on service, to get consultation service form other doctors, to have secret guardian on their health condition, to be accompanied by their family, and to express their complaints. RSUD's patients have obligation to obey the RSUD procedures, to give clear and true information, and to pay for the service.

The service procedures in the RSUD had considered affirmative service for the poor, neglected patients; especially in emergency case and hospitalization services. The Perda obligate the local government to cover health service financing for the poor that are being served by the RSUD.

Perda 7/2009 states that rationale for health service tariff in RSUD is GR 66/2001. The GR allows regional government to set retribution on health service, as general service retribution. Rationale for such retribution is because the government and the citizen have responsibility to maintain and to increase the health status of all citizen. The Perda then regulate RSUD services that are charged.

The Perda states that the RSUD tariff must consider the gofernment financial capacity, social economic condition of the citizen, and service unit cost (according to the minimum service standard). Such calculation is to make the tariff could guarantee service operational requirement and service quality. But the RSUD must not seek profit from the tariff.

RSUD submit their revenue from tariff to the regional cash office. All of RSUD revenue and expenditure is recorded and allocated in the regional budget. Budget impelentation in RSUD mus obey posting that had been regulated in the regional budget. RSUP planning on revenue and expenditure must be submitted to the local government.

Table A3.3. in Appendix 3 lists regulations on health service that are relevant with the discussion above.

2.3.2. Organization and Service Provision Aspects

At Lebak District, Health Dinas (Health Working Unit) and RSUD (Regional Hospital) provides health service. Some interesting service provision aspects at Health Dinas are[18]:

- The Dinas perceive that access obstacles of citizens toward health cervice are:

[18] Interview with Head of Health Dinas, Lebak District

- Many citizens at Lebak District live in far distance to health facilities. It makes transportation cost to reach the health facilities harder.
- Many women at Lebak District prefer to deliver the baby by help of traditional paraji (traditional birth assistance).
- Referral system does not work, due to low awareness of citizen; and limitation facilities at CHC level.

- To increase women's access to health service, the Dinas prioritize health service for mother and children. They state this policy in their midt term strategic planning document. The Dinas strategic planning also prioritize their service to the poor, by for examples:
  - providing health service to the poor
  - distributing health human resource to isolated areas

- To provide services to Lebak citizen, Lebak government have 40 Community Health Center (CHC, 14 of them are CHC with hospitalization facilities), 70 Pustu (Puskesmas Pembantu/ supporting CHC, 31 Poskesdes (Pos Kesehatan Desa/ Village Health Post), 1780 Posyandu and 8100 health cadre at villages. The Dinas give incentive to Health Cadre, Rp. 25.000 a month, to support their transportation cost. In 2010, direct budget for health cadre transportation is Rp. 1.335.000.000.

- To overcome access problem due to distance and high transportation cost, the Dinas operate mobile midwives and mobile medical workers to villages. They provide them with motorcycle. This policy had made 50%-60% birth at Lebak had been assisted by medical workers. Since number of Lebak citizen who prefer to seek help to "paraji" (traditional birth assistance), the Dinas try to reduce women's risk by train the dukun and their relatives. Dukun's relative become training target, because dukun profession usually is generated from mother to their daughter or to other paraji's close rellatives.

- Referral system is one instrument to coordinate the Community Health Center and Hospital. Hospital will refer patients to the Community Health Center, if the patient need rehabilitation service.

- The Dinas still faces problems in delivering the service:

  - Hospital has role to provide capacity building to the Community Health Center. They send the hospital doctor to the Community Health Center, to make doctors at Community Health Center can learn about health specialistic cases. But, recently, such capacity building from the hospital do not implemented.

Some interesting service provision aspects at RSUD [19] are:

- RSUD found health problem of women as:
  - Women often get birth without assistance of skilled medical service. The women are taken to the hospital in bad condition, due to improper tretment at their village. Due to this problem, death rate in the neonatus death caused by infection is high enough.
  -
- RSUD Adjidarmo was established on 2 May 1952, as D class hospital. In 1984, RSUD status was shifted into C lass. In 1996, RSUD was established as Regional General Hospital. In 2008, RSUD was shifted into B class hospital. Vission of the hospital is to be accountable, friendly, and professional hospital, to provide excellent service on 2014. Mission of the hospital is[20]:
  - Providing excellent service, quantitatively and qualitatively
  - Reaching 12 service accreditation
  - Implementing BLUD in hospital financial management
  - Improving service to the poor

- The hospital provide health service to the poor by:
  - Not taking advance fee to the poor who access emergency service.
  - Give flexible time to the poor who access hospitalization or emergency services, to access SKTM at the end of service period.

[19] Initial Immersion FGD with RSUD Adjidarmo Management team

[20] Hospital Mid Term Strategic Planning, 2009-2014

- Give consultation service fee, for patients, especially the holders of Jamkesmas and other social health scheme.

- In formulating mid term planning 2009-2014, the hospital refers to Perda no. 6/2004 on Transparency and Participation in Governance and Development Management at Lebak District. But there is no citizen representative in the hospital supervisor board. The hospital measure consumer's satisfaction based on MenPAN (Kementrian Pendayagunaan Aparatur Negara/ Ministry of State Aparatus). They measure the satisfaction index twice, one internally and the other conducted by Pemda. The customer satisfaction in 2008 the customer satisfaction index was 70%. The hospital accommodate consumer's complaint in Human Relation division, and respond it trough each service division. Few years ago, the hospital provide complain and suggestion box. The hospital withdraw the box, because no patient use that box.

- The Hospital still faces problems in delivering the service:
  - Deficiency of specialist doctor
  - Billing system do not operate optimally
  - Not all organization arrangement as regulated in Perda 10/ 2008 had been fulfilled
  - Hospital infrastructure is not complete yet
  - Type B hospital function does not implemented optimally yet
  - Caring room is not suitable with numbers of patients
  - Law on consumer protection makes the hospital must formulate consumer relation policy
  - Many poor people do not recorded in the Jamkesmas database, that makes the hospital burden in serving the poor become harder and unpredictable
  - Procedure to access health subsidy from local government, especially SKTM (Surat Keterangan Tidak Mampu/ Poor Identity Card) procedure still has some problem. It makes the hospital difficult to make decision on providing service to the poor. SKTM procedure is vulnerable to be manipulated by some parties. Some consumers who are not poor, access SKTM by force, to hinder health cost. Some parties help some body else who are not poor to have SKTM, for their interest (for example: for their

political interest). The hospital do not have mechanism and human resource to verify SKTM legality. The hospital predict that the number of SKTM manipulation cases at the hospital were 20%. The hospital need better system to manage patient with SKTM.

- The poor in Jamkesmas scheme do not understand the limit of health service and medicine that are covered by Jamkesmas. It makes the hospital must search other financing scheme to cover medicine requirement, to hinder protest from unaware patient. The hospital needs to be firm on control the medicine coverage, or the social health insurance needs to broader their medicine coverage.
- Reference system often does not work. Patients come directly to the hospital, and the hospital often can not refuse to serve patients without reference from the lower level of service provider. The hospital predict the number of patient that actually can be served by CHC is about 10%. For example, in 2009 non-referral perinatal patient is 666 compare to 1.041 referral patient (64%). The patient's reason to ignore reference system at CHS are 1) because the absence of medical workers at CHC, 2) lack of medicine, and 3) the patients trust hospital more.
- The hospital often should serve the poor from outside Lebak. In 2009 there were 19.359 poor patients from outside Lebak.
- Law on hospital allows abortion in certain condition. The hospital should build new and responsive mechanism for abortion cases.
- Law on Health obligates hospital to provide maternity room, old aged room, handicapped person room, and children room. For now, the hospital just has maternity room. The hospital faces challenge to improve their facilities.
- The hospital commits to serve the poor. Claim from social health insurance is not enough to support overall hospital operation. The hospital needs improved subsidy system from the local government, to help the hospital serve the poor. It is expected that the Law on Health, about national tariff and maximum health ceiling will consider subsidy mechanism to the hospital.

- The hospital has regular capacity building for their staff. The hospital facilitates the hospital staff in seminar, workshop, training, symposium, benchmark study, and technical training for 117 times in 2008.

- The hospital is starting to develop new revenue source. They have incinerator that can be used by other institutions by paying certain fee. But p to now, the incinerator is used by internal hospital.
- The hospital had built partnership with Jakarta eye Center. Now, the hospital becomes referral target of eye care for all Banten area.

2.3.3. Budget and Cost

2.3.3.1. Gender Mainstreaming in Budgeting at Lebak District

Bappeda and BPPKBMPD (Badan Pemberdayaan Perempuan, Keluarga Berencana, Masyarakat Dan Pemerintahan Desa/ Body of Women, Family, community, and Village Government empowerment) had been trained on GRB by the province Bappeda. But, they do not implemented the GRB yet. They do not have institutionalized mechanism to promote GRB in other SKPD, except in P2WKSS program. In P2WKSS, the BPPKBMPD and Bappeda coordinate programs and budget in some Dinas to have impact to women, in several locations. They implement P2WKSS since 1992. Budget for such coordination in 2009 is Rp. 200 million, and Rp. 75 million in 2010.

One obstacle to develop GRB in Lebak District is the incomprehensive of gender disaggregated data, to be basis for comprehensive planning. Although the data is need improvement for such planning need, but Bappeda had made regular of gender disaggregated data[21].

2.3.3.2. Budget Allocation for Supporting Health Service

Health affair is implemented by two institutions: Health Dinas and Adjidarmo Public Hospital. Budget of Health Dinas in 2010 40.976.879.585,00 (4,60 % from total APBD). Composition direct and indirect expenditure in budget of Health Dinas is 40,19 : 59,81. Budget allocation for the public hospital is

[21] Interview with General Affair Bappeda, and Head of Women Empowerment Division at BPPKBMPD, Lebak District

40.624.542.247,00 (4,56% from total APBD). Total budget for health affair is Rp. 81.601.421.832,00 1(9,15 % from total APBD). This budget is reduced, compare to budget 2009 that was 95.220.226.713,00 (10,76% from total APBD). In 2010, health affair direct budget is 5,42 % from total APBD). This is decreased from direct health budget in 2009, that is 7,10% from total budget.

In 2010, share of health affair direct budget to total APBD is contributed by 1,85 % direct budget od Health Dinas, and 3,53 % direct budget of RSUD. In 2010, revenue from Health Dinas is 1.500.142.000,00 (0,17% from total APBD revenue). It is decreased from Health Dinas revenue in 2009 that is 0,18 % from total APBD revenue.

In 2010, revenue of RSUD is 33.000.000.000,00 (3,72% from total APBD revenue). It is decreased from Health RSUD revenue in 2009 that is 4,05 % from total APBD revenue. Total revenue from health affair in 2010 is 34.500.142.000,00 (3,89% from total APBD revenue). It is increased from total revenue of health affair in 2009 that is 3,70% from total APBD revenue. This revenue structure means that health sector revenue does not cover the health expenditure. In 2010, health dinas expenditure exceed Rp. 39.476.737.585,00 from their revenue. RSUD expenditure exceed Rp 7.624.542.247,00 from their revenue.

The unability of Health SKPD and RSUD to fulfill full cost recovery principle for service relates to overall low fiscal capacity of Serang District. In 2010, PAD (Pendapatan Asli Daerah/ Own Source Revenue from taxes, service fee, natural resource revenue, etc) is Rp69.769.837.320. It is just 8,84 % from transfer revenue from the Central Government, that is Rp. 789.207.931.825. Revenue from Taxes share and province assistance are subsequently Rp. 19,004,343,210 and 8,500,000,000. Total revenue of Serang District is Rp. 886.482.112.355, that means that Regional own source share from the total revenue is only 7,87%.

Beside shortage in revenue, Serang District also has limited financing mechanism for their development programs. In 2010, Serang District just use one financing

mechanism: using SILPA (Sisa Lebih Perhitungan Anggaran Sebelumnya/ Previous Unspent Budget). See Section A4.3. at Appendix 4 for detail budget data.

2.3.3.3. Service Cost

Tariff at CHC refers to Perda 26/2000. The Perda set retribution fee Rp. 2000 for health care service, Rp. 15.000 for delivering baby by doctor assistance, and Rp. 10.000 for delivering baby by midwive assistance. CHC do not implement cross subsidy mechanism among the rich and the poor patient, because Jamkesmas had cover the health cost of the poor.

Jamkesmas help the poor to access health service, both at Community Health Center, and at the hospital. Since the Jamkesmas uses quota for the poor who are eligible to be Jamkesmas members, the local government provide health subsidy for the poor who are not accommodated in Jamkesmas scheme. The local government subsidy for health can be accessed by citizens who have SKTM, released by Social Dinas. The SKTM procedure that is not established yet, makes subsidy budget for 2010 that is Rp. 1,5 billion; had been vanished in 4 months.

RSUD Adjidarmo states in their strategic planning, that they have mission to provide health service to the poor. Most of service cost is financed by the APBD and by social health insurance scheme. RSUD revenue from insurance claim in 2009 is 19.654.530.885 (64,22% from total revenue). Cost covered by Jamkesmas and Jamkesda/ Subsidy from the Local Government in 2009 was Rp. 1.173.943.545. Cost covered by insurance for civil service patients, civil service retirement, and subsidy from the local government was Rp. 2.180.129.912. Government subsidy for neglected patients and for treating neglected body in 2007, 2008, 1nd 2009 were Rp. 35.606.551, Rp. 17.022.401, and Rp. 5.500.000. Government subsidy for the hospital services in 2007, 2008, and 2009 were Rp. 1.220.446.224, Rp. 725.398.232, and Rp. 342.915.783.

See Table A4.27-A4.31 at Appendix 4, for detail service financing data.

2.3.4. Service Coverage/ Service Performance

In 2006-2008, mother mortality incidence in Lebak District tends to reduced from 281,97 per life birth in 2006; to 264,98 per life birth in 2007; and to 246 per life birth in 2008. Causes of mother death is bleeding (15% in 2008), pre-eklamsia (10% in 2007 and 6% in 2008), and infection (14% in 2007 and 12% in 2008). In Lebak, high risk pregnant mother who then prefer to be treated at the hospital is 59,6 % in 2008 and 66% in 2007.

Infant mortality at Lebak, from 2006 – 2008 is reduced, from 45,58 per life birth in 2006; to 43,92 per life birth in 2007; and 42,27 per life birth in 2008. In 2008, there are 1,13% children who experience bad nutrition. It is reduced from 2007 that is 1,34%. But the percentage of children under 5, that having weight under sufficient nutrition line is 12,86 in 2008. Children under 5, with less nutrition in 2008 is 11,69%.

Water related diseases have relationship with women role. In most society, it is women who are responsible for proving water for their family. If women access bad water, the whole family faces risk to get water related diseases. In 2009, diare is the 8th most common disease at Lebak. Dangue Fever that relates to bad water surface management, is happened for 415 cases in 2007, and 310 cases in 2007.

Services for mother and children covers:

- Antenatal service (K4/ Kunjungan 4 Kali/ 4 times visit to health facility, during women pregnancy period)
- Partus
- Nifas
- Infant care
  - KN services (Kunjungan neonatus/ neonatus visit of infant 0-28 days.
  - Immunization for infant

The K-4 percentage at Lebak in 2008 is 85,22%; increased from 73,44 in 2007. About 60,91% women got Fe pill in 2008, decreased from 82,74% in 2007. The

KN1 and KN2 percentage in 2008 is 87,1% and 77,5%. In 2008, family planning service covers 158.797 productive women, increased from 137.680 women in 2007.

In 2008, the Lebak government just treated 27,66% of bad nutrition cases. They had treated all of infant that born under weight, and provide extra food to 53,16 infants who need complimentary food beside their mother breastmilk. Immunization for children coverage in 2008 ranges from 42,5% infants (aged 0-7 days) for HB; up to 95,2% children for polio 1. In 2007, examination on children growth covers 42,5%.

Women with maternity problems who visit the hospital to seek health care in 2009 is 4,46% from total visit. Children visit the hospital to seek health care in 2009 is 6,1%. The hospital recorded midwive abd pregnancy cases. In 2009 the hospital treated 1711 midwives and pregnancy cases, with dominant cases (15,25%) are infant birth with less that 2500 gram weight. Neonatal less than 7 days morbidity is 103 cases, or 6,02%. In 2009, some of deadly diseases at hospital were low birth weight among infants (rank 6), tetanus neonatorum (rank 10).

The hospital deliver service mainly to the poor. In 2009, there were 5.578 visit from the poor to emergency service and 6.272 visit to hospitalization treatment. The poors came to the hospital are not limited to Lebak citizens. There are 432 poor patient form outside Lebak who visit the emergency service (7,75% from total visitor among the poor). There are 19.359 poor patients from outside Lebak who seek health care to the hospital. There are 675 432 poor patient from outside Lebak who got hospitalization at the hospital (10,76% from total hospitalization patients).

In 2008, costomer's satisfaction to the hospital service is 70%. The other hospital performance can be seen from the table below:

Table 2.2.

Other Hospital Performances

NO.	INDICATOR			2007	2008
	INDICATOR STATEMENT	MEANING OF INDICATOR	IDEAL VALUE		
1	Patients leaving with dead/ alive			9.526/ 365 people	10.528/466
2	BOR (%)	Percentage bad occupation in certain period, that reflects degree of bed utilization.	60% - 80%	104	84
3	Av LOS	Average length of stay. Reflects efficiency degree, service quality	6-9 days	5	5
4	BTO	Bed Turn Over (in a year) Frequency of bed utilization. Reflects efficiency of bed utilization	40 – 50 times.	68 times	60 times
5	TOI	Turn over internal Average days, after being used to the next bed utilization	1-3 days	1 day	1 day
6	NDR	Neath Death Rate Death rate after 48 days being cared, for every 1000 patients who leave the	< 25/ 1000	28/ 1000	22/ 1000

		hospital			
7	GDR	Gross Death Rate General death numbers, for every 1000 patients who leave the hospital	< = 45	42/ 1000	35/ 1000

Section A5.3. in Appendix 5 shows data on health service performance.

2.3.5. Women Perception on Their Access to Health Service

The assessment explores women perception on their access to health service through FGD at Lebak District, on June 29 The FGD explores the participants and their neigbors eperience in accessing health service. The FGD enable exploration on the participant's neighbors to be done, because the FGD participants are health or PKK cadres from village level. They are women figures who have voluntary responsibility to make close relationship with their village dwellers, and works to improve their welfare. Results of the FGD are:

- Obstacle of women access toward health services are:

  - High cost to access, due to transportation cost to reach health facilities.

  - Many citizens still prefer to take birth by paraji assistance, rather than by medical worker assistance. It is because paraji service cost is cheaper, and the paraji gives oter personal service like massage or arrange traditional ritual related to the newborn infant and mother after the birth time period. Payment to the paraji service is also more flexible in number and in payment period arrangement. Women can pay in installment.

    Even in high risk pregnancy condition, some women insist to deliver the baby by paraji assistance.

- Many women still consume water from river. It makes the whole family members are vulnerable to water related diseases.

- Many women are not aware on nutrition need of their children

- Some poor women do not have Jamkesmas or SKTM, while the richer women have them. The health cadres are often have to manipulate the SKTM ownership, to help women can access health service (for example, make one women use the other SKTM card).

- Many women do not know about how to use Jamkesmas wisely:
  @ the importance to have population/ civil document, to have Jamkesmas through normal procedure/ not through manipulation process
  @ the importance of cooperation principle in Jamkesmas. Women do not know that social health insurance is not charity, but financial cooperation among the government, employer, and citizen ti finance health service. Full subsidy for social health insurance is eligible just for the poor. That moral hazard conducted by rich citizen to use social health insurance will destroy the health financing system.
  @ the importance to keep having community based financing system, especially in pregnancy and maternity cases, rather than fully depend on Jamkesmas and other charity.
  @ the importance to consider the service coverage in any social health insurance. To consider that the social insurance scheme has limited and certain service coverage, that will develop gradually along with the development of welfare rate of the citizens. To consider that the fulfillment of citizen's right on health will grow gradually along with the development of service coverage in the social insurance scheme. To consider that citizen can not demand uncovered health service, by conducted any moral hazard.

- Women perceive that the existing database on the poor and poverty is not good yet. With the existing poverty indicator, some poor people are not recorded as poor.

- Some women perceive that the local government health service for mother is good enough. Off-building service of the CHC, like midwive visit to mother who just delivering babies works regularly.

- Most of women in the FGD never participate in Musrenbang, to influence Health Dinas budget. Just few of them who participate in Village level Musrenbang. Their experience shows that in Musrenbang, men tends to state need on physical development, like road or irrigation development. Proposal on water, health, and education is usually raised by women. They do not know thir roles in Sub District Musrenbang, SKPD Forum, and District Musrenbang. They do not have idea that they can influence health policy, including the hospital policy.

- Most of women participant of FGD, access the hospital service by using Jamkesmas or SKTM. They feel so pleased, that then can access the service by free, so they feel that they have no right to complain to any service aspect of the hospital. Their complain is limited to issues:

  - Unfriendly attitude of the medical workers, especially the nurses
  - Long queue in registration locket
  - Schedule of expert doctors, that tend concentrated in certain day; that make patient also concentrated in certain days with the implication to long waiting time of service
  - Some patients are not able to read. Written information about health at the hospital is not enough. They need more assistance to understand the service procedure
  - Clearer complaint procedure

- In accessing hospital service, women in the FGD do not know about the hospital service standard; about service coverage and standard of Jamkesmas and other social health insurance; they do not know the hospital complaint procedure; they do not aware about the importance of consumers association for improving their access to health service at the hospital.

- Women expectation to health service:

- Clear information on service coverage –including medicine- in Jamkesmas scheme
- More friendly attitude of medical workers, especially the nurses
- Rational ratio of nurses to the number of patient
- The availability of satisfaction questionnaire, to be filled especially when the patient leaves the hospital after hospitalization treatment. Satisfaction measurement just in Customer Satisfaction Index scheme is not enough
- The increase of CHC with hospitalization facilities number, to make citizens get hospitalization service without coming to the hospital.

CHAPTER 3

CONCLUSION AND RECOMMENDATIONS

This chapter tries to make conclusion and recommendation to improve gender equality in accessing public services. All description in this chapter refers to Population and Civil Administration service at Serang District; Water service at PDAM Cilegon City; and health service at Lebak District.

3.1. Conclusion

3.1.1. Causes of Gender Inequality in Acessing Public Service

Gender inequality in accessing public service are caused by various problems, such are:

- Women face difficulty to fulfill conditions to access the service.

  Condition to have birth certificate for accessing birth certificate service, had hampered women access. Condition to have legal house ownership, had hampered the poor and women poor to access PDAM water connection. Condition to have KK (Kartu Keluarga/ family card) had hampered women who have no KK, due to unrecorded marriage, to access Jamkesmas (Jaminan Kesehatan Masyarakat/ Indonesia Social Health Insurance).

- Women have less access to other welfare aspects that links to the service.

  Usually, people are motivated to have birth certificate when they will enroll their children to school, or when they will access formal job opportunities. If parents prefer to enroll their boys to school than their girls; the boys will have

more access to birth certificate. If men access more formal job opportunity, they access more the population and civil administration services.

- Women have no financial resource to pay all related cost to the service.

  Cost to access KTP, KK, and birth certificate for infants 0-60 days is free. Cost to access birth certificate beyond 60 days is also cheap. But transportation cost to reach the provider office is often unaffordable. Service fee of PDAM is cheap, even cheaper than the fee from other provider. But cost of new water connection is often affordable for the poor. Health service is generally expensive. Transportation cost to reach the health providers is also often affordable. Some times, cost to maintain one patient is cheap, but become unaffordable to support the family of the patient that should take care of them at the site of service delivery location.

- Women are not recognized as important actors that are responsible to other family/ community members to access the service.

  Women are the most responsible actors to maintain welfare of the whole family member. If women do not encouraged to access birth certificate for their children, access to birth certificate will be low. If women do not encouraged to access piped clean water, the whole family may suffer from bad water quality. If health of the aged school children, the old ager, the difable is not recognized as potential burden to women; health service for mother will ignore service to children, old ager, and difable.

- Women have low awareness about the importance to access the service.

  Low awareness among women to get assistance from medical worker to delivering babies, make them do not access maternity health services. Low awareness among women to have legal marriage certificate, make them hardly can access the civil administration services. Low awareness among women to have safe water, and to manage water wisely, make them access unsafe water, and do not participate much in water management. Low awareness among women to empower their position as service consumers,

make they hardly can protect their right of being service consumers. Low awareness among women to participate in Musrenbang and other advocacy forums, make them can not influence service policy, and service institutional practices.

- Women and other vulnerable groups are not protected by active affirmative action

  Water service that does not explicitly obligate water provision to take affirmative action to serve the poor, make the poor women hardly can access piped water service. Law on population and civil administration service does not recognize women in certain condition that make them become vunerable groups. This potentially can hamper women access toward the service.

- Protection on women is not accommodated in MSS (minimum service standard) formulation.

  Procedure to access population and civil administration service had been clear, and transparently exposed to public. Procedure to enable women without legal marriage certificate to have birth certificate under the mother custody is also available. But absence of specific procedure to make women feel comfortable when making birth certificate under mother custody, had hampered them to access such services. The absence of explicit water flow time standard to protect women, make the piped water service often flow the water late after midnight and give extra burden to women in providing water for their family.

- Women protection is not accommodated in the service accountability system.

  In all services, women participation in service planning is still limited. Women access to service provider's accountability reports is still low. Women participation in monitoring and supervision mechanism upon the service is still limited. It makes the service can not be accountable in fulfilling women rights toward the services.

- Women protection is not accommodated in consumer's protection mechanism.

  In all service, women's understanding on service standard is low; consumer's complaint procedure is often institutionalized, and even such procedure is available, the consumers often do not aware on it; and the consumer's association in unavailable.

- Infrastructure limitation of service provider, hampers women access to the service.

  Lack of required infrastructure, had hampered PDAM commitment to broaden their service coverage. Lack of sufficient number of mobile car owned by Dukcapil Dinas, make the service limited in area and service type coverage. Women perception on health infrastructure limitation at CHC, make they prefer to access the hospital, by ignoring the referral system. It makes the hospital experience overload of service demand, that disturb the hospital service quality. The hospital still faces infrastructure limitation to provide special room for old ager and difable, that is mandated by the Law.

- Management limitation of service provider.

  Lack of sufficient human resource at Dukcapil mobile car, make the service limited to birth certificate service. Lack of permanent expert doctor at the hospital, creates health service problems. Water management at PDAM still faces high water leakage, that limited service to broader consumers. In all service, the service planning and monitoring do not supported by gender disaggregated data. The Public Work dinas still faces problem on maintaining the water infrastructure, after such infrastructure management is submitted to community. It threats the infrastructure sustainability in serving the poor women. The Health Dinas and hospital, still face referral system failure, that make health service inefficient. All service provider, still face problems in enclosing information to public, and make them understand such information for the user interest.

- Women access to service do not supported by planning and budgeting system.

  Banten district had developed GRB, but not well implemented yet in district/ city level. It makes programs to increase women access to public service is often ignored by the planning and budgeting system. Women participation in Musrenbang is also still low, that makes women needs on service are often accomodated in the planning documents.

3.1.1. Support and Barriers from Regulation

Existing supports from regulation are:

- Regulation framework on population and civil administration lighten condition to increase women access to the service. The regulation allows women without legal marriage certificate, to have birth certificate under the mother custody. The regulation facilitates all children to have free access to the birth certificate. The regulation makes cost of KK and KTP service free. The Law allows Dinas to establish service point at sub-district level, to make the service easier and cheaper to be accessed. The regulation obligates the local government to take affirmative action for vulnerable community groups.

- Regulation framework on water guarantee the fulfillment of citizen's right on water, through institutional and community based service. Regulation allows community to participate in service planning, monitoring and supervision. Regulation allows private and community participation in providing water, to increase citizen's access to water. Regulation provides guideline to measure provider's service performance, to strengthen accountability system. Regulation obligates the government to empower water provider, including empowerment for community providers.

- Regulation framework on health provides financing mechanism, that potential to solve financial problems to access health service: Social Health Insurance (SHI) scheme. In this scheme, the government and private sector can

participate in health financing, with the government guarantee the payment of SHI premium. Regulation obligates the central government to allocate 5% of the budget, outside salary. The province and district/ city government must allocate 10% of budget outside salary. Regulation also obligates the government and local government to prioritize their budget for public service especially that directed to the poor, old ager, and abandoned children. Regulation covers mother health, by considering women's responsibility to take care the health of their family. Regulation covers health service for mother (including reproduction health), women worker's health, infant, children under five, school age children, adolescence (including their reproduction health), old ager, and difable. Although regulation forbid abortion, but regulation allows it for women who are rape victim so having severe psychological trauma. Regulation provide service standard for all those services, and standard for service at the hospital. Regulation also involves civil society participation in health planning, implementation, monitoring, and supervision. Regulation also provides clear consumer's right and provide mediation up to court process to protect the consumer.

- Regulation framework on planning and budgeting provides procedure mechanism (including Musrenbang), program-activities-and their account codes. Regulation framework on gender mainstreaming does not regulate in operational level about how to formulate gender responsive programs and how to allocate gender responsive budget. One regulation initiative on GRB is the MoF Regulation 119/2009, that obligate ministry to formulate GRB in the ministry strategic and annual planning.

Existing barriers from regulation are:

- Regulation framework on population and civil administration stated that the service is directed to support other sectoral development, but the regulation does not explicitly stated related services, that must use the population/ civil administration service. The regulation obligates the government to take active action in protecting vulnerable groups, but does not recognize women –in certain condition- as vulnerable group. The regulation limits the free cost of

birth certificate for 0-60 days application. Beyond this limit, the applicant must thorough the court process. This time limitation hamper the service coverage, in time when citizen's awareness to access the service is low. The regulation frees women from one burdensome condition to access birth certificate: legal marriage certificate. The regulation provides transparent procedure, but there are no afformative procedures to make women without legal marriage certificate feel free in accessing the birth sertificate service.

- Regulation framework on water, obligates service provider –especially provider from institution- to fulfill cost recovery principle. For government providers, the regulation also obligates them to fulfill justice and social functions. Without explicit rule to prioritize the poor, such regulation is potential to make providers prefer to serve the rich than the poor. Regulation does not provide incentive to access safe water. Regulation provides water quality standard, but does not provide water management standard. Regulation control private and community water provider by using water standard, and license instrument; but does not control provider responsibility to serve the poor.

- Regulation framework on health do not provide operational rules on social health insurance. It makes for now, such social insurance still served by government assistance fund, that does not fulfill social insurance principles. In protecting reproduction right of women, regulation allows women as rape victim who suffer severe psychological trauma to access abortion service. This regulation will face challenge from religion and cultural aspects. Almost all supporting regulation that had been discussed above still need strong advocacy to make the regulation is adopted and implemented. The Ministry of Women Empowerment had been released guidance to develop gender disaggregated data, but it still needs improvement to make the data more comprehensive. There are also no effective sanction for district/ city that do not develop good gender disaggregated data.

3.1.2. Support and Bariers from Institutional Arrangement

Existing supports from service provider institutional arrangement are:

- Dukcapil Dinas had facilitated women without legal marriage document, to access birth certificate, including assisted women in court process. They introduce birth certificate under the mother custody. They assisten one TKI who get pregnant without husband after she returned to Indonesia. The woman is encouraged to have birth certificate for her child. The Dinas even advocate school and certain enterprise, to open non-discrimination access to education and to occupation for the holders of birth certificate under the mother custody. The Dinas reduce cost of service, by freeing cost of KK, KTP, and birth certificate in certain period. The Dinas also allow collective birth certificate application by paying cost for one service. The Dinas is building collective working group among Dinas, to cover all children birth certificate.

  The Dinas operated mobile service car, and optimize service at sub district, to make the service closer to public. The Dinas build SIAK network until the sub-district, to make the service more accessible. The Dinas cooperate with women organization and women figures (health and PKK cadres), to make them facilitators of service at village level. The Dinas provide those women with capacity building. The Dinas intensively build citizen's awareness on the service, through internal BINTEK (Bimbingan Teknis/ technical training) and by accessing other Dinas forums that involved citizens. The Dinas made advertisement that use women figure and arise women's motivation to access the services. The Dinas made their service procedures transparent and readable, by exposing them in the service sites. To maintain and increase their personnel motivation to deliver service, the Dinas gives them incentive by allowing them have distinctive uniform that give them good corps' spirit.

- PDAM at cilegon city had formulated master plan as basis for long term water development. They have ZAMP, that implementing intensive water quality monitoring, so the water in ZAMP could be drank directly. They had managed their financial aspect, so they got good recognition on this aspect. They make their consumers will informed about the water bill, by exposing it in the

website. The consumer can pay the bill easily, because PDAM had build billing payment point, cooperate with some parties.

Public work Dinas delivers service to "village"[1] areas, that are not served by PDAM. They had used Musrenbang results for their planning basis. They have mechanism to submit operational management of water infrastructure to community.

- RSUD Adjidarmo had commitment to serve the poor-including women poor-, that they state in their strategic planning. Their hospital classification is continuously improved, and now they have B class non-education hospital, that means they have improved health facilities, better human resource, and better service performance. They had implemented rule to not taking advance fee from emergency patient. They are flexible in giving their poor patient to access SKTM. They are able to cover medicine that actually not covered by Jamkesmas, by accessing local government subsidy mechanism. They build partnership with Jakarta eye Center, and become service reference for all Banten areas, for eye health care. To deliver more service to women, the hospital had have maternity room, for women who will give breastfeeding to their baby. They have hospital service standard, Hospital Information Management System, and have comprehensive report on midwives and maternity health care service. The hospital is starting to develop new revenue source. They have incinerator that can be used by other institutions by paying certain fee. But up to now, the incinerator is used by internal hospital.

  The Health Dinas had operated mobile medical workers and midwives, to make the service closer to the consumers. The Dinas have broad network with health cadres at village level. The cadres become health service facilitator. The Dinas gives them transportation cost as incentive for them. The Dinas have sanitarians who deliver consultation on water, sanitation, and healthy and clean habit to the citizens. The Dinas also have programs that empower community to take care of their collective health, including building community based financing schemes

[1] All areas in Cilegon City are kelurahan.

- Bappeda of Banten Province had formulated GRB, and trained it to Bappeda and Dinas at District/ City level. It create potential to develop GRB in District/ city level. All District/ City Bappeda

Existing barriers from service provider institutional arrangement are:

- Some of Dukcapil Dinas affirmative action to increase women access to population and civil administration service is good, are not institutionalized yet. Birth certificate under the mother custody is allowed by regulation, but there are no distinctive officers/ special unit to promote women without legal marriage certificate, to access civil administration service. The Dinas lobby to make other institutions like school, enterprise, and Jamkesmas to accept marriage certificate under the mother custody, is not institutionalized yet. Institutions that had used data from Dukcapil dinas is limited to KPUD and Jamkesmas. Dinas partnership with women figures are not institutionalized yet. Inter sectoral partnership to promote birth certificate for all children is still in initial stage, and need strong further advocacy. The Dinas also have no institutionalized mechanism, to establish volunteer groups, that work to help vulnerable group in accessing the service. The Dinas still need more cheap but innovative strategy to maintain/increase their personnel motivation to deliver good service. The dinas also have no systematic and comprehensive gender disaggregated data that show women and men access to the service.

- Service procedure at PDAM is not explicitly committed to serve the poor, especially women poor. As local owned enterprise, they have limited subsidy possibilities, to increase the poor access. Obligation to fulfill cost recovery, or even demand to create profit for contributing to PAD make service for the poor become harder to be implemented. PDAM's fee of service is charged through political process. It makes the fee can not fulfill the full cost recovery principle, and in the same time also do not supported by government subsidy to enable PDAM also serve the poor. PDAM had not developed gender analysis in their service planning. They do not have gender aggregated data that show women and men access to the service.

PDAM still have problem in reducing water leakage, in reducing payment arrears, in developing more accessible complaint procedure, and in accommodating consumer participation in the service planning, monitoring, and supervision. PDAM's good and intensive monitoring mechanism upon the water quality is still limited in ZAMP areas. They also had not developed strong consumer groups.

Public work Dinas still have limited budget to build water infrastructure. They do not have budget to maintain the built water infrastructure. They also have no institutionalized mechanism to promote people participation in their development planning, implementation, monitoring, and supervision. The dinas also have no systematic and comprehensive gender disaggregated data that show women and men access to the service.

- RSUD Adjidarmo's financing is heavily depend on the government subsidy and claim to various social health insurance. They are starting to develop new revenue source: incenerator that can be used by other institutions for certain fee. But up to now, the incinerator is still used by internal hospital. The hospital complain's procedure is not recognized and used optimally by their consumers. Consumer representative is still not accommodated in the hospital supervisory board. The hospital also has limited resource to recruit expert medical worker. This limitation make the hospital difficult to deliver expert medical workers service every day, or in good time arrangement. The hospital has limited mechanism to prevent moral hazard in SKTM and Jamkesmas usage. Hospital advisory service to CHC can not be implemented, due to the limited budget. The hospital also has no systematic and comprehensive gender disaggregated data that show women and men access to the service.

- The Health Dinas have broad network of women volunteer, that be health development facilitator at village. But this volunteer network had not developed advocacy power to influence health policy and budget at district level. The Dinas limited mechanism to prevent moral hazard in SKTM and

Jamkesmas usage. The Dinas still needs more innovative strategy to increase women's awareness to take care on mother, children, adolescence, old ager, and difable health. The dinas had recorded women and children health status, but still miss gender disaggregated data in some health aspect, like disease pattern, visit pattern to health facility, etc.

- Bappeda of Banten Province had formulated GRB, and trained it to Bappeda and Dinas at District/ City level. But Dinas at District/ City level do not implemented the GRB yet. Besides, even at province level, the province government still depend on external expert in conducting analysis to formulate GRB. The province Bappeda is also have limited gender disaggregated data.

3.2. Recommendation

To increase gender equality in accessing public service, these following action are recommended to be conducted:

- Policy advocacy is needed in these areas:

  - Regulation framework on population and civil administration should be advocated to: 1) explicitly obligated other related service/ institution to use the population/ civil document, 2) provide sound incentive and sanction for citizen who access/ do not access the service, provide dispensation policy to make citizen with low awareness to keep access the service outside the court process, 3) provide rational subsidy for poor people in accessing all population/ civil administration service, by considering unit cost of service 4) eliminate procedure that make the service become more complicated and more costly (example: procedure to make the KK and KTP should be signed by the Head of Dinas), 5) explicitly recognize certain condition of women that make them as vulnerable group, and provide affirmative procedure to solve those vulnerability of

women, 6) integrating gender responsiveness into MSS, and obligating the formulation of clear planning and budgeting in reaching those MSS, 7) provide citizen mechanism to participate in the service planning, implementation, and monitoring, 8) obligate the development of gender disaggregated data related to the service.

- Regulation framework on water should be advocated to: 1) eliminate conditions that hamper the poor and women poor to access water, 3) obligate the government to develop subsidy and other financing mechanism to make PDAM can serve the poor, 4) develop water management standard that will hinder PDAM from inefficient management, and to guarantee PDAM independency from other irrelevant interest, 5) guarantee that before success deliver service to the poor, PDAM is not obligated to contribute to the government revenue, 6) provide financial management that make PDAM can use the service fee for the service improvement, service coverage increasing especially to the poor and poor women, 7) provide citizen mechanism to participate in the service planning, implementation, and monitoring, 7) provide water consumer protection, including the establishment facilitation and institutional empowerment to the consumer's group, 8) PDAM role in empowering community based water provider, 8) integrating gender responsiveness into MSS, and obligating the formulation of clear planning and budgeting in reaching those MSS, 9) obligate the development of gender disaggregated data related to the service.

- Regulation framework on health should be advocated to: 1) to explicitly covers women health and the poor access to the health service; 2) to make public hospital have clear tax incentive, that enable them to serve the poor, 3) to protect the health provider from moral hazard of any social health insurance usage, 4) obligate the government to develop subsidy and other financing mechanism to make hospital and Dinas can serve the poor, 5) provide citizen mechanism to participate in the service planning, implementation, and monitoring, 6) provide water consumer protection, including the establishment facilitation and institutional empowerment to the consumer's group, 7) provide incentive and sanction to the

implementation of hospital assistance role toward CHC, 8) integrating gender responsiveness into MSS, and obligating the formulation of clear planning and budgeting in reaching those MSS, 9) obligate the development of gender disaggregated data related to the service.

- Regulation framework on planning and budgeting should be advocated to: 1) provide affirmative action to increase women participation in Musrenbang, 2) obligate the government to provide gender disaggregated data as basis for planning and budgeting, 3) provide planning and budgeting documents (like RPJMD and RKPD draft) in Musrenbang, that had been integrated gender analysis, 4) integrating gender responsiveness into MSS, and obligating the formulation of clear planning and budgeting in reaching those MSS, 5) obligate the government to develop institutionalized mechanism to empower women delegation who are citizen representative in Musrenbang.

❑ Public service institutional improvement is needed in these areas:

- The Dukcapil Dinas needs to: 1) establish special unit/ special officer that will handle affirmative service to women who are in vulnerable condition, that make them uncomfortable to access the population/ civil administration service; 2) establish institutionalized bridging service, to link women to other services that have direct link to population/ civil administration service; 3) establish institutionalized partnership with other related sectors that having network to citizens at village level, 4) establish incentive system for the establishment of volunteer groups, that work to help vulnerable group in accessing the service; 5) formulate more cheap but innovative strategy to maintain/increase their personnel motivation to deliver good service; 6) develop gender disaggregated data, related to the service; 7) integrating gender responsiveness into MSS, and obligating the formulation of clear planning and budgeting in reaching those MSS; 8) Formulate planning and budgeting policy in the framework of GRB.

- PDAM needs to: 1) develop affirmative procedures and financing alternatives to serve the poor, 2) develop system to reduce water leakage,

including optimize citizen participation in supervising water facilities condition at their dwelling neighborhood, 3) develop more effective system to reduce payment arrears, including cooperation with community based organization to collect the fee payment, 4) increase the area coverage of ZAMP, 5) develop institutionalized partnership mechanism with Public Work and Health Dinas, in providing water service; 7) refine partnership mechanism with private water providers 8) develop system to encourage citizen access to the PDAM complaint system, 9) develop mechanism to accommodate consumer/ citizen participation in the service planning, implementation, monitoring, and supervision; 10) develop mechanism to facilitate the establishment and the empowerment of consumer groups; 11) integrating gender responsiveness into MSS, and obligating the formulation of clear planning and budgeting in reaching those MSS; 12) Formulate planning and budgeting policy in the framework of GRB.

- RSUD Adjidarmo needs: 1) optimize the usage of incinerator by other institution for fee, and develop other revenue potential; 2) socialize and optimize the consumer access toward the hospital complaint system; 3) develop expert medical worker provision plan; 4) contributing to the social health insurance institution, in monitoring and reducing moral hazard of SKTM and the SHI usage; 4) develop mechanism to accommodate consumer/ citizen participation in the service planning, implementation, monitoring, and supervision (including encouraging citizen representative in the hospital supervisory board); 5) develop mechanism to facilitate the establishment and the empowerment of consumer groups; 6) develop gender disaggregated data, related to the service; 7) integrating gender responsiveness into MSS, and obligating the formulation of clear planning and budgeting in reaching those MSS; 8) Formulate planning and budgeting policy in the framework of GRB.

APPENDIX 1

Data Variables and Indicators
Related to the Assessment Questions

Note:
All public services in the table will especially refers to health, water, and population administration services.

NO.	VARIABLES	INDICATORS	ANSWER TO THE ASSESSMENT QUESTIONS
1.	Access degree of women toward public services	Number of men and women accessing public services,	Explain comparison of men and women access degree toward public service.
		Number of public services available to serve men and women	
		Number of public service HRD available to serve men and women	
2.	Regulation and legal framework that influence women access to public services	Regulation and legal framework on goals, principles, and management of service provision	Explain how policy-legal framework, and-regulation, and planning- budgeting system at LG working unit guarantee: ❑ the equal access of men and women toward public service ❑ the equal access of men and women to participate in public service policy formulation and implementation.
		Regulation and legal framework on planning and budgeting	
3.	Service provision mechanisms at LG level	Effectiveness to mainstream gender equality in service: • planning • implementation	Explain how Service provision mechanisms at LG working unit guarantee: ❑ the equal access of men and women toward public service ❑ the equal access of men and women to

NO.	VARIABLES	INDICATORS	ANSWER TO THE ASSESSMENT QUESTIONS
		• monitoring and evaluation	participate in public service policy formulation and implementation.
		Mechanisms to accommodate men and women participation in service: • planning • implementation • monitoring and evaluation	
4.	Service provision mechanisms at provider level	Effectiveness to mainstream gender equality in: • planning • implementation • monitoring and evaluation	Explain how Service provision mechanisms at service provider unit guarantee: ❑ the equal access of men and women toward public service ❑ the equal access of men and women to participate in public service policy formulation and implementation.
		Equality of men and women access to participate in: • planning • implementation • monitoring and evaluation	
5.	Women perception on public services and their access to the services	Perception on quality and sufficiency of the service they accept	Explain how women perceive: ❑ Their access to public service ❑ Their participation in influencing service policy and practice
		Reason they have for accessing certain services	
		Barriers and opportunities they face in accessing services	
		Existing women	

NO.	VARIABLES	INDICATORS	ANSWER TO THE ASSESSMENT QUESTIONS
		participation in public service and planning-budgeting policy formulation	
		Existing women participation in public service provision	
		Barriers and opportunities they face in influencing public service and planning-budgeting policy formulation	
		Barriers and opportunities they face in influencing public service provision	

APPENDIX 2

GEOGRAPHICAL, POPULATION STRUCTURE, SOCIAL AND ECONOMIC BACKGROUND OF THE ASSESSMENT SITES

A.1. Serang District

Population

Table A2.1.

POPULATION STRUCTURE BY AGE AND GENDER, AT SERANG DISTRICT, IN 2008

AGE CATEGORY	POPULATION NUMBER					
	MALE		FEMALE		TOTAL	
	NUMBER	% TO TOTAL MALE POPULATION	NUMBER	% TO TOTAL FEMALE POPULATION	NUMBER	% TO TOTAL TOTAL POPULATION
0-4	63.700	4,81	59.653	8,80	123.353	9,25
05-Sep	66.022	4,98	76.199	11,24	142.221	10,67
Okt-14	91.208	6,88	80.197	11,83	171.405	12,86
Total number of children population	220.930	16,67	216.049	31,87	436.979	32,78
15-19	85.142	6,42	74.446	10,98	159.587	11,97
20-24	62.313	4,70	51.699	7,63	114.012	8,55
25-29	53.042	4,00	51.684	7,63	104.725	7,86
30-34	50.183	3,79	48.275	7,12	98.458	7,39
35-39	49.839	3,76	52.609	7,76	102.447	7,69
40-44	43.358	3,27	46.693	6,89	90.051	6,76
45-49	32.169	2,43	34.182	5,04	66.352	4,98

50-54	30.585	2,31	30.585	4,51	55.968	4,20
55-59	20.021	1,51	20.021	2,95	37.277	2,80
Total number of productive population	426.652	32,19	410.194	60,52	828.877	62,19
60-64	13.619	1,03	13.619	2,01	27.276	2,05
65 +	16.617	1,25	16.617	2,45	39.780	2,98
TOTAL	1.325.400	100,00	677.816	100,00	1.332.914	100,00

Table A2.2.
POPULATION GROWTH RATE BY GENDER AT SERANG DISTRICT IN 2000 AND 2007

YEAR	MALE POPULATION		FEMALE POPULATION		TOTAL POPULATION	
	NUMBER	GROWTH RATE	NUMBER	GROWTH RATE	NUMBER	GROWTH RATE
2000	828.455		824.308		1.652.763	4,92
2007	920.439		888.025		1.808.464	1,29

1.3. Religion

Table A2.3.
Religion Holder at Serang District, in 2008

RELIGION	NUMBER OF HOLDER	PERCENTAGE OF TOTAL RELIGION HOLDER
Islam	1.382.853	99,65
Catholic	656	0,05
Protestant	3.706	0,27
Hindu	283	0,02

Buddha	154	0,01
Others		
TOTAL	1.387.652	100

1.4. Social and Economic Condition

Table A2.4.
Population Based On Occupation
2007

NO.	OCCUPATION	NUMBER	% FROM TOTAL POPULATION
1	Civil service worker	24.222	7,34
2	Private worker	100.155	30,33
3	Entrepreneur	265.644	80,44
4	Army	720	0,22
5	BUMN workers	4.516	1,37
6	Farmer	69.022	20,90
7	Fishermen	4.978	1,51
8	Labor	111.189	33,67
9	Retired person	6500	1,97
10	House wife	397.469	120,36

Source: Population Profile 2007, Population and Civil Administration Working Unit.
The Population profile identify the total population in 2007 was 1.978.001.

Table A2.5.
Number of Household by Well Being Status at Serang District, in 2008

WELL BEING CATEGORY	NUMBER OF HOUSEHOLD	% FROM TOTAL HOUSEHOLD
Prasejahtera (Pre-well being)	91.731	27,78
Sejahtera 1 (Well being	77.606	23,50

WELL BEING CATEGORY	NUMBER OF HOUSEHOLD	% FROM TOTAL HOUSEHOLD
1)		
Sejahtera 2 (Well being 2)	92.440	27,99
Sejahtera 3 (Well being 3)	56.679	17,16
Sejahtera 3+ (Well being 3+)	11.765	3,56
TOTAL HOUSEHOLD/ FAMILY	330.221	

Table A2.6

Number of Vulnerable Population at Serang District, in 2008

VULNERABLE TYPE	NUMBER	% FROM TOTAL POPULATION*)
Neglected children	6.513	0,49
Old ager/ decrepit	9.226	0,69
Handicapped person	4.815	0,36
Loiterer and beggar	914	0,07
Poor and miserable	92.418	6,93

*) Total population : 1.332.914

Table A2.7.

HDI Component in Serang District, in 2007 and 2008

HDI COMPONENTS	2007	2008*)
Life expectancy index	62.1	62.8
Education index	79.2	79.8
Purchasing power index	61.0	61.5

HDI/ IPM	67.5	68.0

***)** temporary score

A2.2. Cilegon City

Population

Table A2.8.

POPULATION STRUCTURE BY AGE AND GENDER, AT CILEGON CITY, IN 2008

AGE CATEGORY	POPULATION NUMBER					
	MALE		FEMALE		TOTAL	
	NUMBER	% TO TOTAL MALE POPULATION	NUMBER	% TO TOTAL FEMALE POPULATION	NUMBER	% TO TOTAL TOTAL POPULATION
0-4	15.422	8,82	15.422	9,01	35.799	10,34
05-Sep	16.968	9,70	16968	9,92	32.649	9,43
Okt-14	18.001	10,29	18001	10,52	35.131	10,15
Total number of children population	50.391	28,80	50.391	29,45	103.579	29,93
15-19	16.728	9,56	16.728	9,78	32.285	9,33
20-24	16.323	9,33	16.323	9,54	36.588	10,57
25-29	21.096	12,06	16.285	9,52	37.381	10,80
30-34	15.751	9,00	16.400	9,58	32.151	9,29
35-39	14.863	8,50	14.310	8,36	29.173	8,43
40-44	11.235	6,42	12.066	7,05	23.301	6,73
45-49	9.176	5,24	23.301	13,62	17.806	5,15
50-54	6.791	3,88	4.990	2,92	11.781	3,40
55-59	4.975	2,84	3.030	1,77	8.005	2,31
Total number of productive population	116.938	66,84	123.433	72,14	228.471	66,02
60-64	2.275	1,30	2.453	1,43	4.728	1,37
65 +	3.012	1,72	3.809	2,23	6.821	1,97

TOTAL	174.951	100,00	171.108	100,00	346.059	100,00

Religion

Table A2.9.

Religion Holder at Cilegon City, in 2008

RELIGION	NUMBER OF HOLDER	PERCENTAGE OF TOTAL RELIGION HOLDER
Islam		97,68
Catholic		1,48
Protestant		0,44
Hindu		0,32
Buddha		0,06
Others		0,02
TOTAL	346.059	100

Social-Economic Condition

Table A2.10.

Number of Vulnerable Population at Cilegon City, in 2008

VULNERABLE TYPE	NUMBER	% FROM TOTAL POPULATION*)
Neglected children	900	
Old ager/ decrepit	Not available (n.a.)	
Handicapped person	1.281	
Loiterer and beggar	482	
Poor and miserable	Not available (n.a.)	

*) Total population : 346.059

A2.3. Lebak District

Population

Table A2.11

POPULATION STRUCTURE BY AGE AND GENDER, AT LEBAK DISTRICT, IN 2008

AGE CATEGORY	POPULATION NUMBER					
	MALE		FEMALE		TOTAL	
	NUMBER	% TO TOTAL MALE POPULATION	NUMBER	% TO TOTAL FEMALE POPULATION	NUMBER	% TO TOTAL TOTAL POPULATION
0-4	63.930	10,18	62.086	10,24	126.016	10,21
05-Sep	7.308	1,16	70.131	11,56	142.439	11,54
Okt-14	79.339	12,64	72.408	11,94	151.747	12,29
Total number of children population	150.577	23,98	204.625	33,73	420.202	34,04
15-19	65.169	10,38	48.794	8,04	113.963	9,23
20-24	46.003	7,33	45.891	7,57	91.849	7,44
25-29	47.067	7,50	49.303	8,13	96.370	7,81
30-34	35.343	5,63	40.205	6,63	75.548	6,12
35-39	50.534	8,05	52.205	8,61	102.739	8,32
40-44	37.567	5,98	42.218	6,96	79.794	6,46
45-49	40.321	6,42	33.056	5,45	73.377	5,94
50-54	29.925	4,77	23.172	3,82	53.097	4,30
55-59	17.755	2,83	17.644	2,91	35.399	2,87
Total number of productive population	369.684	58,88	352.488	58,11	722.136	58,50
60-64	14.628	2,33	15.074	2,49	29.702	2,41

65 – 69	10.945	1,74	16.363	2,70	27.308	2,21
70 – 74	10.666	1,70	11.279	1,86	21.945	1,78
75+	6.366	1,01	6.755	1,11	13.121	1,06
TOTAL	627.875	100,00	606.584	100,00	1.234.459	100,00

Religion

Table A2.12.

Religion Holder at Lebak District, in 2007

RELIGION	NUMBER OF HOLDER	PERCENTAGE OF TOTAL RELIGION HOLDER
Islam	1.203.401	97,48 %
Catholic	1.022	0,08 %
Protestant	1.210	0,10 %
Hindu	108	0,01 %
Buddha	1.555	0,13 %
Konghuvu	42	0,0003 %
Other	11.695	0,95 %
TOTAL	1.234.459	100,00

Economic

Table A2.13

Population Based on Job

2006-2007

NO.	OCCUPATION	2006		2007	
1	Farmer	195.354	42,04 %	186.634	41,64 %
2	Labor in agriculture sector	110.008	23,67 %	101.379	22,62 %
3	Fishermen	8.781	1,89 %	6.695	1,49 %
4	Labor in fishery sector	2.762	0,59 %	1.236	0,28 %

NO.	OCCUPATION	2006		2007	
5	Civil service	16.015	3,45 %	13.617	3,04 %
6	Industry worker	20.177	4,34 %	21.614	4,82 %
7	Trader	37.667	8,11 %	39.058	8,71 %
8	Others	73.925	15,91 %	78.002	17,40 %
	TOTAL	464.699	100,00	448.235	100,00

BPS, 2008

Table A2.14

Number of TKI (Indonesian Work Force)

2006-2007

NO.	YEAR	Number of TKI (Indonesian Work Force)				
		Male		Female		Total
1	2006	1.946	37,84 %	3.197	62,16 %	5.143
2	2007	2.370	42,08 %	3.262	57,92 %	5.632
3	2008	2.389	42,42 %	3.243	57,58 %	5.632

BPS, 2008

Table A2.15

Welfare Condition Among Households

Lebak District, 2009

NO.	WELFARE CATEGORY	HOUSEHOLD NUMBER	%
1	Pre-well being family	80.028	24,67
2	Well-being 1 family	91.162	28,10
3	Well-being 2 family	103.525	31,91
4	Well-being 3 family	41.363	12,75
5	Well-being 3+ family	8.333	2,57
	TOTAL	324.411	100

APPENDIX 3

REGULATION FRAMEWORK ON PUBLIC SERVICES

Table A3.1.
Regulation Framework on
Population and Civil Administration Service

REGULATION	SUBSTANCE	SECTION
Law 23/2006	Citizen's Right related to pupulation adminisration	2
	Definition and coverage of population administration service	1
	Principle of population administration service	3
	Inter governmental level coordination in population administration service	7
	Population administration service directs to single identity recording	13 (3)
	Birth certificateprocedure for citizen that exceed than 60 days - 1 year since the birth day	32 (1) and (2)
	Protection over vulnerable groups in population administration service	25 (1); 26 (1); 57 (1)
	Protection to children in population administration service	1, 5, 27, 28
GR 37/2007	Implementor agency of population administration affair	2, 27, 30
	Service Standardization	4 (1); 4 (2); 7
President Regulation 25/2008	Procedure of KK (Family Card)	13 (2), (3), (4)
	Procedure of KTP (Citizen Identity Card)	17 (2), (3), (4)
	Procedure of birth certificate	52 (1),

<table>
<tr><th>REGULATION</th><th>SUBSTANCE</th><th>SECTION</th></tr>
<tr><td></td><td></td><td>(2), (4)
53</td></tr>
<tr><td>Bupati Regulation 20/2010</td><td>Acknowledgement to government obligation to deliver population and civil service to all citizen</td><td>2</td></tr>
<tr><td></td><td>Prosedure to access birth certificate</td><td>4 (1)</td></tr>
<tr><td></td><td>Prosedure to access birth certificate for applicants who have no marriage certificate</td><td>4 (2)</td></tr>
<tr><td></td><td>Active assistance to disable groups</td><td>29, 30</td></tr>
<tr><td>Bupati Regulation 21/2010</td><td>Acknowledgement to government obligation to deliver population and civil service to all citizen</td><td>2</td></tr>
<tr><td></td><td>Obligation of citizen to report their citizenship status</td><td>11, 16, 17</td></tr>
<tr><td></td><td>Active assistance to vulnerable groups</td><td>47, 48, 49, 50 (1)-(2),</td></tr>
<tr><td>Bupati Regulation 20/2010</td><td>Strategic planning to make all children have Birth Certificate
<table><tr><td>Vision</td><td>All birth of children at Serang District is recorded in 2011</td></tr><tr><td>Mission and activities</td><td>❑ The establishment of birth recorder team, among varous agencies
❑ HRD capacity building
❑ Assistance to freeing birth certificate cost for the poor families
❑ Awareness raising among citizens, to have birth certificate
❑ Building innovative service programs</td></tr><tr><td>Renstra implementer organization</td><td>Director: Regent
Chairman: Regional Secretary
Members:</td></tr></table></td><td></td></tr>
</table>

REGULATION	SUBSTANCE		SECTION
	(Control)	1. Asisten Bidang Pemerintahan 2. Kepala Bappeda 3. Panitera sekretaris Pengadilan Negeri Serang 4. Ketua Pengadilan Agama 5. Kepala Kantor Kementrian Agama 6. Kepala Dinas Kesehatan 7. Kepala Dinas Sosial 8. Kepala BKBPP 9. Kepala BPS 10. Kepala Dinas Pendidikan	
	Renstra implementer organization (operational)	Chairman: Head of Population and Civil Administration Service Secretary: Head of Civil Administration Section Members: 1. Kabid Perencanaan Pembangunan Sosbud dan pemerintahan Bappeda 2. Panitera muda perdata pada Pengadilan Negeri Serang 3. Hakim Pengadilan Agama Serang 4. Secretary BKBPP 5. Kabid Kesga dinkes 6. Kabid rehabilitasi kesejahteraan sosial Dinsos 7. Kabid pembinaan pendidikan non formal dan informal Disdik 8. Kepala seksi statistik sosia BPS 9. Kepala seksis Urais pada Kantor Kementrian Agama 10. Ketua Tim Penggerak PKK	

Table A3.2.

Regulation Framework on Clean Water Service

REGULATION	SUBSTANCE	SECTION
Law 7/ 2004 on Natural Resource	Citizen's right on water	5
	Principle on water management	Consideration
		Consideration
	Definition and coverage of natural resource management	1
	Purpose of water management	26
	Water Providers	11
	Financing of water management	77
	Empowerment to water setakeholder	70
	Control on water management	75
Government Regulation 16 / 2005 on Development of Drinking Water Provision System	Piped and non-piped of drinking water system	5 (1)
	Government role in providing water	37 (1)
	BUMN and BUMD as water provider	37 (2), (3)
	Water provision by the government outside BUMN/ BUMD	37 (4)
	Service Standard	6 (1)
	Role of the central Government	38
	Role of Province Government	39
	Role of District/ City Government	40
	Role of Village Government	41
	Financing coverage	57 (1)
	Financing sources	57 (2)
	Government role in financing	58 (1)
	Tariff of service	60 (1), (2)
	Accountability mechanism	63

REGULATION	SUBSTANCE	SECTION
	Water consumer's right	67 (1)
	Water consumer's obligation	67 (2)
MoHA Decree on Guidance to Measure PDAM Performance	Supervisory Board	2 (1), (2)
	Performance aspects to be evaluated	2 (3)
	Performance measurement technique	2 (2), (5)
	Interpretation of the measurement result	2 (1)
	Bonus for PDAM, related to the measurement result	2 (4)
Mayor Decree 1/ 2008 on Organization and Management of PDAM	Legal body of PDAM	2 (1)
	Structure organization of PDAM and it's function	2 (2), 5,
	Main Duty of PDAM	3
	Accountability mechanism: Supervisory Board and responsibility mecahnism	6
	Service units	38 (1), (2), (3)
	Financial management	40 (1), (2), (3), (4)
Mayor Regulation 48/2000 on PDAM Consumer Categorization	First Category of PDAM consumers	2-4
	Second Category of PDAM consumers	
	Third Category of PDAM consumers	
	Special Category of PDAM consumers	
	Indicator to categorize PDAM consumers	5

Table A3.3.

Regulation Framework on Health Service

REGULATION	SUBSTANCE	SECTION
Law 36/2009 on Health	Principle of health development	2
	Goal of health development	3
	Citizen right to health	4 - 8
	Citizen responsibility on health	9-13
	Government obligation	14 (1), (2); 15-20
	Role of medical worker	23 (1), (3), (4)
	Capacity building of medical workers	25 (1), (2)
	Medical worker recruitment and placement	26
	Right and obligation of medical workers	27 (1), (2)
	Code of conduct among medical worker	24 (1), (2), (3); 51 (2)
	Health service quality standard	55 (1), (2)
	Conflict resolution	29
	Types of health facility	30 (1), (2)
	Decision on amount and type of health facilities that will be provided	35 (2),(3),(4),(5)
	Health service providers	30 (3)
	Precondition to be health providers	30 (4); 35 (1)
	Service obligation of health provider	54 (1),(2)
	Approach of activities in health service	47
	Activities in health service	48
	Types of health service	52
	Purpose of each type of health service	53
	Fee of emergency service	32
	Supervision to health provider	54 (3)

REGULATION	SUBSTANCE	SECTION
	Health consumer right	56
	Right to get protection on secret health	57
	Right to get compensation	58 (1) – (3)
	Coverage of reproduction health	71 (2), (3)
	Citizen's rights related to reproduction health	72
	Government's obligation related to reproduction health	73
	Norms for reproduction health service	74 (1)-(3)
	Abortion	75 (1), (2), (4) ; 76
	Government's obligation related to abortion problems	77
	Implementation of family planning	78 (1)-(3)
	School Health	79 (1)-(3)
	The government obligation on health in natural disaster	82 (1),(2)
	Health financing in natural disaster	82 (4), (5)
	Health facility in natural disaster	85
	Mother health	126 (1)-(4)
	Infant and breast feeding	128-129
	Immunization for infant and children	130
	Health of infant and mother	131
	Obligation on child rearing	132, (1),(2)
	Water immunization	132 (3), (4)
	Protection of infant and children	133
	Standardization on infant and children health	134
	Government obligation On children development	135
	Health care for adolescence	136
	Government obligation on adolescence health	137
	Helath of old ager	138
	Health of difable	139
	Nutrion for vulnerable groups	142 (1)
	Standard of nutrition sufficiency	142, (2),(3)
	Coverage of occupational health	164, (1)- (4)
	Standard of occupational health	164, (5)-(7);

REGULATION	SUBSTANCE	SECTION
		166
	National health system	167
	Health information	168, 169
	Health financing	170
	Government budget for health	171-173
	Public participation	174
	Advisory Health Body	175-177
	Guidance and capacity building	178-180
	Supervision	182-188
	Criminal sanction	190-201
Law 44/2009 on Hospital	Principle of hospital service	2
	Goal of hospital service	3
	Role of hospital	4
	Function of hospital	5
	Government responsibility on hospital development	6
	Preconditions of the hospital	7, 12, 13
	License of hospital	17, 25, 26, 27, 28,
	Classification and type of the hospital	18-24; 47
	Obligation of the hospital	29
	Right of the hospital	30 (1)-(3)
	Right of the hospital's patients	31-32
	Hospital management	33-37
	Medical secret	38
	Audit in the hospital	39
	Hospital accreditation	40
	Patient safety	43
	Law protection to the hospital	44-46
	Hospital financing	48
	Hospital tariff	49-51
	Hospital revenue management	51
	Recording and reporting of hospital activities	52 -53
	Guidance and supervision	54, 55
	Hospital Supervisory Board	56-61

REGULATION	SUBSTANCE	SECTION
	Criminal sanction	62-63
Perda 10/2008 on the establishment, organization, and management of RSUD Adji Darmo, Lebak District	Role and function of RSUD	62
	Organization structure ❑ Director as RSUD leader ❑ Structural and functional organization units ❑ RSUD's committee ❑ Internal supervisory unit	 3 (2) 62 62 (7), 59, 60 62 (8), 61
	Accountability ❑ Internal supervisory unit ❑ Personnel Advisory Team and Management Communication Forum	3 (3) 62 (8), 61 61
	Health service installation	32
Perda 7/2009 on Service Procedures and Tariffs at RSUD Adji Darmo, Lebak District	Rationale of tariff	Consideration, Section 3, Section 69 (4)
	Category of RSUD tariff	70
	Norms for formulating tariff ❑ Tariff must consider the government financial capacity and social economic condition of the citizen ❑ Tariff must consider the service unit cost calculation ❑ Tariff setting is to make the RSUD can guarantee the service operation and the fulfillment of service quality requirement. But the service must not create profit.	 4, 72 1 (17), 9 8
	Services that are charged	53
	Tariff payment to the regional cash office	77
	Cooperation with the financing insurance institution	83-88
	Financial management	89, 94, 95
	Obligation to formulate strategic planning	2
	Obligation to give capacity building to CHC	7, 96, 97

REGULATION	SUBSTANCE	SECTION
	Rights of RSUD and the medical workers	10, 12
	Obligations of RSUD and the medical workers	11, 13
	Rights of RSUD patients	14-29
	Obligation of RSUP patients	30-34
	Affirmative service for the poor and neglected people	38 (e), 41 (d), 43, 46,

APPENDIX 4

BUDGET ALLOCATION DATA

A4.1. Budget Allocation for Supporting Population and Civil Service at Serang District

Table A4.1.
Budget for Population and Civil Administration Affair

Year	Affairs	Implementing Agency	Revenue	Expenditure		
				Indirect	Direct	Total
2010	Population and civil administration	Disdukcapil	758.900.000	1.873.273.201	2.786.550.000	4.659.823.201
		BKBPP	0	0	165.000.000	165.000.000
		Sub-District	0	0	27.011.100	27.011.100
		TOTAL	758.900.000	1.873.273.201	2.978.561.100	4.851.834.301
2009	Population and civil administration	Disdukcapil	605.050.000	1.780.365.182	2.415.650.956	4.196.016.138
		BKBPP	0	0	151.630.000	151.630.000
		Kecamatan	0	0	3.000.000	3.000.000
		TOTAL	605.050.000	1.780.365.182	2.570.280.956	4.350.646.138

Table A4.2.
Budget Share of In Charge SKPD for Managing Population and Civil Administration Affair

Institution	Affair	Revenue	Expenditure		
			Indirect	Direct	Sum
2010					
Disdukcapil	Population and civil administration	758.900.000	1.87.273.201	2.786.550.000	4.659.823.201
	TOTAL	758.900.000	1.87.273.201	2.786.550.000	4.659.823.201

	DISDUKCAPIL				

BKBPP	Health	0	0	66.000.000	66.000.000
	Population and civil administration	0	0	165.000.000	165.000.000
	Children protection	0	0	175.000.000	175.000.000
	Family Planning	0	5.136.156.154	2.410.878.000	7.547.034.154
	TOTAL BKBPP	0	5.136.156.154	2.816.878.000	7.953.034.154

Sub district	Public work	0	0	14.630.000	14.630.000
	Develoment planning	0	0	17.522.800	17.522.800
	Population and civil administration	0	0	27.011.100	27.011.100
	Children protection	0	0	283.444.250	283.444.250
	Village Community Empowerment	0	0	627.752.250	627.752.250
	TOTAL SUB-DISTRICT	0	0	943.349.300	943.349.300

2009					
Disdukcapil	Population and civil administration	605.050.000	1.780.365.182	2.415.650.956	4.196.016.138
	TOTAL DISDUKCAPIL	**605.050.000**	**1.780.365.182**	**2.415.650.956**	**4.196.016.138**

BKBPP	Population and civil administration	0	0	151.630.000	151.630.000
	Children protection	0	0	75.000.000	75.000.000
	Family Planning	0	6.210.607.883	1.063.243.594	7.273.851.477
	Regional autonomy, general government	0	0	27.794.000	27.794.000
	TOTAL BKBPP	**0**	**6.210.607.883**	**1.317.667.594**	**7.528.275.477**

Sub-District	Public Work	0	0	14.600.000	14.600.000
	Population and civil administration	0	0	3.000.000	3.000.000
	Children protection	0	0	293.757.800	293.757.800
	Culture	0	0	399.850.000	399.850.000
	Youth and sport	0	0	133.600.000	133.600.000
	Internal politics	0	0	2.027.465.000	2.027.465.000
	Regional autonomy, general government	0	16.124.538.067	4.874.543.200	20.999.081.276
	Village community empowerment	0	0	653.184.000	653.184.000
	TOTAL SUB DISTRICT	0	16.124.538.067	8.400.000.000	24.524.538.067

Table A4.3.

EXPENDITURE COMPOSITION IN APBD

NO.	EXPENDITURE POST		AMOUNT
2010			
1	**Indirect Expenditure**		638.962.410.174
	Personnel expenditure	510.083.354.174	
	Interest expenditure	-	
	Subsidy expenditure	-	
	Grant expenditure	59.331.040.000	
	Social assistance expenditure	32.600.000.000	
	Shared revenue expenditure	-	
	Financial assistance expenditure	32.948.016.000	
	Emergency expenditure	4.000.000.000	
2	**Direct Expenditure**		243.004.046.800
	Personnel expenditure	62.742.916.222	
	Good and service expenditure	130.158.591.403	
	Capital expenditure	50.102.539.175	
TOTAL IN 2010			**881.996.456.974**

2009			
1.	**Indirect Expenditure**		637.517.324.500
	Personnel expenditure	544.823.500.000	
	Interest expenditure	-	
	Subsidy expenditure	-	
	Grant expenditure	1.632.500.000	
	Social assistance expenditure	42.284.250.000	
	Shared revenue expenditure	-	
	Financial assistance expenditure	44.777.074.500	
	Emergency expenditure	4.000.000.000	
2.	**Direct Expenditure**		316.305.983.191
	Personnel expenditure	68.358.984.742	
	Good and service expenditure	129.150.951.199	
	Capital expenditure	118.796.047.250	
TOTAL IN 2009			**953.823.307.691**

Table A4.4

Some Expenditure Analysis Value, 2009

NO.	EXPENDITURE ANALYSIS ASPECTS	PERCENTAGE VALUE
1.	Percentage of direct expenditure from total expenditure	33.16%
2.	Percentage of indirect expenditure from total expenditure	66,84%
3.	Percentage of personnel expenditure from indirect expenditure	85,46%
4.	Percentage of personnel expenditure from direct expenditure	21,61%
5.	Percentage of personnel expenditure in direct and indirect post*) from total expenditure	64,28%
6.	Percentage of good and service expenditure from direct expenditure	40,83%

7.	Percentage of capital expenditure from direct expenditure	37,557%
8.	Percentage of subsidy expenditure from indirect expenditure	-
9.	Percentage of subsidy expenditure from total expenditure	-
10.	Percentage of grant expenditure from indirect expenditure	0,26%
11.	Percentage of grant expenditure from total expenditure	0,1711%
12.	Percentage of financial assistance expenditure from indirect expenditure	7,02%
13.	Percentage of financial assistance expenditure from total expenditure	4,69%
14.	Percentage of social assistance expenditure from indirect expenditure	6,63%
15.	Percentage of social assistance expenditure from total expenditure	4,433%
16.	Percentage of (subsidy + grant + social assistance + financial assistance) expenditure**) from indirect expenditure	13,91%
17.	Percentage of (subsidy + grant + social assistance + financial assistance) expenditure from total expenditure	9,298%

*) Amount of personnel expenditure in direct and indirect post is Rp. 613.182.484.742

**) Amonut of (subsidy + grant + social assistance + financial assistance) expenditure is Rp. 88.693.824.500

Table A4.5.

Revenue of Serang District

NO.	REVENUE COMPONENT		AMOUNT
2010			
1.	**Regional Owned Sources (ROS)**		122.990.034.000
	Regional tax	36.492.760.000	
	Retribution	67.623.638.000	
	Separated revenue from regional asset	9.015.500.000	
	Other regional owned sources	9.858.136.000	
2.	**Balance Funds**		659.338.027.000

	Shared revenue	56.420.954.000	
	General allocation fund	554.223.373.000	
	Special allocation fund	48.693.700.000	
3	**Other Regional Revenue**		37.984.939.000
	Grant	-	
	Emergency fund	-	
	Taxes shared revenue	30.284.939.000	
	Special autonomy fund	-	
	Financial assistance from province and other regions	7.700.000.000	
TOTAL IN 2010			**820.313.000.000**

2009			
1.	**Regional Owned Sources (ROS)**		110.418.711.358
	Regional tax	30.431.000.000	
	Retribution	66.492.211.358	
	Separated revenue from regional asset	6.495.500.000	
	Other regional owned sources	7.000.000.000	
2.	**Balance Funds**		699.692.666.333
	Shared revenue	44.006.256.333	
	General allocation fund	582.554.410.000	
	Special allocation fund	73.132.000.000	
3	**Other Regional Revenue**		51.592.930.300
	Grant	-	
	Emergency fund	-	
	Taxes shared revenue	36.592.930.300	
	Special autonomy fund	-	
	Other regional sources	15.000.000.000	
TOTAL IN 2009			**861.704.307.991**

Table A4.6

Some Revenue Analysis

2010

NO.	REVENUE ANALYSIS	PERCENTAGE
1.	Percentage of retribution from ROS	54.9830%
2.	Percentage of regional taxes from ROS	29.67%
3.	Percentage of ROS from total revenue	14,9%
4.	Percentage of balanced fund from total revenue	80,376%

Table A4.7

FINANCING STRUCTURE IN APBD

<table>
<tr><th>NO.</th><th>FINANCING POST</th><th>AMOUNT</th></tr>
<tr><td>2010</td><td></td><td></td></tr>
<tr><td>1.</td><td>Financing revenue<table><tr><td>SILPA (Sisa Lebih Perhitungan Anggaran Sebelumnya/ Previous unspent budget)</td><td>66.653.456.974</td></tr><tr><td>Reserve fund clearance</td><td>-</td></tr><tr><td>Regional Asset Selling revenue</td><td>-</td></tr><tr><td>Revenue from regional debt and regional obligation</td><td>-</td></tr><tr><td>Revenue from debt payment</td><td>-</td></tr><tr><td>Regional account receivable</td><td>-</td></tr></table></td><td>66.653.456.974</td></tr>
<tr><td>2.</td><td>Financing expenditure<table><tr><td>Reserve fund establishment</td><td>-</td></tr><tr><td>Capital contribution</td><td>5.000.000.000</td></tr><tr><td>Debt payment</td><td>-</td></tr><tr><td>Regional debt expenditure</td><td>-</td></tr></table></td><td>5.000.000.000</td></tr>
<tr><td colspan="2">Financing netto</td><td>61.653.456.974</td></tr>
</table>

2009			
1.	**Financing revenue**		107.118.999.700
	SILPA (Sisa Lebih Perhitungan Anggaran Sebelumnya/ Previous unspent budget)	107.118.999.700	
	Reserve fund clearance	-	
	Regional Asset Selling revenue	-	
	Revenue from regional debt and regional obligation	-	
	Revenue from debt payment	-	
	Regional account receivable	-	
2.	**Financing expenditure**		15.000.000.000
	Reserve fund establishment	-	
	Capital contribution	15.000.000.000	
	Debt payment	-	
	Regional debt expenditure	-	
Financing netto			92.118.999.700

A4.2. Budget Allocation for Supporting Clean Water Service at Cilegon City

Table A4.8.

Budget Allocation for Public Work affair, that is Implemented by Pubic Work Dinas

Year	Affairs	Implementing Agency	Revenue	Expenditure		
				Indirect	Direct	Total
2009	Public work	Public work	58.000.000,00	4.566.241.989,00	87.228.980.506,00	91.795.222.495,00
		TOTAL PUBLIC WORK AFFAIR	**58.000.000,00**	**4.566.241.989,00**	**87.228.980.506,00**	**91.795.222.495,00**

2010	Public work	Public work	88.000.000,00	3.496.240.000,00	75.664.780.925,00	79.161.020.925,00
		TOTAL PUBLIC WORK AFFAIR	88.000.000,00	3.496.240.000,00	75.664.780.925,00	79.161.020.925,00

Table A4.9

Budget Allocation for Water Provision in APBD

Year	Program	Activity	Performance Target	Target Group	Direct Expenditure		
					Personnel	Good and Service	Capital
2010	Water resource provision	Deep Well building	Clean water is available	840 families at 8 location	-	-	1.160.869.000,00
2009	Water resource provision	Deep Well building	Clean water is available	820 families (4.250 citizens) at 7 Sub District			2.965.217.741,00
		Water network optimalization	Clean water is available	75 families (375 citizens)			224.130.000,00
		Water network maintenance	-	2 locations			21.720.000
TOTAL							3.211.067.741

Table A.4.10.

Expenditure Structure in APBD 2009

NO.	EXPENDITURE POST		AMOUNT
	Indirect Expenditure		275.618.593.009
	Personnel expenditure	234.862.267.009	
	Interest expenditure	1.350.000.000	
	Subsidy expenditure	4.000.000.000	
	Grant expenditure	14.015.466.000	
	Social assistance expenditure	17.990.860.000	

	Shared revenue expenditure	-	
	Financial assistance expenditure	2.150.000.000	
	Emergency expenditure	1.250.000.000	
	Direct expenditure		368.234.549.684
	Personnel expenditure	60.834.884.418	
	Good and service expenditure	156.288.691.933	
	Capital expenditure	151.110.973.333	
TOTAL			643.853.142.693

Table A4.11.

Some Analysis on Expenditure

NO.	EXPENDITURE ANALYSIS ASPECTS	PERCENTAGE VALUE
1.	Percentage of direct expenditure from total expenditure	57,19%
2.	Percentage of indirect expenditure from total expenditure	42,8%
3.	Percentage of personnel expenditure from indirect expenditure	85,21%
4.	Percentage of personnel expenditure from direct expenditure	16,52%
5.	Percentage of personnel expenditure in direct and indirect post from total expenditure	45,95%
6.	Percentage of good and service expenditure from direct expenditure	42,44%
7.	Percentage of capital expenditure from direct expenditure	41,03%
8.	Percentage of subsidy expenditure from indirect expenditure	1,45%
9.	Percentage of subsidy expenditure from total expenditure	0,62%
10.	Percentage of grant expenditure from indirect expenditure	5,08%

11.	Percentage of grant expenditure from total expenditure	2,17%
12.	Percentage of financial assistance expenditure from indirect expenditure	0,78%
13.	Percentage of financial assistance expenditure from total expenditure	0,33%
14.	Percentage of social assistance expenditure from indirect expenditure	6,52%
15.	Percentage of social assistance expenditure from total expenditure	2,79%
16.	Percentage of (subsidy + grant + social assistance + financial assistance) expenditure from indirect expenditure	13,84%
17.	Percentage of (subsidy + grant + social assistance + financial assistance) expenditure from total expenditure	5,92%

*) Amount of personnel expenditure in direct and indirect post is Rp. 295.697.151.427

**) Amonut of (subsidy + grant + social assistance + financial assistance) expenditure is Rp. 38.156.326.000

Table A4.12.

Revenue Structure in 2009

NO.	REVENUE COMPONENT		AMOUNT
1.	**Regional Owned Sources (ROS)**		134.204.104.988
	Regional tax	74.372.320.000	
	Retribution	16.682.129.000	
	Separated revenue from regional asset	8.468.707.559	
	Other regional owned sources	34.680.948.429	
2.	**Balance Funds**		427.613.957.327
	Shared revenue	105.259.987.327	
	General allocation fund	295.339.970.000	
	Special allocation fund	27.014.000.000	
3	**Other Regional Revenue**		59.007.935.620
	Grant	-	
	Emergency fund	-	
	Taxes shared revenue	42.007.935.620	
	Special autonomy fund	2.000.000.000	

	Financial assistance from province and other regions	15.000.000.000	
	Companion fund	-	
TOTAL			620.825.997.935

Table A4.13.

Some Revenue Analysis in 2009

NO.	REVENUE ANALYSIS ASPECTS	PERCENTAGE VALUE
1.	Percentage of retribution from ROS	12,4%
2.	Percentage of regional taxes from ROS	55,41%
3.	Percentage of ROS from total revenue	21,61%
4.	Percentage of balanced fund from total revenue	68,87%

Table A4.14.

Financing Pattern in 2009

NO.	FINANCING		AMOUNT
1.	**Financing revenue**		**72.379.692.901,00**
	SILPA (Sisa Lebih Perhitungan Anggaran Sebelumnya/ Previous unspent budget)	**41.579.692.901,00**	
	Reserve fund clearance	-	
	Regional Asset Selling revenue	-	
	Revenue from regional debt and regional obligation	**28.000.000.000,00**	
	Revenue from debt payment	**2.800.000.000,00**	
	Regional account receivable	-	
2.	**Financing expenditure**		**2.033.040.000,00**

	Reserve fund establishment	-	
	Capital contribution	**2.000.000.000,0**	
	Debt payment	**33.040.000,00**	
	Regional debt expenditure	**-**	
Financing netto			**70.346.652.901,00**

Table A4.15.

Registration and New Water Connection Charges

At PDAM of Cilegon City

	Customer guarantee fee	Registration fee	New Water Connection Fee							
			Water meter ½"	Water meter ¾"	Water meter 1"	Water meter 2"	Water meter 3"	Water meter 4"	Water meter 6"	Water meter 8"
pUblic hydrant	15.000	10.000	220.000	250.000	460.000	5.000.000	0	0	0	0
Social	15.000	10.000	220.000	250.000	460.000	5.000.000	0	0	0	0
Household	40.000	15.000	250.000	300.000	460.000	5.000.000	0	0	0	0
Commerce	75.000	25.000	270.000	320.000	500.000	5.000.000	6.250.000	6.670.000	7.500.000	15.000.000
Industry	100.000	50.000	270.000	340.000	500.000	5.000.000	6.670.000	7.500.000	8.340.000	16.670.000

Table A4.16.

Service Fee at PDAM of Cilegon City

CUSTOMER GROUP		CHARGES FOR EACH M3	
		0 - 10 M³	> = 10 M³
Group I	Public hydrant	Rp. 1.200,-	Rp. 1.200,-
	Social A	Rp. 1.200,-	Rp. 1.200,-
	Household A	Rp. 1.200,-	Rp. 1.500,-
Group II	Social B	Rp. 1.500,-	Rp. 1.600,-
	Household B	Rp. 1.600,-	Rp. 2.000,-

	Household C	Rp. 2.000,-	Rp. 2.500,-
	Commerce A	Rp. 2.500,-	Rp. 2.600,-
Group III	Household D	Rp. 2.600,-	Rp. 3.000,-
	Household E	Rp. 3.000,-	Rp. 3.500,-
	Commerce B	Rp. 3.500,-	Rp. 4.500,-
	Commerce C	Rp. 4.500,-	Rp. 4.800,-
	Industry A	Rp. 4.800,-	Rp. 5.100,-
	Industry B	Rp. 5.100,-	Rp. 5.400,-

Table A4.17.

Water Meter Maintenance Charge

Water meter ½"	Water meter ¾"	Water meter 1"	Water meter 2"	Water meter 3"	Water meter 4"	Water meter 6"	Water meter 8"
5.000	6.250	10.000	62.500	75.000	87.500	100.000	187.500

A4.3. Budget Allocation for Supporting Health Service at Lebak District

Table A4.18

Budget Allocation for Health Affair

Year	Institution	Revenue	Expenditure		
			Indirect	Direct	Total
2010	Health Dinas	1.500.142.000,00	24.508.556.700,00	16.468.322.885,00	40.976.879.585,00
	RSUD Dr. ADJIDARMO	33.000.000.000,00	9.141.860.247,00	31.482.682.000,00	40.624.542.247,00
	TOTAL URUSAN KESEHATAN	34.500.142.000,00	33.650.416.947,00	47.951.004.885,00	81.601.421.832,00
2009	Health Dinas	1.500.000.000,00	23.638.496.330,00	23.050.056.435,00	46.688.552.765,00
	RSUD Dr. ADJIDARMO	30.130.000.000,00	8.767.536.057,00	39.764.137.891,00	48.531.673.948,00

	TOTAL OF HEALTH AFFAIR	31.630.000.000,00	32.406.032.387,00	62.814.194.326,00	95.220.226.713,00

Table A4.19

Budget Allocation for SKPD in Charge in Health Affair

SKPD	Affair	Revenue	Expenditure		
			Indirect	Direct	Total
2010					
Health Dinas	Education	0	0	776.420.000	776.420.000
	Health	1.881.600.000	27.142.439.239	20.079.790.050	47.222.148.289
	Total Health Dinas	1.881.600.000	27.142.439.239	20.856.129.050	47.998.568.289
RSUD	Health	60.000.000.000	24.596.585.438	57.785.300.000	82.381.885.438
	TOTAL RSUD	60.000.000.000	24.596.585.438	57.785.300.000	82.381.885.438

Table A4.20

Expenditue Structure

NO.	EXPENDITURE POST		AMOUNT
	2010		
	Indirect Expenditure		626.444.571.662
	Personnel expenditure	523.571.975.000	
	Interest expenditure	3.360.000.000-	
	Subsidy expenditure	-	
	Grant expenditure	73.855.692.000	
	Social assistance expenditure	10.424.510.000	
	Shared revenue expenditure	13.500.000.000-	
	Financial assistance expenditure	1.040.000.000	
	Emergency expenditure	692.394.662	

	Direct Expenditure	264.980.236.383
	Personnel expenditure: 25.680.469.550 Good and service expenditure: 98.383.496.518 Capital expenditure: 140.916.270.315	
TOTAL		891.424.808.045

	2009	
	Indirect Expenditure	**479.114.000.782,00**
	Personnel expenditure: **437.059.433.554,00** Interest expenditure: **331.600.667,00** Subsidy expenditure: - Grant expenditure: **16.945.000.000,00** Social assistance expenditure: **10.720.500.000,00** Shared revenue expenditure: **13.500.000.000,00** Financial assistance expenditure: **-** Emergency expenditure: **557.466.561,00**	
	Direct Expenditure	**405.641.438.550,00**
	Personnel expenditure: **37.519.602.651,00** Good and service expenditure: **113.176.953.905,00** Capital expenditure: **254.944.881.994,00**	
TOTAL		**884.755.439.332,00**

Table A4.21.

Some Expenditure Analysis

NO.	ANALYSIS ASPECTS	PERCENTAGE/ VALUE
	2010	
1.	Percentage of direct expenditure from total expenditure	29,725%
2.	Percentage of indirect expenditure from total expenditure	70,27%
3.	Percentage of personnel expenditure from indirect expenditure	83,57%
4.	Percentage of personnel expenditure from direct expenditure	9,69%
5.	Percentage of personnel expenditure in direct and indirect post*) from total expenditure	61,615%
6.	Percentage of good and service expenditure from direct expenditure	37,128%
7.	Percentage of capital expenditure from direct expenditure	53,18%
8.	Percentage of subsidy expenditure from indirect expenditure	-
9.	Percentage of subsidy expenditure from total expenditure	-
10.	Percentage of grant expenditure from indirect expenditure	11,8%
11.	Percentage of grant expenditure from total expenditure	8,28%
12.	Percentage of financial assistance expenditure from indirect expenditure	0,16%
13.	Percentage of financial assistance expenditure from total expenditure	0,116%
14.	Percentage of social assistance expenditure from indirect expenditure	1,66%
15.	Percentage of social assistance expenditure from total expenditure	1,169%
16.	Percentage of (subsidy + grant + social assistance + financial assistance) expenditure**) from indirect expenditure	13,619%

17.	Percentage of (subsidy + grant + social assistance + financial assistance) expenditure**) from total expenditure	9,571%
	2009	
1.	Percentage of direct expenditure from total expenditure	45,84%
2.	Percentage of indirect expenditure from total expenditure	54,15%
3.	Percentage of personnel expenditure from indirect expenditure	91,22%
4.	Percentage of personnel expenditure from direct expenditure	9,25%
5.	Percentage of personnel expenditure in direct and indirect post***) from total expenditure	53,64%
6.	Percentage of good and service expenditure from direct expenditure	27,9%
7.	Percentage of capital expenditure from direct expenditure	62,8%
8.	Percentage of subsidy expenditure from indirect expenditure	-
9.	Percentage of subsidy expenditure from total expenditure	-
10.	Percentage of grant expenditure from indirect expenditure	3,536%
11.	Percentage of grant expenditure from total expenditure	1,91%
12.	Percentage of financial assistance expenditure from indirect expenditure	-
13.	Percentage of financial assistance expenditure from total expenditure	-
14.	Percentage of social assistance expenditure from indirect expenditure	2,237%
15.	Percentage of social assistance expenditure from total expenditure	1,211%
16.	Percentage of (subsidy + grant + social assistance + financial assistance) expenditure****) from indirect expenditure	5,77%
17.	Percentage of (subsidy + grant + social assistance + financial assistance) expenditure****) from total	3,12%

	expenditure	

*) Amount of personnel expenditure in direct and indirect post is Rp. 549.252.444.550

**) Amonut of (subsidy + grant + social assistance + financial assistance) expenditure is Rp. 85.320.202.000

***) Amount of personnel expenditure in direct and indirect post is Rp. 474.579.036.205

****) Amonut of (subsidy + grant + social assistance + financial assistance) expenditure is Rp. 27.665.500.000

Table A4.22.

Revenue Structure in APBD

NO.	KOMPONEN PENDAPATAN		JUMLAH
	2010		
1.	**Regional Owned Sources (ROS)**		69.769.837.320
	Regional tax	7.781.950.000	
	Retribution	41.060.760.000	
	Separated revenue from regional asset	2.299.639.360	
	Other regional owned sources	18.627.487.960	
2.	**Balance Funds**		789.207.931.825
	Shared revenue	38,307,240,825	
	General allocation fund	659,753,491,000	
	Special allocation fund	91,147,200,000	
3	**Other Regional Revenue**		27.504.343.210
	Grant	-	
	Emergency fund	-	
	Taxes shared revenue	19,004,343,210	
	Special autonomy fund	-	
	Financial assistance from province and other regions	8,500,000,000	
TOTAL			886.482.112.355

	2009		
1.	**Regional Owned Sources (ROS)**		**71.557.966.631,00**
	Regional tax	7.531.500.000,00	
	Retribution	38.579.193.000,00	
	Separated revenue from regional asset	2.290.085.671,00	
	Other regional owned	23.157.187.960,00	

	sources		
2.	**Balance Funds**		**685.229.878.000,00**
	Shared revenue	40.962.688.000,00	
	General allocation fund	576.191.190.000,00	
	Special allocation fund	68.076.000.000,00	
3	**Other Regional Revenue**		**57.620.941.800,00**
	Grant	-	
	Emergency fund	-	
	Taxes shared revenue	19.059.125.800,00	
	Special autonomy fund	19.569.529.000,00	
	Financial assistance from province and other regions	15.000.000.000,00	
	Companion fund	3.992.287.000,00	
TOTAL			**814.408.786.431,00**

Table A4.23

Some Analysis on Revenue

NO.	ANALYSIS COMPONENT	PERCENTAGE/ VALUE
	2010	
1.	Percentage of retribution from ROS	58,85%
2.	Percentage of regional taxes from ROS	11,15%
3.	Percentage of ROS from total revenue	7,87%
4.	Percentage of balanced fund from total revenue	89,02%

	2009	
1.	Percentage of retribution from ROS	54%
2.	Percentage of regional taxes from ROS	10,5%
3.	Percentage of ROS from total revenue	8,78%
4.	Percentage of balanced fund from total revenue	55,8%

Table A4.24

FINANCING IN APBD

NO.	FINANCING POST	AMOUNT
	2010	
1.	**Financing revenue**	**16.592.695.690,00**
	SILPA (Sisa Lebih Perhitungan Anggaran Sebelumnya/ Previous unspent budget): **16.592.695.690,00** Reserve fund clearance: - Regional Asset Selling revenue: - Revenue from regional debt and regional obligation: Revenue from debt payment: - Regional account receivable: -	
2.	Pengeluaran	11.650.000.000,00
	Reserve fund establishment: - Capital contribution: 2.700.000.000,00 Debt payment: 8.350.000.000,00 Regional debt expenditure: 600.000.000,00	
Financing netto		**4.942.695.690,00**

	2009	
1.	**Financing revenue**	16,592,695,690
	SILPA (Sisa Lebih Perhitungan Anggaran Sebelumnya/ Previous unspent budget): 16,592,695,690 Reserve fund clearance: - Regional Asset Selling revenue: -	

	Revenue from regional debt and regional obligation	-
	Revenue from debt payment	-
	Regional account receivable	-
2.	Pengeluaran	11,650,000,000
	Reserve fund establishment	-
	Capital contribution	2,700,000,000
	Debt payment	8,350,000,000
	Regional debt expenditure	600,000,000
Financing netto		4,942,695,690

Table A4.25.

Revenue of RSUD Adjidarmo from Claim over Jamkesmas2009

NO.	SERVICE TYPE	VISIT	CLAIM
1	One day care		4.316.834.227
2	Hospitalization		15.337.696.658
3	Emergency		-
			19.654.530.885

Table A4.26.

Cost Covered by Claim over Askes (Health Insurance for Civil Service) and Local Government Subsidy 2009

NO.	SERVICE TYPE	PATIENT NUMBER	COST
1	Emergency	1.095	1.889.928.211
2	One day care	554	43.059.798
3	Hospitalization	496	139.841.903
4	Blood service	252	107.300.000
	TOTAL	2.397	2.180.129.912

Table A4.27.

Local Government Subsidy for Health Service to Neglected Patient

NO.	SERVICE TYPE	Subsidied Financing					
		2007		2008		2009	
		PATIENT NUMBER	COST	PATIENT NUMBER	COST	PATIENT NUMBER	COST
1	Neglected patient	9	30.766.551	7	11.667.401	-	-
2	Neglected body	13	4.840.000	12	5.355.000	11	5.500.000
		22	35.606.551	19	17.022.401	11	5.500.000

Table A4.28.

Local Government Subsidy to Health Service at RSUD Adjidarmo

2009

NO	SERVICE TYPE	Subsidied Financing					
		2007		2008		2009	
		PATIENT NUMBER	COST	PATIENT NUMBER	COST	PATIENT NUMBER	COST
1	Emergency	6.388	254.058.750	5.827	264.552.500	4.956	270.023.857
2	One day care	17.793	35.586.000	11.667	23.334.000	-	-
3	Hospitalization	6.420	777.178.788	6.050	170.271.610	-	-
4	Health facility in emergency service	2.561	42.646.571	2.915	56.484.484	-	-
5	Medical support						
	-Radiology	1.625	(3.691.600)	1.708	(5.181.000)	-	-
	-emergency lab	2.695	80.521.765	5.409	188.465.438	1.857	41.545.450
	-One day care lab	2.388	31.145.950	2.186	27.471.200	779	17.074.500
	- Health tools	-	-	-	-	860	14.271.976

			1.220.446.224		725.398.232	8452	342.915.783

Table A4.29.

Revenue and Expenditure of RSUD Adjidarmo

2007-2009

	2007	2008	2009
Revenue	19.955.848.318	24.516.074.759	30.604.925.157
Expenditure (DPA)	48.544.647.176	39.964.508.957	30.130.000.000

APPENDIX 5

DATA ON PUBLIC SERVICE PERFORMANCE

A5.1. Performance of Population and Civil Administration Service at Serang District

Number Population/ Civil Administration Documents Released

Table A5.1.
Total Number of Population Administration Documents Released by The Population Administration Working Unit, at Serang District in 206, 2007, and 2008

NO.	YEAR	BIRTH CERTIFICATE	DEATH CERTIFICATE	MARRIAGE LICENCE	DIVORCE CERTIFICATE	CERTIFICATE OF ADOPTION OF CHILD	ALTERATION CERTIFICATE
1.	2008	27.430	2	22	0	2	326
2.	2007	35.120	13	68	-	5	631
3.	2006	28.850	12	57	5	5	471

Table A5.2[1].
Total Number of Other Population Administration Documents Released by The Population Administration Working Unit, at Serang District in 2006 and 2007

Year	KK *(Kartu Keluarga/ Family Card)*	KTP *Kartu Tanda Penduduk/ Id Card)*
2006	227.027	88.916
2007	458.777	534.209

[1] Data from "Profil Kependudukan Kabupaten Serang/ Population Profile in Serang District, 2007

Table A5.3.

Total Number of Population Administration Documents Released by The Population Administration Working Unit, at Serang District in 206, 2007, and 2008, Based on Sub-District

NO.	SUB-DISTRICT	BIRTH CERTIFICATE	DEATH CERTIFICATE	MARRIAGE LICENCE	DIVORCE CERTIFICATE	CERTIFICATE OF ADOPTION OF CHILD	ALTERATION CERTIFICATE
1	Cinangka	770					15
2	Padarincang	1.070					7
3	Ciomas	385					27
4	Pabuaran	880					10
5	Gunungsari	815					4
6	Baros	861					5
7	Petir	1.322					16
8	Tanjung Teja	673				1	5
9	Cikeusai	1.393					15
10	Pamarayan	513					4
11	Bandung	488					3
12	Jawitan	489					4
13	Kopo	783					4
14	Cikande	1.663	1	3			17
15	Kibin	1.374					11
16	Kragilan	1.390		2			7
17	Waringinkurung	1.134		2			6
18	Mancak	742					12
19	Anyar	1.310					31
20	Bojonegara	1.034					9
21	Pulo Mapel	1.067	1				4
22	Kramatwatu	1.965		8			31
23	Ciruas	1.963		7			38
24	Pontang	938					13
25	Carenang	815					5
26	Binuang	707					8
27	Tirtayasa	589				1	8
28	Tanara	297					7

NO.	SUB-DISTRICT	BIRTH CERTIFICATE	DEATH CERTIFICATE	MARRIAGE LICENCE	DIVORCE CERTIFICATE	CERTIFICATE OF ADOPTION OF CHILD	ALTERATION CERTIFICATE
	TOTAL IN 2008	27.430	2	22	0	2	326
	TOTAL IN 2007	35.120	13	68	-	5	631
	TOTAL IN 2006	28.850	12	57	5	5	471

Table A5.4.
KK/KTP Released
in 2007

NO.	SUB-DISTRICT	KK	KTP
1	Serang	61.925	81.218
2	Cipocok Jaya	18.454	24.258
3	Ciomas	8.837	10.662
4	Pabuaran	8.019	8.377
5	Padarincang	7.412	6.548
6	Anyar	14.268	22.639
7	Cinangka	14.617	21.258
8	Mancak	8.853	9.657
9	Gunungsari	5.031	6.536
10	Bandung	6.127	3.522
11	Kasemen	22.129	31.052
12	Taktakan	20.501	29.692
13	Kramatwatu	20.166	31.297
14	Waringinkurung	7.493	4.762
15	Bojonegara	7.949	8.338
16	Pulo Ampel	8.276	9.983
17	Ciruas	19.880	23.329
18	Walantaka	24.954	33.014
19	Kragilan	19.055	24.288
20	Pontang	12.627	10.500
21	Tirtayasa	9.264	9.258
22	Tanara	7.628	6.725
23	Cikande	13.691	3.374
24	Kibin	7.560	4.131
25	Carenang	7.194	6.060

NO.	SUB-DISTRICT	KK	KTP
26	Binuang	8.206	11.928
27	Petir	13.022	14.014
28	Tanjung Teja	8.801	9.446
29	Curug	10.310	17.053
30	Baros	10.320	12.378
31	Cikeusai	16.009	18.940
32	Pamarayan	16.168	15.338
33	Kopo	6.486	2.464
34	Jawilan	7.545	2.170
	TOTAL IN 2007	458.777	534.209

Table A5.5

Comparison between Married Citizens and

Ownership of Legal Marriage Documents

Number of married citizen[2]	Number of married citizen with marriage document[3]
827.386	249.777

A5.2. Performance of Clean Water Service at Cilegon City

Water Service Coverage of PDAM

Table A5.6.

Customer Structure of PDAM

CUSTOMER GROUPS	CUSTOMER CATEGORY	MEANING	AMOUNT	WATER CONSUMPTION (M3)
1st group	Public hydrant	The first group, consists of public hydran, organizations	13	518
	Sosial A		86	2.379

[2] Data in 2007

[3] Data in 2006

CUSTOMER GROUPS	CUSTOMER CATEGORY	MEANING	AMOUNT	WATER CONSUMPTION (M3)
	Household A	work for social activities, and household that having little access to public road, living at small land and plain housing quality. This first group pay below baseline water tariff. service.	213	5.146
			312	8043
2nd group	Sosial B	The second group consists of organizations work for social but semi comercial activities, low middle class household, and small scale enterprise. This second group pay at the baseline water price.	22	3.664
	Household B		6.986	155.005
	Household C		4.366	96.911
	Commerce A		476	9.515
			11.850	265.095
3rd group	Industri A	The third group consists of wealthy household and middle and larga scale enterprise. This group pay full tariff fee.	0	0
	Industri B		0	0
	Commerce B		4	5.418
	Commerce C		1	17
	Household D		19	637
	Household E		9	559
			33	6.631
	JUMLAH		**12.195**	**279.769**

Source:

Report recapitulation on water account, June 2010

Table A5.7.

Number of Customer Development of PDAM at Cilegon City

	2003	2004	2005	2006	2007	2008	2009	2010
Number of customer	1.378	872	821	475	551	937	9.410	289

Source:

PDAM presentation in initial immersion meeting, June 2010.

Water Service Coverage of PDAM and other Providers

Table A5.8

Water Service Coverage of PDAM and

	2008	2009
PDAM	18,18% (4816 SL)	22% (12.677 SL)
Public Work Dinas	3,24%	5,23%
Private company	1,24%	2,1%
Others	1,27%	1,74%

Source:

Data recapitulation from Public Work Dinas, 2010

Personal Access to Water

Table A5.9.

Community Personal Water Resource, 2009

No.	Sub District	Number of Household	Number of Population	Access to Water		
				Number of water infrastructure	User	%
1.	Cilegon	8.481	37.801	7.133	35.665	94,35
2.	Jombang	11.408	55.533	10.601	53.006	95,45
3.	Pulomerak	10.214	43.103	7.478	37.390	86,75
4.	Grogol	8.942	37.418	6.619	33.095	88,45
5.	Purwakarta	7.423	32.185	6.112	30.560	94,95
6.	Ciwandan	11.760	40.145	7.155	35.775	89,11

No.	Sub District	Number of Household	Number of Population	Access to Water		
				Number of water infrastructure	User	%
7.	Citangkil	13.796	57.372	10.632	53.160	92,66
8.	Cibeber	11.541	40.114	6.790	33.950	84,63
	TOTAL	83.565	343.671	62.520	312.600	90,96

Source:

Data Recapitulation from Health Dinas, 2010

Water Related Disease Incidence

Table A5.10.

Disease Pattern, 2007 and 2008

Kind of disease	Hospitalization				One Day Care			
	Public Hospital (RSUD Cilegon)		Krakatau Medika		Public Hospital (RSUD Cilegon)		Krakatau Medika Hospital	
	year		year		year		year	
	2007	2008	2007	2008	2007	2008	2007	2008
Diare	872	986 (1)	1 215	1144	586	466	4 970	2 732
Tifoid	-	647 (2)	1 913	1 721	642	341	2 415	1 886
Disentri	1 039	-	82	76	-	-	140	71
TB Paru BTA+	378	4	-	-	-	-	1	2
TB Paru Klinis	-	413 (3)	223	228	4 737	5 331	1 947	2 180
Kusta PB	-	1	-	-	27	13	17	30
Batuk Rejan	6	1	2	1	1	1	26	36
Tetanus	15	8	4	6	5	2	5	5
Campak	1	13	28	32	17	23	132	111
Hepatitis	1 038	7	144	80	73	98	998	785
DBD (DHF)	4	355	1 237	732	-	-	803	450

		(4)						
Malaria Fallciparum	-	-	-	-	-	-	-	-
Malaria Virak	-	-	-	-	-	-	-	-
Malaria Klinis	1	5	-	-	9	-	2	-
Infeksi Gonorho	-	-	1	-	4	8	12	8
Infeksi saluran pernafasan atas	34	63	593	644	1 713	2 121	2 3 440	18 020
Pneumonia	293	353 (5)	233	289	325	742	305	220
Bronchitis	23	27	165	145	171	459	1 494	1 162
Influlenza	-	-	-	-	8	3	131	140
Penyakit lainnya	5 338	6.155	1 1 437	14 369	34.76 3	29.84 8	1 98 939	196 945

Source: BPS, 2008

A5.3. Performance of Health Service at Lebal District

Mother and Children Health Status

Table A5.11.
Mother and Children Health Status

	Mother Mortality per 100.000 Live Birth		
	2006	**2007**	**2008**
Mother mortality per 100.000 live birth	281,97%	264,98%	246%
Number of high risk mother, who are referred to the hospital		66%	59,6%
Spontaneous abortion incomplete, without complication	In 2009 became rank 6 most common case in RSUD Adjidarmo, 2009		
Cause of mother death - Bleeding - Pre-eklamsia - Infection	 21% 4% 12%	 21% 10% 14%	 15% 6% 12%
Infant mortality per 1000 live birth	45,58	43,92	42,27
Bad nutrition prevalence		1,34%	12,86%

Children under 5, under sufficient nutrition line	1,18%	1,34%	12,86%
Children under 5, with bad nutrition	1.340 (1,24%)	1.450 (1,34%)	1.243 (1,13%)
Children under 5, with less nutrition	14.006 (12,37%)	12.660 (11,69%)	
Children under five who have weight increase		59,98%	67,73%
Infant who get tetanus	Rank 10 deadly diseases at RSUD Adjidarmo, 2009		
Infant with low birth weight	Rank 6 deadly diseases at RSUD Adjidarmo, 2009		

Water Related Diseases

Table A5.12

Water Related Diseases

DISEASE	DESCRIPTION
Diare	Rank 8 in the list of most common diseases in Lebak District, in 2008
	Rank 1 in the hospitalization service records at RSUD Adjidarmo, 2009
Typhoid	Rank 2 in the hospitalization service records at RSUD Adjidarmo, 2009
DBD	<table><tr><th>YEAR</th><th>NUMBER OF CASES</th></tr><tr><td>2008</td><td>310</td></tr><tr><td>2007</td><td>415</td></tr><tr><td>2006</td><td>121</td></tr></table>
	Rank 4 in the hospitalization service records at RSUD Adjidarmo, 2009

Health Dinas Service to Improve Mother and Children Health

Table A5.13

Health Dinas Service for Mother and Children Health

	Mother Mortality per 100.000 Live Birth		
	2006 (%)	**2007 (%)**	**2008 (%)**
Children with bad nutrition who get treated		43,52	27,66
Under weight infants who get treated		178	142
Children under five who get Vitamin A (2 times a year)		73,6	94,58
Infants who get extra foods as complementary to ASI (Air Susu Ibu/ mother breast)		0	53,16
Pregnant women, who get Fe 90 pills.		82,74	60,91
Antenatal service (K4/ Kunjungan 4 Kali/ 4 times visit to health facility, during women pregnancy period)		73,44	85,22
KN 1 (Neonatus visit in 0-7 days)		81,91	87,1
KN 2 (Neonatus visit in 28 days)		73,44	77,5
Children growth examination	44,3	42,5	
		Amount	
		2007	**2008**
Family planning		137.680	158.797

Table A5.14

Immunization Coverage

NO.	**IMMUNIZATION TYPE**	**TARGET (%)**	**COVERAGE (%)**	
			2007	**2008**
1	HB (0-7 days)	75	45	42,5
2	BCG	98	92	88,5
3	DPT-HB1	98	92	93,7
4	DPT-HB 2	95	87	88,4

NO.	IMMUNIZATION TYPE	TARGET (%)	COVERAGE (%)	
			2007	2008
5	DPT-HB3	93	85	86,9
6	Polio 1	98	94	95,2
7	Polio 2	95	87	91,2
8	Polio 3	93	85	88,8
9	Polio 4	90	78	85
10	Campak	90	84	85,2
11	TT1	95	81	57
12	TT2	90	75	53

Health Service at The Hospital

Table A5.15

Visit Rate at Health Care for Mother and Children Unit, 2009

Service unit	Visit number		
	Old	New	Total
Total	51.142	20.224	71.366
Maternity	1.838	1.348	3.186
Children	3.286	1.069	4.355

Table A5.16.

Midwives and Pregnancy Cases

At RSUD Adjidarmo, 2009

NO.	MIDWIFE AND PREGNANCY CASES	AMOUNT
1.	Alive partus	
	< 2500 gr	261
	> 2500 gr	1.341
2.	Perinatal morbidity	
	- Giving birth in dead condition	6
	- Neonatal morbidity, < 7 days	103
3.	Causes of perinatal morbidity	

NO.	MIDWIFE AND PREGNANCY CASES	AMOUNT
	- Asphiksia	31
	- Partus trauma	-
	- Low wight birth	54
	- Tetanus neoratus	12
	- Congenital deviation	5
	-ISPA	
	- Diare	
	- DDL	7
	TOTAL	1711

Hospital Service to the Poor

Table A5.17
Visit Number of the Holders of Social Health Insurance
For Maternity and Children Health Service

	Visit number				
	Out of pocket pasien	ASKES	JPS	Jamsostek	Total
Total	13.539	32.367	22.898	2.562	71.366
Maternity	1008	897	1.017	264	3.186
Children	1.408	1.070	1.752	125	4.355

Table A5.18
Visit Number of the Holders of Social Health Insurance
At Hospitalization Service, 2009

Visit number				
Out of pocket pasien	ASKES	JPS	Jamsostek	Total
3.070	2.717	279	6.856	12.922

Hospital Service to Citizen Ouside Lebak District

Table A5.19

Hospitalization Service to Citizen Outside Lebak

NO.	ORIGIN PLACE	VISIT
1	Kab. Pandeglang	15
2	Kab. Serang	322
3	Kab. Bogor	178
4	Kab. Tangerang	155
5	Kuningan	2
6	Indramayu	1
7	Sukabumi	1
8	Lampung	1
9	Lebak	5.597
		6.272

Table A5.20

Emergency Service to Citizen Outside Lebak

NO.	ORIGIN PLACE	VISIT
1	Lebak	5.146
2	Serang	174
3	Pandeglang	6
4	Tangerang	125
5	Bogor	123
6	Garut	2
7	Indramayu	1
8	Lampung	1
		5.578

Table A5.21

Visitor among the Poor, in Health Care Service, Outside Lebak District

2009

NO.	ORIGIN PLACE	VISIT
1	Bandung	-
2	Bogor	283
3	Jakarta	-
4	Jawa Tengah	-
5	Aceh	-
6	Pandeglang	51
7	Serang	552
8	Garut	1
9	Kab. Tangerang	245
10	Lampung	2
		19.359

Patients Referred to Other District/City by the RSUD

Table A5.22.

Patients Referred to Other District/City by the RSUD

NO.	REFERRAL TARGETS	VISIT
1	Kab. Serang	190
2	Tangerang	15
3	Jakarta	325
4	Bandung	26
5	Bogor	4
6	Cilegon	1
	TOTAL	561

Some Hospital Performance

Table A5.23

Hospitalization Service Performance, 2009

NO.	DESCRIPTION ON RAWAT INAP SERVICE	AMOUNT
1	Number of patients come to get hospitalization service	12.795
2	Number of patient leave from the hospital, live or dead	12.663
3	Number of patient leave from the hospital, dead less than 48 hours	115
4	Number of patient leave from the hospital, dead more than 48 hours	254
5	Duration of care	67.369
6	Number of day care	54.638

Table A5. 24

Hospitalization Service Performance, 2007 and 2008

NO.	INDICATOR	2007	2008
1	Patients leaving with dead/ alive	9.526/ 365 people	10.528/466
2	BOR (%)	104	84
3	Av LOS	5	5
4	BTO	68 times	60 times
5	TOI	1 day	1 day
6	NDR	28/ 1000	22/ 1000
7	GDR	42/ 1000	35/ 1000