Indonesia Country Profile

Context
Extension: 1,913,000 Km2. Around 15,000 islands (70% unpopulated); the world's largest archipelago, Indonesia achieved independence from the Netherlands in 1949.

Indonesia experiences regular natural disasters, such as earthquakes, tsunamis, floods, severe droughts and volcanic eruptions. Since the Indonesian archipelago forms a part of the Pacific Ring of Fire, it is prone to earthquakes and volcanic eruptions. The government has since last year been putting 10 of its 129 active volcanoes on “alert” status.

In recent years, political, economic, religious and social crises have led to complex emergency situations in several provinces: Maluku, North Maluku, NTT (West Timor), Aceh, Sulawesi, Papua and Kalimantan.

The Government of the Republic of Indonesia established an emergency coordinating body, called BAKORNAS, at central level and SATKORLAK at provincial level.

Geography
Location: South eastern Asia, archipelago between the Indian Ocean and the Pacific Ocean
Land boundaries: border countries: Malaysia 1,782 km, Papua New Guinea 820 km
Climate: tropical; hot, humid; more moderate in highlands
Natural hazards: occasional floods, severe droughts, tsunamis, earthquakes, and volcanoes
Geography: archipelago of 17,000 islands (6,000 inhabited); straddles Equator; strategic location astride or along major sea-lanes from Indian Ocean to Pacific Ocean

Population
Total Population: 228,437,870 (male 48,2%; female 51,8%) (July 2001 est.)
Age structure:
- 0-14 years: 30.26% (male 50,9%; female 49,1%)
- 15-64 years: 65.11% (male 49,9%; female 50,1%)
- 65 years and over: 4.63% (male 43,8%; female 56,2%)
Life expectancy:
- Male: 65.9 years. Female: 70.75 years (2001)

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

IDPs and Refugees: According to the Indonesian government, as per 1st of January 2003, there are no more IDP’s and Refugees status. However, there are still conflict-affected populations in 6 provinces, i.e. Nusa tenggara

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

Executive branch

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

Cabinet: Cabinet appointed by the president

Elections: president and vice president elected separately by the 700-member People’s Consultative Assembly or MPR for five-year terms.

Legislative branch

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

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

Judicial branch

Supreme Court or Mahkamah Agung (appointed by the president)

Administrative Division

2 special regions: Aceh and Yogyakarta

1 capital city district: Jakarta

27 provinces: Each province is sub-divided in districts (nr. 357, the key administrative units) and each district in sub-districts.

Structure of the Health System – Health System Profile

Departemen Kesehatan (DEPKES)

Ministry of Health

Central Level

Dinas Kesehatan Propinsi(Dinkes)
(Provincial health Office)

Provincial Level

Dinas Kesehatan Tingkat Kabupaten / Kota
(District Level Health Office)

District Level

Pusat Kesehatan Masyarakat (PUSKESMAS) tingkat Kecamatan
(Sub district level Health center)

Village Level

PUSKESMAS Pembantu (PUSTU) Pondok Bersalin Desa (POLINDES) Pos pelayanan terpadu (POSYANDU)
Sub Health Center Village midwife clinic Integrated Health Post

Administrative/Political Structure and Health Structure

<table>
<thead>
<tr>
<th>Political Structure</th>
<th>Health Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>Level</td>
</tr>
<tr>
<td>Central (Pusat)</td>
<td>Ministry Of Health</td>
</tr>
<tr>
<td>Government of Indonesia</td>
<td>(Departemen)</td>
</tr>
<tr>
<td>Minister of Health (Mentri Kesehatan)</td>
<td></td>
</tr>
</tbody>
</table>

Sources: Bakornas PBP, 24 February 2003

2 Sources: WHO, World Bank, Indonesia Health Profile, MoH 2000
Each sub-district in Indonesia has at least one health centre headed by a doctor, usually supported by two or three sub-centres, the majority of which are headed by nurses. Most health centres are equipped with four-wheel drive vehicles or motorboats to serve as mobile health units and provide services to underserved populations in urban and remote rural areas. Mobilization of internal and external resources to support development programmes is under the responsibility of the National Development Planning Board. At the village level, the integrated Family Health Post provides preventive health services. These health posts are established and managed by the community with the assistance of health center staff.

Total expenditure on health as % of GDP: 1.7

Total per capita health expenditure in USD: 56

**Health Facilities**
- Hospital beds / 1000 population: 0.7
- Public Hospitals: 680
- Public Health Centres: 7,237
- Public Health Sub-centres: 21,267
- Moving Public Health Centres: 6,440

**Health Personal**
- Physicians rate / 100,000 populations: 16
  - Physicians: 34,603
  - Nurses/Midwives: 108,068
  - Pharmacist and other medical graduates: 6,410
  - Non-nursing paramedics: 91,078
  - Assistant paramedics: 30,752
  - Non-medical paramedics: 84,332

**Epidemiological Profile**

**Crude mortality rate:** 7.51 per 1,000 / year

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

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

**Maternal mortality rate:** 470 per 100,000 live birth / year

**Immunisation**:
- BCG 85 %, DPT3 64 %, Polio 74 %, Measles 71 %, HB1 91.1 %, HB2 84.4 %, HB3 83.0 %; TT pregnant women: TT1: 84% and TT2: 77%

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

**Nutrition**
The prevalence of severe and moderate malnutrition of children under 5 is 25%.
The percentage of Reproductive women with MUAC < 23.5 cm are 21.5%

---

4 Source: Indonesian Health Profile, MoH 2001
5 Source WHO
6 Source: UNAIDS, MoH (1999 est.)
7 Source: Indonesian Health Profile, MoH 2001
**Water and Sanitation**

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

**Accessibility and Essentials for Logistics**

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

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

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

**Communication**

- **Telephones** - main lines in use: 5,588,310 (1998); mobile: 1.07 million (1998)
- **Telephone system** - general assessment: domestic service fair, international service good
- **Radios:** 31.5 million (1997)
- **Television broadcast stations:** 41 (1999)
- **Televisions:** 13.75 million (1997)
- **Internet Service Providers (ISPs):** 24 (2000)
- **Internet users:** 400,000 (2000)

**Security**

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

**Main Humanitarian Players**

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

**Coordination**

The *UN Technical Humanitarian Coordination Meeting on Indonesia* meets every two weeks. These meetings are attended by UN agencies, IOM and the World Bank, with OCHA providing secretariat services. Humanitarian coordination meetings (at the level of Heads of Agencies) are conducted under the chairmanship of the Humanitarian Coordinator, with the participation of agencies that are members of the Inter-Agency Standing Committee.

**UN - NGOs Coordination Meeting:** A monthly NGO coordination meeting is held on a monthly basis.

**UN - Donors Coordination:** Regular donor coordination meetings are arranged at technical level, and chaired by OCHA. Twice a year, humanitarian coordination meetings at ambassadorial level are held under the chairmanship of the Humanitarian Coordinator. Ad hoc meetings are arranged in connection with CAPs or specific emergencies.

**Coordination with Government:** at least once a month, OCHA Indonesia meets with BAKORNAS PBP to coordinate ongoing humanitarian efforts. There are no coordination meeting with the MOH.

**Useful Contacts**

The complete list of contacts is available upon request (WHO/EHA and OCHA Indonesia).

---