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Delivery and financing of primary health care in Indonesia

■ Dr. Dian Kusuma, MPH, ScD

Part 1: Health service delivery at districts

- District health office
- Puskesmas (government public health center)
- Direct network of Puskesmas
- Indirect network of Puskesmas

District health offices

- One in each district: 514 districts (cities/regencies)
- Accountability: Led by the heads and accountable to the mayors
- Types: A (large workload), B (medium), and C (small)
- Responsibilities: primary health services, referral health services, and licenses for hospitals (only for hospitals classes C and D) and other local health facilities.

District health offices by type and province, 2019

Provinsi	Jumlah Dinkes	Tipe A	Tipe B	Tipe C
	N	%	%	%
Aceh	23	39,1	56,5	4,3
Sumatera Utara	33	60,6	36,4	3,0
Sumatera Barat	19	47,4	26,3	26,3
Riau	12	91,7	8,3	0,0
Jambi	11	45,5	54,5	0,0
Sumatera Selatan	17	58,8	41,2	0,0
Bengkulu	10	20,0	60,0	20,0
Lampung	15	80,0	20,0	0,0
Bangka Belitung	7	85,7	14,3	0,0
Kepulauan Riau	7	85,7	14,3	0,0
DKI Jakarta	6	0,0	16,7	83,3
Jawa Barat	27	81,5	18,5	0,0
Jawa Tengah	35	37,1	62,9	0,0
DI Yogyakarta	5	100,0	0,0	0,0
Jawa Timur	38	78,9	21,1	0,0
Banten	8	87,5	12,5	0,0
Bali	9	44,4	44,4	11,1
Nusa Tenggara Barat	10	50,0	50,0	0,0
Nusa Tenggara Timur	22	59,1	36,4	4,5
Kalimantan Barat	14	78,6	14,3	7,1
Kalimantan Tengah	14	21,4	78,6	0,0
Kalimantan Selatan	13	46,2	53,8	0,0
Kalimantan Timur	10	50,0	40,0	10,0
Kalimantan Utara	5	20,0	80,0	0,0
Sulawesi Utara	15	46,7	40,0	13,3
Sulawesi Tengah	13	84,6	15,4	0,0
Sulawesi Selatan	24	70,8	25,0	4,2
Sulawesi Tenggara	17	35,3	52,9	11,8
Gorontalo	6	33,3	66,7	0,0
Sulawesi Barat	6	16,7	66,7	16,7
Maluku	11	63,6	36,4	0,0
Maluku Utara	10	10,0	70,0	20,0
Papua Barat	13	69,2	23,1	7,7
Papua	29	55,2	24,1	20,7
INDONESIA	514	56,8	36,8	6,4

DHO structure: Type A

- Secretary: Program, PR, finance, assets, legal, HR
- Public health division: (a) Family health and community nutrition, (b) Health promotion and community engagement, (c) Environmental health, occupational health, and sports.
- Disease prevention & control division: (a) Health surveillance and immunization, (b) Infectious disease prevention and control, (c) Non-communicable disease prevention and control including mental health.
- Health service division: (a) Primary health care, (b) Referral health services, (c) Traditional and complimentary medicine.
- Health resource division: (a) Pharmaceuticals, (b) Health equipment and supplies, (c) Human resource for health.

Puskesmas

- Regulation: puskesmas must be established in every sub-district. Under certain conditions (e.g. needs, population, accessibility), can be more.
- Accountability: Led by the heads and accountable to DHO
- Responsibilities:
 - Public health services (UKM) at first level: (a) health promotion services, (b) environmental health services, (c) family health services, (d) nutrition services, and (e) disease prevention and control services.
 - Individual health services (UKP) at first level: carried out by doctors, dentists, other health workers with competency/authority based on regulations. Include (1) outpatient care, both health visits and sick visits, (2) emergency services, (3) normal delivery services, (4) home care, (5) hospitalization based on consideration of the need for health services
 - Guidance for primary healthcare facilities in its area.

Provinsi	Jumlah dinkes	Jumlah Puskesmas
	N	n
Aceh	23	354
Sumatera Utara	33	598
Sumatera Barat	19	274
Riau	12	231
Jambi	11	199
Sumatera Selatan	17	339
Bengkulu	10	179
Lampung	15	307
Bangka Belitung	7	64
Kepulauan Riau	7	87
DKI Jakarta	6	326
Jawa Barat	27	1.087
Jawa Tengah	35	878
DI Yogyakarta	5	121
Jawa Timur	38	968
Banten	8	241
Bali	9	120
Nusa Tenggara Barat	10	169
Nusa Tenggara Timur	22	415
Kalimantan Barat	14	244
Kalimantan Tengah	14	202
Kalimantan Selatan	13	235
Kalimantan Timur	10	183
Kalimantan Utara	5	57
Sulawesi Utara	15	194
Sulawesi Tengah	13	207
Sulawesi Selatan	24	461
Sulawesi Tenggara	17	287
Gorontalo	6	93
Sulawesi Barat	6	95
Maluku	11	207
Maluku Utara	10	140
Papua Barat	13	169
Papua	29	472
INDONESIA	514	10.203

District health office and puskesmas by province, 2019

Minimum standard of services (SPM)

- = Mandatory provisions of basic services that every citizen has the right to obtain at a minimum.
- Ministry of Home Affairs Regulation 59/2021: Guidance for SPM for provinces and districts.
- 6 areas: Education; Health; Public works; Public housing; Peace, public order, community protection; Social.
- At the district level, 29 SPM indicators, including 12 health indicators
 1. health services for pregnant women
 2. maternal health services for delivery
 3. newborn health services
 4. health services for under-five years old
 5. health services at primary education age
 6. health services at productive age
 7. health services for the elderly
 8. health services for people with hypertension
 9. health services for people with diabetes mellitus
 10. health services for people with serious mental disorders
 11. health services for people suspected of tuberculosis
 12. health services for people at risk of being infected with HIV

Distribution of health workers by characteristics (Rifaskes 2019)

medical doctors and dentists

Provinsi	Jumlah Puskesmas (N)	Dokter		Dokter gigi	
		N	Rerata	N	Rerata
Kategori puskesmas sesuai SK penetapan					
Tidak ada SK Penetapan	1.296	3.432	2,65	1.165	0,90
Perkotaan	2.442	7.964	3,26	3267	1,34
Perdesaan	4.147	8.550	2,06	3.193	0,77
Terpencil / Sangat Terpencil	1.946	2.399	1,23	704	0,36
Status Akreditasi PKM					
Tidak Ada Akreditasi	2.262	3.231	1,43	1.017	0,45
Dasar	2.434	5.249	2,16	1.909	0,78
Madya	4.247	10.230	2,41	4.134	0,97
Utama	826	2.976	3,60	1.104	1,34
Paripurna	62	659	10,63	165	2,66
Jenis Puskesmas					
Rawat Inap	4.094	9.718	2,37	3.465	0,85
Non Rawat Inap	5.737	12.627	2,20	4.864	0,85
Status Pola Pengelolaan Keuangan PKM					
BLUD	3.239	9.189	2,84	3.391	1,05
Non BLUD	6.592	13.156	2,00	4.938	0,75

nurses and midwives

Provinsi	Jumlah Puskesmas (N)	Perawat		Bidan	
		N	Rerata	N	Rerata
Kategori puskesmas sesuai SK penetapan					
Tidak ada SK Penetapan	1.296	14.313	11,04	15.832	12,22
Perkotaan	2.442	30.070	12,31	35.768	14,65
Perdesaan	4.147	54.398	13,12	72.413	17,46
Terpencil / Sangat Terpencil	1.946	23.803	12,23	24.147	12,41
Status Akreditasi PKM					
Tidak Ada Akreditasi	2.262	22.411	9,91	24.542	10,85
Dasar	2.434	32.822	13,48	39.300	16,15
Madya	4.247	54.924	12,93	69.416	16,34
Utama	826	11.286	13,66	13.689	16,57
Paripurna	62	1.141	18,40	1.213	19,56
Jenis Puskesmas					
Rawat Inap	4.094	65.708	16,05	73.610	17,98
Non Rawat Inap	5.737	56.876	9,91	74.550	12,99
Status Pola Pengelolaan Keuangan PKM					
BLUD	3.239	36.069	11,14	46.013	14,21
Non BLUD	6.592	86.515	13,12	102.147	15,50

Direct network of Puskesmas (*Jaringan*)

- Pustu (auxiliary Puskesmas), Pusling (mobile Puskesmas), Polindes (village midwife)
 - Integral part of Puskesmas; need regular supervision/development by Puskesmas
 - Aim: to increase the reach and quality of health services for the community
- Pustu:
 - 1 for 2-3 villages/wards (*desa/kelurahan*). Under certain conditions (e.g. needs, population, accessibility/availability of resources), can be 1 in each village/ward. Conditions determined by DHOs.
- Pustu roles:
 - Increasing access to primary health services in certain working area of Puskesmas
 - Supporting the implementation of primary health services, especially public health services (UKM)
 - Supporting the implementation of Posyandu activities, immunization, MCH family planning, health education, surveillance, and community empowerment.
 - Supporting referral services;
 - Supporting promotive and preventive services.

Number of Pustu by province, 2019

Provinsi	Jumlah Puskesmas (N)	Puskesmas dengan pustu	Jumlah pustu
Aceh	347	347	928
Sumatera Utara	571	571	1.857
Sumatera Barat	271	271	930
Riau	216	216	956
Jambi	193	193	600
Sumatera Selatan	328	328	929
Bengkulu	179	178	463
Lampung	299	299	777
Bangka Belitung	63	63	156
Kepulauan Riau	80	80	285
DKI Jakarta	313	313	143
Jawa Barat	1.069	1.068	1.633
Jawa Tengah	876	876	1.809
DI Yogyakarta	121	121	351
Jawa Timur	964	964	2.323
Banten	233	233	291
Bali	120	120	520
Nusa Tenggara Barat	161	161	543
Nusa Tenggara Timur	374	374	1.040
Kalimantan Barat	241	241	927
Kalimantan Tengah	197	196	1.116
Kalimantan Selatan	232	232	508
Kalimantan Timur	178	178	710
Kalimantan Utara	55	55	226
Sulawesi Utara	193	193	541
Sulawesi Tengah	196	196	684
Sulawesi Selatan	452	452	1.302
Sulawesi Tenggara	281	281	516
Gorontalo	93	93	238
Sulawesi Barat	94	94	382
Maluku	199	199	485
Maluku Utara	129	129	286
Papua Barat	157	157	477
Papua	356	353	996
INDONESIA	9.831	9.825	25.928

- Polindes or village midwife = midwifery service activities by midwives assigned to a village or sub-district within a working area of Puskesmas.
- Roles
 - Maternal health services
 - Child health services
 - Reproductive health and family planning services
 - Promotive, preventive, community empowerment
 - Other priority health services assigned by Puskesmas.

Provinsi	Jumlah puskesmas (N)	Puskesmas dengan polindes (n)	Jumlah polindes
Aceh	347	347	1.721
Sumatera Utara	571	570	1.271
Sumatera Barat	271	271	1.324
Riau	216	216	398
Jambi	193	193	293
Sumatera Selatan	328	328	1.650
Bengkulu	179	172	219
Lampung	299	299	409
Bangka Belitung	63	63	138
Kepulauan Riau	80	80	391
DKI Jakarta	313	313	3
Jawa Barat	1.069	1.068	2.170
Jawa Tengah	876	873	2.022
DI Yogyakarta	121	121	29
Jawa Timur	964	964	4.071
Banten	233	233	90
Bali	120	120	49
Nusa Tenggara Barat	161	161	636
Nusa Tenggara Timur	374	374	902
Kalimantan Barat	241	241	1.225
Kalimantan Tengah	197	197	363
Kalimantan Selatan	232	232	683
Kalimantan Timur	178	178	240
Kalimantan Utara	55	55	29
Sulawesi Utara	193	193	142
Sulawesi Tengah	196	196	507
Sulawesi Selatan	452	452	327
Sulawesi Tenggara	281	280	484
Gorontalo	93	93	106
Sulawesi Barat	94	91	39
Maluku	199	199	142
Maluku Utara	129	129	459
Papua Barat	157	157	343
Papua	356	354	309
INDONESIA	9.831	9.813	23.184

Indirect network of Puskesmas (Jejaring)

- Posyandu (Integrated services post) by the community at neighborhood level
- To synergize services needed: improving health and nutrition, education and child development, family economy, food security and social welfare.
- Five main activities:
 - maternal child health
 - family planning
 - Immunization
 - nutrition
 - diarrhea management

Component	Posyandu Lansia	Posbindu PTM
Principle	Improving Quality of Life through promotive preventive efforts	Early detection of diseases
Target group	<ul style="list-style-type: none"> • Pre-elderly (45-59 years old) • Elderly (60+ years old) 	15+ years old
Implementers	Trained cadres accompanied by health workers	Trained cadres
Frequency	At least once a month	At least once a month
Location	<ul style="list-style-type: none"> • In the community (e.g. posyandu) • Mosques/churches/temples 	<ul style="list-style-type: none"> • In the community (e.g. posyandu) • Mosques/churches/temples • Schools or universities • Workplaces • Public places (stations, malls, markets) • Certain groups (hajj groups, prisons, pesantren, etc.)
Activities	Five steps include: Step 1: registration Step 2: interview of health behaviors, checking independence status, measuring weight, height, BMI, waist circumference Step 3: blood pressure measurement, medical examination, and mental and cognitive status Step 4: checking blood sugar, cholesterol, uric acid Step 5: providing education and counseling, referrals, and provision of supplementary food (PMT)	Five steps include: Step 1: Registration, filling in national ID, biodata and recording service results Step 2: interview NCD risk factors Step 3: measure weight, height, waist circumference, calculate BMI and reporting results Step 4: checking blood pressure and blood sugar levels if able to check cholesterol, eyesight and hearing Step 5: identifying NCD risk factors, education/counseling, follow-up

Posyandus by province, 2019

Provinsi	Jumlah Puskesmas (N)	Jumlah posyandu	Jumlah Posyandu Lansia	Jumlah Posbindu PTM
Aceh	347	7.707	4.516	4.270
Sumatera Utara	571	15.077	5.245	3.888
Sumatera Barat	271	7.636	3.270	2.307
Riau	216	5.281	1.878	1.498
Jambi	193	3.342	1.403	1.231
Sumatera Selatan	328	6.579	3.572	2.682
Bengkulu	179	2.256	1.644	1.588
Lampung	299	8.508	3.031	2.470
Bangka Belitung	63	1.105	624	603
Kepulauan Riau	80	1.428	675	491
DKI Jakarta	313	7.816	3.485	2.806
Jawa Barat	1.069	51.006	11.831	9.182
Jawa Tengah	876	50.464	19.940	7.142
DI Yogyakarta	121	5.838	3.752	1.019
Jawa Timur	964	46.939	18.628	8.528
Banten	233	10.346	2.110	1.769
Bali	120	4.774	1.360	796
Nusa Tenggara Barat	161	7.055	2.159	1.493
Nusa Tenggara Timur	374	10.227	3.762	2.197
Kalimantan Barat	241	5.430	1.900	1.547
Kalimantan Tengah	197	2.735	1.362	1.000
Kalimantan Selatan	232	4.104	1.715	1.396
Kalimantan Timur	178	4.532	1.494	1.340
Kalimantan Utara	55	903	299	223
Sulawesi Utara	193	2.348	1.684	1.371
Sulawesi Tengah	196	3.272	2.242	2.130
Sulawesi Selatan	452	10.121	4.667	3.877
Sulawesi Tenggara	281	3.218	2.093	2.105
Gorontalo	93	1.314	795	772
Sulawesi Barat	94	2.143	755	701
Maluku	199	2.321	1.435	936
Maluku Utara	129	1.571	1.025	818
Papua Barat	157	1.446	409	235
Papua	356	3.308	1.417	420
INDONESIA	9.831	302.150	116.177	74.831

Reporting SPM

Welcome,
KOTA

- Home
- Input Data
- Laporan
- Hambatan/kendala SPM

KEMENTERIAN KESEHATAN REPUBLIK INDONESIA

STANDAR PELAYANAN MINIMAL

Selamat Datang,

Selamat datang di Aplikasi Monitoring Pelaksanaan SPH Bidang Kesehatan

Aplikasi ini berguna untuk mengumpulkan data dan informasi kesehatan secara berkala yang bersumber dari Dinas Kesehatan Kabupaten/Kota dan Dinas Kesehatan Provinsi.

Umum

Input Data

Melihat Data

Verifikasi Data

Download Panduan Aplikasi

Bagaimana alur penjurjaan aplikasi ini?

Sebagai user tingkat Dinas Kesehatan Kabupaten/Kota, user diminta untuk mengumpulkan data sasaran terlebih dahulu sesuai dengan tahun sasaran dan indikator yang telah disediakan. Setelah menyiapkan data sasaran, user harus melakukan pengajuan data agar data dapat diperiksa oleh Dinas Kesehatan Provinsi. Setelah data sasaran di verifikasi, user dapat mengumpulkan data realisasi, serta dapat melihat rekap laporan.

Bagaimana jika saya lupa password untuk login?

Bagaimana jika saya lupa username untuk login??

spm.kemkes.go.id/pengajuan_data/data_sasaran/

Home / Pengajuan Data / Data Sasaran

Data Sasaran

Detail Laporan Proses Pengajuan

Sumber Data Tahun

Lakukan pencarian sumber data: Tahun tentukan tahun data:

KOTA Tahun 2022

Nama Variabel	Jumlah Sasaran	Keterangan
Pelayanan Kesehatan Ibu Hamil		
Jumlah sasaran ibu hamil	11712	
Pelayanan Kesehatan Ibu Bersalin		
Jumlah sasaran ibu bersalin	11179	
Pelayanan Kesehatan Bayi Baru Lahir		
Jumlah sasaran bayi lahir hidup	11520	
Pelayanan Kesehatan Balita		
Jumlah Balita usia 12-59 bulan	4844	
Pelayanan Kesehatan pada Usia Pendidikan Dasar		

Part 2: Public health spending at districts

- Special Allocation Funds (DAK) Non-physical for health
- BPJS Capitation for PHC

Special Allocation Funds (DAK) Non-physical for health

- Definition: Funds from APBN national budget allocated to regions to help fund operational activities in health sector in accordance with national priorities.
- = Health Operational Assistance (BOK), to fund operational expenditure for national priority programs for health services and puskesmas
- The work plan for DAK Non-physical for health is prepared by DHO and approved by MOH.
- At MOH, DAK Non-physical for health is under the leaderships of
 1. Secretariat General
 2. Directorate General of Public Health
 3. Directorate General of Health Services
 4. Directorate General of Disease Prevention and Control
 5. Directorate General of Pharmaceuticals and Medical Devices
 6. Health Development Policy Agency.

National health priorities

- Main public health issues: improving life expectancy, reducing maternal deaths, child deaths, and childhood stunting.
- The number of tuberculosis cases in Indonesia is the second highest in the world and the proportion of deaths due to infectious diseases is higher than the regional average in Southeast Asia.
- Prevalence of smoking among 15+ years was highest among other countries in the region (MOH Planning Bureau, 2023).

Four main challenges in improving PHC

- Human resource for health is generally lacking. 50% puskesmas in Maluku and Papua no physicians, 60% puskesmas no labs, and 33% no pharmacists.
- Quality of health services is poor. 23% of puskesmas not yet accredited, only 17% puskesmas have capacity to treat patients with chronic conditions, 50% puskesmas in Papua no counter-referral.
- Drug and health equipment are not adequate. 25% of puskesmas have <80% drug availability, 75% puskesmas received expired drugs due to supply chain issue, and 50% puskesmas no psychiatric drugs.
- Puskesmas budget is not enough. Budget is relatively limited and not flexible for operational expenses and utilization of puskesmas budget is relatively low. Puskesmas budget rely on capitation from BPJS-K, which may shift the focus towards curative services, instead of preventive and public health (UKM).
- **All reasons to revitalize PHC, including through DAK Non-physical for health (MOH Planning Bureau, 2023).**

Types of DAK Non-physical for health at (1) PROVINCES

Group	Activity	Sub-activity
1. BOK Provincial Health Office	a. Essential tertiary public health services (UKM)	a. reducing MMR, IMR, and accelerating improvements in community nutrition b. early detection, prevention and disease response efforts c. efforts of the Healthy Living Community Movement (Germas)
	b. pharmacy and BMHP	a. procurement of medicines for maternal and child health programs b. procurement of medicines for nutrition programs c. distribution of medicines, BMHP and vaccines from provinces to districts/cities.
	c. hospital accreditation	Accelerating the implementation of hospital accreditation in the Maluku Province region and all provinces in Papua.
	d. training / capacity building on priority topics.	Training health workers/Puskesmas officers according to life cycle cluster services.

Types of DAK Non-physical for health at (2) DISTRICTS

Group	Activity	Sub-activity
2. BOK District Health Office	a. Essential secondary UKM	a. reducing MMR, IMR, and accelerating improvements in community nutrition b. early detection, prevention and disease response efforts c. efforts of the Healthy Living Community Movement (Germas).
	b. pharmaceuticals and consumables including medical consumables	a. pharmacy and medical consumables b. Consumables for disease prevention and control.
	c. regional health laboratory accreditation	Improving the quality and accreditation of regional health laboratories towards Bio Safety Level Two (BSL-2).
	d. PHC facility accreditation	Improving the quality of PHC services
	e. mobile health services	Increasing access to health services in remote/very remote areas through mobile health services
	f. training / capacity building on priority topics.	a. health workers through training b. health cadres through workshops
	g. providing supplementary food made from local produce.	Providing supplementary food made from local produce for pregnant women with Chronic Energy Deficiency (KEK) and malnourished toddlers.

Types of DAK Non-physical for health: (3) DRUGS & (4) PUSKESMAS

Group	Activity	Sub-activity
3. BOK Drug & food supervision	BOK for drug and food supervision	Align with the regulations of the agency that carries out the duties and functions of drug and food supervision.
4. BOK Puskesmas	a. Essential primary UKM	a. reducing MMR, IMR, and accelerating improvements in community nutrition b. early detection, prevention and disease response efforts c. efforts of the Healthy Living Community Movement (Germas).
	b. providing additional food made from local food;	Additional food made from local food for pregnant women with Chronic Energy Deficiency (KEK) and malnourished toddlers.
	c. UKM incentives	Providing incentives to improve the performance of Puskesmas officers in implementing UKM at Puskesmas
	d. Puskesmas management	a. efforts to strengthen planning through mini workshops b. Puskesmas and Pustu internet packages c. preparation of Puskesmas BLUD.
	e. Calibration	Carrying out calibration of Puskesmas medical equipment.

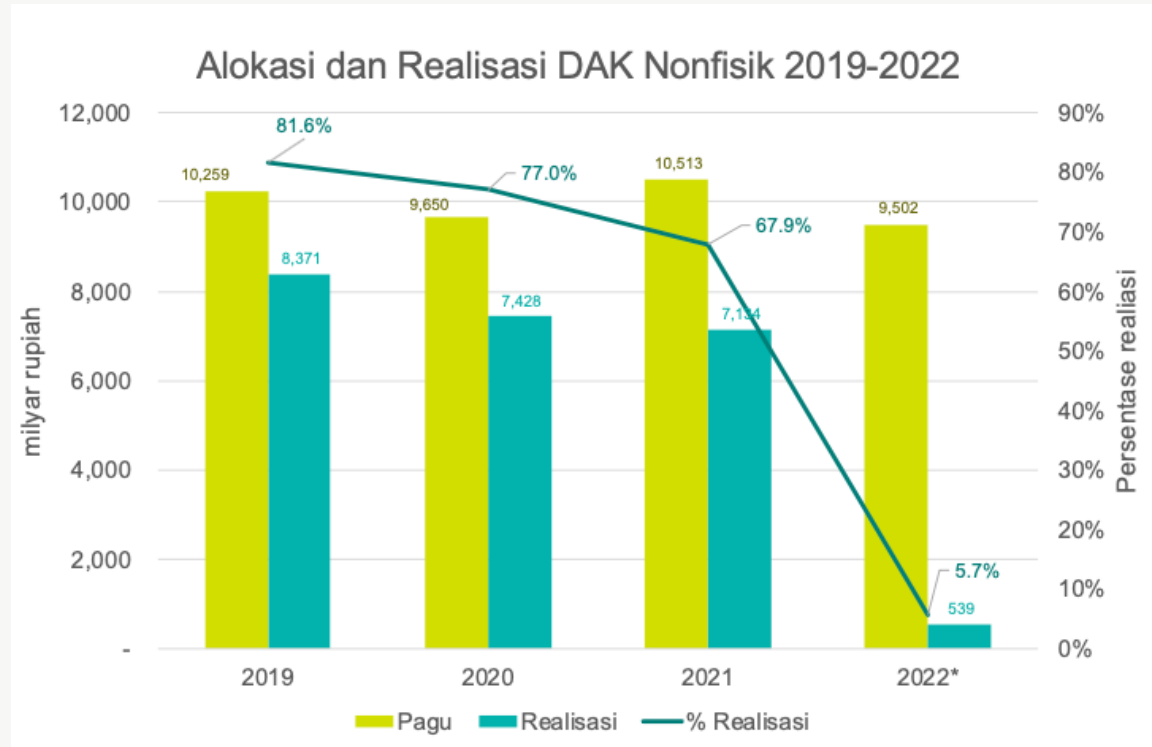
Amount of allocation

- Calculated according to a formula by considering the criteria, components and data sources.
- Criteria:
 - a. General criteria formulated based on regional financial capacity
 - b. Special criteria are formulated based on regional characteristics through regional weights and regional characteristics through district/city status
 - c. Technical criteria formulated by considering technical indicators in the health sector and actual budget absorption.
- Components consist of basic allocation, additional allocation and priority allocation. Data sources consist of health sector indicator data and other relevant and accountable technical data.
- Amount of allocation for Puskesmas is determined by the local government, considering population, coverage area of Puskesmas, performance achievements of national priority indicators, and the realization of budget absorption.
- For provinces, the amount for the new autonomous region is determined proportionally from the BOK allocation for the parent Provincial Health Office. The new autonomous region consists of: (a). The expansion of Papua Province includes Papua province, South Papua province, Central Papua province, and Papua Mountain province; (b) The expansion of West Papua Province includes West Papua province and Southwest Papua province.

Distribution of funds

- For provinces: From national general treasury account to the provincial general treasury account.
- For districts: From national general treasury account to the district general treasury account.
- For Puskesmas: From national general treasury account to Puskesmas account (part of local general treasury).
- Distribution of BOK Puskesmas Funds is carried out by the ministry that carries out government affairs in the financial sector after receiving a recommendation from the ministry that handles government affairs in the health sector.
- Distribution recommendations are made based on reports on the utilization of the funds submitted by the Provincial/District Government.

Utilization of DAK Non-physical special allocation funds for health in Indonesia 2019-2022

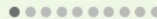


Note: Data source is MOH Planning Bureau (2023). For utilization, data was up to July 2022.

E-renggar application managed by MOH Bureau of Planning and Budgeting: <https://e-renggar.kemkes.go.id/>

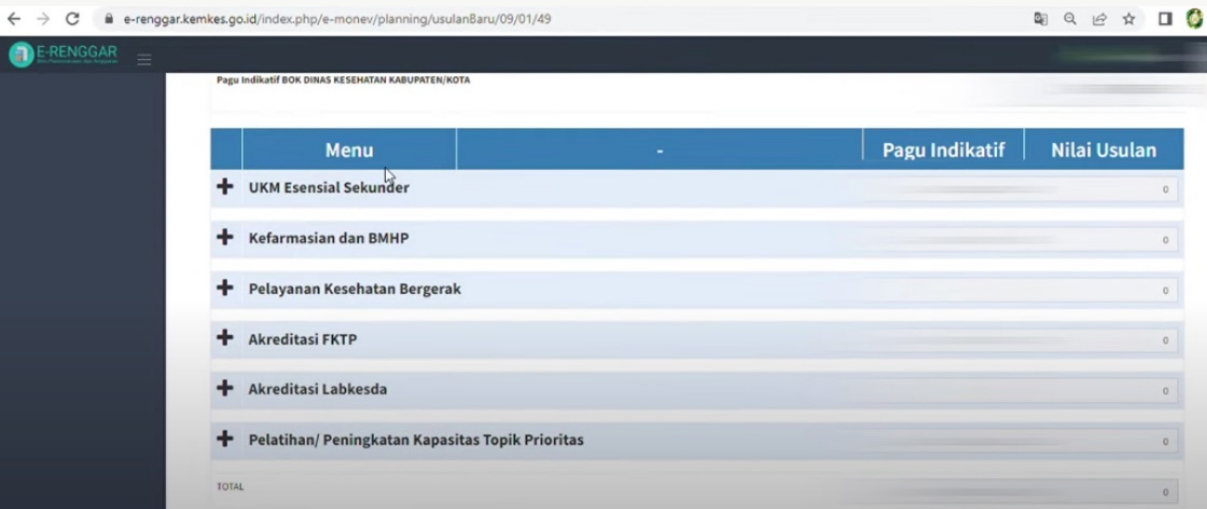


SISTEM INFORMASI KEMENTERIAN KESEHATAN



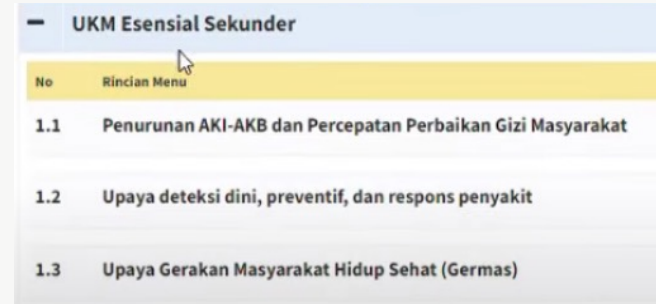
PELAPORAN GRATIFIKASI | PELAPORAN WBS

Sample of menu in e-renggar application for DAK Non-physical for health



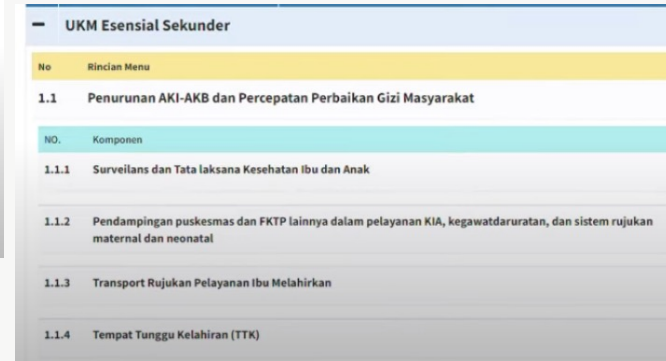
The screenshot shows the main menu of the e-renggar application. The browser address bar indicates the URL: e-renggar.kemkes.go.id/index.php/e-monev/planning/usulanBaru/09/01/49. The page title is "Pagu Indikatif BOK DINAS KESEHATAN KABUPATEN/KOTA". The menu is presented as a table with columns for "Menu", "Pagu Indikatif", and "Nilai Usulan".

Menu	Pagu Indikatif	Nilai Usulan
+ UKM Esensial Sekunder		0
+ Kefarmasian dan BMHP		0
+ Pelayanan Kesehatan Bergerak		0
+ Akreditasi FKTP		0
+ Akreditasi Labkesda		0
+ Pelatihan/ Peningkatan Kapasitas Topik Prioritas		0
TOTAL		0



This screenshot shows the expanded view of the "UKM Esensial Sekunder" menu. It features a table with columns for "No" and "Rincian Menu".

No	Rincian Menu
1.1	Penurunan AKI-AKB dan Percepatan Perbaikan Gizi Masyarakat
1.2	Upaya deteksi dini, preventif, dan respons penyakit
1.3	Upaya Gerakan Masyarakat Hidup Sehat (Germas)



This screenshot shows a detailed view of item 1.1 from the "UKM Esensial Sekunder" menu. It features a table with columns for "NO." and "Komponen".

NO.	Komponen
1.1.1	Surveilans dan Tata laksana Kesehatan Ibu dan Anak
1.1.2	Pendampingan puskesmas dan FKTP lainnya dalam pelayanan KIA, kegawatdaruratan, dan sistem rujukan maternal dan neonatal
1.1.3	Transport Rujukan Pelayanan Ibu Melahirkan
1.1.4	Tempat Tunggu Kelahiran (TTK)

Sample menu in e-renggar application for DAK Non-physical for health: Puskesmas

The screenshot displays the E-RENGGAR application interface. The browser address bar shows the URL: e-renggar.kemkes.go.id/index.php/e-monev/planning/usulanBaru/09/01/50. The application header includes the E-RENGGAR logo and a menu icon. The main content area is titled 'Pagu Indikatif BOK PUSKESMAS' and shows a value of 34,930,777,564. Below this is a table with the following data:

Menu	Pagu Indikatif	Nilai Usulan
+ UKM Esensial Primer		0
+ PMT Lokal		0
+ Insentif Tenaga Kesehatan UKM		0
+ Manajemen Puskesmas		0
+ Kalibrasi		0
TOTAL		0

BPJS Capitation Payment for PHC

- Capitation payments: Monthly payment paid in advance to PHC facilities based on the number of registered members without taking into account the type and amount of health services provided.
- 10,162 puskesmas contracted by BPJS (Sep 2021)
 - 3,825 Puskesmas BLUD (37.6%)
 - 6,337 Puskesmas Non-BLUD (62.4%).
- In 2020, among 224 million BPJS members, 155 million members (69.2%) registered at Puskesmas. Of total BPJS capitation payments of IDR 14 trillion in 2020, IDR 9.7 trillion (69.5%) paid to puskesmas.
- Standard capitation rates*
 - Puskesmas: IDR 3,600 - 9,000 per BPJS participant per month
 - Class D hospitals, private clinics: IDR 9,000 - 16,000 per participant per month
 - Independent or primary care doctor practices: IDR 8,300 - 15,000 per participant per month
 - Independent dental practices: IDR 3,000 - 4,000 per participant per month

*IDR 3,000 ~ 11 PHP

Capitation rates criteria

- The amount considers technical criteria which include:
 - a) human resources: availability of doctors, dentists
 - b) completeness of facilities and infrastructure
 - c) scope of service: based on risks (age and sex) of registered participants
 - d) service commitment: based on performance (level of participant visits to PHC facility), optimizing gatekeepers, promotive and preventive.
- Special capitation rates:
 - In remote areas, special capitation disregard the risk and performance criteria.
 - PHC facility which has a doctor is set at IDR 10,000 per participant per month.
 - PHC facility with only has midwives/nurses is set at IDR 8,000 per participant per month.
 - PHC facility with <1000 registered participants, rate is paid for 1000 participants.

Flow of funds

- Puskesmas BLUD
 - Flexibility in financial management
 - Direct transfer from BPJS to Puskesmas (BPJS capitation payment treasurer).
- Puskesmas non BLUD
 - No flexibility in financial management
 - Transfer from BPJS to district general fund
 - Will follow standard financial management at district; more time needed

Use of capitation payment at Puskesmas

- Entirely for:
 1. payment for health care services: at least 60% of capitation
 - Based on professions, admin duties, length of service, and attendance
 2. support for operational costs of health services: the rest
 - Costs of medicines, medical devices and medical consumables
 - Operational costs for other health services

- The amount is determined every year, DHO proposes and mayor decides, considering:
 - a) allowances received from local government;
 - b) health service operational activities in order to achieve performance targets in the health service sector;
 - c) the need for medicines, medical devices and consumable medical materials.

Example of calculation of health services from capitation payments

CONTOH PERHITUNGAN JASA PELAYANAN JKN															
PUSKESMAS SUKAMAJU															
JUMLAH PESERTA : 11.477 ORANG (PESERTA 10.001 S.D 15.000)															
JUMLAH PEGAWAI : 27 ORANG															
BESARAN KAPITASI : 6.000,- per Jiwa perbulan															
TOTAL KAPITASI: Rp. 68.862.000,-															
ALOKASI JASA PELAYANAN SESUAI KEPUTUSAN KEPALA DAERAH : 75%															
(1)	NAMA PEGAWAI	JENIS TENAGA	KEHADIRAN		MASA KERJA (Tahun)	POIN MASA KERJA	POIN TENAGA	JABATAN/RANGKAP TUGAS			P.J.Upaya/Koord. Kegiatan			TOTAL POIN PEGAWAI	PENERIMAAN JASA PELAYANAN KAPITASI
			Hadir	%				Ka.Puskes	Bendahara Kapitasi	Kepala TU/PJ.Penatausahaan Keuangan	Gizi	TB	DST..		
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
1		DOKTER UMUM	24	100	15	10	150	100					260	5.445.292	
2		DOKTER UMUM	24	100	7	5	150					10	165	3.455.666	
3		DOKTER UMUM	24	100	3	2	150					10	152	3.183.401	
4		DOKTER GIGI	24	100	8	5	150					10	165	3.455.666	
5		APOTEKER	24	100	2	2	100					10	112	2.345.664	
6		PERAWAT (Ners)	24	100	12	10	100					10	110	2.303.777	
7		TENAGA PROFESI KEBIDANAN	24	100	12	10	100					10	120	2.513.212	
8		TENAGA BIDAN (D-4)	24	100	15	10	80						90	1.884.909	
9		TENAGA BIDAN (D-3)	24	100	13	10	60						80	1.675.474	
10		SKM (S1 Keeling)	24	100	9	5	80					10	95	1.989.626	
11		SKM (S1 Promkes)	24	100	10	5	80		50				135	2.827.363	
12		D3 Keperawatan	24	100	6	5	60					10	75	1.570.757	
13		D3 Keperawatan	24	100	6	5	60				10	10	75	1.570.757	
14		D3 Keperawatan	24	100	5	5	60			10			75	1.570.757	
15		D3 Gizi	24	100	14	10	60						70	1.466.040	
16		D3 ANALIS KESEHATAN	24	100	4	0	60						10	70	1.466.040
17		D1 ANALIS KESEHATAN	24	100	7	5	60						10	65	1.361.321
18		SMK ANALIS KESEHATAN	24	100	5	5	60							55	1.151.889
19		SMK ANALIS KESEHATAN	24	100	13	10	60							60	1.256.606
20		S1 Teknologi Informasi	24	100	2	2	60							62	1.298.493
21		D3 Akuntansi	24	100	5	5	60		50					105	2.199.060
22		D3 Komputer	24	100	9	5	60							55	1.151.889
23		SMA	24	100	10	5	25			50				80	1.675.474
24		SMA	24	100	12	10	25							35	733.020
25		SMA	24	100	14	10	25							35	733.020
26		SMA	24	100	13	10	25							35	733.020
27		SMA	24	100	10	5	25							30	628.303
28		Dokter Internship	24	100	1 bln	2	75							77	1.612.644
29		Dokter Internship	24	100	1 bln	2	75							77	1.612.644
JUMLAH TOTAL						171	1.935	100	50	100	10	10	100	2.466	51.646.500

Thank you