

CHAPTER 3.4

THE DEPARTMENT OF HEALTH

3.4.1 Introduction

The Department of Health is unique amongst sectoral departments in possessing a structure that goes right down to the village level. The Indonesian community health program has been a major success. It has provided services that involve people in looking after their own health, and has been able to do this relatively uniformly throughout the country.

Indonesia espouses the concept of primary health care in its health programs. This program has evolved to consist of public health centres at subdistrict level, and integrated health service posts with regular village voluntary health activities. The health centres are known as *pusat kesehatan masyarakat (puskesmas)* and the health service posts as *pos pelayanan terpadu (posyandu)*. This system has been very successful at reaching people all over the country and providing access to health services. The primary health care system is supported by regional hospitals and specialised services throughout the country.

3.4.2 The Structure of the Department of Health

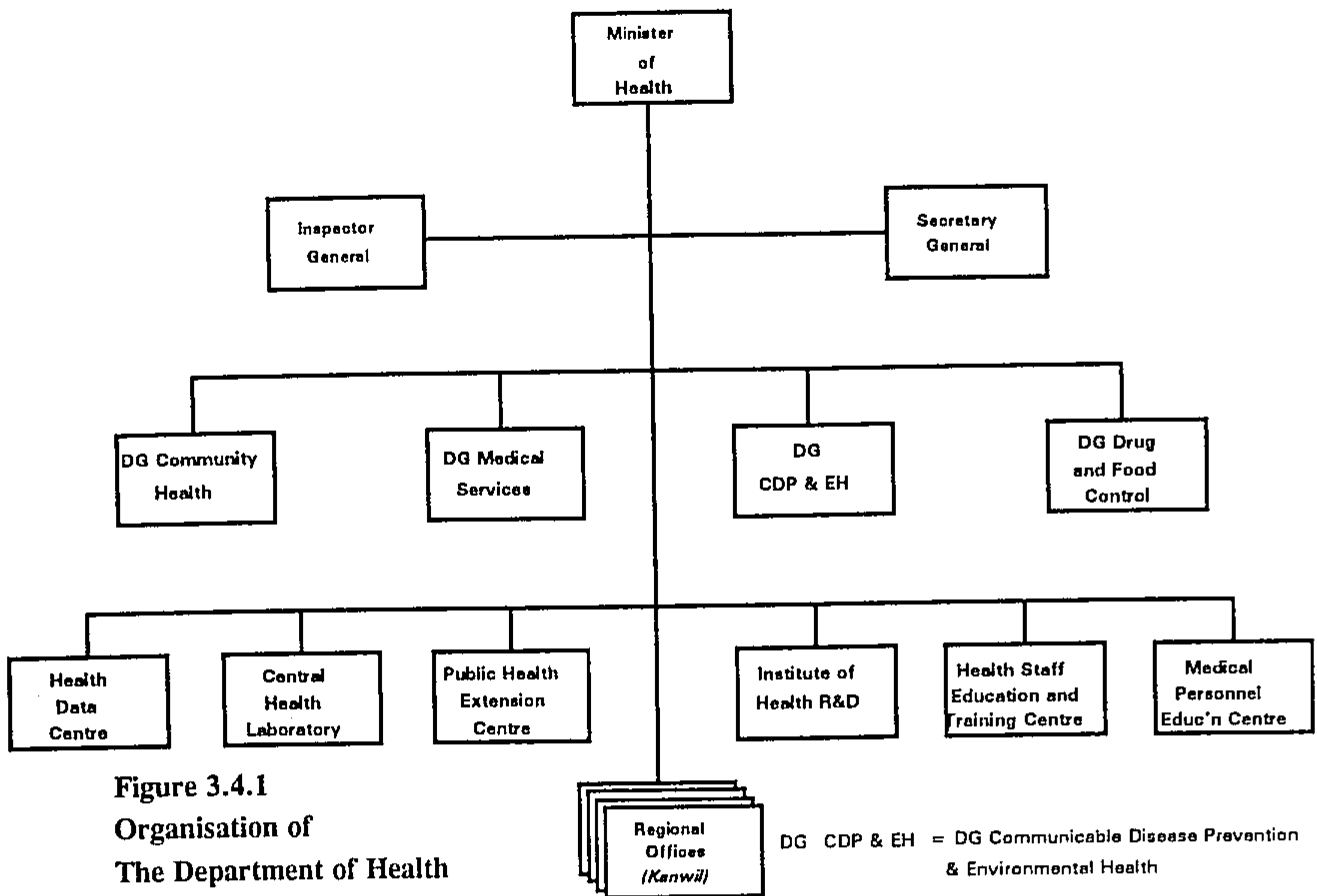
The Structure of the Department is shown in Figure 3.4.1.

3.4.3 The Secretariat-General of Health

The functions of Secretariats-General are covered in Section 1.2. The Secretariat-General consists of the following bureaux:

<i>Perencanaan</i>	Planning
<i>Kepegawaian</i>	Personnel
<i>Keuangan</i>	Finance
<i>Perlengkapan</i>	Supplies
<i>Hukum dan Hubungan Masyarakat</i>	Law and Public Relations
<i>Organisasi</i>	Organisation
<i>Umum</i>	General Administration

The Secretariat General of Health is located in Jalan Rasuna Said, Jakarta.



3.4.4 The Inspectorate-General of Health

For the Department of Health, the Inspectorate-General consists of the following units:

Sekretariat
Inspektur Kepegawaian
Inspektur Keuangan
Inspektur Perlengkapan
Inspektur Tugas Umum dan Proyek Pembangunan
Inspektur Bakor Stanas

Secretariat
 Personnel
 Finance
 Supplies/Logistics
 General Duties and Development Projects
 National Standards

All Inspectorates are located in Jakarta.

Regional responsibilities are allocated within each inspectorate to assistant inspectorates. Each Inspectorate covers four regions (*wilayah*). The regions are the same for each inspectorate:

<i>Wilayah 1</i>	Aceh, Sumut, Sumbar, Riau, Jambi, Sumsel, Bengkulu, Lampung
<i>Wilayah 2</i>	Jatim, Jateng, DIY, Jabar, DKI (including HQ), Bali
<i>Wilayah 3</i>	Kalbar, Kalteng, Kalsel, Kaltim, Sulteng, Sulut,
<i>Wilayah 4</i>	Sulsel, Sultra, NTB, NTT, Maluku, Timtim

3.4.5 The Directorates-General in Health

The four D.Gs of Health are as follows:

3.4.5.1. The Directorate-General of Community Health

The D.G of Community Health (*DJ Pembinaan Kesehatan Masyarakat*) consists of a Secretariat and four Directorates:

<i>Bina Kesehatan Keluarga</i>	Family Health
<i>Bina Upaya Kesehatan Puskesmas</i>	Public Health Activities
<i>Bina Gizi Masyarakat</i>	Public Nutrition
<i>Bina Peran Serta Masyarakat</i>	Community Participation

The D.G of Community Health is located in Jalan Rasuna Said, Central Jakarta.

3.4.5.2 The Directorate-General of Medical Services

The D.G of Medical Services (*DJ Pelayanan Medik*) consists of a Secretariat and five Directorates:

<i>Rumah Sakit Umum dan Pendidikan</i>	Public Hospitals and Medical Education
<i>Rumah Sakit Khusus dan Swasta</i>	Special and Private Hospitals
<i>Kesehatan Gigi</i>	Dental Health
<i>Kesehatan Jiwa</i>	Mental Health
<i>Instalasi Medik</i>	Health Establishments

The D.G of Medical Services is located in the Health complex in Jalan Rasuna Said, Central Jakarta.

3.4.5.3 The Directorate-General of Communicable Disease Prevention and Environmental Health

The D.G of Communicable Disease Prevention and Environmental Health (*DJ Pemberantasan Penyakit Menular dan Penyehatan Lingkungan Pemukiman*) consists of a Secretariat and five Directorates:

<i>Pemberantasan Penyakit Bersumber Binatang</i>	Animal Caused Disease Control
<i>Pemberantasan Penyakit Menular Langsung</i>	Direct Contact Disease Control
<i>Epidemiologi dan Imunisasi</i>	Epidemiology and Immunisation
<i>Penyehatan Lingkungan Pemukiman</i>	Environmental Health
<i>Pevehatan Air</i>	Water Related Health

The D.G of Communicable Disease Prevention and Environmental Health is located in the Health complex in Jalan Rasuna Said, Central Jakarta.

3.4.5.4 The Directorate-General of Drug and Food Control

The D.G of Drug and Food Control (*DJ Pengawasan Obat dan Makanan*) consists of a Secretariat and five Directorates:

<i>Pengawasan Obat</i>	Drug Control
<i>Pengawasan Makanan dan Minuman</i>	Food and Drink Control
<i>Pengawasan Kosmetika dan Alat Kesehatan</i>	Cosmetics and Surgical Supplies Control
<i>Pengawasan Obat Tradisional</i>	Traditional Medicine Control
<i>Pengawasan Narkotika/Bahan Berbahaya</i>	Narcotics and Dangerous Substances Control

The D.G of Drug and Food Control is located in the Health complex in Jalan Rasuna Said, Central Jakarta.

3.4.6. The Central Support Units in Health

There are six central support units in the Department of Health:

3.4.6.1 Institute of Health Research and Development

The Institute of Health Research and Development (*Badan Penelitian dan Pengembangan Kesehatan*) consists of the following organisational units:

<i>Sekretariat</i>	Secretariat
<i>Pusat Penelitian dan Pengembangan Pelayanan Kesehatan</i>	Centre for R & D in Health Services
<i>Pusat Penelitian Penyakit Menular</i>	Centre for Communicable Diseases Research
<i>Pusat Penelitian Ekologi Kesehatan</i>	Centre for Health Ecology Research
<i>Pusat Penelitian Penyakit Tidak Menular</i>	Centre for Noncommunicable Disease Research
<i>Pusat Penelitian dan Pengembangan Farmasi</i>	Centre for Pharmacy Research and Development
<i>Pusat Penelitian dan Pengembangan Gizi</i>	Centre for Nutrition Research and Development

3.4.6.2 Staff Education and Training Centre

The Health Staff Education and Training Centre (*Diklat Pegawai Kesehatan*) consists of five units:

<i>Bagian Tata Usaha</i>	Administration
<i>Bidang Bina Program</i>	Program Development
<i>Bidang Diklat Penjenjangan</i>	Staff Upgrading Training
<i>Bidang Diklat Teknis Fungsional</i>	Staff Technical Training
<i>Bidang Evaluasi dan Laporan</i>	Training Evaluation and Reporting

3.4.6.3 Medical Personnel Education Centre

The Centre for Medical Personnel Education (*Diklat Tenaga Kesehatan*) consists of five units:

<i>Bagian Tata Usaha</i>	Administration
<i>Bidang Bina Program</i>	Program Development
<i>Bidang Penyelenggaraan Pendidikan</i>	Education Coordination
<i>Bidang Pendidikan Keahlian</i>	Specialist Education
<i>Bidang Evaluasi Program dan Laporan</i>	Program Evaluation and Reporting

3.4.6.4 Health Data Centre

The Health Data Centre (*Pusat Data Kesehatan*) consists of the following units:

<i>Bagian Tata Usaha</i>	Administration
<i>Bidang Pengumpulan Data Lingkungan dan Status Kesehatan</i>	Environmental and Health Status Data Collection
<i>Bidang Pengumpulan Data Upaya Kesehatan</i>	Health Program Data Collection
<i>Bidang Pengolahan Data Elektronik</i>	Electronic Data Processing
<i>Bidang Penyajian dan Laporan</i>	Data Presentation and Reporting

3.4.6.5 Central Health Laboratory

The Central Health Laboratory (*Pusat Laboratorium Kesehatan*) consists of:

<i>Bagian Tata Usaha</i>	Administration
<i>Bidang Mikrobiologi</i>	Microbiology Laboratories
<i>Bidang Kimia Kesehatan</i>	Health Chemical Laboratories
<i>Bidang Patologi</i>	Pathology Laboratories
<i>Bidang Imunologi</i>	Immunology Laboratories
<i>Bidang Pembakuan dan Pemantapan Mutu</i>	Standards and Quality Control

3.4.6.6 Public Health Extension Centre

The Public Health Extension Centre (*Pusat Penyuluhan Kesehatan Masyarakat*) consists of the following units:

<i>Bagian Tata Usaha</i>	Administration
<i>Bidang Pengembangan Metode dan Teknik Penyuluhan</i>	Extension Methods and Techniques Development
<i>Bidang Sarana Penyuluhan</i>	Extension Structure
<i>Bidang Penyuluhan Upaya Kesehatan</i>	Health Extension Guidance
<i>Bidang Kerjasama dan Penyuluhan Organisasi Masyarakat</i>	Social Organisation Health Extension

3.4.7 Provincial arrangements for Health

3.4.7.1 *Kanwil* and *Dinas* structures

The Department of Health operates a system of regional level 1 vertical offices or *kantor wilayah* in all 27 provinces of Indonesia. It also operates a system of *kantor departemen* or regional level 2 offices in all districts and urban municipalities. There are two types of *Kanwil* Health office at provincial level allowed under the legislation:

Type A consists of the following units:

<i>Bagian Tata Usaha</i>	Administration Division
<i>Bidang Penyusunan Program dan Evaluasi</i>	Program Preparation and Evaluation
<i>Bidang Bindal Pelayanan Kesehatan</i>	Health Services
<i>Bidang Bindal Peningkatan Kesehatan dan Pencegahan Penyakit</i>	Health Improvements and Disease Prevention
<i>Bidang Bindal Farmasi dan Makanan</i>	Pharmacy and Food Control
<i>Bidang Tenaga Kesehatan</i>	Health Personnel

Note: *Bindal* = *Bimbingan dan Pengendalian* (leadership and control)

Type B consists of five divisions, based on Type A, but with *Tenaga Kesehatan* and *Penyusunan Program* placed in one division.

Type A *Kanwil* Health are located in Jawa Barat, Jawa Timur, Jawa Tengah, Jakarta, Sumatera Utara and Sulawesi Selatan. All others are Type B.

The central health authorities also maintain a system of vertical offices at the district level, known as *kandep kesehatan*. The function of these offices is to monitor and guide (lead and control) the provision of health services to the people and to help ensure that communicable diseases are contained. These offices also monitor medicine and food sales in the district. Their function is analogous to health inspection. The structure of the *kandep kesehatan* is:

<i>Sub Bagian Tata Usaha</i>	Administration
<i>Seksi Bindal Pelayanan Kesehatan Masyarakat</i>	Public Health Services
<i>Seksi Bindal Pemberantasan Penyakit Menular, Obat dan Makanan</i>	Communicable Disease Control Medicines and Food

All *Dinas Level 1* structures in Health are essentially the same. The standard *Dinas* structure as per *Inmendagri 2/80* is as follows:

<i>Bagian Tata Usaha</i>	Administration (five sections)
<i>Sub Dinas Pemulihan Kesehatan</i>	Health Recovery (three) - Hospitals, health centres and dentistry
<i>Sub Dinas Pencegahan Penyakit</i>	Disease Prevention (three) - including Immunisation and vector control
<i>Sub Dinas Pembinaan Kesehatan Lingkungan</i>	Environmental Health Development (three)
<i>Sub Dinas Penyuluhan Kesehatan</i>	Health Extension (three) including community participation
<i>Sub Dinas Pembinaan Kesejahteraan Ibu dan Anak</i>	Maternal and Child Welfare (three)

Each *sub dinas* is further divided. The number of sections is indicated in brackets.

Dinas Level 2 Health offices are also defined by *Inmendagri 2/80* and are almost identical in broad structure to the *Dinas* at provincial level. The major differences are that planning and supply functions are only carried out at the provincial level, and that dentistry is a provincial function.

3.4.7.2 Responsibilities of *Kanwil* and *Dinas*

The division of responsibilities between *kanwil* and *dinas* changed significantly in 1987 with the issue of *Peraturan Pemerintah* (Public Law) No. 7 of that year. This meant that the following 18 activities were formally transferred to the regions:

Transferred Health Activity		Transferred Health Activity	
1	Maternal and child welfare and family planning	10	Basic laboratory services
2	Nutritional improvement	11	Disease surveillance
3	Hygiene and sanitation	12	Community participation in health
4	Environmental health	13	Medical services
5	Disease prevention and control	14	Medical rehabilitation
6	Health extension	15	Nursing
7	Dispensing	16	Health referral
8	School health	17	Supply of medicines and health instruments
9	Dentistry and oral health	18	Public Health Nursing

Table 3.4.1 Health Activities Transferred from National to Regional Government

The Department of Health remains responsible for communicable disease control, particularly in the cases of epidemics or medical quarantine, through the *kantor wilayah* and *kantor departemen (kandep)*. In these situations, action will usually be taken by the region concerned under the guidance of the central health authorities (in the form of the *kantor wilayah*). It is still possible within the health system for the *Kepala Kanwil* to also hold the position of *Kepala Dinas*, (for instance in the provinces of NTB and NTT). However, the Government intends to rectify this situation over time, so that each province has both a *kepala dinas* and *kepala kantor wilayah*.

3.4.7.2 Health Centre and Village Health Arrangements

Currently, each subdistrict or *kecamatan*, has at least one Public Health Centre; they often have two. The public health centre is known as the *pusat kesehatan masyarakat* or *puskesmas*. Each *puskesmas* is headed by a doctor and is organised as follows:

Sub Bagian Tata Usaha
Unit 1 (KIA, KB, Gizi)

Unit 2 (P3M, Kesling)
Unit 3 (Pengobatan, Kesehatan Laboratorium, Kesehatan Jiwa)

Unit 4 (Perawatan)
Unit 5 (PKN, PKMD)

Administration
Immunisation, family planning and nutrition
Environmental health
Medicines, nutritional health, Gizi, laboratory, mental health
Nursing
Community health

Many subdistricts also have health sub centres, or *puskesmas pembantu*. They have a similar structure to *Puskesmas*.

The final level of the health system is provided by the community itself. A number of community run initiatives are encouraged in each village. Almost all villages in Indonesia already have regular "*posyandu*" or integrated services post with associated village health meetings. The meetings are organised by the villagers themselves, often monthly, and local *puskesmas* or *puskesmas pembantu* staff are invited to attend. These meetings provide an informal forum for villagers to discuss health issues and receive training, at the same time providing an opportunity for child weighing, immunisation and other health activities. Organisers of the *posyandu* are village volunteers, usually women, who themselves are organised through Section 7 of the LKMD, or Village Self Resilience Committee. The *posyandu* system has been so successful that the Department of Health is now encouraging complementary health activities to be carried out by villages. These include the *pos obat desa* or village medicine post, in which basic non - restricted medicines (antimalarials, aspirin etc) can be dispensed by a villager with basic training. Another initiative is the *rumah bersalin desa*, or village birthing house. Selected local women are given midwife training and provide midwifery services in a building specially constructed by the villagers.

3.4.8 Relevant legislation

There are hundreds of regulations regarding the organisation, implementation and control of health activity in Indonesia. The following concern the organisation of health activities at national level and in the regions:

Regulation Title	Regulation Number
Structure and Roles of Central Department of Health Organisations	558/MENKES/SK/1984
Organisation and Management of <i>Kantor Wilayah</i>	485/MENKES/SK/VII/86
Organisation and Management of Health <i>Dinas</i>	<i>Inmendagri</i> 2/80
Organisation and Management of Health <i>Dinas</i> in NTB	<i>Perda</i> 4/1980 NTB
Organisation and Management of Health <i>Dinas</i> in NTT	<i>Perda</i> 6/1982 NTT
Organisation and Management of Health <i>Dinas</i> TimTim	<i>Perda</i> 7/1983 Timtim
Functional Coordination Between Vertical and <i>Dinas</i> Offices in Health	448a/MENKES/INST/IX/1990
Working Relations Between Vertical and <i>Dinas</i> Offices in Health	448/MENKES/INST/IX/1990
Centre and Regions in Health Service Delivery	PP/7/1987
Regional Health Service Delivery as Part of Regional Government	48/MENKES/SKB/II/1988 <i>Kepmendagri</i> 10/1988
Environmental Impact Analysis by Hospitals	512/MENKES/PER/X/1990
Environmental Impact Analysis by Health Laboratories	447/MENKES/PER/X/1990
Pay for Doctors as Nonpermanent Public Servants	07/MENKES/SKB/1/1992 4a/KMK.03/1992
Appointment of Doctors as Nonpermanent Public Servants	<i>Keppres</i> 37/1991
Formation of Central Working Group for Water Quality	2131/PD/03/04/PA

Table 3.4.2 Regulations in the Field of Health