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Baseline Assessment on Women's Accessibility to Public Services (West Java Province)

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



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(MSIB-LPSP)**

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Baseline Assessment on Women's Accessibility to Public Services

Final Report

As integral part of The Management Strengthening And
Institution Building for Local Public Service and Providers
(MSIB-LPSP) in West Java Province

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EXECUTIVE SUMMARY

The Purpose of the baseline assessment is to provide baseline information on women access to public services, especially health, water, and population administration services.

The baseline assessment carried by using quantitative and qualitative approach that took three locations and three public services sectors namely population administration and civil registry at West Bandung District, regional public hospital at Sumedang District and PDAM (Drinking Water Regional Company) at Majalengka District. A secondary data collected through searching and document analyzing meanwhile the primary data collected through an observation, depth interview and focus group discussion.

The result of baseline assessment shows that the most population administration and civil registration services used by women are the making of birth certificate, Resident ID Card followed by mutation arrangement, the making of Family Head especially for family head, then the making of marriage certificate, child adoption certificate and the last is the making of death certificate.

Percentage of resident of West Bandung district with ID Card reached 94.53 percent, followed with birth certificate per 1000 residents reached 74.02 percent. Free birth certificate program for children under 60 days as per Law No. 23 of 2006 regarding demographic administration has not been socialized by local government to remote areas so usually the community makes the birth certificate after their children registration with schools and therefore resulted in the high expense incurred to obey all procedures starting from certificate from RT, RW, Village through presenting 2 witnesses before Demographic and Civil Registration Office.

The inclusion of marriage certificate in the requirements of birth certificate application created aversion for women with nikah siri [the marriage unregistered with the authorized state office] or those with child without marriage to arrange birth certificate for their child. Birth certificate for child born without legal marriage [such as nikah siri] only mentions the child's mother. This resulted in psychological effect for the child at school. Some innovative steps need to be taken such as execution of memorandum of understanding between the Public Health Center, midwife clinic and Demographic and Civil Registration on the direct making of birth certificate at the Public Health Center, midwife clinic and hospital.

Other problems in the arrangement of personal documents such as ID Card, Family Card and birth certificate include expense and long distance. These problems became harder for women residing in the remote areas inaccessible by public transportation.

In general, Sumedang Hospital has started to apply the principles of public service namely accountability, transparency, responsiveness and anti-discrimination. A strategic step that has been taken in relation to responsiveness is customer care via short message service [SMS]. But some aspects need improvement especially concerning (a) quality and professional human resources, (b) service and installation and infrastructures, (c) public hospital performance to guarantee public health service. RSUD Hospital has PONEK unit, a unit to handle the high risk birth. As type B hospital, all tools and medical staff for maternal neonatal care have met minimum requirements as per Decision of Minister of Health of the Republic of Indonesia No. 604/MenKes/SK/VII/2008 regarding Guidelines for Maternal Prenatal Service. There are 3,076 births in 2009.

But this hospital has not been equipped with unit and SOP for violence victim women as per Government Regulation No. 9 of 2008 regarding Procedures and Mechanism of Integrated Services for Witness and/or victim of trafficking.

The number of PDAM Majalengka customers until May 2010 was 3,362 women dari 14,360 customers and it is obvious that the coverage of population served by PDAM did not increase significantly. A report on performance audit results of PDAM Majalengka performed by BPKP in 2007, the service of new clean water needs are only reached 77,368 people or 6.43% of the total number of population of Majalengka which was 1,202,790 people. Women as user of PDAM feel that there was lack of access to PDAM information especially about their right as customers. The reliability and the responsiveness of PDAM staff is still lacking since complaints on the occurrence of bill error (high payment) and the inconsistent meter number were never responded and there is no detail information from PDAM so that the customers can only obtain information from obscure sources.

The results of the baseline assessment on the population and civil registration administrative public services show gender inequality in accessing the public services. Causes of this inequality include (a) the regent's rules having not expressly shown partisanship to the special needs and the social roles of women (b) there was not any affirmative approach in transform the laws and regulations into the regent's rules and into main tasks and functions of local government and service providers (c) knowledge limitations of human resources involved in the public services regarding gender sensitivity, (d) Standard Operating Procedure made by the service providers having not considered women as subject of the services, (e) in making the minimum service qualification and work achievement targets, the service providers have not capable of making indicators of work achievement targets with gender perspective, (f) Local government and service providers have not allocate the sufficient budget for activities required in improving women accessibility to public services, (g) women as the responsible party in the household care duties never been considered in preparing regulation and policy of the service providers, (h) in establishing mechanism, plan, and documents required to obtain the services the service providers frequently have not considered psychological and cost problems of women as household head, and geographical restriction as well as access limitation in accessing information related to the services (i) in analyzing performance and impacts of a service, the service providers have not considered women as the affected subject,

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INTRODUCTION

One of the objectives of decentralization is to improve the efficiency, effectiveness, quality, equity, accessibility, and responsiveness of public service delivery. Local governments in Indonesia still face a variety of barriers in addressing and improving public services and the welfare status and quality of life of the population: for example, inequitable distribution of resources, shortages of institutional and human resources capacity, inadequate accountability mechanism and inequitable access to health care, water and sanitation. Often public services systems are poorly designed and do not respond well to the needs of the population.

Certain population groups have been more adversely affected than others—particularly women, the poor, children and other vulnerable and disadvantages groups.

Ministry of Health figures¹ show that quality of health services for women and children requires serious attention from government. Maternal mortality, infant mortality and under 5 child mortality in Indonesia are among the highest in the South East Asia District:

1. 307 maternal deaths per 100,000 births – due to birth complications.
2. 2 mothers die every two hours.
3. 46 children of 1000 children die before they celebrate their 5th birthday.
4. 225,000 children die every year.
5. 25 children under the age of 5 die every hour

These figures reflect the clear need for improving health services delivery inputs, processes, outputs and outcomes in general, and the health of women in particular.

Experience and lesson learned in developing countries have shown that decentralization can make health systems function more efficiently and can increase community involvement in oversight and locally relevant decision making. Decentralized public services have helped promote greater good governance and local government responsiveness; removed inefficient levels of bureaucracy; and allowed for better quality and faster decision making. However, decentralization does not guarantee improved public services delivery. A number of factors influence the success of the decentralization process, including local mandates and transparent regulations, coverage, access and utilization of service facilities; adequacy of cost effectiveness and cost controls; and the degree of citizen engagement in decision making process.

The assessment is intended to develop baseline information on women's accessibility to selected public services in Sumedang, Majalengka and Bandung Barat in the Province of West Java. The information gathered will describe issues surrounding women's access to a range of critical services (health, water supply and population administration); identify opportunities and barriers for improved services and guide and provide inputs for refining the plan for the implementation of MSIB-LPSP in pilot districts.

CHAPTER I

PURPOSE, OBJECTIVES AND METHODOLOGY OF THE BASELINE ASSESSMENT

1. Purpose

Purpose of the baseline assessment is to provide baseline information on women access to public services, especially health, water, and population administration services.

2. 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:

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

3. 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 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 women toward public services; especially health, water, and population administration services
- The degree of 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 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 the accessibility of 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, that in turn improving 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 women toward the services.
- Description on barriers and opportunities that influence the accessibility of women toward public services; especially water, and population administration services
- Recommendation to improve provision mechanisms; that can improve the access of 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 institutions, that in turn improving the access of 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

4. Methodology

4.1. 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.

4.2. Implementation Time and Venue of the Baseline Assessment

The baseline assessment takes place at West Bandung, Sumedang and Majalengka Districts on May up to July 2010.

4.3. 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. Focus Group Discussion 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 1 shows work plan of baseline assessment implementation, based on those assessment stages.

Table 1

Work Plan of the Baseline Assessment (May- July 2010)

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.	Report writing								

4.4. Data Variables and Indicators

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

- 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 access of women toward public service; especially health, water, and population administration services?
- How planning and budgeting system at LG level guarantee the access of women toward public service; especially health, water, and population administration services?
- How public service provision at providers guarantees the access of women toward public service; especially health, water, and population administration services?
- To what 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.

5. 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.

The Methodology which are used in this study:

- Desk study – literature and legislation review. This will include a review of existing national laws, regulations, decrees, guidelines, norms and minimum services standards related to public services in general and to health, water supply and population administration services in particular; it will identify national level indicators relevant to women’s accessibility to public services; review DSF-ASMD study results and possible use of the organizational survey instruments for this purposes; review of experience and best practices related to women’s role, engagement and contribution in improving the quality, responsiveness and effectiveness of public services in Indonesia and other countries.
- Collecting secondary data from working unit
- Observation.
- Interview. The target of interview : The service providers and working units
- Focus Group discussion (FGD). The participants of FGDs are women who used the public services

CHAPTER II. FINDINGS

1. Public Services on Population Administration at Bandung Barat

1.1 Legal Basis

Law Number 23/ 2006 on Administration of Population and Government Regulation no 37 year 2007 on the Implementation of Law number 23 of 2006 on Administration of Population have become a vital legal foundation for the organization of population administration services. In this law, the government at all level has obligation to register the population through cheap and easy provision ways. In addition, Law no 25 year 2009 on public services support the implementation of an accountable, transparent and professional implementation of population administration. Law on Public Services has imposed the public service cost of certain matters to the state. In the explanation of its articles it is stated that the matter whose costs shall be financed by the state are identification card and birth certificate (Article 31 and 32).

The Regulation of District of West Bandung No 52 year 2009 on job description of structural position within the Demography and Civil Registry Office of West Bandung District served as the basis for the apparatus in managed the of population administration in West Bandung. However in this District Regulation, there is no job description related to demography data and civil registry compilation that specifically focused on women's needs and there is no job description to compile demography data with sex aggregated data approach.

The existing District Regulation and the Draft District Regulation have not yet demonstrated a strong commitment on the part of the organizer and implementer of the Population Administration for a better service to vulnerable including women. There is no policy that provide a special service especially to women, no special desk or counter for women and no special communities service complaints unit so that each complaint can be followed up quickly. The government of West Bandung District does not have a dedicated policy in the form of providing special provision for women who assume the role of householder, especially in poor family.

The implementation of Population Administration in West Bandung is referred to the Regulation of District of West Bandung no 6 year 2010 on the Delegation of District's Authority for Population Administration Document. In this District's regulation, the authority for signing a Population Administration Document and civil registry document are delegated to the Head of Office. This delegation is intended to speed-up the service to the community.

Currently the Government of West Bandung District and the District People's Representative Council of West Bandung are preparing a district regulation. The draft district regulation on the implementation of population administration services has not yet demonstrated a strong commitment on the part of the organizer and implementer of the Population Administration to provide a better service to Population Administration-risk group or vulnerable group , including women. There is no provision that provide special service for women, including special desk or counter for women especially women head household.

Technically, the implementation of population administration and civil registry matters referred to district Regulation Number 7 Year 2004 on Amendment to District Regulation Number 16

year 2000 on Fee Collection for Population Administration and Population Registry Printing Cost.

Draft Regulation of the District of West Bandung on Standard Operating Procedure (SOP) stated that each citizen is liable for an administrative sanction in the form of penalty if they have exceeded the reporting time limit of population registration and civil registry events. However this policy is unfair to the citizens including women since this SOP did not stipulate an administrative sanction for the population administration officer whose service have exceeded the time limit mentioned in the population administration laws and regulations. This SOP should stipulate the sanction for officers who was involved in document forgery including increasing the age of women who become a migrant worker which is not an uncommon occurrence.

1.2 Organization and Human Resources

The Structure and the organizational procedures of Demography and Civil Registry Office has been prepared in accordance with the provisions of Government Regulation **No 37 year 2007**. The current structure was prepared to be able to serve the whole activity sectors of Population Administration services, such as population control, population administration, and civil registry sectors, which each of them has a number of sections.

Viewed from its educational background configuration, most of them are high school graduates (18 employees) and college graduates which is also 18 employees but the majority of them are Echelon IV (70%), the total number of human resources is 43 employees and 24 of them are civil servants, while the rest are not civil servants. Based on the observation, non-permanent workers were placed in the front desk where they are directly contacted with the customers who use population administration document or civil registry document services.

However in the organizational structure of the Demography and Civil Registry Office there is no special organizational unit that specifically responsible for handling the people's complaints.

1.3 Planning: Vision, Mission and Goals

The implementation of Population Administration Program in West Bandung has been formulized in the annual District Government Work Plan (RKPD) on the Work Unit of Demography and Civil Registry Office. The scope of Population Administration services include issuing an identification card, issuing a family card (KK), issuing a birth certificate, issuing a marriage certificate, issuing a certificate of acknowledgment/adoption of children, and issuing a death certificate. Among the existing service activities, the issuance of identification card under a new system, as was mandated in Population Administration Law, has been prioritized. The District Government of West Bandung has set a target of implementing an online identification card service in 2011. Currently the structuring of its software and preparation of its regulation is underway.

The Vision of the implementation of population administration service as was formulized in "Administrasi Kependudukan (Population Administration)" Law are as follows: the fulfillment of the fundamental rights of everyone in Population Administration sector without any discrimination with professional public service, the improvement of the people's awareness and their obligation to participate in Population Administration implementation and the establishment of good Population Administration System.

While the Vision formulized by the Demography and Civil Registry Office of West Bandung District is prime services to achieve an orderly population administration by 2013. While the

missions are (1) Improving the Population Administration and Civil Registry Certificate Procedures and, (2) Improving the Quality of Demographic Service and Civil Registry Certificates, (3) Improving the Quality and Quantity of Work Infrastructure and Facilities to meet the standard, (4) Improving the Socialization of legal products on population administration and civil registry certificate.

An online Population Administration service system is expected to be in service by 2011 throughout West Bandung area.

1.4 Budget and Recovery Cost

Each year, the free birth certificate program keeps increasing. So is the budget allocated for the program in the District Budget. Its budget in 2008 was IDR 50,000,000, which increased to IDR 75,000,000 in 2009, and in 2010 its allocated budget was IDR 120,000,000.

1.5 Service Performance

The performance of population administration services in West Bandung has not fully met the people's expectation and the demand of Population Administration Law (Law 23/2006). The description of Population Administration service performance can be observed from the following:

- The population of West Bandung is 1,457,752 people and consists of 428,151 KK. While the number of women householders are 48,447 KK. This means that there is an equal number of women who are actively involved in the population administration matters. Most of these women householders can be categorized as poor family where in 2009 their number reached 41,2 %.
- The percentage of people who own birth certificates are only around 74 percent of the population number of West Bandung. There are many influencing factors, such as lack of awareness/understanding on the part of the people especially women regarding the importance of marriage certificates, divorce certificates and death certificates due to lack of socialization. In addition, many people assume that the benefit/utility of civil registry certificates is insignificant for the public service system such as educational service, health service, banking services, etc.
- There are three level of implementation of compulsory matter policy assumed by the Demography and Civil Registry Office of West Bandung, that is ID card ownership, birth certificate ownership of per 1000 population and the implementation of national identification card based on NIK (single identification number). The performance achievement of these three compulsory matters are varied. The highest of those three was ID card ownership that reached 94.35%, followed by birth certificate ownership per 1000 population that reached 74.02%. While the implementation of a national identification card based on NIK is quite low that is 50.82%.
- Based on the data (in 2009), birth certificate is one of the most widely used Population Administration and Civil Registry Services in West Bandung among women, followed by identification card, migration, family card, marriage certificate, certificate of acknowledgement/adoption of children and finally death certificate. In regard to Population Administration services to help facilitate the access of poor people to Population Administration services, the District Government of West Bandung District has issued a policy in which free birth certificates are distributed directly in the poverty areas,

nevertheless the Demography and Civil Registry Office official admitted that this policy is still very limited due to limited budget.

- Even though the budget for Population Administration services derive from the State Budget and the District Budget, in its realization many of its costs are still imposed on the people who use the Population Administration services. For instance, the chargeable fees for certificate was IDR 30,000, marriage certificate was IDR 100,000 and ID card was IDR 6,250. The high fees imposed is one of the reasons behind the high number of children who do not own birth certificates, in addition to a number of other factors such as the lack of the people's awareness to apply for a birth certificate. Whereas in the article explanation in Population Administration Law it is stipulated that the budget for ID card and birth certificate shall be financed by the state, i.e. free of charge
- People in the remote rural areas who use Population Administration services felt that the relatively long distance and the high costs imposed on them have become a problem. The implementation of population administration services, especially for identification card services is still disproportionately concentrated on the capital of District and district. People applying for a birth certificate will frequently have a difficulty in completing the requirements due to relatively long distance factor. Such level of difficulty will increase especially for people who live in remote areas or areas without public transportation.
 - Both the third party (scalper) and the service users feel the uncertainty of the completion time of demography and civil registry documents. It is also mentioned that the birth certificate application are frequently one or two weeks late from the completion time promised by the staffs.
 - The professionalism of the employee who provide population administration service is still lacking, since many of these employees who do not meet the necessary qualification and educational background, especially in the IT sector. Employees who are enrolled in education and training activities, as a prerequisite to create the professionalism of the employee, are very limited, especially for SIAK implementation which is currently handled by only five people.
- The level of women's participation is still low especially in the implementation of birth registration either for themselves (legalization) or for their children, marriage registration, divorce registration and death registration. The low participation level is due to the high cost incurred by the people for such civil registrations, especially transportation costs and payment for services rendered by third party.
- Service fees are frequently unilaterally determined by the government, instead of involving the people who use them especially women who have much interest in applying for a birth certificate for their children.
- All the necessary costs for the implementation of Population Administration and Information System (SIAK) are still dependent on the State Budget, whereas additional budget for the implementation of SIAK can also be derived from the District Budget.
- There is no special desk for handling complaints relating to population administration matters. The current procedures for handling the people's complaint are still largely conventional and complex. Complaint was submitted through village and/or district officials, to be further forwarded to the District through the Demography and Civil Registry Office. Or, alternatively, the user come directly to the Office. There is certainly no standard, simpler, easy and effective complaint handling service system and no special unit for handling the people's complaint so that each complaint was quickly followed up.

1.6 Women's Perception on Population Administration Service in West Bandung

The result of discussion during the Focus Group Discussion has describe such as follows :

- During FGD, there is a complaint that officer who typed family card or identification card are often mistyped which result in additional cost for the women since they have to go a number of times to the village and district offices to fix their family card and identification card due to mistyping. And this is reflect to additional cost to access the Village, Sub District and Population and Civil registration offices.
- The scope of free birth certificate service is valid for a limited time only, which is quite limited that is less than 60 days after the baby birth .When there is program of free of charge service for birth certificate, many women do not get information on it. During the implementation of this program, many women did not receive information regarding such program. On the other hand, instead of disseminating it to the public, information on such program were only affixed to in the village and district offices, so that the women who were mainly housewives never aware of the free birth certificate program.
- The women in West Bandung area have not felt any significant change in Population Administration implementation, either prior to or after the issuance of Population Administration Law. The women still assumed and felt the complexity and high cost of Population Administration services. In addition, the women did not feel any difference in regards to Population Administration service between the male and female, especially women who assumed the role of householder.
- Third party or scalper is used by women for reasons of ignorance of the procedure, too many requirements, the high cost of going back and forth to the Village Office, District Office and the Civil Registry office. While the third party or scalper will manage the application for the identification card, family card and birth certificate collectively and its cost will be determined by the third party or scalper. The bargaining position of the women is weak since the cost is determined by the third party or scalper.
- The women also felt discriminated regarding children born out of an unregistered marriage (siri) since their birth certificates only mentioned the name of their mother while the name of their father is not recorded.
- The women also felt that the cost incurred for the witness when applying for a birth certificate for themselves or their children is too high not to mention the cost for third party services.
- The term of express service at special price for identification card, family card and birth certificate can be considered discriminatory since those who were unable to pay the express service cost will have to wait longer before they can get their identification card, family card or birth certificate.

2. Public Service of District Public Hospital of Sumedang District

2.1 LEGAL BASIS

The management of hospital activities is regulated under a number of laws and regulations. In addition to Law on Public Service along with its Government Regulation, hospital management and operational is also regulated under Law No. 44 year 2009 on Hospital along with its Government Regulation, and District Regulation No. 10 Year 2009 on Rate Schemes for District Public Hospital of Sumedang District , hereinafter referred to as Law on Hospital.

According to the Law on Hospital, hospital management shall be based on humanity values, ethics, justice, equality of rights and non-discriminative, even distribution and possess social functions.

The implementation of activity and service in the Sumedang District Public Hospital is regulated in a number of laws and regulations, Ministerial regulation, district regulation and regulation of the District of Sumedang. In Law No. 44 year 2009 on Hospital, it has been emphasized that the hospital is managed based on humanity values, ethics, justice, equality of rights and non-discriminative, even distribution and possess social functions (Article 2). In article 3 it is mentioned that Hospital is aimed at facilitating the public access to health services. The District government is responsible for providing a hospital based on the people's needs, to ensure the funding for health services in the hospital for poor people, and to provide health information needed by the people.

The Government of Sumedang has issued District Regulation No 10 Tahun 2009 on Rate Schemes for Public District Hospital of Sumedang District and in such district regulation it has been confirmed that the funding, management cost of Sumedang Public District Hospital shall be collectively borne by the central government, provincial government, District government and the people by taking into account the financial capability of the state, District and the socio economic condition of the people (Article 2).

The District Regulation also stated that the provision on rate policy of District Hospital is not intended to make profit and shall be determined based on principles of mutual assistance, justice and give priority to low income people (Article 2). In a number of articles regarding the service rate of Sumedang District Hospital, such as childbirth service, special examination service, special therapy service and medical support service, provisions emphasizing that the rate determination shall take into account the capability and the social condition of the local people were included.

However special health services for women and poor people is not mentioned in Law on Hospital or the District Regulation on Rate Schemes. The existing regulation only govern health services covered by an insurer, including PT Askes, Community Health Insurance (Jamkesmas)/JPKMM, and other insurance companies/third party. There is no provisions that regulate health services for vulnerable group, and poor people who do not have a service insurance in the District Hospital due to one or another reason.

2.2 Organization and Human Resources

Based on the provisions of Law on Hospital, each hospital should have an effective, efficient and accountable organization. The hospital organization shall at least consist of head/director of hospital, medical service elements, nursing element, medical support elements, medical committee, internal examination unit and general administration and finance. View from the organizational aspect, the management of Sumedang District Hospital of has met the Law requirements.

A number of efforts have been taken to ensure that the human resources involved in the management of Sumedang District Hospital have met the requirement and qualification mentioned in the provisions of law. However in reality the hospital still deal with human resources issues especially related to the quality of service and medical support elements and the limited number of staffs, especially doctor and nurse staffs.

The status of Sumedang District Hospital of has been changed from Self financing Unit of District to Type-B Non-Teaching Hospital based on Decree of the Minister of Health No 150/Menkes/SK/X/2003. Furthermore, in order to improve its service to the community and the professionalism in health sector, since 1 April 2009, the management of this District Hospital is directed as District Public Service Institution through Regulation of District No 47 year 2009. This policy is a strategic step of the government to grant a wider autonomous authority to certain service units especially Sumedang District Hospital in order to implement an independent management so that in the future it is expected to respond to the people's need correctly, quickly, and flexible.

2.3 PLANNING : VISION, MISSION AND GOAL

The Sumedang District Hospital is a district technical institution which took the form of a District Public Service Institution and one of the subsystems in the district development program, especially in health development factor.

The Sumedang District Hospital has formulized its functions: (1) Implementing medical services, (2) Implementing medical and non medical support services, (3) Implementing nursing service and rearing (4) Implementing reference services ,(5) Implementing education and training, (6) Implementing research and development (7) Implementing secretarial administrative technique, administration, finance and personnel and formulating plan and activity programs.

While the vision of Sumedang District Hospital is *“Striving to make Sumedang District Hospital the best performance achiever in West Java by 2015”*

Whereas the mission launched by Sumedang District Hospital is: To Provide prime service supported by professional human resources, adequate infrastructure and facilities and creative participation of the people.

And the goals that ought to be reached by 2010 by Sumedang District Hospital are: (1) The improvement of the quality, quantity and professionalism of human resources, (2) The improvement of service product quality in the Hospital, (3) The improvement of service infrastructure and facility, (4) The improvement of hospital performance to ensure health services to the community, (5) To achieve the Hospital's management autonomy, and (6) Positive contribution to the acceleration of health index improvement of Sumedang District.

2.4 Budget and Recovery Cost

- The revenue of RSUD Sumedang was sourced from National Budget, District budget (Provincial and District) , cost from services (cash and reimbursement from State and private insurance program).
- Realization of RSUD Sumedang funding in 2009 was IDR 40,230,000,000 (forty billion two hundred and thirty million Rupiah). This fund was used for the following programs: (a) human resources development (IDR 1,342,000,000,-), (b) development of management information system (IDR 407,000,000), (c) development of infrastructures and facilities (IDR 7,254,500,000), (d) services improvement (IDR 17,765,000,000), (e) improvement of health personnel (IDR 13,151,500,000), (f) implementation of Hospital with Public Service Agency (IDR 310,000,000).
- Budget utilized for women in 2009 amounting to IDR 1,8 billion for development of mother and children emergency unit. Beside that , there was budget for development of child care center (TPA) with very small amount namely IDR 35 million.

- Budget plan for 2010 with total IDR 62,015,000,000,- (sixty two billion and fifteen million Rupiah) shall be used for programs which include follow up of the pervious programs namely: (a) human resources development (IDR 1,650,000,000), (b) development of management information system (IDR 550,000,000), (c) extension of service unit scope (IDR 1,500,000,000), (d) development of infrastructures and facilities (IDR 19,135,000,000), (e) improvement of the hospital services (IDR 25,000,000,000), (f) improvement of health personal (IDR 13,805,000,000), (g) implementation of Hospital with Public Service Agency (IDR 375,,00 000).
- In 2009 and 2010 the largest budget is for medicines.
- Development of mother and children emergency unit recommences in 2010 with budget of IDR 1 billion. This also happens with development of child care center (TPA) with budget of IDR 250 million. Conceivably there is no budget for treatment of women suffered from violence and sexual harassment. The victims of violence and sexual harassment need for special and integrated treatments.

2.5 Service Performance

The implementation of health services in Sumedang Public Hospital is currently running well, despite some obstacles. The performance condition of Sumedang Public Hospital can be examined in the following descriptions:

- There is no provision that regulates the health service in Sumedang Public Hospital for vulnerable group and poor people who do not have a service insurance in the District Hospital due to one or another reason. The existing regulation only govern health services covered by an insurer, including PT Askes, Community Health Insurance (Jamkesmas)/JKMM, and other insurance companies/third party.
- The people's awareness to receive childbirth assistance from medical staffs in hospital keeps increasing.

Findings in the study is divided into general goals and target achievement of and achievement related to the service to women and mothers. The improvement of a number of performance indicators of the hospital has exceeded the predetermined standard and certainly contributed to goal achievement. Following are the goals and indicators that have exceeded the standard:

- In regard to the goal of Improving the quality and professionalism of human resources, the indicators achieved are (a) ratio of outpatient attendance with doctors (15 percent), (b) ratio of outpatient attendance with nurses (148 percent), (c) ratio of emergency care attendance with doctors (123 percent), (d) ratio of emergency care attendance with nurses (138 percent), (e) ratio of inpatient attendance with doctor (142 percent), (f) ratio of inpatient attendance with nurses (157 percent) and (g) integrated billing system (111 percent)
- In regard to the goal of Improving the product quality through installation service facility developments, the achievement was 100 percent in the form of 16 new business units that indicate the people's needs.
- In regard to the goal of Improving the service and institution facility and infrastructure, the indicators achieved are (a) the establishment of 5 service treatment building and office units (100 percent), (b) the average growth of emergency visit/day (115 percent), (c) the average growth of outpatient treatment/day (129 percent), (d) the average growth of emergency treatment/day (160 percent), (e) the average growth of radiology examination/day (106

percent), (f) the average growth of surgery/day(112 percent), (g) the average growth of medical rehabilitation/day (148 percent), (h) the average growth/day of treatment (106 percent), (i) Bed Occupancy Ratio/BOR (101 percent) , (j) Average Length of Stay /ALOS (104 percent), (k) Bed Turn Over/BTO (122 percent), (l) Turn Over Internal/TOI (158 percent),(m) prevention and treatment of TBC, HIV and acute respiratory infection diseases of the total diseases in Hospital (140 percent)

- In regard to the goal of improving the performance of Public Hospital in ensuring health service to the community, the indicators achieved are (a) availability of SOP of all units (100 percent), (b) Implementing a Coordination with related SKPD 4 times a year (100 percent), (C) The waiting time in polyclinics (114 percent), (d) The number of referred inpatient attendance (162 percent), (e) the number of nosocomial infection (100 percent), (f) The speed of ready-medicine prescription (100 percent), (g) Utilization of class III BOR bed (116 percent).
- In regard to the goal of achieving autonomous management of hospital in the framework of becoming an effective and efficient hospital, the indicator achieved was Organizational Structuring (SOTK) that is more suitable with the hospital's needs (100 percent).
- The unmet goal indicators are: : (a) Optimization of 80% staff utilization each year (92 percent), (b) The availability of position analysis and carrier development document each year (90 percent), (c) The availability of budget allocation for education and training in the framework of improving the quality of human resources amounting to 2% of the total budget (92 percent) (d) Ratio of bed, 1 TT : 3000 people (83 percent), (e) The Development of service facility and medical equipments (83 percent), (f) the average growth service of outpatient visit/day (82 percent). (g) Accredited hospital of 12 work groups (41 percent), (h) Unit that implement 100% quality control (80 percent), (i) Emergency Response Time Rate (88 percent), (j) Mortality rate in emergency care (-3.5 percent), (k) Mortality rate >48 Jam (NDR) (64 percent),(l) Post Operative Death Rate (24 percent), (m) The speed of compound prescription service (88 percent), (n) waiting time prior to surgery (20 percent), (o) Ratio of class III bed (96 percent), (p) Percentage of poor patient in outpatient unit (57 percent), (q) The implementation of financial accountability and management administration as Public Service Institution (80 percent), (r) Financial management based on accrual basic system (50 percent), (s) The determination of hospital accountability system (80 percent).
- The available budget to improve the staff professionalism through formal education, courses and functional training is still lacking.
- In general, the improvement of facilities and infrastructures in 2009 has been achieved. However, compared to the real need in the field, they still need an improvement. It can be seen from the ratio between the number of bed owned by the hospital and the number of population which is still below the predetermined standard.

2.5.1 Service Performance Achievement Related to Service to Women and Mother by Sumedang Public Hospital

One of Millennium goals is to reduce Maternal Mortality rate . A lot of efforts have been done in order to achieve a standard of Maternal Mortality Rate and RSUD Sumedang tried to contribute to this goals . But how effective the contribution can be describe such as follows :

- Age of women life expectancy of 69,24 years in 2008 while the age of men life expectancy of 65.29 years .

- The available data of Infant Mortality rate (IMR) only in 2006. The IMR in 2004 that was 39.52 /1000 of live birth. In 2005, the IMR was 39.02 /1000 of live birth and 38.97 /1000 of live birth in 2006. decreased and it was compared by IMR in 2005 and 2006
- RSUD Sumedang do a lot of efforts to contributed to the acceleration of health index improvement of Sumedang District especially in the 2009 target to reduce the Infant mortality rate (IMR) to 37.70/1000 of live birth
- This study found an increase in the awareness of pregnant mothers to receive childbirth assistance from medical staffs in the hospital, it is indicated by the increase in the number of childbirths in Sumedang Public Hospital from 2,563 childbirths in 2008 to 3,076 childbirths in 2009. It is attributable to the presence of district health insurance program (JAMKESDA) that cover all childbirth costs in the hospital for high-risk pregnant mothers with a recommendation from a local midwife.
- Mother's awareness to give birth in Sumedang Public Hospital has an impact on the increasing number of live birth. In overall, the number of live birth in Sumedang District increased by 8.5% in 2008 and this is the highest percentage ever achieved by Sumedang District compared to previous years. The newborn mortality rate in 2008 shows significant decrease that is 26.11 percent. The newborn mortality rate decreased due to District Public Hospital in Sumedang has PONEK (Obstetrics Neonatal Emergency Comprehensive Service) unit. PONEK unit is one of substance facilities in this Hospital which assist duties of the Head of Medic Service in implementing integrated treatment for mother and baby born. PONEK unit implement the policy of high risk Prenatal which is one of this hospital policies.
- New unit development during 2009 has completed two units, however many service unit developments that need to be developed in the future to response to the field requirement challenge especially those related to the service to women who were victims of sexual abuse and violence act.
- The service waiting time in gynecology unit services that is still higher than the standard. Viewed from the standard ratio between the doctor and served patients, the human resource quantity in Sumedang Public Hospital is still lacking especially for in gynecology doctor and nurse staffs.

2.6 Women's Perception on Sumedang District Public Hospital Services

Based on the results of Focus Group Discussion (FGD) that was attended by 30 women who have been treated in Sumedang Public Hospital, following are the women's assessment on Sumedang Public Hospital service:

When they (the holder of Askes/Jamkesmas/Jamkesda/other non-platinum insurances) suddenly suffered from severe illness and have to go to the emergency care unit, not infrequently the patient or family find it difficult to get treated/served by the emergency care unit because they due to unavailability of a reference letter. They expect that when the patient's condition is worse especially during holiday, the emergency care unit could still provide medical treatment to the patient while the reference letter can be provided later after the family is calm.

During the Focus Group Discussion, questions regarding the reliability of Sumedang Public Hospital were also asked. According to the FGD participants, the service is not in a timely fashion especially the arrival of the doctor in the Outpatient Facility. On average, the participants

stated that the waiting time from registration until receiving treatment from the relevant doctor is approximately 2 hours. And according to them, the the doctor is frequently arrived up to 2 hours late behind the practice schedule printed in the announcement board in Sumedang Public Hospital. The most visited Polyclinics are Internal Disease Polyclinic and Obstetrics Pregnancies Polyclinic. However, based on FGD members, that Internal Disease Polyclinic only open from Monday to Thursday is very regrettable. Whereas in fact numbers of the patients are quite considerable and it caused a long queue. Normally the patients wait for two to three hours long before they are serviced for consultations or the examining by the Doctor. The long queue also caused by the inadequate amount of surgeon expertise in this hospital, which only two doctors.

The nurses' responsiveness to the treated patients' needs is considered adequate, despite the need for improvement in a number of areas such as avoiding chat with fellow nurses while on duty.

When they want to submit a complaint, they didn't understand the complaint mechanism and where and to whom the complaint must be submitted. Despite that an SMS facility has already been employed by Sumedang Public Hospital to handle complaints, the socialization of the SMS complaint facility number is very limited and they were placed at locations that are not directly visible among the patients and visitors of Sumedang Public Hospital.

3. Public Services of District Drinking Water Company of Majalengka

3.1 Legal Basis

In addition to based on Law on Public Service and its government regulation, the operational activity of the District Drinking Water Company (PDAM) in Majalengka District also follow the provisions of the District Regulation of Majalengka District and the Regulation of the District of Majalengka.

In District Regulation No. 26 year 2001 on the Establishment of PDAM of Majalengka District and District Regulation No. 5 year 2006 on the Organization and Working Procedures of PDAM of Majalengka District, it is mentioned that the main task of PDAM is to implement clean water/drinking water management to improve the people's welfare which include social aspect, health, general service and contribution to the revenue. The function of PDAM is to provide drinking water service and supply to the customer and general public in Majalengka District area. The company engaged in drinking water service supply sector for the public's interest in addition to make profits.

The implementation of PDAM services is also based on the Regulation of the District of Majalengka No. 6 year 2006 on New Installation Cost, Fixed Charge and Fine of Drinking Water Service. Special service by PDAM for poor people, including women who assumed the role of householder, only limitedly regulated in this District Regulation, in which poor customer pay less compared to other customers.

The Regulation of District No. 6 year 2006 on New Installation Cost and the Regulation of District No 12 year 2009 on Drinking Water Fees of PDAM Majalengka District governed the determination of fees, either new installation fees or drinking water fees, in which they were classified into 14 categories. A quadrant between the lowest fee of IDR 1,750 rupiahs/m³, and the highest fee of IDR 2,012/m³ was made to determine the drinking water fee for residential area. While for new installation cost, the lowest fee was IDR 600,000 and the highest fee was IDR 6,600,000.

MoHA Decree 47/99 set guideline on PDAM performance appraisal. The supervisor Board of PDAM should do such appraisal every year especially in the end of fiscal year. The appraisal covers financial, operational and administration aspect

3.2 Organization and Human Resources

The organizational formation of PDAM consists of Supervisory Board, Director and Director assistant elements. Assistant to Director Elements consist of head of Administration and Finance division, head of Customer Relationship division and head of Technical division. Each head of division comprised of sub divisions and sections. Division of Customer Relationship comprised of customer information and c complaint sub-division. The task assumed by Customer Relationship Division among others consist of analyze, assess, response and handle the complaint of the people and PDAM customer.

The District Regulation stated the authority of District to appoint district officials, individual and/or community customer who meet the requirements, to the Supervisory Board. Supervisory Board has a number of strategic tasks such as supervise PDAM activity, submit an opinion and suggestion on work program, and have the authority to warn the Director if it did not perform its task appropriately and investigate structural officials of PDAM who was suspected of harming the company's interest. The Supervisory Board consists of district officials, individual and/or community customer who meet the requirements and were appointed by District. There is no further elaboration regarding the recruitment mechanism and the members of the Supervisory Board including women's representation.

The organizational structure of PDAM of Majalengka District referred to the District Regulation of Majalengka District No 05 year 2006 that is type B which consists of 1 Director and 3 Heads of Division. The organizational structure of PDAM Majalengka is as follows: (a) Supervisory Board, (b) Director, (c) Head of Administration and Finance Division, (d) Head of Customer Relationship Division, (e) Head of Technical Division and (f) Head of Branch.

The total number of its employee is 121 people comprised of 1 Director, 3 Heads of Division, 97 full-time employees, 4 part-time employees (80 percent part-time) and 6 contract employees.

The quality of human resources especially for administration and finance division has met the necessary standard. However the job description for PDAM leaders and staffs is still limited on jobs that are available in branch offices and units and for structural position only.

3.3. Planning: Vision, Mission and Goal

- a. The vision of PDAM of Majalengka District in 2007–2014:
“The fulfillment of 75% of Service Coverage of Urban Community and to become the Largest Contributor to District Revenue (PAD) among District -owned Enterprises (BUMD) of Majalengka District by 2014, based on a Healthy, Transparent, Independent, Professional and Accountable Company”
- b. The mission of PDAM Majalengka can be described as follows : (a) to increase the profits, (b) To manage the company based on the GCG (Good Corporate Governance / to keep the company healthy, (c) To maintain the water sources, (d) To improve services (e) To develop service coverage to 75%, (f) To improve the quality and quantity of drinking water, (g) To improve the reasonable welfare of the employees (higher salary than the district minimum wages (UMK)), (h) To improve the quality of human resources (i) To improve the health

level of the people, (j) To increase its contribution to PAD after the 75 percent of service has been fulfilled.

PDAM Majalengka own a Standard Operating Procedure (SOP). This SOP consists of two categories: SOP for Information and Customer Complaints Sub-Division and SOP for Marketing Sub-Division. There are 17 SOPs for Information and Customer Complaints Sub-Division which consist of the following SOPs: (1) meter reading, (2) preparation of water account, (3) preparation of non-water account, (4) work order for disconnection (5) work order for reconnection, (6) change of name, (7) account change, (8) technical disturbance complaint, (9) water tank service, (10) work order for opname, (11) work order for installation, (12) account summary report, (13) customer connection number report (14) meter activity report, (15) disconnection and reconnection report, (16) customer complaint report, (17) annual data report. There are 11 SOPs for Marketing Sub-Division which consist of the following SOPs: (1) registration of new connection, (2) approval of new connection, (3) installation of new connection, (4) disconnect the customer's connection, (5) opening/reconnection of customer's connection, (6) change of customer name, (7) counseling socialization plan, (b) implementation of socialization/counseling, (9) counseling/socialization reporting, (10) potential customer survey, (11) customer satisfaction survey.

Women are the real water customer since they need the water when they are doing their household duties. If we take a look in detail there are a number of SOPs that can integrate a gender perspective, such as:

- PDAM can provide an education on how to submit the complaint on technical disturbance by providing instruction to the women on how to identify the technical disturbance type of the PDAM.
- SOP on customer complaints report needs to be socialized to the women customer especially as to where such complaints should be submitted and how to track the follow up on such complaints. On the other hands, technical assistance was also provided to the staffs on how to handle complaints submitted by the women customer or women who use PDAM water.
- SOP on socialization/counseling plan up to its implementation must also consider the women customer who uses PDAM water to become the socialization participants and of course PDAM must prepare a socialization material that is responsive to the problems of the women customer or women who use PDAM water.
- In SOP on Customer Satisfaction Survey, the water quality and continuity from the perspective of the women customer's satisfaction must be considered.

3.4 Budget and Recovery Cost

The District Regulation has stated that the funding of PDAM derives from PDAM budget, District Budget of the District, District Budget of the Province and the State Budget. In order to meet its operational needs, PDAM also acquires additional revenue from new installation cost and drinking water fees paid by the customers.

The revenue of PDAM Majalengka business derives from water revenue, non-water and water tank revenue. Business revenue in 2008 was IDR 5,268,527,740 (Five billion two hundred and sixty eight million and five hundreds and twenty seven thousand and seven hundred and forty rupiahs) and IDR 7,645,173,660 (Seven Billion and six hundred and thirty five Million and one hundred and seventy three thousand and six hundred and sixty rupiahs) in 2009. It means that there is an increase by 45 percent. Costs incurred by PDAM are water source operational and

maintenance costs, water processing operational and maintenance costs and distribution transmission operational and maintenance costs. In addition, PDAM also incur general and administration costs and other costs. Profits after depreciation in 2008 was IDR 16,348,662.79 and has increased to IDR 261,629,895 in 2009, which means that there is an increase of profit by 61 percent. According to an interview, despite the increase in profit, they cannot purchase a processing installation especially pump and add the number of reservoir. This is the reasons why PDAM of Majalengka is unable to meet the high demand of new installation.

3.5 Service Performance

The service performance of PDAM Majalengka has not fully met the expectation of the people and met the target as was planned in the work plan of PDAM. The customer growth is still low, the consumption level of household is also low and the customer's complaint handling is not optimal. PDAM still faced a number of technical as well as non-technical problems. Other service performances are as follows:

- In the PDAM profile of 2009 it has been clarified that the vision of PDAM in 2007-2014 is the fulfillment of 75% of Service Coverage of the Urban Community and to become the Largest Contributor to District Revenue (PAD) among District -owned Enterprises (BUMD) of Majalengka District by 2014. But the number of PDAM Majalengka customers until May 2010 was 14,360 customers (10,086 men and 3,362 women) and in 2009 its number reached 14,151 customers (10,614 men and 3,537 women). There is an increase of 1.5 percent compared to the number of customer in 2008 which was only 13,448 customers (10,086 men and 3,362 women). The percentage of women's customers in 2008 and 2009 was 25 percent, and in May 2010 its number only reached 23.4 percent. The service coverage in 2008 was 27.25 percent, in 2009 it was 28.28 percent and in May 2010 it was 29.16 percent. It is obvious that the coverage of population served by PDAM did not increase significantly. On the other hand, there are so many people including women who applied for a new installation of PDAM. In fact, according to a report on performance audit results of PDAM Majalengka performed by BPKP in 2007, the service of new clean water needs are only reached 77,368 people or 6.43% of the total number of population of Majalengka which was 1,202,790 people.
- Based on BPKP investigation results, the loss of distribution water is exceeded the tolerance value (20%), which was 22.90% of the distributed water. While the lost of production water reached 4.13%. The average water use per month per customer was 18 meter cubic with basic fees of IDR 1,750. The cost of new installation was IDR 650,000.
- The loss of water is caused by the presence of rotted pipe network in several locations and the increase in the number of damaged water meter
- Based on the Decision of the Ministry of Domestic Affairs No. 47 year 1999, the work and health value of PDAM is considered "sufficient" by BPKP with a performance value of 57.47%. PDAM is currently faced a regulation issues. For example, in District Regulation on Organization and Work Procedures of PDAM there is no provisions regarding minimum service standard (SPM) and standard operation procedure (SOP) of PDAM. Without SPM and SOP, the community who use PDAM service are unable to enforce their rights to have a decent service.
- In regard to low income people, the service is provided in the form of cheaper fees, either new installation fees or water per m3 fees. Other than fee matters, there is no difference in

service between the community and the customers from low income group, including women, and well-to-do customers

- In organizational structure of PDAM, there is a Customer Relation Division that was in charge of complaint handling sub-division. However the current regulations did not have detail provisions regarding complaint mechanism and to what extent the response of each complaint. The people including women find it difficult to access the response of their complaint which they have submitted through meter reader staffs. The number of complaint in 2010 was 138 (January), 158 complaints (February), 172 complaints (March), 243 complaint (April), and 202 (May). It is clearly shown that the number of complaints has increased in the period of January to April 2010
- PDAM funding derives from PDAM budget, District Budget of District, District Budget of Province and the State Budget. Under such funding source and structure, the clean water service for the people, including poor households, ought to be improved through new installation to poor households who need clean water supply. However, due to the impact of the above performance, the customers, especially women, who use PDAM water for drinking water to wash to cook, felt that there is no guaranty regarding the water quality and the continuity of water supply that is frequently disrupted.
- The service performance is not optimal due to a number of issues dealt with by PDAM, which consist of: (a) the suboptimal use of capacity and the excess capacity in Cilongkrang and Cipadung water spring, (b) the water supply in Canag Telaga, Cikijing, Salagendang are located in landslide-prone locations and the water discharge is frequently decreased, (c) the water production from the complete processing installation (WTP) of Kadipaten Branch is not complete, (d) the technical age of the processing package is declining, (e) the turbidity level of Cilutung river is high, (f) the frequent damage of intake pump processing installation, (g) the water supply to the service areas is frequently disrupted, (h) there are leakage-prone distribution pipelines, (i) the pipe condition and age is technically declining, (j) uneven water pressure, (k) there are reticulation pipelines that are no longer suitable to SR needs (l) high water loss level, (m) low consumption level of the customer, (n) the accuracy of water meter is not accurate, (o) the technical age of water meter is declining, (p) the distance between water source and service areas are long, (q) the number of water loss level is undetectable(inaccurate), (r) the age of the pipe is old, (s) some of the main meters are not working, (t) some of the systems are not equipped with main meter, (u) some of the customer meters are inaccurate due to their age are more than 5 years old,(v) the customer coverage is low (28,48 %), (w) the water quality is undetectable or there is no water quality test laboratory nearby, (x) the existing as built drawing has not been upgraded in accordance with the current clean water system and equipments, and (y) insufficient funds.

3.6 Women's Perception on PDAM Majalengka Service

The women perceived the PDAM services as follows:

- The water quality does not meet the drinking water standard since its water has a white foam with strong caporite smell, especially during the Eid Holiday when the water quality dropped and has an apparent color.
- The payment of water bill can only be made at certain counters which is differed with electricity or telephone bill payments that can be made through ATM or post office, and the transportation cost to such counters is IDR 4,000 on the average. They eventually employ third-party services (youth organization or individual) by paying them a service fee of IDR

1,000 (one thousand rupiahs) per customer and the third-party will pay the bills collectively at the counters on behalf of the customers. According to them, by employing a youth organization or individual, they don't have to pay directly at the counter which will save money up to IDR 3,000,- (three thousand rupiahs)

- The in transparency of information on water usage calculation including the maintenance cost paid by the customers each month. The women complain about the high water bill each month despite the fact that they are still using well water for washing.
- PDAM did not inform the customer directly when the water is shutdown by PDAM from 04.00 to 16.00 o'clock. Due to this situation, not infrequently the children have to go to school without taking a bath and the housewives are unable to wash and cook. The customers demanded that should PDAM perform a blackout rotation, a notification was announced to the community such as through mobile vehicle or through a letter directly to the customers.
- The reliability and the responsiveness of PDAM staff is still lacking since complaints on the occurrence of bill error (high payment) and the inconsistent meter number were never responded and there is no detail information from PDAM so that the customers can only obtain information from obscure sources.
- When a technical problem occurred, for instance, the water meter is damaged, leaked pipe, leaked or damaged distribution pipe, broken tap, the customers can only inform the meter officer. In general the customers did not directly submit their complaint and most of the complaint form were filled directly by the staff and not by the relevant customers.
- The staff reliability in reading water meter is highly doubted by the FGD participants and they are considered uncommunicative in responding to complaints so that the customers felt that the water consumption paid each month is not the actual consumption.

CHAPTER III. CONCLUSION AND RECOMMENDATION

1. Conclusion and Recommendation of Population Administration Public Services

- In the organizational structure of Population Administration Institution, an activity unit that specifically handled the people's complaint shall be established, despite the Law on Population Administration does not regulate such matter. District Regulation that govern the organizational structure of Population Administration need to be improved.
- In the past, the implementation of Population Administration does not differentiate between male and female customers, and Population Administration-risk people. In the normal condition, this kind of service will not pose a problem. However in West Bandung District the number of female householders and Population Administration-risk people are numerous, so that a special provisions regarding the mechanism of a dedicated Population Administration service for women and Population Administration-risk people are needed.
- Referred to Law on Public Service which among others required a service charter involving the people's participation, then the service charter in Population Administration sector needs to be significantly realized, especially those related to fee determination, and the consistency between the regulation and the practice in the field. In preparing the service charter, the Population and Civil Registration Office must involve the people and there ought to be women's representation in it.
- Based on provisions mandated in Law on Public Service, and given the fact that many women involved in public services for applying for identification card and birth certificate, the application process for identification card and birth certificate is ought to be free of any charge since the budget for both matters are the responsibility of the state.
- The District Government of West Bandung District needs to create a policy that facilitate and streamline the people's complaint in Population Administration matters. A dedicated service desk or organizational unit that specifically handled the complaint on Population Administration service need to be created, so that each complaint can be immediately followed up.
- The people's awareness especially among poor women group, to register the birth of their children to the Demography and Civil Registry Office is still low. Therefore, the socialization of free Population Administration service program to poor people including women both in urban and rural areas need to be intensified.
- Improving the socialization of legal products on population administration and civil registry should be intensified to address women needs .

2. Conclusion and Recommendation of Public Service of Sumedang Public Hospital

Based on the findings and analyses, the conclusion and recommendation are formulized as follows:

- Sumedang Public Hospital do not provide a dedicated health service to women and poor people. This is attributed to the fact that there are no single provision under the Law on Hospital or District Regulation that require special service for women and poor people.
- The organizational structure of hospital at least consists of head of hospital or director, medical service elements, nursing element, medical support elements, medical committee, internal audit unit, and general administration and finance. Whereas guidelines on hospital organization is determined by Presidential Regulation (Perpres). Therefore the Presidential

Regulation needs to regulate the presence of a dedicated organizational unit in the hospital whose function and duty is specifically handled public service affairs for groups of people who were often experienced discrimination including women, such as the availability of health service facility for poor people and monitoring the charge of health service for poor people, and special service unit that specifically handled the people's complaints.

- Notwithstanding the provisions on health service in District Hospital for people using insurance services such as Askes and Jamkesmas, provisions regarding the obligation of District Hospital to serve poor people especially women head of household who did not meet the qualification as was stipulated in the laws and regulations are needed. For instance, people who do not have Askeskin or Jamkesmas due to one or another reason. Sumedang Public Hospital has set a target for surgery service, internal diseases, midwifery and children to be able to prepare medicines as well as medical and non-medical staffs, either permanent or temporary staffs. It has been expected from the beginning that the Sumedang Public Hospital prepare its management to improve efficiency and effectiveness and quality of emergency care unit service. However based on FGD results there is a constraint since reference letter is still required.
- Life expectancy rate of women 69.24 and men 65.29 in 2008 . The level of life expectancy rate increased is a good things but the hospital should anticipated by creating new services for them
- The implementation of Sumedang Public Hospital as BLUD in the framework of realizing a hospital autonomy shall be continued, despite part of goal indicators in 2009 have been reached, the acceleration of the implementation of BLUD above in the future is still needed.
- The 2009 goals have been achieved, however from the overall need aspects, they still need to be developed and improved. An integrated information system between service units and other infrastructure and facilities still need to be improved especially to handle disease related to reproductive function and harassment faced by women.

3. Conclusion and Recommendation on Service of Drinking Water District Company of Majalengka District

- a. According to the district regulation, in addition to contributed to district revenue, the task of PDAM is also to implement clean water/drinking water management to improve the people's welfare, and to provide drinking water service and supply to the customers and the community. For poor people, the service is realized in the form of water per m³ fee determination. The social aspect of PDAM that is to improve the people's welfare still need to be improved in the form of providing better and cheaper service to poor people.
- b. In organizational structure of PDAM, there is a Customer Relation Division that was in charge of complaint handling sub-division. However the current regulations did not have detail provisions regarding complaint mechanism and to what extent the response of each complaint. Therefore provisions regarding better and effective complaint handling need to be regulated clearly in the District regulation.
- c. To improve PDAM services, a Supervisory Board consists of district officials and individual or customer people that meet the requirement and appointed by the District was established. In order to provide better access to PDAM service for female customer, there should be women elements among the members of the Supervisory Board appointed by the District.
- d. Currently PDAM of Majalengka does not have SPM (minimum service standard) and SOP (standard operating procedure). Therefore, in order to improve the quality of service and to

improve the handling of the customer's complaints, SPM and SOP based on the provisions of Law on Public Service need to be created.

- e. In 2014 PDAM has set a target to meet 75% of service coverage of urban community and PDAM has become the largest contributor to District Revenue (PAD) among District-owned Enterprises (BUMD) of Majalengka District. Until 2010 the service coverage is only reached 29.06% of the urban community out of the total population of Majalengka that reached 1,202,790 people, so that PDAM need to improve its service performance.
- f. PDAM of Majalengka still faced a number of issues, from technical to non-technical issues, such as low customer growth, low consumption level of household, and the suboptimal customer's complaint handling. The low growth of customer is caused by a scarcity of water source in Majalengka, and the limited capability of its water processing machine and infrastructure so that PDAM is unable to meet new installation demand, especially for settlement in highland areas.
- g. Housewives who use the water daily frequently complain on the water quality which was considered below the drinking water standard. The women also complain that many of their complaints are not followed up.
- h. PDAM funding should be allocated to new PDAM installation for household is ought to be improved.

APPENDIX 1

DATA VARIABLES AND INDICATORS RELATED TO ASSESSMENT QUESTION REFERS TO POPULATION ADMINISTRATION, REGIONAL PUBLIC HOSPITAL AND DRINKING WATER (PDAM) SERVICES

NO	VARIABLES	INDICATORS	ANSWER TO THE ASSESMENT QUESTION
1.	Access degree of women toward public services	Number of men and women accessing public services, Number of public services available to serve men and women Number of public service HRD available to serve men and women	Explain women access degree toward public service.
2.	Regulation and legal framework that influence women access to public services	Regulation and legal framework on goals, principles, and management of service provision Regulation and legal framework on planning and budgeting	Explain how policy-legal framework, and regulation, and planning-budgeting system at LG working unit guarantee: <ul style="list-style-type: none"> ▪ The access of women toward public service ▪ The access women to participate in public service policy formulation and implementation.
3.	Service provision mechanisms at LG level	Effectiveness to mainstream gender equality in service : <ul style="list-style-type: none"> ▪ Planning ▪ Implementation ▪ Monitoring and evaluation Mechanisms to accommodate men and women participation in service : <ul style="list-style-type: none"> ▪ Planning ▪ Implementation ▪ Monitoring and evaluation 	Explain how service provision mechanisms at LG working unit guarantee : <ul style="list-style-type: none"> ▪ The access of women toward public service ▪ The access of women to participate in public service policy formulation and implementation.
4.	Service provision mechanisms at provider level	Effectiveness to mainstream gender equality in : <ul style="list-style-type: none"> ▪ Planning ▪ Implementation ▪ Monitoring and evaluation Women access to participate in : <ul style="list-style-type: none"> ▪ Planning ▪ Implementation ▪ Monitoring and evaluation 	Explain how service provision mechanisms at service provider unit guarantee : <ul style="list-style-type: none"> ▪ The access of women toward public service ▪ The access of women to participate in public service policy formulation and implementation.
5.	Women perception on public services and their access to the services	Perception on quality and sufficiency of the service they accept Reason they have for accessing certain services Barriers and opportunities they face in accessing services Existing women participation in public service and planning budgeting policy formulation	Explain how women perceive <ul style="list-style-type: none"> ▪ Their access to public service ▪ Their participation in influencing service policy and practice

NO	VARIABLES	INDICATORS	ANSWER TO THE ASSESMENT QUESTION
		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

THE PROMISE FOR IMPROVING THE SERVICES IN SUMEDANG HOSPITAL IN 2008

The Promise of Service Improvement

Dear community, patients, and family of service users of Sumedang General Hospital:

During a survey of the people's complaint on the services provided by Sumedang General Hospital which was conducted from 8 to 23 September 2008, around 4,500 questionnaires have been distributed. Four thousands and five hundreds community members have been participated in filling and returning the questionnaires. These responses were processed by sorting the complaints from the highest to the lowest. The recapitulation result of such complaint survey can be seen in the Community Complaint Index of Sumedang General Hospital.

We have responded to 15 (fifteen) highest complaints and we promise to improve the services related to those complaints through the following efforts:

1. For complaint in regard to "The high and intransparent price of medicine", we promise to:
 - a. Improve the format of payment receipts and the detail price of each medicine type,
 - b. Offer patients an option regarding their medicine (patent/generic),
 - c. Coordinate with the examining and treating physician/doctor in regard to medicine supply,
2. For complaint in regard to "long queue of new patient registration", we promise to:
 - a. Improve the skills of counter staffs,
 - b. Utilize internal human resources to help the counter staffs, especially during busy hours,
 - c. Manage the counter and install a sign-board information of patient registration based on the patient's service groups (General, Health Insurance (Askes), Community Health Insurance (Jamkesmas)),
 - d. Employ a queue number system,
 - e. Create a separate counter for new and old patients,
 - f. Procure a queue ticket machine.
3. For complaint in regard to "Incompleteness of medicine type for general, asks and Jamkesmas (Gakin) patients", we promise to:
 - a. Inform the available medicines to the doctor periodically,
 - b. Write a prescription in accordance with the available formularium,
 - c. Search for alternative medicines with similar indication,
 - d. Increase the budget for medicines procurement,
 - e. Propose to the Government of Sumedang Regency to provide a bailout fund for medicine supply in the hospital,
4. For complaint in regard to "No waiting room for the people who accompanied the patient", we promise to:
 - a. Rearrange the existing rooms,
 - b. Provide a waiting room for the people who accompanied the patient,
 - c. Limit the number of people who accompanied the patient to two persons at maximum.

- d. Purchase new lands and improve the development.
5. For complaint in regard to “dirty and uncomfortable Public Facilities (toilets and waiting room)”, we promise to:
 - a. Clean the toilets and bathroom regularly,
 - b. Increase the cleaning service staff through a cooperation with third party and empower the existing cleaning service staffs,
 - c. Procure chair and trash can facilities,
 - d. Increase the number of toilets in outpatient rooms,
 - e. Improve the supervision of Head of Sanitation Installation,
6. For complaint in regard to “The Unfriendliness of the Service Staffs in Sumedang General Hospital”, we promise to:
 - a. Develop the staffs both individual or group/general,
 - b. Rotate the staffs to avoid staff weariness,
 - c. Perform customer service training periodically,
 - d. Perform a psychological test during staff recruitment,
 - e. Perform a refresh periodically,
7. For complaint in regard to “Insufficient number and comfort of class III inpatient rooms”, we promise to:
 - a. Arrange the rooms in Sumedang General Hospital,
 - b. Develop Class III inpatient rooms gradually.
 - c. Increase the number of rooms /space of class III
8. For complaint in regard to “Insufficient supply of clean water”, we promise to:
 - a. Advise the service users of Sumedang General Hospital to save water,
 - b. Limit the number of people who accompanied the patients,
 - c. Improve the water distribution system professionally,
 - d. Increase the water source (construct a deep well)
9. For complaint in regard to “Expensive cost of treatment in Sumedang General Hospital”, we promise to:
 - a. Improve the service quality of staffs in Sumedang General Hospital,
 - b. Provide an explanation of cost for medical treatment in RSUD Sumedang to the patient’s family, start from staff counter 2.
10. For complaint in regard to “Expensive IGD cost”, we promise to:
 - a. Inform the function of IGD to the its visitor and the community,
 - b. Inform the IGD’s rate according to district regulation,
 - c. Build a transit room,
 - d. Increase the number of “one day Care” room,
 - e. Procure and increase the number of ICU, PICU, and NICU special intensive rooms,
 - f. Propose to the Government of Sumedang Regency to provide a license to open Polyclinic during the afternoon.
11. For complaint in regard to “The Slow Treatment of patient in IGD room”, we promise to:
 - a. Inform the patient’s family that the treatment in IGD is not based on queue number but on the emergency level,
 - b. Improve the skills (upgrading) of IGD staffs periodically,
 - c. Increase the number of service staffs (doctor and Paramedic)
12. For complaint in regard to “The slow treatment of patient who uses asks and

- jamkesmas services“ as well as response to the complaint in regard to “The low response to referral patient from puskesmas” and “Insufficient information and socialization regarding the use of Askeskin”, we promise to:
- a. Inform the mechanism of Askes and Jamkesmas services
 - b. Propose a simplification of requirements and procedures to related Institutions since it was beyond our authority.
13. For complaint in regard to “The late examination of specialist doctors in inpatient rooms” We promise to:
- a. Inform the position of specialist doctors, their number and activities,
 - b. Advise specialist doctor to observe the working hours,
 - c. Prepare and inform the visit schedule of specialist doctors to each inpatient rooms,
 - d. Provide substitute doctor / staff during visit hours (non medical),
 - e. Increase the number of specialist doctors.
14. For complaint in regard to “Insufficient explanation from the doctor on the pasien’s condition”, we promise to:
- a. Develop a mutual commitment to implement standard operating procedure (SOP) of medical commitment,
 - b. Simplify the language when communicating with the patients and their family.
15. For complaint in regard to “Frequent Theft in RSUD” We promise to:
- a. Advise service users of the General Hospital to keep alert in maintaining the security by installing speaker in each room,
 - b. Apply one-way access to Sumedang General Hospital,
 - c. Increase the frequency of security control in Sumedang General Hospital,
 - d. Increase the number of security staff.

As additional information in regard to complaints that you have submitted during the complaint survey, we will soon publicly provide an information on the following:

- Official service rate in the hospital in accordance with the district rules/regulation.
- Service procedure (service flowchart),
- Requirements to receive a service,
- The necessary deadlines for completing the services,
- Procedure for submitting complaints.

As a follow up we promise to form a public complaint management unit and conduct a survey on General Hospital services continuously.

We do apologize for not being able to respond to all the complaints that we have received. But we are really willing to change gradually.

During the discussion process of causes and alternative for resolving complaints, we have recorded the presence of reasons beyond our authority and capability that also cause such problems. Therefore we have proposed a recommendation to the Government of Sumedang Regency for response. We promise that we will announce to community as soon as we have received such response.

We openly invite the participation of the community to keep monitoring the performance of our services and to immediately submit their complaints via telephones or short messages to 0811227343 to the Public Complaint Management Unit (UPPM) especially if the promise of service improvement that we have mentioned above have not been fulfilled.

We would like to thank you for your participation, who have provided an input through the survey on Public Complaints that has been completed and we expect continuous supervision for service improvement in the future.

16. For complaint in regard to “The high and intransparent price of medicine”, we promise to:
 - a. Improve the format of payment receipts and the detail price of each medicine type,
 - b. Offer patients an option regarding their medicine (patent/generic),
 - c. Coordinate with the examining and treating physician/doctor in regard to medicine supply,
17. For complaint in regard to “long queue of new patient registration”, we promise to:
 - a. Improve the skills of counter staffs,
 - b. Utilize internal human resources to help the counter staffs, especially during busy hours,
 - c. Manage the counter and install a sign-board information of patient registration based on the patient’s service groups (General, Health Insurance (Askes), Community Health Insurance (Jamkesmas)),
 - d. Employ a queue number system,
 - e. Create a separate counter for new and old patients,
 - f. Procure a queue ticket machine.
18. For complaint in regard to “Incompleteness of medicine type for general, askses and Jamkesmas (Gakin) patients”, we promise to:
 - a. Inform the available medicines to the doctor periodically,
 - b. Write a prescription in accordance with the available formularium,
 - c. Search for alternative medicines with similar indication,
 - d. Increase the budget for medicines procurement,
 - e. Propose to the Government of Sumedang Regency to provide a bailout fund for medicine supply in the hospital,
19. For complaint in regard to “No waiting room for the people who accompanied the patient”, we promise to:
 - a. Rearrange the existing rooms,
 - b. Provide a waiting room for the people who accompanied the patient,
 - c. Limit the number of people who accompanied the patient to two persons at maximum.
 - d. Purchase new lands and improve the development.
20. For complaint in regard to “dirty and uncomfortable Public Facilities (toilets and waiting room)”, we promise to:
 - a. Clean the toilets and bathroom regularly,
 - b. Increase the cleaning service staff through a cooperation with third party and empower the existing cleaning service staffs,
 - c. Procure chair and trash can facilities,
 - d. Increase the number of toilets in outpatient rooms,
 - e. Improve the supervision of Head of Sanitation Installation,
21. For complaint in regard to “The Unfriendliness of the Service Staffs in Sumedang General Hospital”, we promise to:
 - a. Develop the staffs both individual or group/general,
 - b. Rotate the staffs to avoid staff weariness,

- c. Perform customer service training periodically,
 - d. Perform a psychological test during staff recruitment,
 - e. Perform a refresh periodically,
22. For complaint in regard to “Insufficient number and comfort of class III inpatient rooms”, we promise to:
- a. Arrange the rooms in Sumedang General Hospital,
 - b. Develop Class III inpatient rooms gradually.
 - c. Increase the number of rooms /space of class III
23. For complaint in regard to “Insufficient supply of clean water”, we promise to:
- a. Advise the service users of Sumedang General Hospital to save water,
 - b. Limit the number of people who accompanied the patients,
 - c. Improve the water distribution system professionally,
 - d. Increase the water source (construct a deep well)
24. For complaint in regard to “Expensive cost of treatment in Sumedang General Hospital”, we promise to:
- a. Improve the service quality of staffs in Sumedang General Hospital,
 - b. Provide an explanation of cost for medical treatment in RSUD Sumedang to the patient’s family, start from staff counter 2.
25. For complaint in regard to “Expensive IGD cost”, we promise to:
- a. Inform the function of IGD to the its visitor and the community,
 - b. Inform the IGD’s rate according to district regulation,
 - c. Build a transit room,
 - d. Increase the number of “one day Care” room,
 - e. Procure and increase the number of ICU, PICU, and NICU special intensive rooms,
 - f. Propose to the Government of Sumedang Regency to provide a license to open Polyclinic during the afternoon.
26. For complaint in regard to “The Slow Treatment of patient in IGD room”, we promise to:
- a. Inform the patient’s family that the treatment in IGD is not based on queue number but on the emergency level,
 - b. Improve the skills (upgrading) of IGD staffs periodically,
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- a. Inform the mechanism of Askes and Jamkesmas services
 - b. Propose a simplification of requirements and procedures to related Institutions since it was beyond our authority.
 - c. For complaint in regard to “The late examination of specialist doctors in inpatient rooms” We promise to:
 - d. Inform the position of specialist doctors, their number and activities,
 - e. Advise specialist doctor to observe the working hours,
 - f. Prepare and inform the visit schedule of specialist doctors to each inpatient rooms,
 - g. Provide substitute doctor / staff during visit hours (non medical),
 - h. Increase the number of specialist doctors.

28. For complaint in regard to “Insufficient explanation from the doctor on the patient’s condition”, we promise to:
 - a. Develop a mutual commitment to implement standard operating procedure (SOP) of medical commitment,
 - b. Simplify the language when communicating with the patients and their family.
29. For complaint in regard to “Frequent Theft in RSUD” We promise to:
 - a. Advise service users of the General Hospital to keep alert in maintaining the security by installing speaker in each room,
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We would like to thank you for your participation, who have provided an input through the survey on Public Complaints that has been completed and we expect continuous supervision for service improvement in the future.

APPENDIX 3

(PUBLIC SERVICE ON POPULATION ADMINISTRATION AND CIVIL REGISTRY IN WEST BANDUNG DISTRICT)

Table 2

Regent Decree, Regent Regulation and Draft Regional Regulation and Draft Regent Regulation Relevant with Population Administration and civil registry In West Bandung

No	Distric Gov/ Perbu	Concerning
1.	Regent Decree West Bandung No. 470 / Kep 47 – Disdukacasp 2010	- Appointing of signing Population Administration Document by civil officer addressed to the Head of Demography and Civil Registry in surrounding Regent of West Bandung.
2.	Regent Decree West Bandung No. 6 Year 2010	- Delegation of Regent authority over Demography Administration Document.
3.	District Regulation Regent. West Bandung No. 7 Tahun 2004	- A change of District Regulation No. 16 Year 2000 concerning Assessment of Change Cost Superficial Administration of Demography and Population Certificate.
4.	Regent Decree West Bandung Year 52 2009	
5.	Draft Regent Decree West Bandung. No...	- Duties elaboration of Structural Demography and Civil Office West Bandung District.
6.	District Regulation West Bandung No... Year...	- Standard Operation Procedure (SOP) Implementation of Demography Administration - Performed of Demography Administration Service

Table 3
Coverage Of Mandatory Implementation Performance Demography And Civil Registry Office West Bandung Up To Year 2009

No	Concerning	Formulation	Performance achievements
1.	Identity Card of Citizen	841.420 / 891.849 x 100 %	94.35 %
2.	Birth Certificate per 1000 citizens	1.075.713 / 1.453.2732 x 100 %	74.02 %
3.	National Identity Card (KTP) Decree based on NIK	453.237 / 891.849 x 100 %	50.82 %

Table 4
of Demography and Civil Registry Office in West Bandung District Year 2006-2008

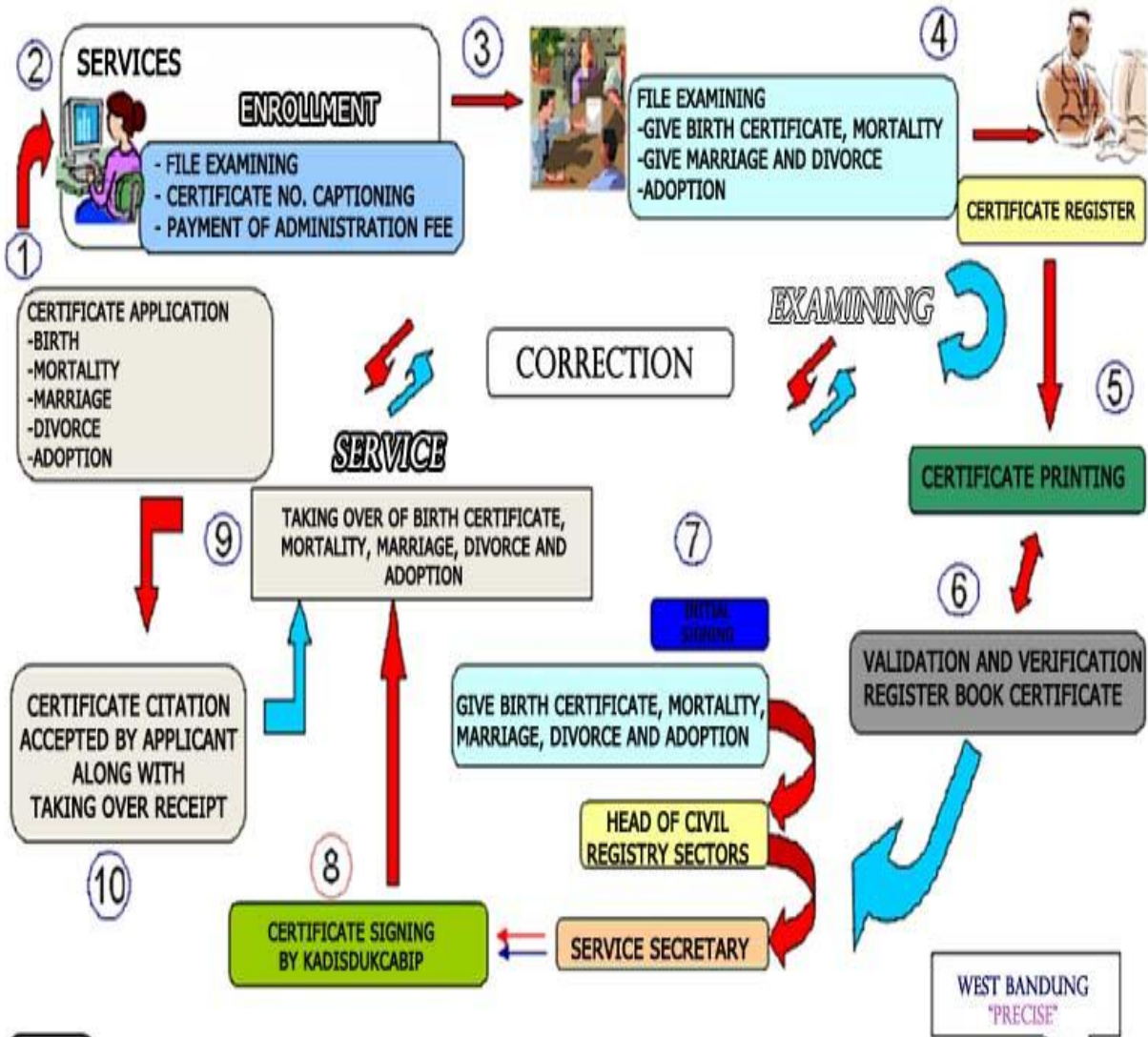
No	Year	Expense	Birth Certificate
1	2008	Charge	8.986
		No Charge	7.150
2	2009	Charge	9.414
		No Charge	9.218
3	2010 s/d Mei	Charge	6.500
		No Charge	4.126

Table 5
Planning Of Needs Budget For Siak

Year	Total	APBN	APBD I	APBD II	PDAM
2009	13.625.600.000	8.700.400.000	3.022.200.000	1.000.000.000	903.000.000
2010	8.469.300.000	3.317.400.000	2.913.000.000	1.794.000.000	444.900.000
2011	29.457.200.000	15.411.700.000	10.372.800.000	1.953.200.000	1.719.500.000
2012	40.012.100.000	20.720.700.000	12.176.700.000	4.875.200.000	2.239.500.000
2013	17.502.500.000	4.000.000.000	7.305.300.000	4.133.700.000	2.063.500.000
Jumlah total	109.066.700.000	52.150.200.000	35.790.000.000	13.756.100.000	7.370.400.000

Figure 1

SERVICES OF BIRTH CERTIFICATE, MORTALITY, MARRIAGE, DIVORCE, AND ADOPTION



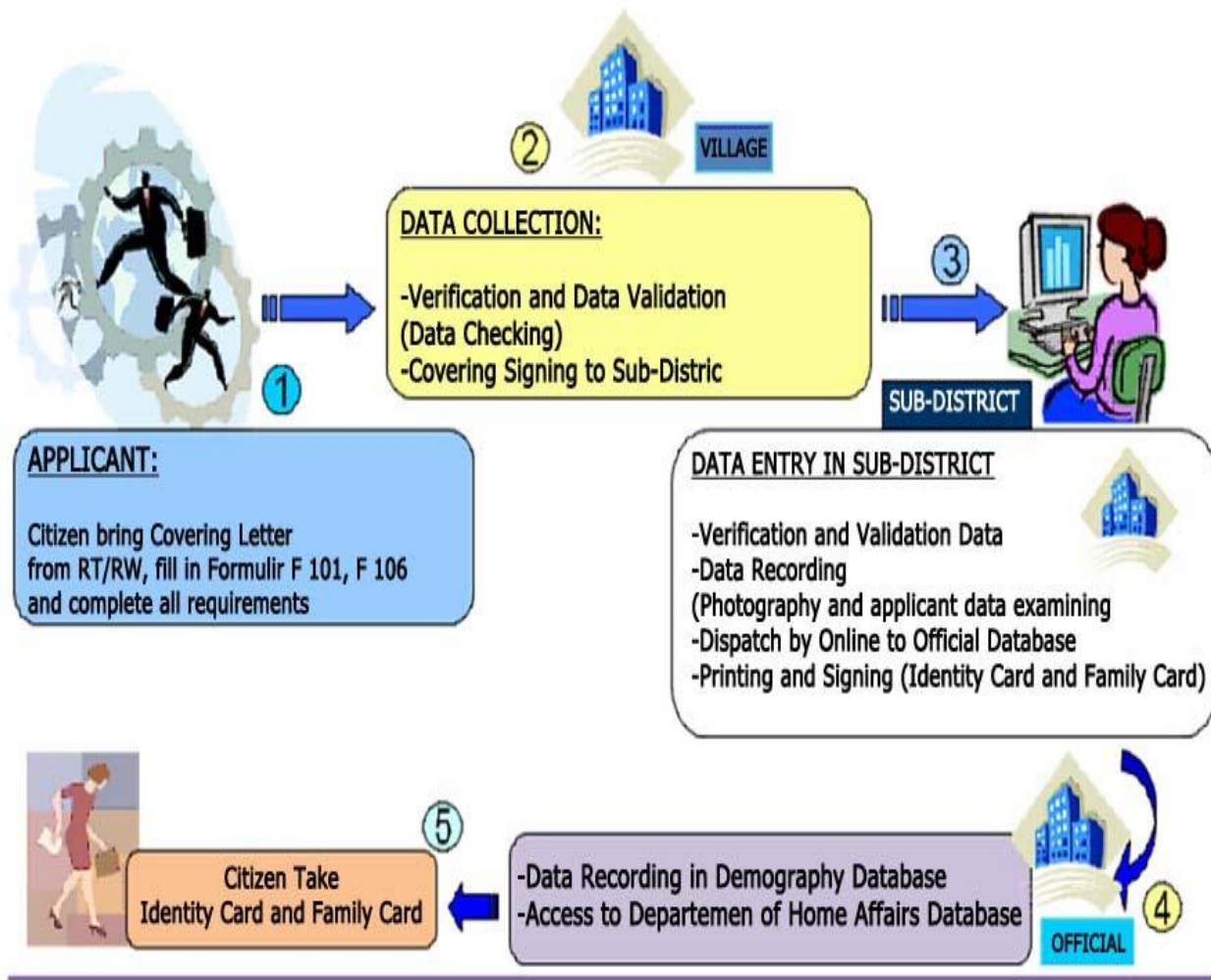
**ADMINISTRATION OF POPULATION AND CIVIL REGISTRY
REGENT OF WEST BANDUNG**

WEST BANDUNG
"PRECISE"



Figure 2

DEMOGRAPHY IDENTTY MECHANISM SERVICE (IDENTITY CARD AND FAMILY CARD)



**ADMINISTRATION OF POPULATION AND CIVIL REGISTRY
REGENT OF WEST BANDUNG**

Table 6

**TARGET AND REVENUE REALIZATION OF DISTRICT ASSESSMENT
UP TO 22 JUNI 2010**

NO	TYPE OF ADMISSION	TARGET PAD	REALIZATION	%
	District Assessment	360,294,000	209,365,000	52.18
	District Retribution	360,294,000	209,365,000	52.18
	Retribution of Printing Cost Change Civil Certificate Document	360,294,000	209,365,000	52.18
1	Printing Cost Change of Birth Certificate	324,600,000	197,000,000	54.22
2	Printing Cost Change of General Marriage Certificate	12,000,000	5,400,000	45
3	Printing Cost Change of Fine Marriage Certificate	12,000,000	4,700,000	39.17
4	Printing Cost Change of General Divorce Certificate	1,125,000	0	0
5	Printing Cost Change of Fine Divorce Certificate	500,000	0	0
6	Printing Cost Change of Death Certificate	100,000	10,000	10.00
7	Printing Cost Change of Ratification Admission Certificate of Adoption and Admission Certificate	400,000	240,000	60.00
8	Printing Cost Change of Marriage License Certificate	75,000	0	0
9	Printing Cost Change of Modifications Certificate	1,250,000	0	0
10	Citation and Copy of Birth Certificate	875,000	0	0
11	Citation and Copy of Marriage Certificate	2,250,000	0	0
12	Information Letter of Move/Come	1,050,000	765,000	72.86
13	Information of Permanent Residence	1,000,000	0	0
14	Information of Restricted Residence	1,000,000	100,000	10.00
15	Overseas Marriage/Birth Report	100,000	100,000	10.00
16	Legalization of Birth Certificate	1,969,000	1,050,000	53.33
	TOTAL	360,294,000	209,365,000	58.11

ATTAINMENT DATA OF POPULATION ADMINISTRATION SERVICE

Year	Birth Certificate	Family Card	Identity Card
2008	16.102	4500 pages	9000
2009	18.666	4500 pages	9000
May 2010	10.626	5000 pages	10.000

APPENDIX 4

PUBLIC SERVICE ON PUBLIC HOSPITAL IN SUMEDANG DISTRICT

Table 1
List of Ministerial Regulation, District Government Regulation (Perda) and Head of District Regulation (Perbu) Regarding Women Health Protection in Sumedang District

No	Perda / Perbu	Regarding
1	Regulation of Sumedang District Government No. 3 of 2008	Health of Mother, New Born, Baby and Under 5 Years-Old Child in Sumedang District.
2	Regulation of Head of Sumedang District No. 59 Tahun 2009	Hospital Bylaws and Medical Staff Bylaws in Public Hospital of Sumedang District
3	Regulation of Minsiter of Women Empowerment and Children Protection of RoI No. 01 of 2010	Minimum Requirements of Integrated Services for Women and Children of Violence Victims

Table 2
Number Of Human Resources in Sumedang Public Hospital (Civil Servant and Non-Civil Servant)

No.	Description	CIVIL SERVANT	Non CIVIL SERVANT	Total
1	General Practitioner	19	8	27
2	Dentist	1		1
3	Pediatrician	3		3
4	Internist	2		2
5	Surgeon	2	1	3
6	Specialist in Midwifery	2		3
7	Specialist in Ear, Nose, and Throat		1	1
8	Specialist in Clinical Pathology	1		1
9	Specialist in Anatomic Pathology	1		1
10	Eye Doctor	1		1
11	Specialist in Radiology	1		1
12	Specialist in Skin and Pediatric	1		1
13	Neurologist	1		1
14	Anesthetist	1		1
15	Oral surgery	1		1
16	Orthodontist	1		1

17	Specialist in Orthopaedic	1		1
18	Psychiatrist			
19	Nurse Paramedic	263	88	351
20	Non-Nurse Paramedic	67	12	79
21	Administrative Staff	175	61	236
	Total	544	171	716

Table 3
Total and background of contracted employee in Sumedang Public Hospital 2009

No.	Tenga Contract	Total
1.	Medical Staff: - General Practitioner - Specialist Practitioner : o Surgeon o Specialist in Ear, Nose, and Throat	8 People 1 People 2 People
2.	Nursing Staff: - Undergraduate I in Nursing - Associate in Nursing / Associate in Anesthesia - D3 Midwifery - D3 Anesthesia Nursing	1 People 79 People 7 People 1 People
3.	Pharmaceutical Staff: - Undergraduate in Pharmacy - Assistant Pharmacist	3 People 7 People
4.	Technical Staff: - Radiology & Radiotherapy - D3 in Medical Record	1 People 1 People
5.	Hon-Health Staff Based on Education Level - Undergraduate: o Undergraduate in Economy / Accounting o Undergraduate in Administration o Undergraduate in Religion o Other Undergraduate Programs - Associate : o D3 in Education - Senior High School: o General Senior High School o Economic Senior High School o Vocational Senior High School - Juneor High School / Elementary School: o Juneor High School o Psychiatrist	4 People 1 People 2 People 3 People 4 People 17 People 3 People 9 People 16 People 2 People
Total Contracted Staff		171 People
Part Time Specialist - Specialist practitioner in Jiwa		1 People

Table 4
Schedule of Each Type of Service at RSUD Sumedang

No	Room	Working Day	Working Hour
1.	Registration Box	Monday - Thursday	07. ⁰⁰ - 12. ⁰⁰
		Friday	07. ⁰⁰ - 10. ⁰⁰
		Saturday	07. ⁰⁰ - 11. ⁰⁰
2.	Polyclinic Service: - Internist - Dental & Oral - Midwifery and Womb Disease - Skin and Venereal disease - Ear, Nose, and Throat - Eyes - Child Health - DM & DOT - PKBRS - Orthopedic Surgery - Lactation - General Surgery	Monday - Thursday	08. ⁰⁰ - Done
		Friday	08. ⁰⁰ - Done
		Saturday	08. ⁰⁰ - Done
3.	VIP Service	Monday - Saturday	08. ⁰⁰ - 12. ⁰⁰
4.	Medical Support	Monday - Thursday	08. ⁰⁰ - 11. ⁰⁰
		Friday	08. ⁰⁰ - 10. ⁰⁰
		Saturday	08. ⁰⁰ - 10. ⁰⁰
5	ECU	Monday - Sunday	24 Hours Including National Holidays

Tabel 5
Procedure Of Service

No.	Room / Polyclinic	Patient Service		
		ASKES	JAMKESDA / JAMKESMAS	GENERAL
1.	ECU	Original Health Care Insurance Card	Original Public Health Insurance Card	With or Without Recommendation Letter
2.	Outpatien: - New Patient	1. Original Health Care Insurance Card 2. Reference Letter from Public Health Center	1. Original Public Health Insurance Card asli ditanda tangan 2. Reference Letter from Public Health Center 3. Copy original Public Health Insurance Card sebanyak 4 pieces	With or Without Recommendation Letter
		1. Original Health Care Insurance Card	1. Original Public Health	1. With or without Recommendation

	- Old Patient	2. Reference letter from Public Health Center / surat kontrol	Insurance Card Asli ditanda tangan 2. Reference letter from Public Health Center 3. Copy Public Health Insurance Card 4 pieces	Letter 2. Registration Card
3.	VIP	1. Registration Card 2. Not valid for Health Care Insurance		1. Not using insurance 2. Controlled Patient Post-Treatment in VIP A, VIP B, VIP C. 3. Controlled Patient Post-Treatment in Public Hospital (not using Insurance)
4.	Inpatient - Patient from Outpatient - Patient from ECU	1. Acceptance Letter from Doctor 2. Letter of Service Guarantee (SJP) Acknowledged by PT. ASKES 3. Reference Letter from Public Health Center or an appointed doctor 1. Acceptance Letter from standing doctor of ECU 2. Letter of Service Guarantee (SJP) acknowledged by PT. ASKES (valid for 2x24 hours)	1. Reference Letter from Public Health Center 2. Original Family Card 3. Patient's original ID Card 4. Original Public Health Insurance Card 5. Reference Letter acknowledged by a Doctor 6. Letter of Service Guarantee (SJP) from PT. ASKES (valid for 2x24 hours) 1. Original Public Health Insurance Card (valid for 2x24 hours) 2. Original Family Card 3. Patient's original ID Card 4. Reference Letter acknowledged by a Standing Doctor of ECU 5. Letter of Service Guarantee (SJP) acknowledged by PT. ASKES (valid for 2x24 hours)	Acceptance Letter from a doctor Acceptance Letter from a doctor

Table 6
The RSUD Sumedang Revenue And Expenditure

No.	Description	Realization 2008	Plan 2009
	<u>Health Care Retrmothertion</u>	37,872,526,261	41,425,143,700
01	Administration / Ticket	137,203,250	273,264,000
02	Action / Operation	1,923,118,307	2,755,290,000
03	Outpatient	631,682,059	-
04	Consulting	367,349,286	3,242,696,620

05	Medicines / Equipments / Gas	14,110,214,553	15,314,018,400
06	Health Care Insurance	6,686,384,218	-
07	Laboratory	3,414,269,849	3,929,677,800
08	Radiology	512,772,577	246,552,000
09	Ammonthce	186,729,100	281,520,000
10	Teeth Treatment	100,184,500	127,836,000
11	Treatment (Treatment Fee)	4,305,970,242	10,913,575,800
12	Medical Control	1,301,101,931	1,656,690,000
13	Childbirth Assistance	287,367,500	375,900,000
14	Physiotherapy	35,873,516	55,374,000
15	Special Checks	322,465,283	217,878,000
16	Emergency Care Unit	2,149,303,413	-
17	ICU / ICCU / NICU service	422,022,014	-
18	Room Rent Service	646,849,163	1,656,301,080
19	Special Therapy	59,631,750	334,620,000
20	Health Examination	259,603,750	27,000,000
21	Visum at Repertum	7,400,000	8,100,000
22	Deceased Treatment	1,185,000	5,850,000
23	Incinerator	3,845,000	3,000,000
24	Legal District Own Source Revenue:		
	- Giro Service Income		
	- District Cash Giro Service	28,948,601	20,000,000
	- Commission	457,961,072	306,529,307
	- Revenue from Other Legal District Own Source Revenues	390,306,221	175,417,765
	Total	38,749,742,155	41,927,090,772

Table 7
Acceptor of different Types Contraception [KB]

Types of Contraception	Total Acceptor 2008	Total Acceptor 2009	Total Acceptor until March 2010
IUD	358	207	68
Injection	91	1015	436
MOW	815	384	98
Pill	-	12	-
MOP	11	4	3
Condom	2	19	1

Table 8
Total Doctor, Midwife, Nurse capable of coping with KB Acceptor complaint

Year	Doctor	Midwife	Nurse
2008	1	2	2

2009	1	2	2
2010	1	2	2

Table 9
Total Maternal Mortality due to Birth

Year	Total Mother	Cause of Mortality
2008	8	Bleeding, Pulmonary edema, Cardiac Cares, Eclampsia, Cardiogenic shock)
2009	10	Throbosis Mesentrial, Brain herniation, bleeding, Eclampsia, cardiac cares, Sepsis, Decom
2010 – May 2010	6	Bleeding, Sepsis, Otonia Uteri, Multi Organ dysfunctional Syndrome

Table 10
Bed Occupancy rate 2008 - 2009

Types of Room	Bed Occupancy rate 2008	Bed Occupancy rate 2009
Vip A	39.53	50.57
Vip B	67.91	72.99
Vip C	55.14	74.16
Class I	72.10	73.21
Kekas II	85.27	77.57
Class III	84.79	92.69
ICU	76.51	62.12
Superior	12.51	27.95

Table 11
Achievement in 2009 and target 2010 related to target Increased Quality and Professional Human Resources

Indicator	Performance Achievement Target 2009	Performance Achievement Realization Through Quarter III 2009	Percentage of Plan Achievement of Achievement Level	Performance Achievement Target 2010
- Ratio of staff and patient				
• Outpatient - Doctor 1:15	1:20	1:10,11	99 %	1:19
• Outpatient - Nurse 1:15	1:18,4	1:9,55	148 %	1:18
• Patient of Emergency Care Unit – Doctor 1:11	1:15,5	1:11,86	123 %	1:15
• Patient of Emergency Care Unit - Nurse 1:5	1:09	1:5,65	138 %	1:8.8
• Inpatient - Doctor 1:15	1:20	1:11,53	142 %	1:18
• Inpatient - Nurse 1:5	1:6,5	1:2,81	157 %	1:6.3
- Staff Optimalization of 80%	72 %	71 %	92 %	74 %

per annum				
- Budget availability for education and training in order to enhance human resources quality of 2% of total budget	0,75 %	0,69 %	92 %	1 %
- Availability of career analysis and development documents of 100% annually	100 %	90 %	90 %	100 %
- Integrated Billing System 100%	70	80	114 %	80 %

Table 12
Achievement in 2009 and target 2010 related to target Increased Products Quality Through Development Of Service Facilities and Installation

Indicator	Performance Achievement Target 2009	Performance Achievement Realization Through Quarter III 2009	Percentage of Plan Achievement of Achievement Level	Performance Achievement Target 2010
Provision of 16 new bussines unit (SBU) showing the public necessities	2	2	100 %	3

Table 13
Achievement in 2009 and target 2010 related to target Increased Service And Installation Facilities And Infrastructures

Indicator	Performance Achievement Target 2009	Performance Achievement Realization Through Quarter III 2009	Percentage of Plan Achievement of Achievement Level	Performance Achievement Target 2010
- Bed Occupancy Ratio 1 bed : 3000 people	1:4500	1:5282	83 %	1:4000
- Development of service facilities and medical tools reaching 100%	12 %	10 %	83 %	10 %
- Provision of treatment building and office of 5 units.	4	4	100 %	6 unit
Service Ratio:				
• Increase of average outpatient visit / day	101 %	83,00 %	82 %	1,02 %
• increase of average outpatient action/day				
• Increase of average emergency care unit visit/day	103 %	133 %	129 %	1,02 %
• Increase of average emergency care unit action/ day	103 %	119 %	115 %	1,03 %
• Increase of average radiology checks/day	103 %	165 %	160 %	1,10 %
• Increase of average operation / day	109 %	116 %	106 %	1,10 %
• Increase of average medical rehabilitation/day	90 %	101 %	112 %	1,00 %

• Increase of average treatment/ day	70 %	140 %	148 %	0,9 %
• Bed Occupancy Ratio (BOR)				
• Average Length of Stay (ALOS)	101 %	108 %	106 %	73,3 %
• Bed Turn Over (BTO)	78 %	78,27 %	101 %	3,5
• Turn Over Internal (TOI)	3,00	2,87	104 %	2
• Life expectancy of 69 years in 2013	92	71,33	122 %	37,03/1000
• Baby Mortality Rate of 36/1000 alive birth in 2013	2	0,83	158 %	
	68,2	68	99 %	
• Mother Mortality Rate of 240 / 100.000 birth in 2013	37,70/1000	71/1000	8,1 %	
• Prevention and treatment of TBC, HIV and ISPA 6,5% of total disease in Public Hospital	275/100.000	633/100.000	8,1 %	260/100.000
	5,50 %	7,6 %	140 %	5,75 %

Table 14
Achievement in 2009 and target 2010 related to target Increased Public Hospital Performance To Guarantee Public Health Service

Indicator	Performance Achievement Target 2009	Performance Achievement Realization Through Quarter III 2009	Percentage of Plan Achievement of Achievement Level	Performance Achievement Target 2010
- Availability of SOP for all units	80 %	80 %	100 %	90 %
- Accredited Hospital of 12 Work Groups	12 work	5 work	41 %	12 work
- Patient Satisfactory of 90 %	80 %	70 %	87 %	82 %
- Unit creating Quality Control Task Force 100%	50 %	40 %	80 %	60 %
- Coordination with the related local government work units for 4 times per annum	100 %	100 %	100 %	100 %
• Emergency Response Time Rate	9	10	88 %	8 menit
• Waiting Time in Polyclinic	70	60	114 %	65 menit
• Mortality Rate in ECU	0,36 %	1,98 %	-3,5 %	0,35 %
• Mortality Rate >48 Jam (NDR)	0,28 %	0,38 %	64 %	0,24 %
• Recommended Inpatient Rate	1 %	0,38 %	162 %	1 %
• Post Operative Death Rate	1 %	1,76 %	24 %	1 %
• Nosocomial Rate	≤ 1,5 %	0,00 %	100 %	0,5 %
• Prescription Service Rate				
- Ready use drug	50	50	100 %	45 menit
- Dispensed drug	≤ 60	70	88 %	≤ 60 menit
• Waiting time before operation	≤ 14	21	20 %	≤ 12 hari
• Bed Ratio in class III	51 %	49 %	96 %	51 %
• Bed Occupancy Ratio (BOR) Class III	80 %	93,71 %	116 %	82 %
• Percentage of Poor Patient in outpatient	33 %	19,36 %	57 %	33 %

Table 15
Achievement in 2009 and target 2010 related to target Hospital Management Autonomy In Order To Create The Effective And Efficient Hospital

Indicator	Performance Achievement Target 2009	Performance Achievement Realization Through Quarter III 2009	Percentage of Plan Achievement of Achievement Level	Performance Achievement Target 2010
- Organizational Management more appropriate with the hospital necessities reaching 100%	100 %	100 %	100 %	100 %
- Implementation, Administration, Management and Financial Report as Public Service Body reaching 100%	50 %	40 %	80 %	100 %
- Financial management based on accrual basic system reaching 100%	50 %	50 %	50 %	100 %
- Establishment of hospital accountability system reaching 100%	100 %	80 %	80 %	100 %

Table 16
Total and Percentage of Patient Visit in Each Type of Service

No.	Type of service	Target 2009	Realization Jan - Sept 2009	Percentage (%)
1	Internist	36.470	26.251	71,98
2	Surgery	10.199	6.877	67,43
3	Child Health	9.943	6.991	70,31
4	Midwifery & Pregnancy	6.332	4.739	74,85
5	Ear, Nose, and Throat	8.863	6.279	70,85
6	Eye	11.032	6.968	63,16
7	Psychiatry	2.193	1.754	79,98
8	Teeth and Mouth	7.361	5.025	68,27
9	Skin and Venereal	6,019	4.708	78,22
10	Neurosis	17.647	11.459	64.93
11	DOT	1.906	1.280	67.16
12	DM	13.147	10.466	79.61
13	Orthopedc	2.054	1.381	67.23
14	Vip	2.064	2.195	106.35
Total		135.228	96.373	71,27
Average Visit / Day		436	428	98,17
Average Visit		177	99	55,93
New /day				
Ratio new visit and Total Visit		3,2/10	2,3/10	71,18
General		40.600	28.503	70,20
Health Care Insurance		64.954	47.263	72,76
Contract		1.284	913	71.11

Public Health Insurance	28.390	16.886	59.48
Poor People Health Protection Insurance	-	2.808	-

Table 17
Patient Visit to Emergency Care Unit

No	Type of Service	Target for 2009	Realization Jan - Sept 2009	Percentage (%)
1	Surgery	5.660	3.782	66,82
2	Internist	11.068	9.101	82,23
3	Midwifery	4.203	3.506	83,42
4	Child	4.158	3.270	78,64
Total		25,088	19,659	78,36
Average patient/day		70	72	102.86
% Patient treated		54.86	42.32	77.14
% Patient recommended		0.35	0.39	111.43
General		14.370	11.260	78.36
Health Care Insurance		4.770	3.738	78.37
Contract		212	166	78.30
Public Health Insurance		5.212	4.084	78.35
Poor People Health Protection Insurance		525	411	78.28

Table :18
Inpatient Installation Service Based on the Use of Bed

No	Type of service	Target 2009	Realization Jan - Sept 2009	Percentage (%)
1	Class III	89.91	93.08	103.53
2	Class II	87.5	77.89	89.02
3	Class I	53.8	73.41	136.45
4	Superior class	21.97	31.87	145.06
5	ICU	65.13	57.03	87.56
6	VIP A	54.87	52.03	94.82
7	VIP B	84.11	77.66	92.33
8	VIP C	66.26	65.77	99.26
Total		80.81	81.92	101.37

Table 19
Irp Based on average time of treatment

No	Type of service	Target 2009	Realization Jan - Sept 2009	Percentage (%)
1	Class III	2.99	2.88	96.32
2	Class II	2.89	2.59	89.62
3	Class I	3.1	3.08	99.35
4	Superior Class	3.07	3.09	100.65
5	ICU	2.82	2.73	96.81
6	VIP A	2.1	2.17	103.33
7	VIP B	3.11	3.12	100.32
8	VIP C	2.98	2.97	99.66
Total		2.95	2.83	95.93

Table 20
Total Childbirth, Alive Birth, Dead Birth and Miscarriage
in Sumedang Public Hospital

No	Description	2009
1	Total Childbirth	3.331
2	Total Alive birth	3.201
3	Total Birth Weight < 2500 gr	586
4	Total Birth Weight > 2500 gr	2.615
5	Dead Birth	130
6	Dead Birth < 1 week	242
7	Dead birth > 1 week	10
8	Miscarriage	453

Figure I
Graphic of Expectancy Life Progress in
Sumedang District 2005 - 2008
Grafik Perkembangan Umur Harapan Hidup
Kabupaten Sumedang Tahun 2005 - 2008

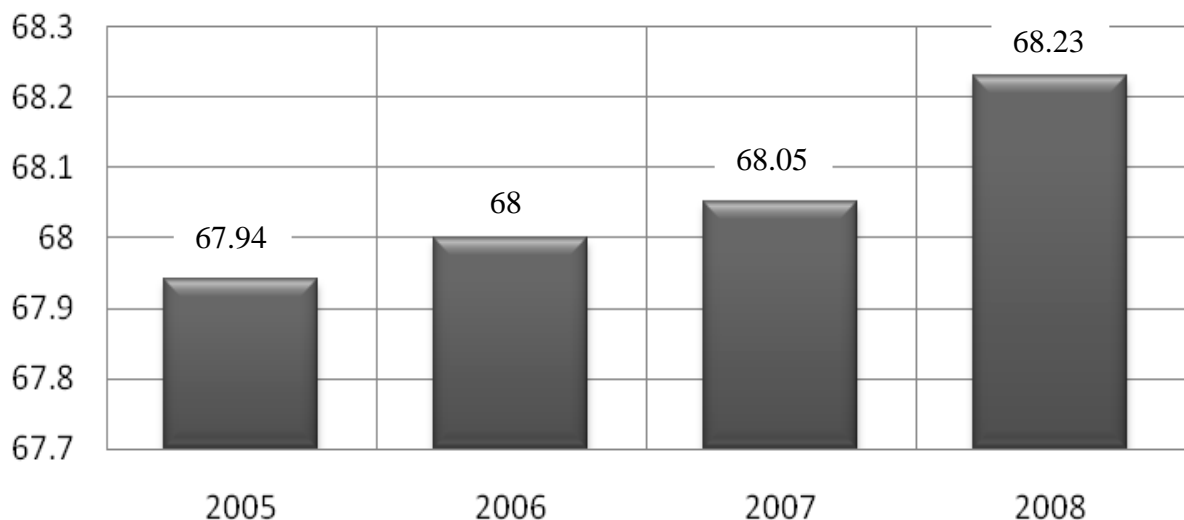


Table 21
Type Of Insurance Which Used By patient (2008)

No	Type of Service	General	Health Care Insurance	Employee	Contract	Social Safety Net/ Raksa Desa	Other	Total
1	Internist	5,738	21,000	39	196	6,787	737	34,497
2	Surgery	3,345	2,429	8	80	2,971	514	9,347
3	Child Health	5,078	1,526	30	139	2,191	228	9,192
4	Gynecology	3,638	874	47	74	1,484	285	6,402
5	Ear, Nose And Throat	4,588	2,878	8	41	1,015	224	8,754
6	Eye	3,114	4,695	10	50	1,222	139	9,230
7	Neurosis	779	523	6	1	918	139	2,366
8	Teeth and Mouth	3,334	2,749	24	102	574	38	6,821
9	Skin & Venereal	2,592	2,968	19	20	688	67	6,354
10	Neurosis	2,757	9,676	1	24	2,246	344	15,048
11	DOT	541	471	5	7	557	88	1,669
12	Diabetes M	564	11,816		18	1,626	98	14,122
13	Orthopedic	645	734	7	6	374	131	1,897
14	Poli PIV	1,481	3				1,735	3,219
15	PKBRS	1				1		2
	2009	38,195	62,342	204	758	22,654	4,767	128,920
	2008	41,161	64,453	254	1,269	19,199	1,399	127,735

Table 22

No.	Type of Service	2008	Up to Sept 2009
1	Internist	34,983	34,497
2	Surgery	9,197	9,347
3	Child health	9,796	9,192
4	Midwifery	6,109	6,402

5	Ear, Nose, and Throat	8,365	8,754
6	Eye	10,246	9,230
7	Psychiatry	2,115	2,366
8	Teeth and Mouth	6,747	6,821
9	Skin & Venereal	5,861	6,354
10	Neurosis	15,724	15,048
11	DOT	1,686	1,669
12	DM	12,905	14,122
13	Orthopedic	2,084	1,897
14	PKBRS		
15	Poli PIV	1,876	3,21
	Total	127,694	128,92

Data of Pati

No	Type of Service	Received From			Recommen ded to Above Level
		PKM	Facility	Self Visit	
1	Internist	15,805	13,677	5,230	16
2	Surgery	4,288	2,296	2,886	190
3	Child Health	3,202	1,489	4,190	594
4	Midwifery & Pregnancy	1,844	1,463	3,041	52
5	Teeth and Mouth	2,490	1,109	2,927	12
6	Ear, Nose, and Throat	2,879	1,493	4,303	15
7	Psychiatry	1,271	342	746	106
8	Neurosis	6,970	5,484	2,448	
9	Skin & Venereal	2,611	1,224	2,496	3
10	Eye	4,449	1,726	3,166	105
11	DOT	660	563	478	
12	DM	6,333	6,692	657	
13	Orthopedic	829	494	603	22
	TOTAL				

Table 24
On Surgery / Operation in (Up To September 2009)

No	Type of Surgery	Total	EFFECTIVE			CYTO	
			OB	OS	OK	OB	OS
1	General surgery	1,573	591	786		131	65
2	Pregnancy	1,215	421	83		706	5
3	Ear, Nose, and Throat	110	88	18	1	1	2
4	Eye	91	91				
5	Teeth and Mouth	26	21	4			1
6	Orthopedics	335	271	47		12	5
	Total 2009	3,350	1,483	938	1	850	78

	Total 2008	3,674	1,743	894	1	986	50
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Remarks: OB = Large Operation. OS = Medium Operation OK= Little Operation

Table 25
Top 10 Disease in RSUD Sumedang

No	Disease Group	2008	No	Disease Group	2009
1	Febris	2,382	1	Febris	2,357
2	Gea	768	2	Partureien aterm	773
3	Partureien aterm	711	3	Gea	564
4	Light cc	696	4	Thalasemia	556
5	Gastritis	641	5	Vulnus laceratum	531
6	Thalasemia	611	6	Kpsw	520
7	Asthma	609	7	Dhf	515
8	Kpsw	517	8	Gastritis	497
9	Dispepsi	505	9	Asthma	471
10	Vulnus laceratum	495	10	Dispepsi	386
	Other	14,123		Other	12,792
	TOTAL	22,058		TOTAL	19,962

Table 26
Number Of Visit Outpatien and Inpatien

No	Description	2008	2009
1	Outpatient	51,578	57,69
	- General	25,249	26,006
	- Health Care Insurance	19,273	20,506
	- Social Safety Net	6,669	10,079
	- Contract	353	1,068
	- Staff Polyclinic		
2	Inpatient	25,999	26,099
	- General	13,993	12,818
	- Health care insurance	7,904	8,099
	- Social Safety Net	3,979	4,601
	- Contract	123	581

Table 27
Top 10 Midwifery And Pregnancy Case Which Havehandled By RSUD Sumedang

Disease group	2008	No	Disease group	2009
Partureien aterm	771	1	Partureien aterm	773
Kpsw	517	2	Kpsw	520
Abortus incomplit	322	3	Abortus incomplit	311
Breech	264	4	Breech	219
Hypertensi	143	5	P.e.b (pre.e.b)	132
P.e.b (pre.e.b)	143	6	Hypertensi	130
Old partus	139	7	Abortus iminen	127
Abortus iminen	101	8	Old partus	91
Premature	96	9	lufd	84
Rwy sc	93	10	Rwy sc	83
Other	1,535		Other	1,472
TOTAL	4,064		TOTAL	3,942

Table 28
Total visit to obstetrician in Seeding Public Hospital

Month Year	Total women making visit for consulting service on antenatal, other post services
May 2009	564
June 2009	465
July 2009	534
August 2009	568
September 2009	440
October 2009	619
November 2009	540
December 2009	537
January 2010	635
February 2010	647

March 2010	636
April 2010	570
May 2010	569

Table 29
Maternal death in Sumedang Public Hospital Based on Causes. (May 2009 – May 2010)

No.	Causes	Total People												
		May 2009	June 2009	July 2010	Agst 2009	Sep 2009	Okt 2009	Nop 2009	Des 2009	Jan 2010	Feb 2010	March 2010	April 2010	May 2010
1.	Hemorrhage	2									1		1	
2.	Eklampsia			1	1					1				
3.	Cardiac Cares			1										
4.	Sepsis				1							1		
5.	Decom					1								
6.	Atonia Uteri												1	
7.	Multi Organ Disfunctional Syndrome													1

Table 30
Total visit to Polyclinic Midwifery and Pregnancy (2008 and 2009)

No	Reason	2008	No	Reason	2009
1	Pregnancy	1,765	1	Pregnancy	1,811
2	Post Opt Control	733	2	Post Opt Control	1,112
3	Fa / Leucorrhoea	469	3	Fa / Leucorrhoea	481
4	Post Curetage	447	4	Post Curetage	435
5	Post Partum	413	5	Post Partum	382
6	Myoma Uteri	207	6	Myoma Uteri	196
7	Ovarium Cyst	201	7	Abortus Iminen	194
8	D.U.B	165	8	Ovarium Cyst	187
9	Post Cc	150	9	Gynek Ex	154
10	Molla Hidatidosa	132	10	Ca Cervik	148
	Other	1,429		Other	1,302
	TOTAL	6,111		TOTAL	6,402

Table 31
HEALTH INSURANCE PROGRAM

No	Description	2008	2009
	- General	375	421
	- Health Care Insurance	210	257
	- Social Safety Net	307	413
	- Contract	16	19
	- Polyclinic Staff	35	4
	Total	943	1,114

Table 32
Mortality Rate in Sumedang Public Hospital 2008 – 2009

No	Mortality rate	2008	2009
1.	Mother	15	17
2.	Child	303	273

Table 33
Total FAMILY PLAN [KB]

Types of Contraception	Total Acceptor 2008	Total Acceptor 2009	Total Acceptor until March 2010
IUD	358	207	68
Injection	91	1015	436
MOW	815	384	98
Pill	-	12	-
MOP	11	4	3
Condom	2	19	1

Table 34
Total Doctor, Midwife, Nurse capable of coping with KB Acceptor complaint

Year	Doctor	Midwife	Nurse
2008	1	2	2
2009	1	2	2
2010	1	2	2

Table 35
Total Maternal Mortality due to Birth

Year	Total Mother	Cause of Mortality
2008	8	Bleeding, Pulmonary edema, Cardiac Cares, Eclampsia, Cardiogenic shock)
2009	10	Throbosis Mesentrial, Brain herniation, bleeding, Eclampsia, cardiac cares, Sepsis, Decom
2010 – May 2010	6	Bleeding, Sepsis, Otonia Uteri, Multi Organ dysfunctional Syndrome

Table 36
Bed Occupancy rate 2008 - 2009

Types of Room	Bed Occupancy rate 2008	Bed Occupancy rate 2009
Vip A	39.53	50.57
Vip B	67.91	72.99
Vip C	55.14	74.16
Class I	72.10	73.21
Kekas II	85.27	77.57
Class III	84.79	92.69
ICU	76.51	62.12
Superior	12.51	27.95

APPENDIX 5

PUBLIC SERVICE ON PDAM IN MAJALENGKA DISTRICT

Table 37

District Government Regulation [Perda] and Head of District Regulation [Perbu] regarding management of Water Supply Company

No	Perda / Perbu	Regarding
1.	District Government Regulation No. 10 of 2008	- Equity Participation of Majalengka District Government in Water Supply Company (PDAM) of Majalengka District
2.	District Government Regulation No. 5 of 2006	- Organizational Structure and Administration of Water Supply Company of Majalengka District
3.	District Government Regulation No. 5 of 2002	- Advancement and Supervision of District Government-Owned Company in Majalengka District
4.	District Government Regulation No. 16 of 1991	- Principle Provisions of Water Supply Company service in Majalengka District
5.	District Government Regulation No. 11 of 1988	- Establishment of Water Supply Company of Majalengka District
6.	Head of District Regulation No 12 of 2009	- Tariff of Water of Water Supply Company of Majalengka District
7.	Head of District Regulation No. 6 of 2006	- Tariff of New Installation, Fixed Charge and Fine of Drinking Water Service in Water Supply Company (PDAM) of Majalengka District
8.	Majalengka Government Regulation No. 10 of 2009	- Organization of Apparatus of Majalengka District
9.	MoHA Decree 47/99	- PDAM Performance Appraisal

Table 38
Total production of water, water distribution,
sold water and water leakage (2009)

Month	Production (M3)	Distribution (M3)	Sale (M3)	Leakage (M3)
January	300,399	301,808.1	239,167	17,069.3
February	303,498.2	296,985.6	236,865	15,844.5
March	274,198.8	260,596.8	207,958	18,037.1
April	293,744.6	242,201.1	198,450	17,863.9
May	299,535.4	291,117.5	230,975	12,200
June	309,946.9	301,575.7	238,912	19,461
July	312,818.1	304,795.9	247,700	20,032
August	252,955	301,547	241,548	18,110
September	334,306	325,358.4	205,794	21,681.3
October	346,973.8	354,503	287,774	20,559.5
November	349,478.3	341,409.5	270,150	22,842.8
December	344,022.3	324,969	258,419	19,383
Total	3765,872	3692,863	2863,712	226,481

Table 39**Income (Loss) of Majalengka District Water Supply Company 2008 – 2009 (IDR)**

Description R A I A N	2008	2009
Income		
- Water	5,349,952,580.00	6,779,947,562.00
- Non-water	653,118,530.00	491,394.000.00
- Water tank	265,456,630.00	363,832,104.00
Total income	6,268,527,740.00	7,635,173,666.00
Direct Expense		
A. Operational and Maintenance Expenses		
- Operational and Maintenance Expenses for Water Sources	365,170,090.00	699,071,117.00
- Operational and Maintenance Expenses for Water Treatment	366,056,481.00	261,060.000.00
- Operational and Maintenance Expenses for Transmission and Distribution	637,591,415.00	787,135,976.00
Total A	1,368,817,986.00	1,747,267,093.00
INCOME (LOSS)	4,881,876,433,79	5,887,906,573.00
General and Administrative Expenses		
- Operational and Maintenance Expenses	3,575,252,598.00	4,402,595,540.00
Total General and Administrative Expenses	3,575,252,598.00	4,402,595,540.00
Income (Loss)	1,306,623,835.79	1,485,311,033.00
Other Income (Expense)		
- Other Income	15,675,665.00	20,952,222.00
- Other Expenses	(432.000.00)	(33,600.00)
Total Other Income (Expense)	15,243,665.00	20,918,622.00
INCOME (LOSS) BEFORE DEPRECIATION	1,321,867,501	1,506,229,655

Depreciation on Fixed Assets	1,159,518,838.00	1,244,599,760.00
Income (Loss) Net of Depreciation	162,348,662,79	261,629,895.00
Corporate Income Tax		
Income (Loss)	162,348,662,79	261,629,895.00

Table 40
Customer Care Management
Through April 2010

No	DESCRIPTION	Complaint in	Successfully	Through this
		April	Managed	Month
		Number	Number	Number
I	CONNECTION			
	A. Water Meter			
	- Meter number is not correct	25	25	88
	- Water meter damaged	8	8	14
	- Water meter lost	-	-	-
	- No water	10	10	36
	- Water dirty	75	75	85
	- Lot pipe damaged	8	8	29
	B. Service Pipe & Accessories	-	-	-
	- Leakage	79	79	279
	- Crane damaged	10	10	50
	- Water meter changed	-	-	-
II	DISTRIBUTION PIPE	-	-	-
	- Distribution pipe damaged, leak	8	8	51
	- Hydrant pipe	-	-	-

	- Gate Valve	-	-	-
III	TRANSMISSION PIPE	-	-	-
	- Transmission pipe leakage	-	-	-
	- Gate Valve	1	1	2
IV	BILLING ERROR	-	-	-
	- High billing	12	12	53
	- Tariff change	-	-	-
	TOTAL	236	236	687

