

CHAPTER II

DESCRIPTION

2.1 Bandung City Profile

2.1.1 Condition of Geography and Topography Bandung City

Bandung city is one of the cities in West Java province and is the capital of West Java province. Bandung city has a long history as the capital of West Java province. In the beginning the city Bandung formed after the Bandung regency that precisely in about the mid-17th century. The first head of district, is Tumenggung Wiraangunangun until 1681

The city of Bandung is located at position 107 ° 36 'East Longitude and 6 ° 55' South Latitude. Meanwhile, the area of Bandung is 16,729.65 Ha. In the calculation of this area is based on the Regional Regulations Municipality Level II Bandung No. 10 of 1989 on the Changes Boundary Regional Municipality Level II Bandung. Then, the administrative city of Bandung is also bordered by several other cities / districts:

1. North: bordered by Bandung Regency and West Bandung Regency;
2. West side: bordered by Regency of West Bandung and Cimahi City;
3. East: bordered by Bandung Regency; and
4. South: bordered by Bandung Regency

The population density in the city of Bandung is quite populous. The average population density in Bandung is 14.855 people per Km² or 148 peoples per Ha.

Healthy population density standard set by the World Health Organization (WHO) is 97 people per hectare so that the average population density in the city of Bandung exceeded the healthy standard of population density. Based on these standards there are 6 districts that are still in WHO healthy standards of 30 districts in Bandung. Gedebage Sub-district, Cinambo Sub-district, Panyileukan Sub-District, Bandung Wetan Sub-district, Mandalajati Sub-District, and Cidadap Sub-district are kecamatan with population density less than 97 hectares.

In the year 2014, with an area of Bandung around 167.31 Km² divided to several areas per subdistrict. Subdistricts that have the largest area are the subdistrict Gedebage, which is about 9.58 Km². Meanwhile, the subdistrict with the smallest area is the subdistrict of Sumur Bandung which is about 3.4 Km². The data in the table also shows that there is no significant change from year to year over a period of 6 years on area of the subdistrict in the city of Bandung.

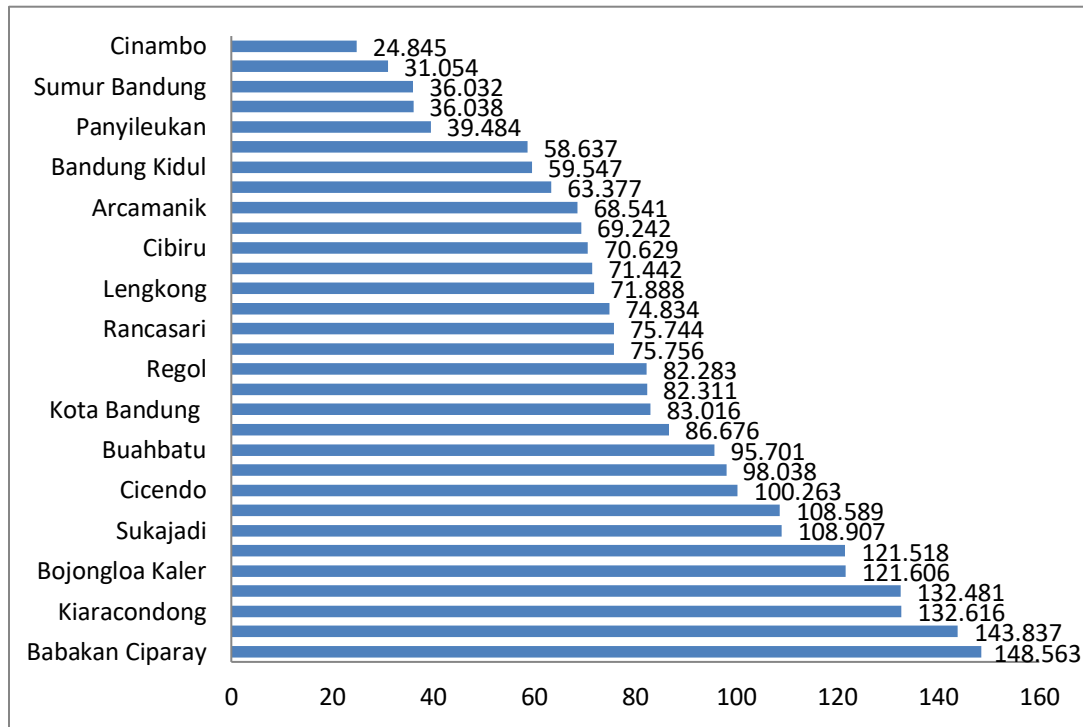
2.1.2 Demographic Condition of Bandung City

Demographic developments are an important role in development planning. The quantity of population is a large capital which can determine the success of a development in the region. The composition and distribution of the size of the population can affect the structure of space, social activities, and the economy of society. All aspects of development have a correlation and integration with the number of demographics in a region, so it is not surprising that the information of a

population could be said as an important role in a strategic position of a policy determination.

Figure 2.1

Number of Population per Subdistrict in Bandung City Year 2016



Source: Profile Dinas Kesehatan Kota Bandung Tahun 2016

In 2016, recorded the composition of the number of population per subdistrict in Bandung recorded the highest population is Babakan Ciparay subdistrict with the number of 148.563 inhabitants. Meanwhile, the lowest population is located in Cinambo subdistrict with 24.845 inhabitants.

Table 2.1
Population and Sex Ratio in Bandung City 2016

Sex			
Age Number	Male	Female	Total
-1	-2	-3	-4
0-4	104.902	100.864	205.766
5-9	98.508	93.126	191.634
10-14	88.699	85.562	174.261
15-19	110.047	112.442	222.489
20-24	133.694	125.767	259.461
25-29	119.981	110.133	230.114
30-34	110.668	103.220	213.888
35-39	99.556	97.814	197.370
40-44	92.623	92.183	184.806
45-49	80.276	82.214	162.490
50-54	69.264	70.530	139.794
55-59	56.285	57.289	113.574
60-64	37.156	35.864	73.020
65-69	25.307	27.163	52.470
70-74	16.271	17.599	33.870
75+	13.939	21.676	35.615
Total	1.257.176	1.233.446	2.490.622

Source: Badan Pusat Statistik Kota Bandung

<https://bandungkota.bps.go.id/statictable/2017/08/29/104/jumlah-penduduk-menurut-kelompok-umur-dan-jenis-kelamin-di-kota-bandung-2016-.html>

In 2016, the population of population by sex ratio explains that the population of Bandung City is mostly based on age around 25 to 29 years old with a total of 230.114 people consisting of 119.981 men and 110.133 women. Meanwhile, the smallest number is vulnerable aged 70 to 74 years ranging between 33.870 peoples with 16.271 men and 17.599 women.

Table 2.2

Number of Population and Population Growth Rate in Bandung City 2016

Year	Population	Annual Population growth Rate
-1	-2	-5
2011	2.429.176	0,71
2012	2.444.167	0,64
2013	2.458.503	0,57
2014	2.470.802	0,50
2015	2.481.469	0,43
2016	2.490.622	0,37

Source: Badan Pusat Statistik Kota Bandung

<https://bandungkota.bps.go.id/statictable/2017/08/29/106/-jumlah-penduduk-dan-laju-pertumbuhan-penduduk-di-kota-bandung-2011---2016-.html>

Meanwhile, if pulled into the number of population growth rates in Bandung with vulnerable in 2011 to 2016, concluded that the rate of population growth continues to increase to 2.490.622 in 2016 with the annual population growth of 0.37 populations.

2.2. Bandung City Government Profile

2.2.1. Vision and Mission of Bandung City

Medium Term Development Planning Area or commonly called the RPJMD Bandung Year 2013-2018 contains some vision and mission of Bandung City itself. Therefore, RPJMD especially vision and mission is also something to do with the RPJPD Bandung itself with the duration of 2005 to 2025. Bandung continues to change with his vision that reads:

**"INTERESTED BANDUNG CITY SUPERIOR, COMFORTABLE,
AND PROSPEROUS"**

Meanwhile, the city of Bandung in reaching its vision would require missions that can encourage the achievement of the vision. These missions must be developed and realized in the performance of the government of Bandung. Here are the missions of Bandung:

1. Making Bandung comfortable through planning public space, infrastructure development and control of space utilization quality and environmentally sound.
2. Present accountable, clean and serviceable governance
3. Build an independent, qualified and competitive society
4. Build a strong, advanced, and equitable economy.

2.2.2. Health Department of Bandung City

Bandung City Health Office is one of the government agencies that have existed since the Dutch colonialism. In the health law number 36 of 2009 explains the issue of health development which aims to increase awareness, willingness and ability to live healthy for everyone to realize the highest level of public health as an investment for the development of human resources that are productive socially and economically. It can be concluded and interpreted that the reference in terms of health development for the community is solely to increase awareness, willingness, and

healthy living ability for everyone. Because, these are very important as supporting investment in the development of human resources and that are productive in social and economic.

In the running the ideals of the organization, it is necessary to have a vision which in this vision can be used as a reference for the organization. Especially in this Bandung City Health Office has a vision that can cover all steps and movements of Bandung City Health Office in serving public health in the city of Bandung. Here Vision Bandung Health Department:

“Realizing Bandung Healthy City that is Independent and Equitable”

In the course of his vision, the mission must be in harmony with what is stated in the vision. To achieve a healthy, smart and independent society pursued through the following missions:

- a) Improving public health services that are complete, equally qualified, and affordable.
- b) Realizing health-minded development and mobilizing people to live healthy lives.
- c) Improve governance of health development management.

Meanwhile, the step to support the achievement of vision and mission of the Health Department in need of deepening of aspects of the function and purpose of the

Health Department. In the establishment of the health service in the city of Bandung must have a purpose that when it is needed with the conditions and the region. Bandung City Health Office was established with the aim of improving the health level is through:

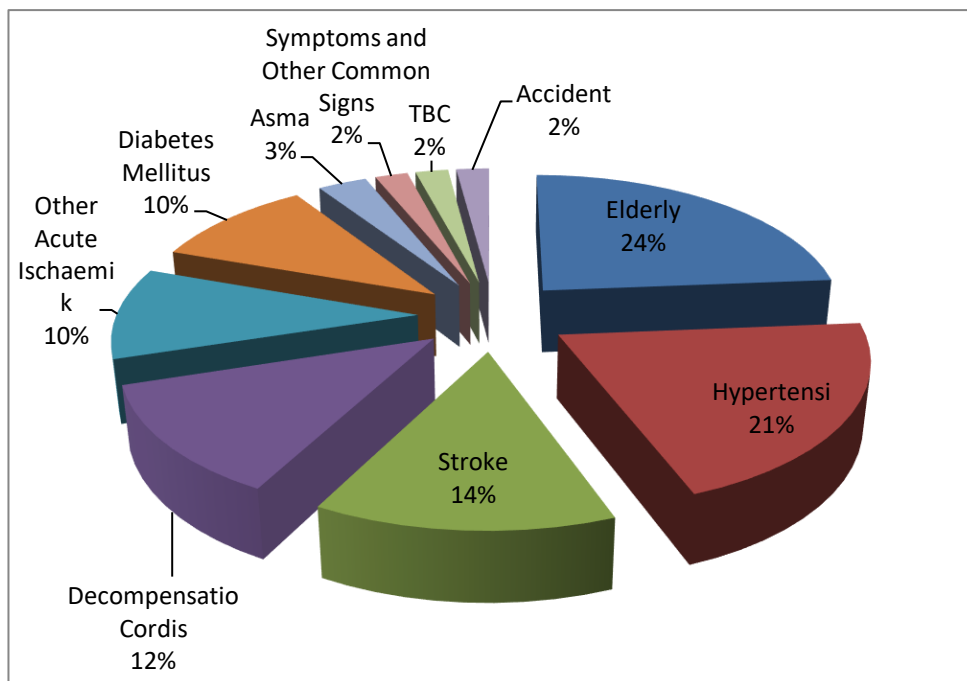
1. Curative or preventive treatment activities such as Community Health Center
2. Preventive activities or prevention of diseases such as preventing people from becoming sick and maintain environmental hygiene and others.

In the movement and run an organization, Bandung City Health Office under the rule of law in the form of Mayor of Bandung Regulation (PERWALKOT) No. 1381 of 2016. In this perwalkot, especially article 28, paragraph 1, explains that every unity of field must be integrated with other fields, including with superiors and strengthened also with the chapter of the verses so that explains that everything must be law and contribute and integrity one with the other. Furthermore, regarding the tasks and the elaboration of functions that have been detailed and written in the applicable law.

In addition, the problems that occur in society are complex. The Health Department has a role and function in the public health scheme. As we know, there are 3 groups of problems in terms of population; a) population; b) population density in a region; and c) the quality of the population. In this regard, The Health

Department has a role in ensuring the quality of its population in terms of physical health. Although the dynamics of population are sometimes fluctuating-incremental and diminished-that can be determined by birth and mortality rates.

Figure 2.2
Number of Causes of Death in Bandung City Year 2016



Source: Seksi Evaluasi Program Dinas Kesehatan Kota Bandung Tahun 2016

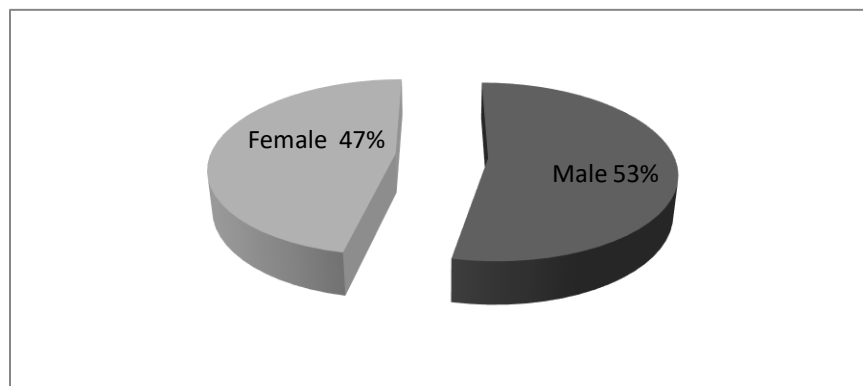
In Bandung City itself, the mortality rate was recorded in several causes (see Figure 2.2). In a recent report issued by Bandung City Health Office itself, ie in 2016, there are 10 causes of death in the city of Bandung. In the graph presented, the biggest cause is the elderly factor that shows the percentage of 24%. This can be a separate criticism in terms of health insurance in the elderly. Then, in the second highest level of the cause of death in the city of Bandung is Hypertension of 21%.

Generally, the biggest cause of Hypertension is a less healthy lifestyle. Then, it either by eating or drinking, the portion of attention to maintaining a health that is less precise. Then, the third position is Stroke disease by 14%. It is also almost similar to the cause of Hypertension, in general that is less to implement a healthy lifestyle.

From the data shown above, the three diseases are generally a disease arising from behavior and lifestyle that override healthy behavior. That means, the Office of Keshatan City of Bandung as the realization of a healthy city that is independent and fair in its vision, mempunyai big homework in terms of resuscitious healthy behavior. Moreover, it is contained in the mission of Bandung City Health Office on point b; realizing health-minded development and mobilizing people to behave healthy life has not fully realized in moving and encourage people to behave healthy.

Figure 2.3

Mortality Rate in Bandung City by Sex 2016



Source: Profil Dinas Kesehatan Kota Bandung Tahun 2016

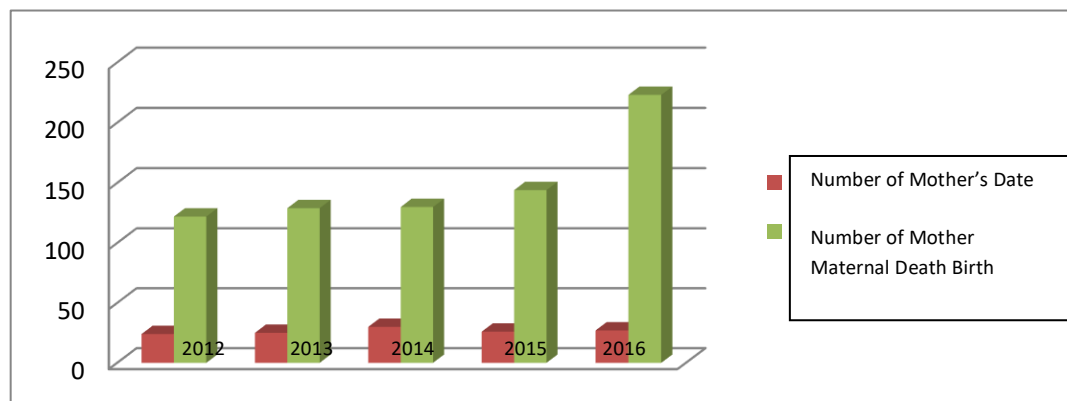
Meanwhile, the percentage of death rate in Bandung is seen from gender shows that 53% of men while 47% are women. Noted there are 4,587 people which

consists of 2,444 men and 2,143 women. Meanwhile, if classified by group of the amount of data is spelled out 73 people come from age group of school, 915 people come from productive age group, and the rest 3,367 soul is old age (old age).

Apart from that, there are other indicators that can explain how complex the level of public health problems in a region. Especially the city of Bandung, in the Year 2016 has a sensitive problem of an indicator Infant Mortality Rate or commonly known as the Infant Mortality Rate (IMR). There are several factors that explain why infant mortality in a region or place, which can be a kind of level of antenatal care, nutritional status of pregnant women, the success rate of KIA & KB programs, environmental conditions, and socio-economic.

Figure 2.4

Number of Infant and Birth Deaths Infants in Bandung City 2016



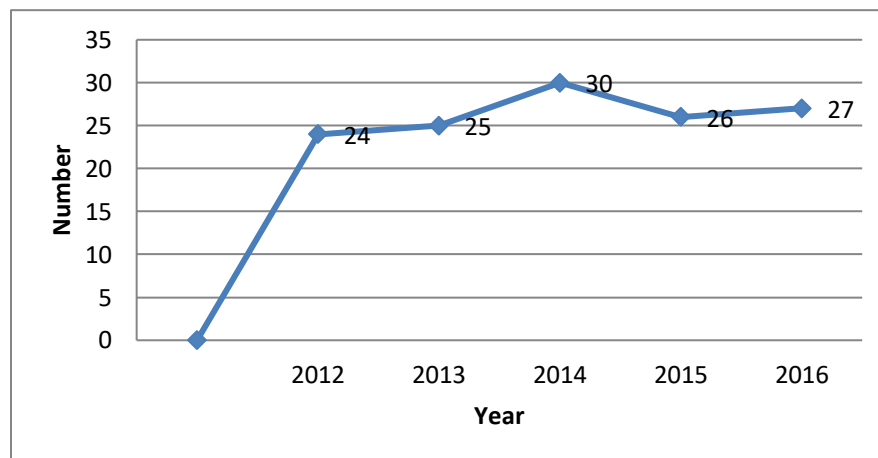
Source: *Source: Profil Dinas Kesehatan Kota Bandung Tahun 2016*

In the year 2016, the problem is so sensitive in the realm of public health and is a big job for Bandung Health Department is Infant Mortality Rate. From year to

year the number of infant deaths continues to decline, but on the other hand the baby's stillbirth rate continues to grow. The number of infant deaths recorded there are 65 people while the thing that must be the spotlight is the number of stillbirth that is in the number 223 people.

Figure 2.5

Maternal Mortality Rate in Bandung City 2016



Source: Profile of Health Department of Bandung City Year 2016

Meanwhile, other health problem which is the coverage area of Bandung City Health Office is Maternal Mortality Rate in Bandung itself. Therefore, the number of maternal deaths in Bandung only shows a stagnant value of kiasaran number 26 in 2015 at number 27 in 2016.

The need for the fulfillment of the right to live fully healthy is indeed the duty of the Health Department. However, in the practice of skipping the health service, the Health Office would need to state it throughout its scope. Therefore, the importance

of Health Community Center as a public service agent is very influential in the midst of citizens life. It is stated in article 1 of the General Provisions of paragraph 10 of Health Services is an effort provided by The Health Community Center to the citizens including planning, execution, evaluation, recording, reporting, and poured in one system.

In carrying out health, the Community Health Center itself has principles related to its duties and functions as the front guard covering health in the citizens. It is contained in article 3 paragraph 1 which explains about the implementation of Health Community Center, one of them principled paradigm healthy. The healthy paradigm referred to here is The Health Community Center encouraging all stakeholders to commit to preventing and reducing the health risks facing individuals, families, groups and communities. This is stated in article 3, verse 2.

Then not only that, one of the principles of the implementation of Health Community Center is the responsibility in the implementation of health in its own territory. This is stated in article 3, paragraph 3 where based on the principle of regional accountability as referred to in paragraph 1 letter b, Community Health Center move and responsible for health development in its working area. Thus the Health Office of Bandung has a number of puskesmas scattered in some districts (see table 2.3).

Table 2.3**Number of Community Health Center Based on Sub-district in Bandung City
2016**

No	Name of Community Health Center	Sub-district
1	UPT Puskesmas Sukarasa	Sukasari
2	Puskesmas Ledeng	Sukasari
3	Puskesmas Karangsetra	Sukasari
4	Puskesmas Sarijadi	Sukasari
5	UPT Puskesmas Sukajadi	Sukajadi
6	Puskesmas Sukawarna	Sukajadi
7	UPT Puskesmas Pasirkaliki	Cicendo
8	UPT Puskesmas Garuda	Andir
9	Puskesmas Babatan	Andir
10	UPT Puskesmas Ciumbuleuit	Cidadap
11	Puskesmas Cipaku	Cidadap
12	UPT Puskesmas Puter	Coblong
13	Puskesmas Dago	Coblong
14	Puskesmas Sekeloa	Coblong
15	Puskesmas Cikutra Lama	Coblong
16	UPT Puskesmas Salam	Bandung Wetang
17	Puskesmas Taman Sari	Bandung Wetan
18	Kepala UPT Puskesmas Tamblong	Sumur Bandung
19	Puskesmas Balai Kota	Sumur Bandung
20	UPT Puskesmas Neglasari	Cibeunying Kaler
21	UPT Puskesmas Padasuka	Cibeunying Kidul
22	Puskesmas Pasirlayang	Cibeunying Kidul
23	UPT Puskesmas Babakan Sari	Kiaracondong
24	Puskesmas Babakan Surabaya	Kiaracondong
25	UPT Puskesmas Ibrahim Aji	Batununggal
26	Puskesmas Ahmad Yani	Batununggal
27	Puskesmas Gumuruh	Batununggal
28	UPT Puskesmas Talagabodas	Lengkong
29	Puskesmas Suryalaya	Lengkong
30	Puskesmas Cijagra Baru	Lengkong
31	Puskesmas Cijagra Lama	Lengkong
32	UPT Puskesmas Pasundan	Regol
33	Puskesmas M. Ramdhan	Regol
34	Puskesmas Pasirluyu	Regol
35	UPT Puskesmas Pagarsih	Astana Anyar
36	Puskesmas Astana Anyar	Astana Anyar

37	Puskesmas Lio Genteng	Astana Anyar
38	Puskesmas Pelindung Hewan	Astana Anyar
39	UPT Puskesmas Cetarip	Bojongloa Kaler
40	Puskesmas Sukapakir	Bojongloa Kaler
41	UPT Puskesmas Kopo	Bajongloa Kidul
42	UPT Puskesmas Caringin	Babakan Ciparay
43	Puskesmas Cibolerang	Babakan Ciparay
44	Puskesmas Sukahaji	Babakan Ciparay
45	Puskesmas Cijerah	Bandung Kulon
46	UPT Puskesmas Cibuntu	Bandung Kulon
47	Puskesmas Cigondewah	Bandung Kulon
48	Puskesmas Jajaway	Antapani
49	UPT Puskesmas Griya Antapanil	Antapani
50	Puskesmas Antapani	Antapani
51	UPT Puskesmas Sindangjaya	Sindangjaya
52	Puskesmas Jatihandap	Sindangjaya
53	Puskesmas Mandala Mekar	Sindangjaya
54	Puskesmas Pamulang	Sindangjaya
55	Kepala Puskesmas Girimande	Sindangjaya
56	UPT Puskesmas Arcamanik	Arcamanik
57	Puskesmas Rusunawa	Arcamanik
58	UPT Puskesmas Ujung Berung Indah	Ujungberung
59	UPT Puskesmas Cinambo	Cinambo
60	Puskesmas Cilengkrang	Cibiru
61	Puskesmas Cipadung	Cibiru
62	UPT Puskesmas Cibiru	Cibiru
63	Puskesmas Panyileukan	Panyileukan
64	UPT Puskesmas Panghegar	Panyileukan
65	UPT Puskesmas Riung Bandung	Gedebage
66	Puskesmas Cempaka Arum	Gedebage
67	UPT Puskesmas Cipamokolan	Rancasari
68	Puskesmas Derwati	Rancasari
69	UPT Puskesmas Margahayu Raya	Buah Batu
70	Puskesmas Sekejati	Buah Batu
71	UPT Puskesmas Kujangsari	Kujangsari
72	Puskesmas Mengger	Kujangsari
73	Puskesmas Pasawahan	Kujangsari
74	UPT Yankes Mobilitas	
75	UPT Laboratotium	

Source: UPT Yankesmob Kota Bandung

Not only through health services in every area, the Health Service also implements the national health insurance system (JKN) which started on January 1, 2014. This is based on Law no. 40 of 2004 which is a form of social protection system organized by the State to meet the basic rights needs of the community. This National Health Insurance Program is aimed at guaranteeing all citizens from both formal and non-formal or commonly called universal health coverage. In this case the Social Security Administering Body (BPJS) is mandated to provide quality health services to its participants through partnerships with various health facilities.

The National Health Insurance Program (JKN) is a comprehensive health service provider element, ranging from preventive to curative and rehabilitative services. The target of JKN is to provide health insurance to all citizens of Indonesia in 2019, in this case also the coverage of BPJS-Health participation must be 100% in 2019 in the city of Bandung. The coverage of BPJS-Kesehatan membership in Bandung according to the Bandung Health Service report in the Year 2016 is as many as 1,905,537 participants or about 76.51% with details of prepaid health as follows:

Table 2.4

Composition of Type JKN Participants in Bandung City Year 2016

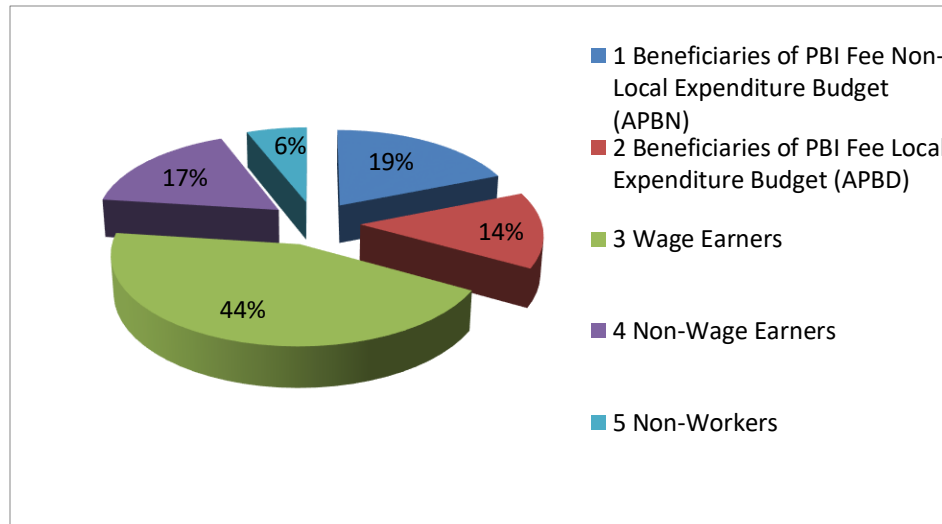
No.	Details of BPJS-Health Membership Type	Total of Number
1	Beneficiaries of PBI Contribution (APBN)	366.300
2	PBI APBD	274.657
3	Wage Workers (PPU)	835.912
4	Non-Wage Workers (PBPU / Mandiri)	317.913
5	Not Workers (BP)	110.755

Source: Profil Dinas Kesehatan Kota Bandung Tahun 2016

In the details of the table, the largest number of JKN participants in Bandung City in 2016 is from Wage Workers with 835.912 inhabitants. In this category, wage workers include the following: a) civil servants; b) members of the TNI; c) members of the Police; d) State officials; e) non-government civil servants; f) private employees; and g) workers outside that but receive wages including foreign nationals who work in Indonesia for 6 months. Then the lowest is from non-workers with a total of 110,755 people. Can be said as non-workers are among others: a) investors; b) the employer; c) the pension recipient; d) veterans; e) independence pioneers; f) widows, widowers or orphans of veterans or pioneers of independence; and g) outside of these circles but able to pay dues.

Figure 2.6

JKN Participation Type Composition (in percentage) in Bandung Year 2016



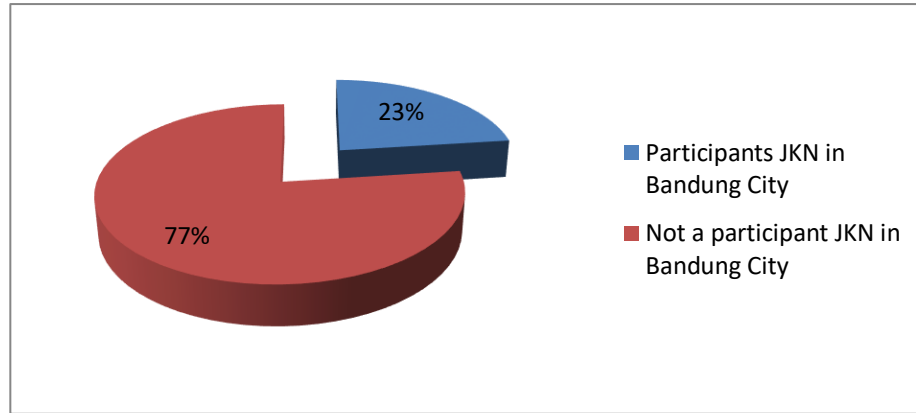
Source: Profil Dinas Kesehatan Kota Bandung Tahun 2016

Meanwhile, in terms of percentage, wage earners receive a percentage of 44%. It represents the highest percentage among all circles. Then, non-workers have a percentage of 6%. It shows that these people are the lowest in the number of JKN membership in Bandung in 2016.

Furthermore, an explanation of the population of Bandung who became a participant of the National Health Insurance (JKN) in 2016 can be a reference in the next health service. It shows the recipients or participants of JKN in the year 2016 become another indicator of assessment in carrying out health services in Bandung as described in the following figure:

Figure 2.7

Composition of Total Participation JKN (in percentage) in Bandung Year 2016



Source: Profil Dinas Kesehatan Kota Bandung Tahun 2016

In that figure, 77% of the population of Bandung has become a participant of the National Health Insurance (JKN). Meanwhile, the remaining 23% can be categorized as a resident who has not been a participant of JKN in Bandung in 2016. It can be a reference for 2019 as a target of 100% of the population in Bandung to participate in the National Health Insurance.

2.2.3. Layad Rawat Program in Bandung City

Layad Rawat program is an innovation from Bandung City Health Office that puts justice for the people in Bandung according to the vision of Bandung Health Department. This program is an idea that emerged from the idea of the mayor who wants to issue innovation service of Layad Rawat. This idea was explored and examined more deeply where the Layad Rawat emerged from the vision and mission of Bandung City Health Office itself. In the distribution of health, this has a very wide aspect both from the deployment of facilities in various areas of Bandung city or

easy access. Actually, has a health facility with there are about 80 health centers can be said that is enough. However, the population of Bandung city is so dense there are other things that must be noticed, that is a way to access the facility. Difficulty accessing has a broad sense of meaning, many various factors that affect it both comes from the social conditions of society itself, as well as the economy. Suppose that when the patient has easy access to health facilities, in this case such as the guarantee of enjoying health services (ASKES, JKN, etc.) that the community has in accessing these health facilities. But another obstacle is how people access these health facilities by going to the destination access service is due to the cost of travel in a more expensive or travel time that can hamper the safety due to geographical conditions Bandung is so dense. In addition, the limited physical condition of patients who are difficult to visit health services.



Source: Layad Rawat PSC Call Center 119 Kota Bandung

This service only serves people who really need and constrained access to health services. Meanwhile, if the citizens felt able to go to the health center or local hospital then it is not the responsibility of Layad Rawat Bandung team. Therefore, Tim Layad Rawat in dealing with the patient facilitates the health personnel as well as the medicines concerned.

Not only that, the consideration of the presence of Layad Rawat Program as embodied in the legal umbrella of this program namely Mayor Regulation Bandung No. 703 Year 2017 is based on efforts to realize the continuous improvement of public health standards, as regulated in Local Regulations Bandung No. 03 of 2014 about Medium Term Development Plan Bandung City Year 2013-2018. One of them to integrate it is the government needs to clean up and make efforts that implement Layay Rawat Service.

This program is an innovation of integrity of dr. Dani Ferdian in iuran.id where the proposal only proposes ambulance motor that concentrates on the accident. In addition, the program is a reconstruction of a community health service program in the form of home visiting and the innovation of a program launched by the Ministry of Health, namely in the form of PERKESMAS or public health care.

Then, in Bandung Mayor's Regulation No. 703 of 2017 article 9 and 10 the service program is divided into 2 categories of service type; planned and unplanned. Planned services provided to Patients who have been recorded by the Community

Health Center and have analyzed risk factors so that the service can be defined as needed. And meanwhile Service Layad Rawat Unplanned is service given to Client which have not been recorded by Community Health Center and have not analyzed risk factor so that cannot be determined service needed and / or cases of emergency medic emergency.



Source: Interview with Team PSC 119 Bandung City and Layad Rawat Team

This program has been launched on July 24, 2014, which indicates that Bandung City Health Office will always strive to serve the health of the citizens of Bandung through innovation that is run. The Layad Rawat program is divided according to the UPT Puskemas area in each Sub-District with a total of 80 Community Health Center, for doctors who are allocated and also there are 87 doctors, 184 nurses 187 SKM (Bachelor of Public Health) and 23 nutrition workers from the Recruitment process, followed by 1558 registrant. Technically contacted

119 people with a team composition consisting of 1 doctor, 1 nurse or midwife and 1 nutrition worker when required with a 30 minutes arrival estimate. In relation to the requirements that must be prepared by the citizens Rita explained that Citizens only need to prepare BPJS and SKTM when Team Layad Rawat arrived. With so hope arises with the wrapping of innovation, fair health can be run in the midst of society in the city of Bandung.