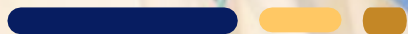




**UNFPA Indonesia**

# Indonesia's Midwives Report

Ver 1.0 - December 24<sup>th</sup>, 2025

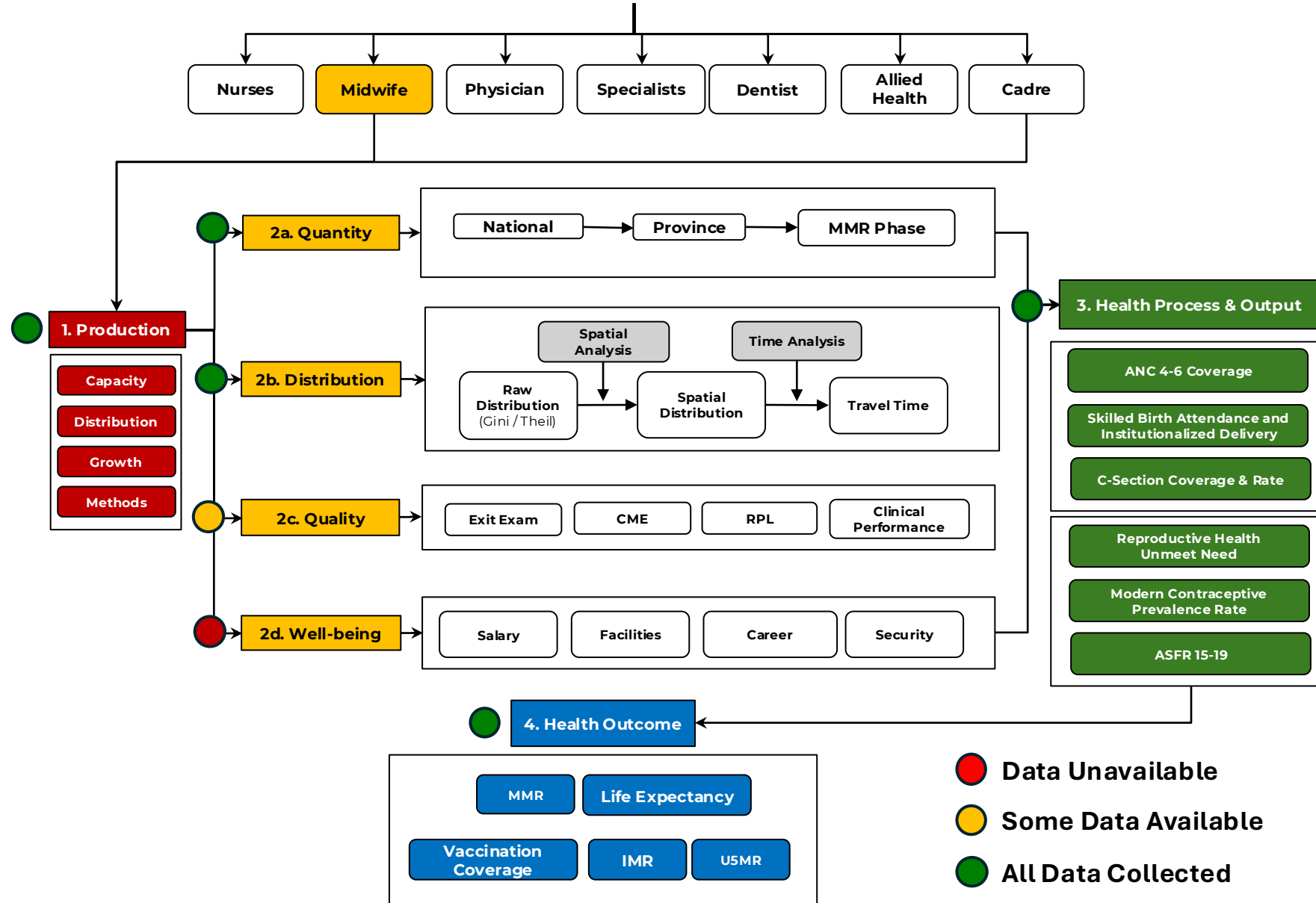


## Section 1

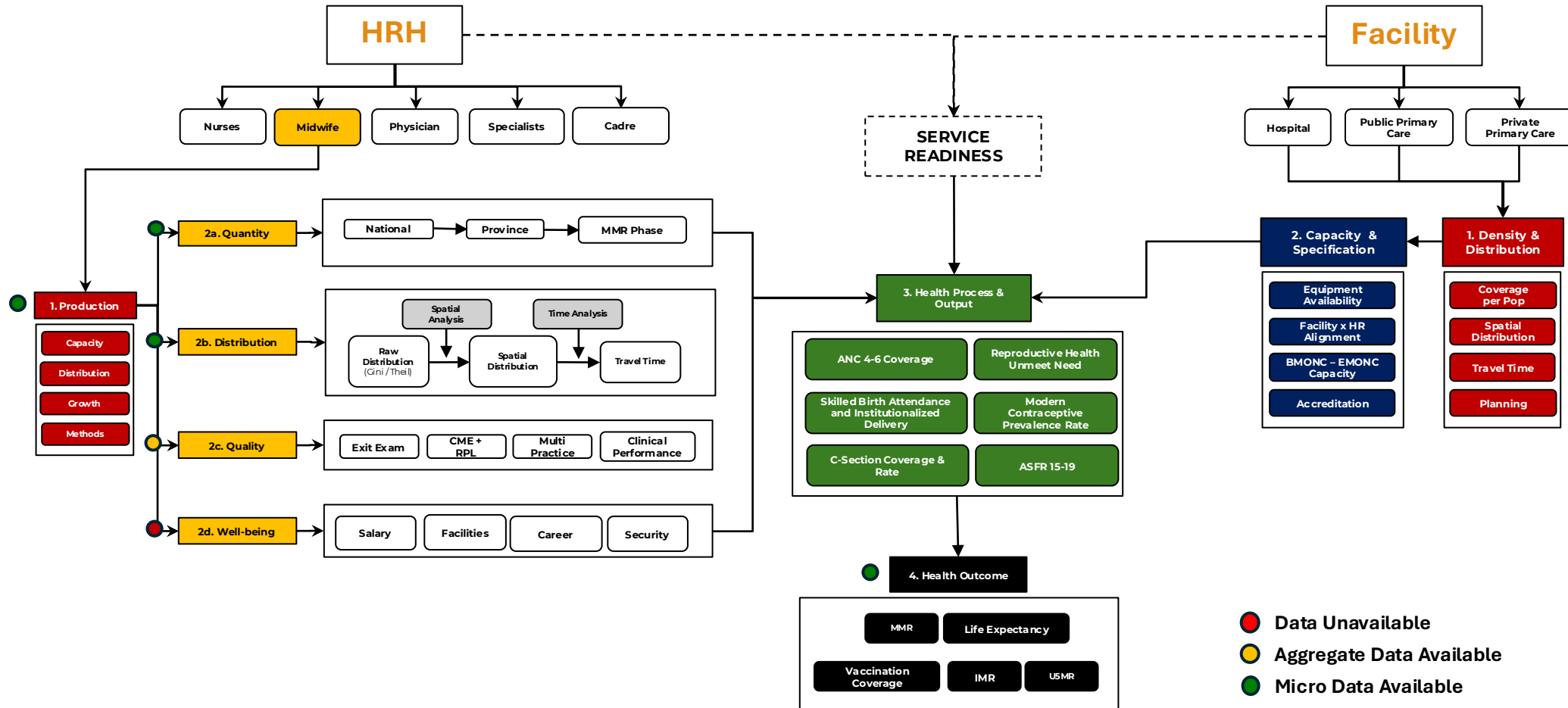
# Framework & Data Sources







# MNCH HRH Analytical Framework



# MNCH Services Analytical Framework



# Data Sources for Analysis of Indonesian Midwives




Data Source	Input Data	Data Update (In-Out)	Recorded Locations	Pros	Limitations
 <b>Indonesian Health Workers Council (KTKI) and Indonesian Medical Council (KKI)</b>	All medical and health workers who have completed their professional education and obtained a Registration Certificate (STR)	There is no <i>data out</i> mechanism (inactive health workers have not been automatically deleted).	The correspondence address used when submitting the STR.	The most complete and official data for all medical and health personnel who have a national practice license.	The number tends to overcount because there is no update for the workforce that stops working; The correspondence address is not always the same as the actual practice location.
 <b>Professional Organizations</b> (IDI, PPNI, IBI, IAI, PATELKI, etc.)	Active member membership data collected from each branch of the professional organization.	It is generally renewed every 5 years upon renewal of membership or when members change places of practice.	Location where the medical/healthcare personnel intend to practice or be affiliated.	Demonstrate affiliation and involvement in professional organizations; can help verify the activeness of the profession.	Data updates are slow (every 5 years) and don't always reflect actual job locations.
 <b>Health Human Resources Information System (SISDMK) – Ministry of Health of the Republic of Indonesia</b>	Medical personnel and active health workers who have a Practice Permit (SIP) or Work Permit (SIK) from the health office.	Periodic updates through health facility reporting; Retirement and death data is updated around every 5 years.	The location of the health facility where the medical/health personnel are actively working.	<b>The data is most up-to-date and can reflect the distribution of active health workers per facility or region.</b>	It does not include inactive personnel, or those who work outside the formal system and do not have a practice license.
 <b>National Competency Test</b> (Exit Exam / UKOM / UKMPPD)	National competency test pass data for professional students (doctors, nurses, midwives, pharmacists, analysts, etc.). Includes participant identity, university, year of graduation, and graduation status.	Updated every national exam period (3–4 times per year, depending on the profession).	Based on the educational institution where students undergo a competency test.	Describe the supply of new medical and health personnel who are ready to obtain STRs and enter the job market.	It does not include the power that has long passed; it only describes <i>the new</i> inflow.

 **Data Unavailable**

 **Aggregated Data Collected**

 **Micro Data Collected**

# Data Sources for Analysis of Indonesian Midwives

Data Source	Input Data	Data Updates	Recorded Locations	Pros	Limitations
 <b>Higher Education Database (PDDikti) – Ministry of Education</b>	Data on new students and active students in health study programs (medicine, nursing, midwifery, pharmacy, laboratory, public health, nutrition, etc.).	Updated every semester by the college.	Based on the location of the university or higher education institution.	Showing the pipeline of prospective health workers from each region and institution; beneficial for long-term supply projections.	Does not depict graduation or activeness of practice; only the education stage.
 <b>Data AIPKIND</b>	All midwifery education institutions (D3, D4/Applied Bachelor, Midwifery Profession) that are members of AIPKIND and are partially synchronized with PDDikti.	<b>Data In:</b> Freshmen and graduates are updated every semester/academic year. <b>Data Out:</b> Graduating or drop-out students are recorded, but <b>there is no tracking mechanism after graduation</b> (whether working, unemployed, or migrating).	The location of <b>the midwifery education institution</b> (province, district/city), <b>not the location of the midwife's work.</b>	The most powerful data <b>to calculate the production supply of national midwives.</b> Details of midwifery education level (D3, D4, Profession). Can be used for <b>projecting medium-long term midwife needs.</b> There is relatively minimal duplication for student and graduate data.	It does not indicate <b>where the midwife works and whether it is active or not.</b> It does not cover midwives who graduated long before the consolidation system went well. It cannot be used for <b>service distribution analysis or midwife workload.</b>
 <b>Data LAMPTKES</b>	Midwifery education institutions that apply for accreditation and re-accreditation to LAMPTKES.	<b>Data In:</b> When the study program applies for accreditation or re-accreditation. <b>Data Out:</b> There is no routine deletion mechanism; it only changes if there is a revocation or change in accreditation status.	Location of <b>the midwifery study program</b> (province, district/city).	Official source for <b>the quality of national midwife education.</b> Can be used for: Assessment of the gap in the quality of midwifery education between regions Institutional quality improvement policy basis It is important for <b>quality adjustment in health HR planning.</b>	It does not record <b>individual midwives or graduates.</b> It cannot be used to calculate the actual supply of midwives. Updates <b>are very slow (4–5 years)</b> so they are less responsive for quick planning. It cannot be used for the analysis of the distribution of midwives in service facilities.



Data Unavailable



Aggregated Data Collected



Micro Data Collected

## Section 2

# Midwife Quantity and Distribution

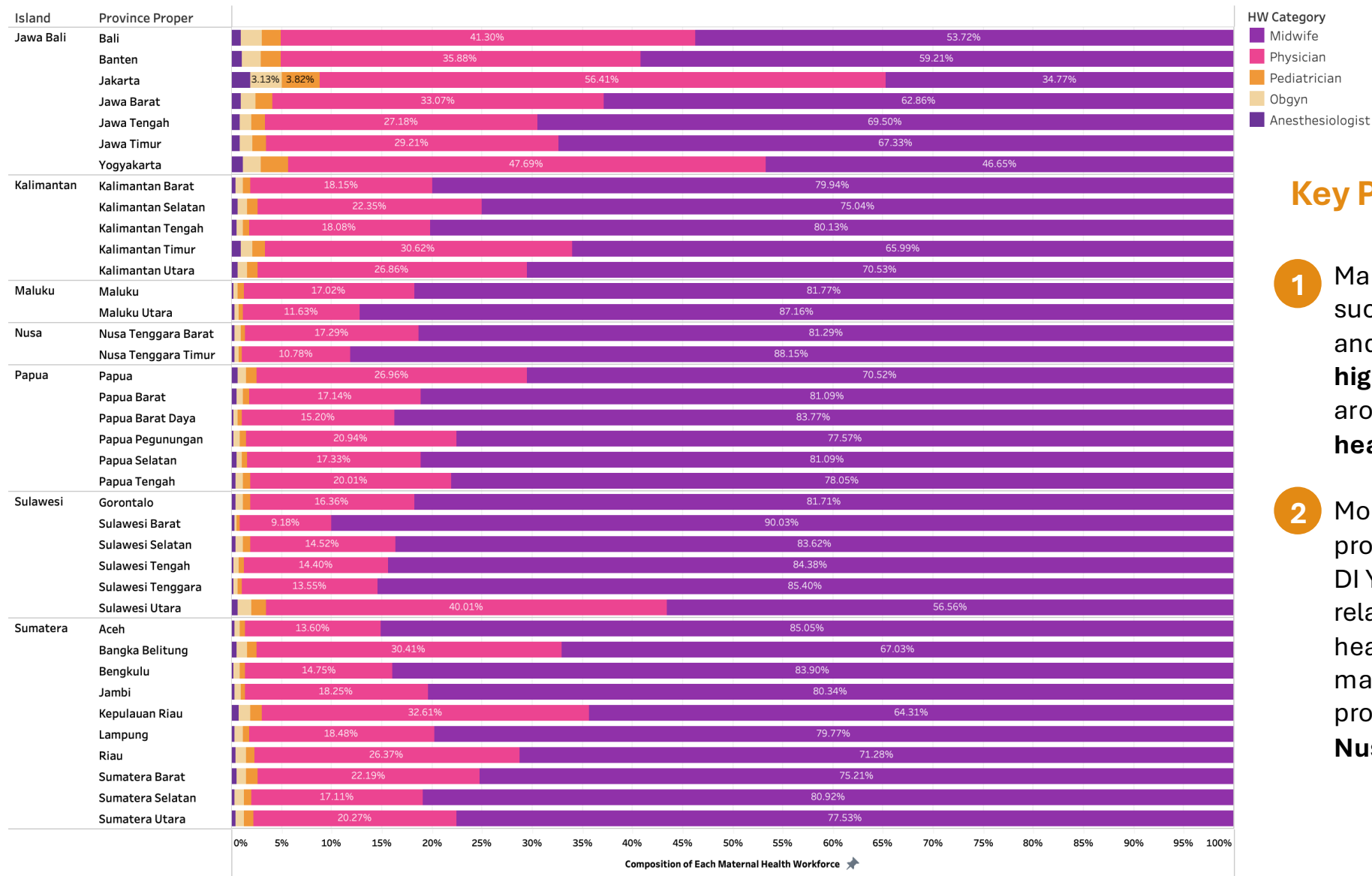


# Maternal & Child Related Health Workforce by Province, 2025

Province	Village Midwife	Clinical Midwife	Other Midwives	Educational Midwife	Paediatrician	Anaesthesiologist	OB-GYN	General Practitioner	TOTAL
Jawa Bali	22,537	98,322	5,011	587	3,693	2,045	3,400	71,146	206,741
Bali	287	5,257	422	12	218	105	231	4,596	11,128
Banten	1,249	7,974	550	192	332	171	324	6,038	16,830
Jakarta	2	7,360	149	11	826	405	678	12,205	21,636
Jawa Barat	5,355	27,721	1,407	178	902	493	850	18,236	55,142
Jawa Tengah	7,930	22,127	986	36	568	376	538	12,156	44,717
Jawa Timur	7,659	25,040	1,427	150	676	421	663	14,873	50,909
Yogyakarta	55	2,843	70	8	171	74	116	3,042	6,379
<b>Kalimantan</b>	<b>5,455</b>	<b>18,939</b>	<b>1,024</b>	<b>231</b>	<b>321</b>	<b>215</b>	<b>302</b>	<b>7,748</b>	<b>34,235</b>
Kalimantan Barat	1,481	5,207	332	32	64	39	65	1,601	8,821
Kalimantan Selatan	1,948	3,882	353	112	83	55	81	1,875	8,389
Kalimantan Tengah	1,264	3,959	102	47	42	32	40	1,171	6,657
Kalimantan Timur	637	4,713	184	20	111	76	99	2,577	8,417
Kalimantan Utara	125	1,178	53	20	21	13	17	524	1,951
<b>Maluku</b>	<b>1,537</b>	<b>6,123</b>	<b>252</b>	<b>65</b>	<b>48</b>	<b>25</b>	<b>41</b>	<b>1,347</b>	<b>9,438</b>
Maluku	542	3,076	136	27	25	11	20	787	4,624
Maluku Utara	995	3,047	116	38	23	14	21	560	4,814
<b>Nusa</b>	<b>4,811</b>	<b>15,920</b>	<b>624</b>	<b>306</b>	<b>112</b>	<b>75</b>	<b>121</b>	<b>3,419</b>	<b>25,388</b>
Nusa Tenggara Barat	1,736	6,453	193	136	54	35	59	1,812	10,478
Nusa Tenggara Timur	3,075	9,467	431	170	58	40	62	1,607	14,910
<b>Papua</b>	<b>610</b>	<b>6,513</b>	<b>359</b>	<b>111</b>	<b>74</b>	<b>44</b>	<b>69</b>	<b>2,040</b>	<b>9,820</b>
Papua	258	1,396	70	39	26	15	22	674	2,500
Papua Barat	102	1,218	140	11	12	9	11	311	1,814
Papua Barat Daya	75	1,171	22	20	10	3	12	305	1,618
Papua Pegunungan	48	550	26	2	5	2	5	169	807
Papua Selatan	57	965	31	23	7	7	7	230	1,327
Papua Tengah	70	1,213	70	16	14	8	12	351	1,754
<b>Sulawesi</b>	<b>9,765</b>	<b>35,062</b>	<b>1,979</b>	<b>726</b>	<b>399</b>	<b>212</b>	<b>379</b>	<b>9,692</b>	<b>58,214</b>
Gorontalo	618	1,544	91	74	21	13	21	466	2,848
Sulawesi Barat	1,103	2,737	92	41	14	12	9	405	4,413
Sulawesi Selatan	3,937	16,104	926	351	188	99	187	3,703	25,495
Sulawesi Tengah	1,810	5,239	312	89	42	23	43	1,271	8,829
Sulawesi Tenggara	1,926	6,583	396	152	44	26	41	1,437	10,605
Sulawesi Utara	371	2,855	162	19	90	39	78	2,410	6,024
<b>Sumatera</b>	<b>20,800</b>	<b>87,342</b>	<b>5,576</b>	<b>1,568</b>	<b>1,135</b>	<b>584</b>	<b>1,170</b>	<b>28,622</b>	<b>146,797</b>
Aceh	4,632	15,868	1,303	442	144	90	118	3,558	26,155
Bangka Belitung	341	1,212	237	11	28	15	26	817	2,687
Bengkulu	840	3,956	222	169	33	16	34	912	6,182
Jambi	1,510	5,616	591	62	49	32	56	1,767	9,683
Kepulauan Riau	259	2,709	137	28	56	38	56	1,589	4,872
Lampung	1,873	9,158	482	147	90	53	113	2,701	14,617
Riau	1,910	8,327	570	111	134	72	154	4,040	15,318
Sumatera Barat	2,430	6,609	313	98	135	65	126	2,788	12,564
Sumatera Selatan	3,009	12,583	630	210	153	60	188	3,474	20,307
Sumatera Utara	3,996	21,304	1,091	290	313	143	299	6,976	34,412
<b>INDONESIA</b>	<b>65,515</b>	<b>268,221</b>	<b>14,825</b>	<b>3,594</b>	<b>5,782</b>	<b>3,200</b>	<b>5,482</b>	<b>124,014</b>	<b>490,633</b>

# MNCH Workforce Proportion by Province, 2025

Composition of Each Maternal Health Workforce per Province



## Key Point

- 1 Many provinces in the eastern region, such as Papua, Papua Barat, Maluku, and Nusa Tenggara Timur, show **very high reliance on midwives**, generally around **70–85% of the maternal health workforce**.
- 2 More urban or better-resourced provinces, such as Jakarta, Bali, and DI Yogyakarta, generally display a relatively more diverse mix of maternal health professionals compared to many eastern and less populated provinces, like **Papua, Maluku, and Nusa Tenggara Timur**.

# Ratio per 100,000 MNCH-Related Health Workforce by Province, 2025



Provinsi	Population (2023)	Ratio Per 100,000				
		Midwives (all)	Pediatrician	Anesthesiologist	OB-GYN	General Practitioner
Aceh	5,356,965	415.25	2.69	1.68	2.20	66.42
Bali	4,287,193	139.44	5.08	2.45	5.39	107.20
Bangka Belitung	12,142,696	14.83	0.23	0.12	0.21	6.73
Banten	2,041,265	488.18	16.26	8.38	15.87	295.80
Bengkulu	11,249,585	46.11	0.29	0.14	0.30	8.11
Gorontalo	1,203,921	193.29	1.74	1.08	1.74	38.71
Jakarta	3,600,625	208.91	22.94	11.25	18.83	338.97
Jambi	48,623,371	16.00	0.10	0.07	0.12	3.63
Jawa Barat	37,323,519	92.87	2.42	1.32	2.28	48.86
Jawa Tengah	40,328,106	77.07	1.41	0.93	1.33	30.14
Jawa Timur	5,482,046	625.24	12.33	7.68	12.09	271.30
Kalimantan Barat	4,069,123	173.31	1.57	0.96	1.60	39.35
Kalimantan Selatan	2,672,790	235.52	3.11	2.06	3.03	70.15
Kalimantan Tengah	3,847,792	139.61	1.09	0.83	1.04	30.43
Kalimantan Timur	707,492	785.03	15.69	10.74	13.99	364.24
Kalimantan Utara	1,464,663	93.95	1.43	0.89	1.16	35.78
Kepulauan Riau	2,072,922	151.14	2.70	1.83	2.70	76.66
Lampung	8,866,673	131.50	1.02	0.60	1.27	30.46
Maluku	1,886,735	200.40	1.33	0.58	1.06	41.71
Maluku Utara	1,317,333	318.52	1.75	1.06	1.59	42.51
Nusa Tenggara Barat	5,359,579	158.93	1.01	0.65	1.10	33.81
Nusa Tenggara Timur	5,382,202	244.19	1.08	0.74	1.15	29.86
Papua	985,244	178.94	2.64	1.52	2.23	68.41
Papua Barat	557,243	263.98	2.15	1.62	1.97	55.81
Papua Barat Daya	600,928	214.34	1.66	0.50	2.00	50.75
Papua Pegunungan	1,453,614	43.07	0.34	0.14	0.34	11.63
Papua Selatan	504,345	213.35	1.39	1.39	1.39	45.60
Papua Tengah	1,328,905	103.02	1.05	0.60	0.90	26.41
Riau	6,032,801	180.98	2.22	1.19	2.55	66.97
Sulawesi Barat	1,441,712	275.58	0.97	0.83	0.62	28.09
Sulawesi Selatan	8,980,741	237.37	2.09	1.10	2.08	41.23
Sulawesi Tengah	3,074,958	242.28	1.37	0.75	1.40	41.33

# Districts with Lowest & Highest MNCH Health Worker Density

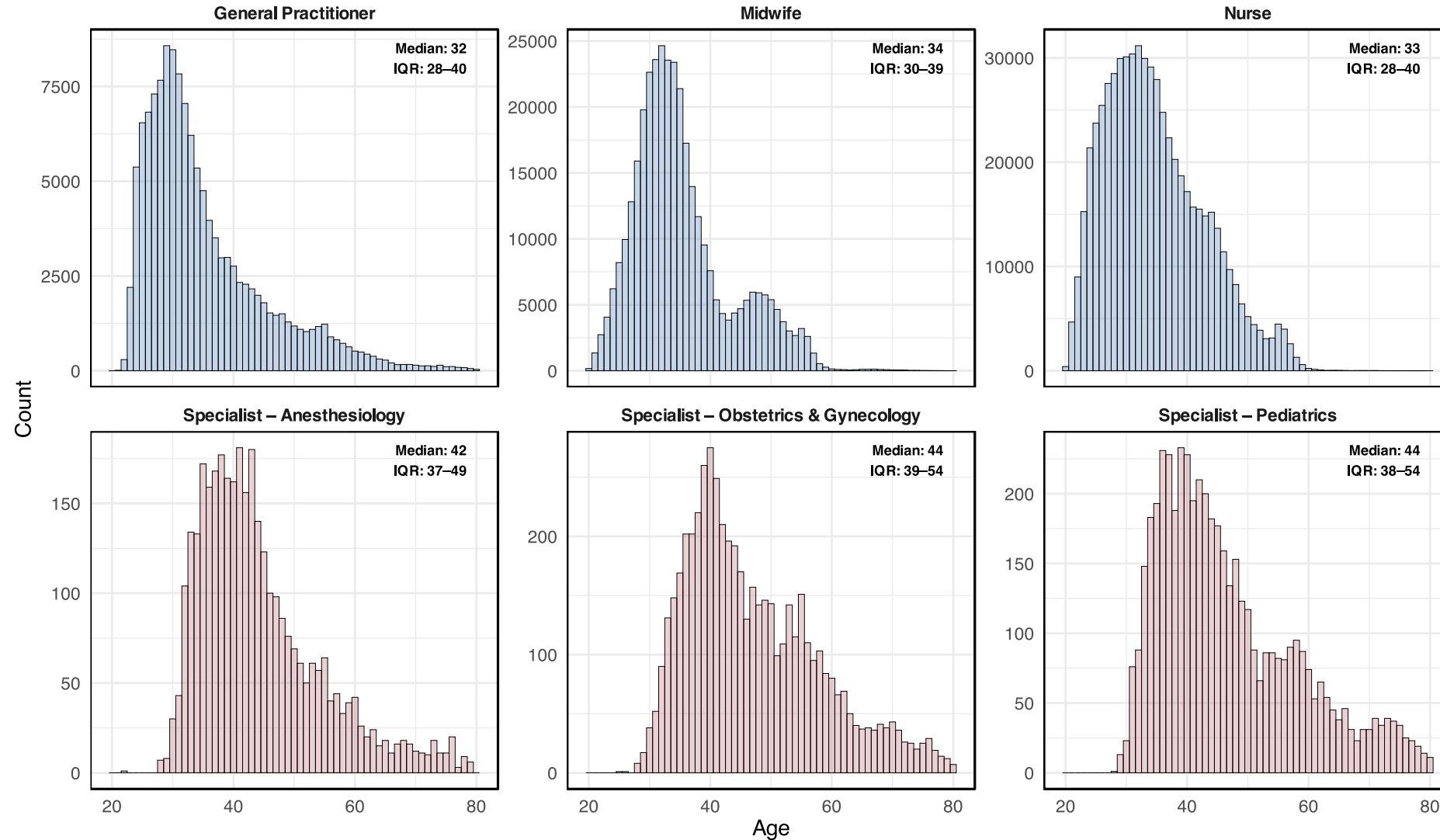
**Density:** Proportion per 1,000 Population

Lowest	Province	District	MNCH HW Density
1	Kalimantan Tengah	KATINGAN	0.006
2	Papua Barat	KOTA SORONG	0.047
3	Papua Tengah	PUNCAK JAYA	0.219
4	Papua Tengah	INTAN JAYA	0.246
5	Papua Pegunungan	YAHUKIMO	0.294
6	Papua Pegunungan	NDUGA	0.348
7	Papua Tengah	DEIYAI	0.362
8	Papua Pegunungan	LANNY JAYA	0.442
9	Papua Pegunungan	TOLIKARA	0.470
10	Papua Tengah	PUNCAK	0.537
11	Papua Pegunungan	YALIMO	0.579
12	Papua Tengah	DOGIYAI	0.665
13	Jawa Barat	BANDUNG	0.678
14	Papua Tengah	PANIAI	0.768
15	Jawa Barat	BOGOR	0.770
16	Jawa Timur	BLITAR	0.781
17	Jawa Barat	TASIKMALAYA	0.788
18	Jawa Barat	SUKABUMI	0.792
19	Jawa Barat	BANDUNG BARAT	0.793
20	Jawa Tengah	MAGELANG	0.795

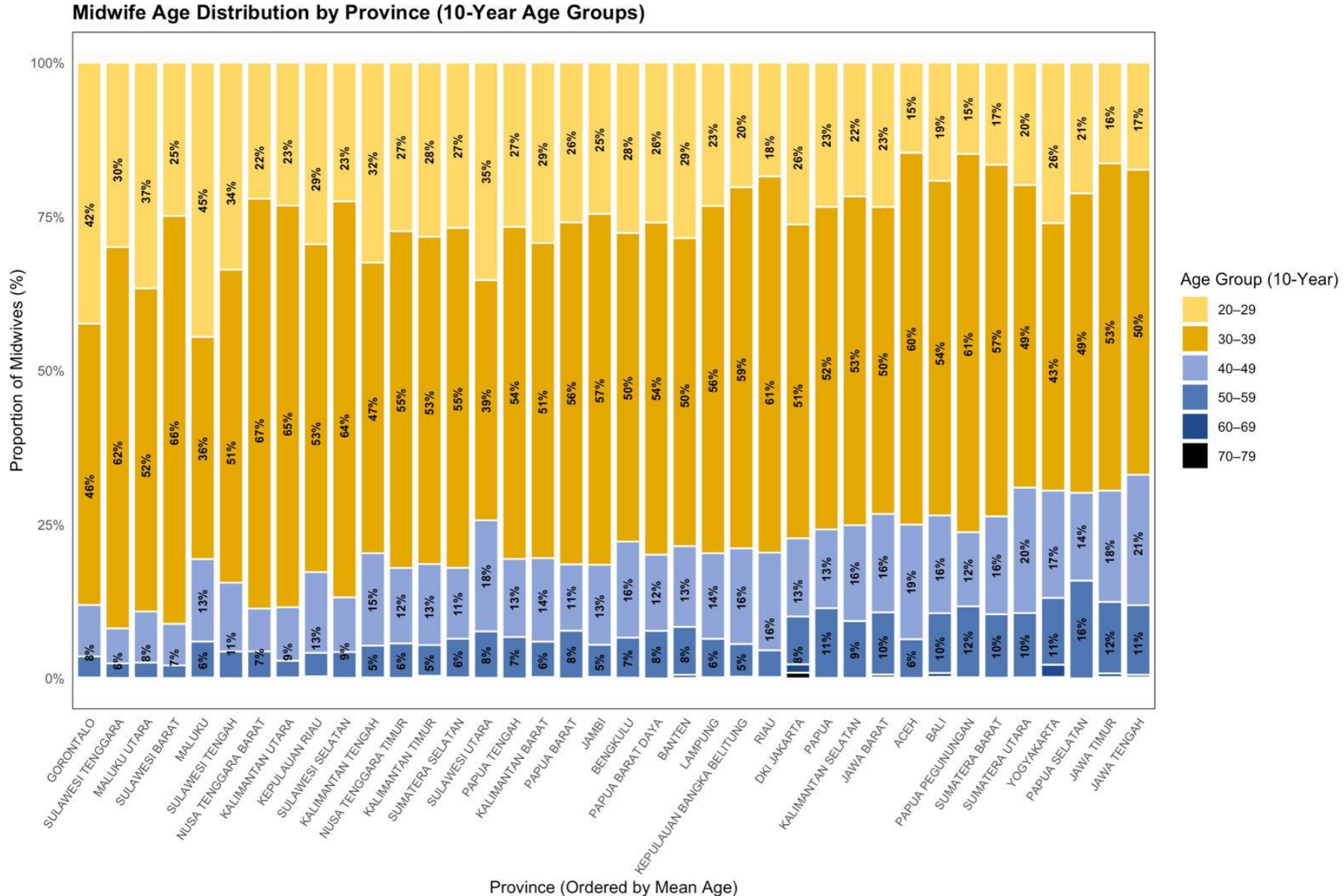
Highest	Province	District	MNCH HW Density
1	Aceh	KOTA BANDA ACEH	8.210
2	Aceh	PIDIE JAYA	7.103
3	Sulawesi Tenggara	KONAWE UTARA	6.733
4	Maluku Utara	HALMAHERA TENGAH	5.951
5	Sulawesi Selatan	KEPULAUAN SELAYAR	5.748
6	Aceh	SIMEULUE	5.628
7	Kalimantan Utara	TANA TIDUNG	5.516
8	Aceh	NAGAN RAYA	5.507
9	Aceh	BENER MERIAH	5.416
10	Aceh	ACEH TENGAH	5.350
11	Sulawesi Tenggara	KONAWE KEPULAUAN	5.293
12	Aceh	PIDIE	5.289
13	Aceh	KOTA LHOKSEUMAWE	5.236
14	Jambi	KOTA SUNGAI PENUH	5.232
15	Papua	SUPIORI	5.232
16	Aceh	ACEH TENGGARA	5.214
17	Aceh	KOTA SABANG	5.188
18	Aceh	KOTA SUBULUSSALAM	5.123
19	Aceh	ACEH BARAT	5.002
20	Aceh	BIREUEN	4.938

# Age Distribution of MNCH Health Workforce

## Age Distribution Across SDMK Categories (Ages 0–80)

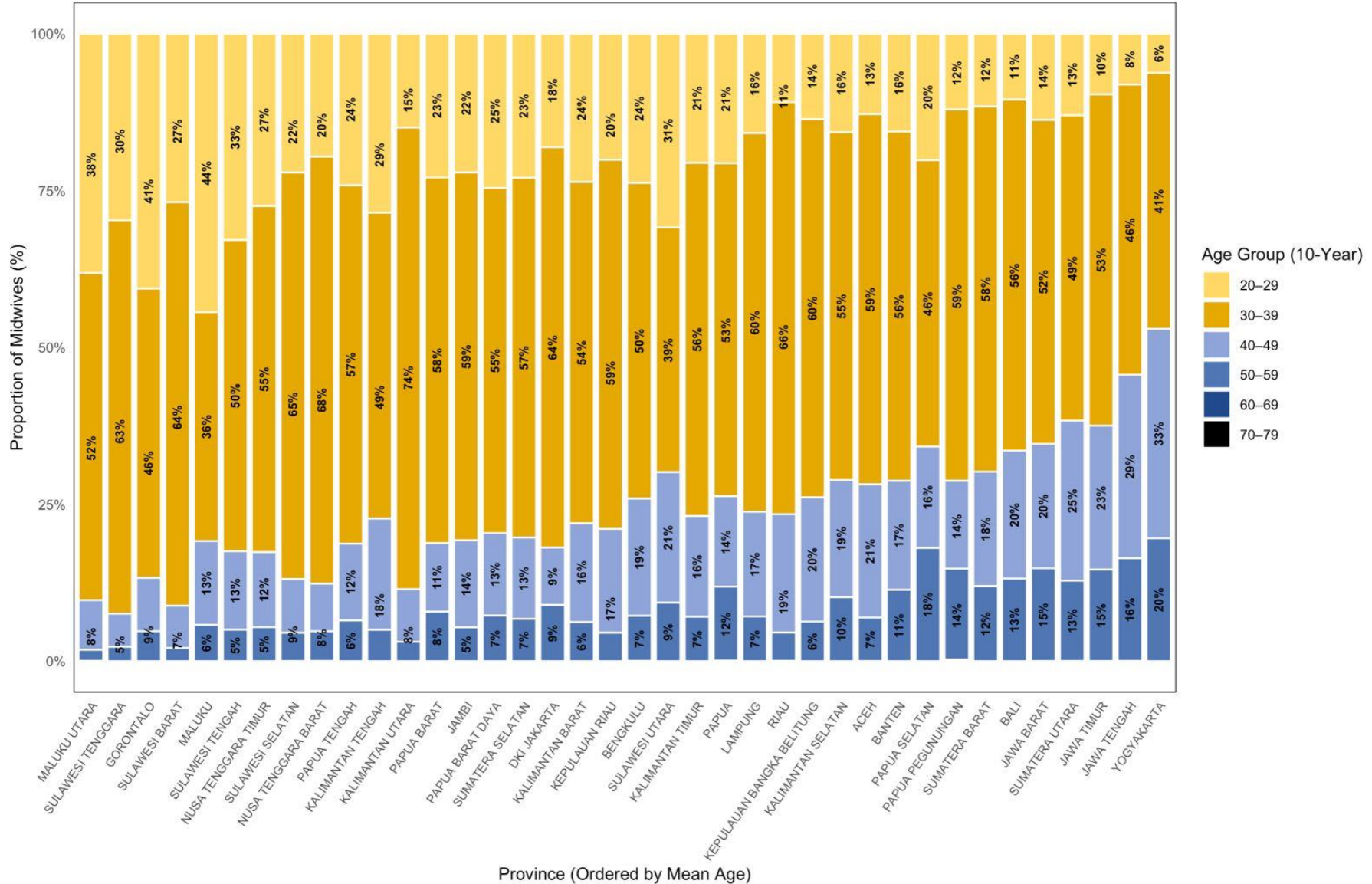


# Midwife's Age Distribution Across Health Services



# Midwives Age Distribution in Puskesmas

Midwife in Puskesmas Age Distribution by Province (10-Year Age Groups)



## Section 3

# Midwife Market and Employment



# Structure of Midwife Service Market (Service Settings)

1 MARKET	2 SERVICES	3 MIDWIFE AVAILABILITY
<b>Independent Midwife Practice (PMB)</b>	<b>Primary and accessible</b> services in the community; Family Planning (KB), Antenatal Care (ANC), Postnatal Care (PNC).	Historically <b>dominated by D-III/D-IV Midwives</b> . However, mandatory transition to Professional qualification (RPL target).
<b>Primary Facilities (Community Health Centers - Puskesmas)</b>	Implementers of <b>government programs</b> (Immunization, Maternal and Child Health - KIA, Stunting) and basic referrals.	<b>Vocational Midwives</b> and <b>Professional Midwives</b> (as team coordinators/leaders). Usually filled through government recruitment.
<b>Secondary/Tertiary Facilities (Hospitals)</b>	Management of <b>high-risk/complex cases</b> and Maternal Emergencies.	Tends to attract <b>Professional Midwives and S2/Specialist Midwives</b> due to higher competency demands and remuneration (leading to concentration).
<b>Academic/Education</b>	Curriculum development and teaching.	<b>S2 and S3 Midwives</b> . Necessary to sustain institutional capacity and ensure the quality of future supply.

# Location of Works Midwife & General Practitioner By Province 2025



Province	Midwife				General Practitioner			
	Public Primary Care	Private Practice	Clinic	Hospital	Public Primary Care	Private Practice	Clinic	Hospital
<b>Jawa Bali</b>	<b>50.22%</b>	<b>7.81%</b>	<b>11.37%</b>	<b>30.60%</b>	<b>20.85%</b>	<b>7.61%</b>	<b>29.35%</b>	<b>42.19%</b>
Bali	44.95%	5.80%	7.49%	41.76%	18.19%	10.88%	19.11%	51.82%
Banten	46.57%	6.10%	17.71%	29.62%	16.97%	4.77%	36.30%	41.97%
Jakarta	24.99%	11.01%	15.45%	48.55%	14.49%	5.85%	40.19%	39.47%
Jawa Barat	49.75%	9.99%	11.78%	28.49%	19.93%	7.27%	32.76%	40.04%
Jawa Tengah	55.78%	5.33%	10.57%	28.32%	27.63%	8.36%	23.29%	40.72%
Jawa Timur	54.87%	7.54%	9.21%	28.39%	23.90%	9.67%	23.32%	43.11%
Yogyakarta	30.96%	13.02%	15.98%	40.04%	21.64%	4.31%	20.70%	53.36%
<b>Kalimantan</b>	<b>63.41%</b>	<b>4.11%</b>	<b>7.64%</b>	<b>24.85%</b>	<b>32.72%</b>	<b>4.09%</b>	<b>19.85%</b>	<b>43.34%</b>
Kalimantan Barat	66.23%	8.03%	5.61%	20.13%	36.70%	6.36%	14.91%	42.03%
Kalimantan Selatan	65.67%	1.93%	4.42%	27.98%	32.75%	2.99%	17.22%	47.04%
Kalimantan Tengah	69.46%	2.64%	7.77%	20.13%	38.38%	2.90%	17.69%	41.02%
Kalimantan Timur	52.67%	3.05%	14.83%	29.44%	26.82%	3.71%	28.29%	41.18%
Kalimantan Utara	58.10%	4.05%	3.24%	34.61%	36.82%	5.62%	7.95%	49.61%
<b>Maluku</b>	<b>76.64%</b>	<b>0.29%</b>	<b>0.91%</b>	<b>22.15%</b>	<b>43.91%</b>	<b>2.91%</b>	<b>11.95%</b>	<b>41.22%</b>
Maluku	73.97%	0.48%	1.15%	24.40%	42.93%	3.57%	10.06%	43.44%
Maluku Utara	79.05%	0.12%	0.70%	20.13%	45.31%	1.99%	14.62%	38.09%
<b>Nusa</b>	<b>79.16%</b>	<b>0.15%</b>	<b>1.36%</b>	<b>19.34%</b>	<b>39.33%</b>	<b>3.07%</b>	<b>10.35%</b>	<b>47.26%</b>
Nusa Tenggara Barat	75.04%	0.15%	2.07%	22.74%	35.38%	3.52%	10.90%	50.20%
Nusa Tenggara Timur	81.82%	0.15%	0.90%	17.13%	43.83%	2.56%	9.71%	43.90%
<b>Papua</b>	<b>71.81%</b>	<b>0.24%</b>	<b>2.62%</b>	<b>25.33%</b>	<b>40.62%</b>	<b>2.52%</b>	<b>8.98%</b>	<b>47.88%</b>
Papua	66.42%	0.57%	1.55%	31.46%	30.60%	4.79%	6.34%	58.27%
Papua Barat	69.62%	0.21%	1.10%	29.07%	37.91%	1.63%	6.21%	54.25%
Papua Barat Daya	78.67%	0.39%	1.88%	19.06%	49.33%	3.00%	11.00%	36.67%
Papua Pegunungan	78.15%	0.00%	1.01%	20.84%	52.15%	0.00%	4.29%	43.56%
Papua Selatan	70.49%	0.00%	3.10%	26.41%	44.84%	0.45%	7.17%	47.53%
Papua Tengah	72.88%	0.00%	6.71%	20.42%	46.06%	1.17%	18.08%	34.69%
<b>Sulawesi</b>	<b>74.55%</b>	<b>0.46%</b>	<b>1.65%</b>	<b>23.34%</b>	<b>37.54%</b>	<b>2.17%</b>	<b>11.04%</b>	<b>49.25%</b>
Gorontalo	63.19%	0.04%	1.92%	34.85%	35.28%	1.73%	11.04%	51.95%
Sulawesi Barat	79.64%	0.13%	0.83%	19.40%	62.16%	0.75%	8.52%	28.57%
Sulawesi Selatan	73.78%	0.75%	2.27%	23.19%	34.04%	1.93%	15.10%	48.93%
Sulawesi Tengah	72.36%	0.23%	1.33%	26.08%	42.71%	2.47%	10.36%	44.46%
Sulawesi Tenggara	83.41%	0.22%	0.62%	15.75%	49.58%	1.62%	9.56%	39.24%
Sulawesi Utara	62.41%	0.41%	1.95%	35.23%	29.31%	3.02%	6.53%	61.14%
<b>Sumatera</b>	<b>70.58%</b>	<b>2.16%</b>	<b>5.82%</b>	<b>21.44%</b>	<b>32.78%</b>	<b>4.05%</b>	<b>19.54%</b>	<b>43.64%</b>
Aceh	76.03%	0.34%	1.82%	21.81%	36.28%	1.60%	11.60%	50.52%
Bangka Belitung	58.53%	5.93%	5.93%	29.60%	36.73%	6.25%	19.64%	37.37%
Bengkulu	70.89%	1.15%	3.66%	24.30%	42.38%	3.78%	13.90%	39.93%
Jambi	72.47%	2.65%	4.89%	19.98%	37.23%	4.99%	17.33%	40.45%
Kepulauan Riau	46.18%	7.60%	16.97%	29.25%	28.32%	3.59%	31.13%	36.96%
Lampung	70.40%	3.26%	8.05%	18.30%	37.74%	4.19%	22.20%	35.87%
Riau	61.48%	4.71%	11.99%	21.82%	27.63%	6.25%	25.60%	40.52%
Sumatera Barat	72.95%	1.74%	4.81%	20.50%	32.72%	2.80%	14.78%	49.71%
Sumatera Selatan	74.47%	2.06%	5.15%	18.33%	29.11%	5.24%	19.36%	46.30%
Sumatera Utara	69.67%	1.52%	5.80%	23.02%	32.07%	3.51%	19.69%	44.73%
<b>Grand Total</b>	<b>63.96%</b>	<b>3.90%</b>	<b>6.93%</b>	<b>25.21%</b>	<b>26.72%</b>	<b>5.89%</b>	<b>24.03%</b>	<b>43.37%</b>

# Distribution of Midwives and GP by Practice Location by Island

Province	Midwives				General Practitioner			
	Public Primary Care	Private Practice	Clinic	Hospital	Public Primary Care	Private Practice	Clinic	Hospital
Jawa Bali	50.22%	7.81%	11.37%	30.60%	20.85%	7.61%	29.35%	42.19%
Kalimantan	63.41%	4.11%	7.64%	24.85%	32.72%	4.09%	19.85%	43.34%
Sumatera	70.58%	2.16%	5.82%	21.44%	32.78%	4.05%	19.54%	43.64%
Papua	71.81%	0.24%	2.62%	25.33%	40.62%	2.52%	8.98%	47.88%
Sulawesi	74.55%	0.46%	1.65%	23.34%	37.54%	2.17%	11.04%	49.25%
Maluku	76.64%	0.29%	0.91%	22.15%	43.91%	2.91%	11.95%	41.22%
Nusa	79.16%	0.15%	1.36%	19.34%	39.33%	3.07%	10.35%	47.26%
National	63.96%	3.90%	6.93%	25.21%	26.72%	5.89%	24.03%	43.37%

## Keypoints

- This figure displays the percentage distribution of midwives and general practitioners (GPs) across Puskesmas, clinics (private or BPM), and hospitals by island group.
- Among midwives, the proportion **working in Puskesmas ranges from 50.2% in Java–Bali to 79.2% in Nusa Tenggara**, while the proportion working in hospitals ranges from 19.3% to 30.6%.
- For GPs, hospital placement is consistently high across islands (approximately 41–49%), while Puskesmas shares range from 20.9% in Java–Bali to 43.9% in Maluku.

## Distribution of Midwives and GP by Practice Location by Province

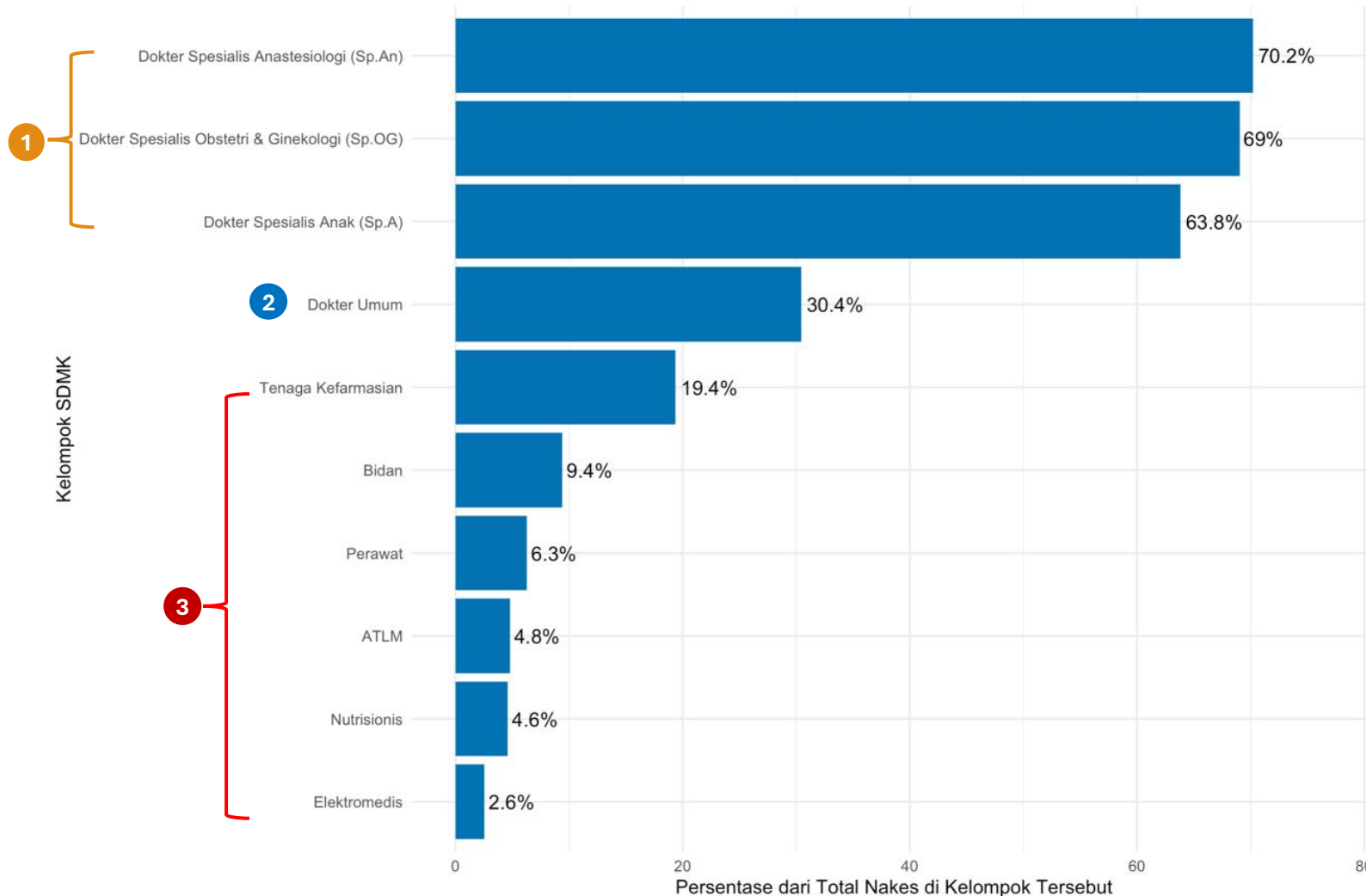
Category	Province	Midwives				General Practitioner			
		Puskesmas	Self Practice	Clinic	Hospital	Public Primary Care	Private Practice	Clinic	Hospital
Bottom 3	Sulawesi Tenggara	83.41%	0.22%	0.62%	15.75%	49.58%	1.62%	9.56%	39.24%
	Nusa Tenggara Timur	81.82%	0.15%	0.90%	17.13%	43.83%	2.56%	9.71%	43.90%
	Sulawesi Barat	79.64%	0.13%	0.83%	19.40%	62.16%	0.75%	8.52%	28.57%
Top 3	Bali	44.95%	5.80%	7.49%	41.76%	18.19%	10.88%	19.11%	51.82%
	Yogyakarta	30.96%	13.02%	15.98%	40.04%	21.64%	4.31%	20.70%	53.36%
	Jakarta	24.99%	11.01%	15.45%	48.55%	14.49%	5.85%	40.19%	39.47%

### Keypoints

- This figure presents the **top and bottom three provinces** ranked by the percentage of midwives and GPs working in hospitals.
- Among midwives, hospital placement ranges from **15.8% in Southeast Sulawesi** to **48.6% in Jakarta**.
- Among GPs, hospital placement ranges from **28.6% in West Sulawesi** to **53.4% in Yogyakarta**.

# MNCH Health Workforce with Multiple Practice Location

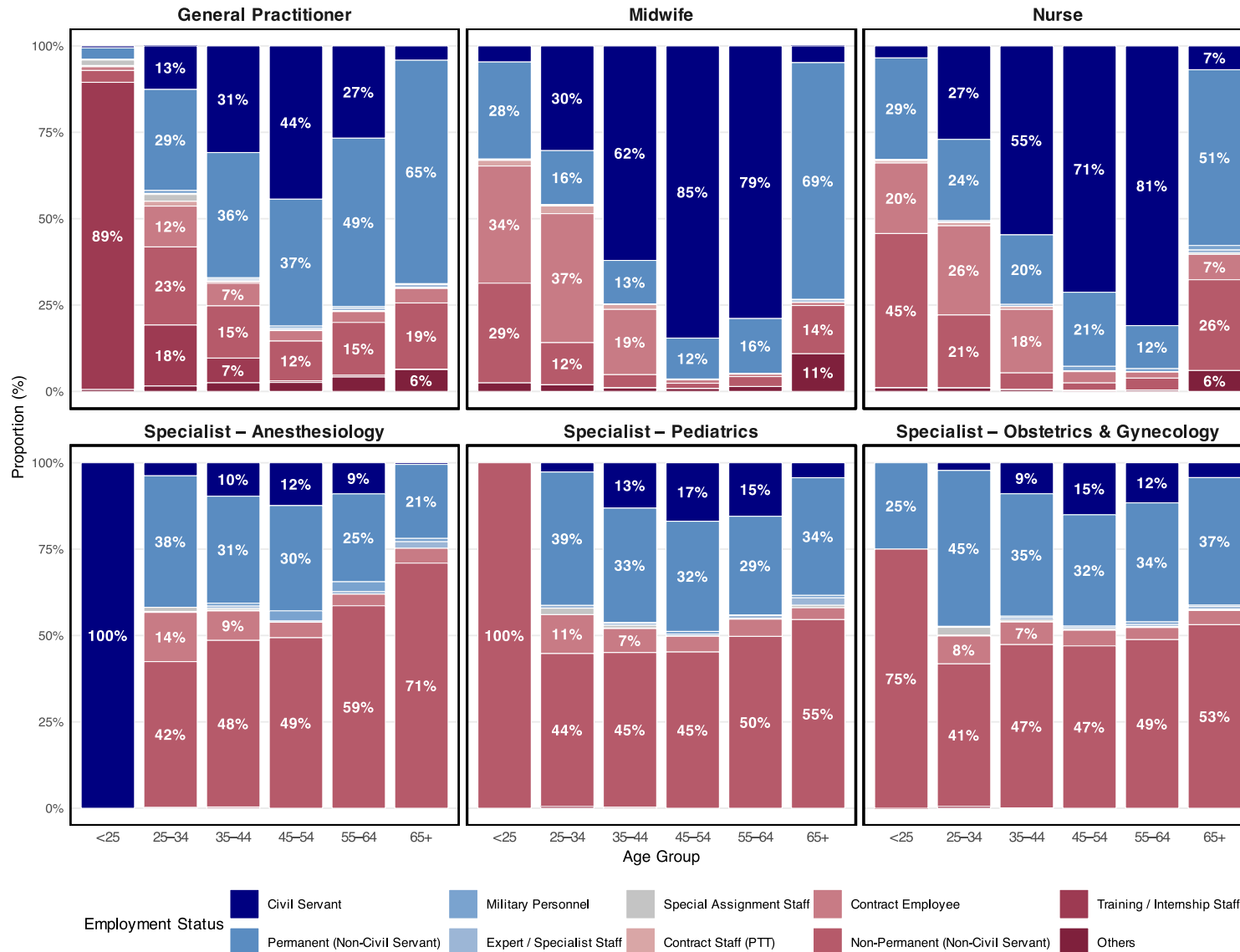
## Proportion of Multiple Practice across Providers



## Key Point

- 1 Medical specialists show the highest levels of multiple practice licenses, with **Anesthesiologists at about 70.2%, Obstetrics & Gynecology specialists at 69%, and Pediatric specialists at 63.8%** having more than one SIP.
- 2 **General practitioners** also demonstrate a notable level of multiple practice, with around **30.4%** holding more than one SIP, while **pharmacists** are at approximately **19.4%**.
- 3 Non-physician health workers have relatively low levels of multiple practice compared to doctors, with **midwives at 9.4%, nurses at 6.3%**, and other categories such as **laboratory technicians, nutritionists, and electromedical personnel below 5%**.

# MNCH Health Workforce Employment Component



## Key Point

- 1 Across most professions, **younger age groups (<35)** contain a relatively high share of **contract non civil servants and training staff**, while **older groups (45+)** show a larger proportion of **contract or and civil servant workers**, particularly among general practitioners and nurses.
- 2 **Midwives and nurses** show a strong dominance of **civil servant status** in several age bands (for example, many age groups have **>60–80%** civil servant composition), indicating reliance on permanent public workforce structures.
- 3 Among **medical specialists**, especially in anesthesiology and OBGYN, non-civil servants and contract workers make up a substantial share in middle and older age groups.

# Average Number of MNCH Health Workforce per Facility Group

Health Worker Type	Hospital					Primary Care		
	Hospital Type A	Hospital Type B	Hospital Type C	Hospital Type D	Hospital (Unclassified)	Puskesmas	Clinic	Private Practice
General Practitioner	195.81 (±176.51)	35.99 (±11.17)	20.50 (±4.40)	9.87 (±3.28)	6.99 (±5.89)	3.43 (±1.43)	2.54 (±0.48)	1.14 (±0.38)
Midwife	70.42 (±43.16)	61.79 (±30.58)	37.30 (±12.93)	19.23 (±6.44)	9.17 (±7.26)	10.36 (±4.18)	2.64 (±0.53)	1.15 (±0.11)
Nurse	650.79 (±188.11)	289.23 (±74.19)	120.51 (±35.84)	45.35 (±13.50)	25.80 (±33.17)	10.51 (±2.97)	3.50 (±0.95)	1.59 (±0.42)
Nutritionist	133.43 (±38.32)	68.28 (±20.26)	30.99 (±7.52)	13.11 (±3.73)	7.56 (±12.49)	4.41 (±1.19)	2.32 (±0.51)	1.33 (±0.31)
Anesthesiologist	6.99 (±3.77)	3.46 (±0.95)	2.04 (±0.60)	1.45 (±0.39)	1.50 (±0.71)	NA	1.18 (±0.42)	1.35 (±0.54)
Obstetrician	7.33 (±3.18)	4.25 (±1.58)	3.05 (±0.99)	1.67 (±0.55)	3.33 (±3.21)	NA	1.20 (±0.17)	1.03 (±0.09)
Pediatrician	30.64 (±14.60)	14.12 (±6.25)	8.58 (±3.84)	3.35 (±1.16)	5.67 (±7.23)	NA	1.56 (±0.71)	1.04 (±0.08)

## Section 4

# Midwife Production and Quality



# Quality of Certain Health Profession Education in Indonesia

Type	2021	2022	2023	2024
<b>Vocational D3</b>	<b>450</b>	<b>464</b>	<b>461</b>	<b>455</b>
Akademi	71	69	67	68
Institut	35	35	35	35
Politeknik	88	88	87	85
Sekolah Tinggi	130	130	128	124
Universitas	126	142	144	143
<b>Vocational D4</b>	<b>39</b>	<b>40</b>	<b>43</b>	<b>48</b>
Politeknik	33	34	37	43
Universitas	6	6	6	5
<b>Profession</b>	<b>84</b>	<b>124</b>	<b>174</b>	<b>205</b>
Institut	7	13	16	18
Politeknik	20	23	24	26
Sekolah Tinggi	19	29	45	62
Universitas	38	59	89	99
<b>Strata 1</b>	<b>135</b>	<b>167</b>	<b>187</b>	<b>213</b>
Institut	19	19	20	21
Sekolah Tinggi	35	46	59	72
Universitas	81	102	108	120
<b>Grand Total</b>	<b>708</b>	<b>795</b>	<b>865</b>	<b>921</b>

## Key Point

- 1 The total number of health education institutions increased steadily from **708 in 2021 to 921 in 2024**, shows continued program expansion.
- 2 Growth is particularly notable in **Professional programs (from 84 to 205)** and **Strata 1 programs (from 135 to 213)**, while **Vocational D3** remains relatively stable around **450–460** institutions.
- 3 Universities contribute the largest share of the increase across multiple program levels, especially within professional and undergraduate categories.

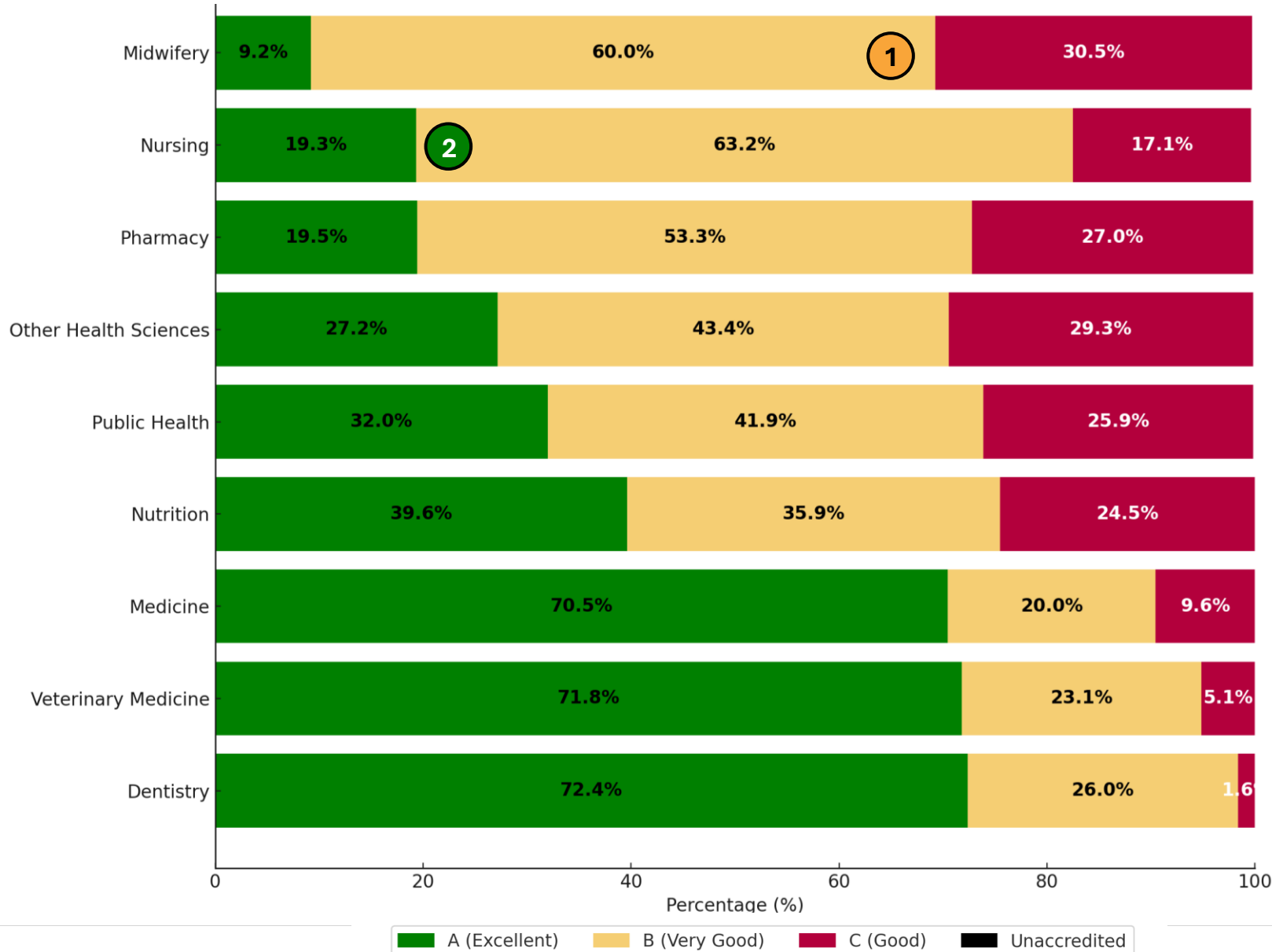
## Accreditation Status of Midwifery Education Institutions by Education Level

Jenjang	A	B	C	Terakreditasi Pertama	Tidak Terakreditasi	Total
D3	57 (10.3%)	284 (51.1%)	103 (18.5%)	2 (0.4%)	110 (19.8%)	556 (100.0%)
D4	12 (19.7%)	27 (44.3%)	6 (9.8%)	(0.0%)	16 (26.2%)	61 (100.0%)
Profesi	21 (7.8%)	97 (35.9%)	104 (38.5%)	3 (1.1%)	45 (16.7%)	270 (100.0%)
S1	11 (4.5%)	84 (34.7%)	103 (42.6%)	6 (2.5%)	38 (15.7%)	242 (100.0%)
<b>Total</b>	<b>101 (8.9%)</b>	<b>492 (43.6%)</b>	<b>316 (28.0%)</b>	<b>11 (1.0%)</b>	<b>209 (18.5%)</b>	<b>1129 (100.0%)</b>

## Accreditation Status of Midwifery Education Institutions by Institutional Ownership

Kepemilikan	A	B	C	Terakreditasi Pertama	Tidak Terakreditasi	Total
Religion Institute	(0.0%)	1 (33.3%)	1 (33.3%)	(0.0%)	1 (33.3%)	3 (100.0%)
MoH Institute	63 (51.2%)	52 (42.3%)	(0.0%)	(0.0%)	8 (6.5%)	123 (100.0%)
MoE Institute	8 (29.6%)	6 (22.2%)	8 (29.6%)	(0.0%)	5 (18.5%)	27 (100.0%)
Private Institute	30 (3.1%)	433 (44.4%)	307 (31.5%)	11 (1.1%)	195 (20.0%)	976 (100.0%)
<b>Total</b>	<b>101 (8.9%)</b>	<b>492 (43.6%)</b>	<b>316 (28.0%)</b>	<b>11 (1.0%)</b>	<b>209 (18.5%)</b>	<b>1129 (100.0%)</b>

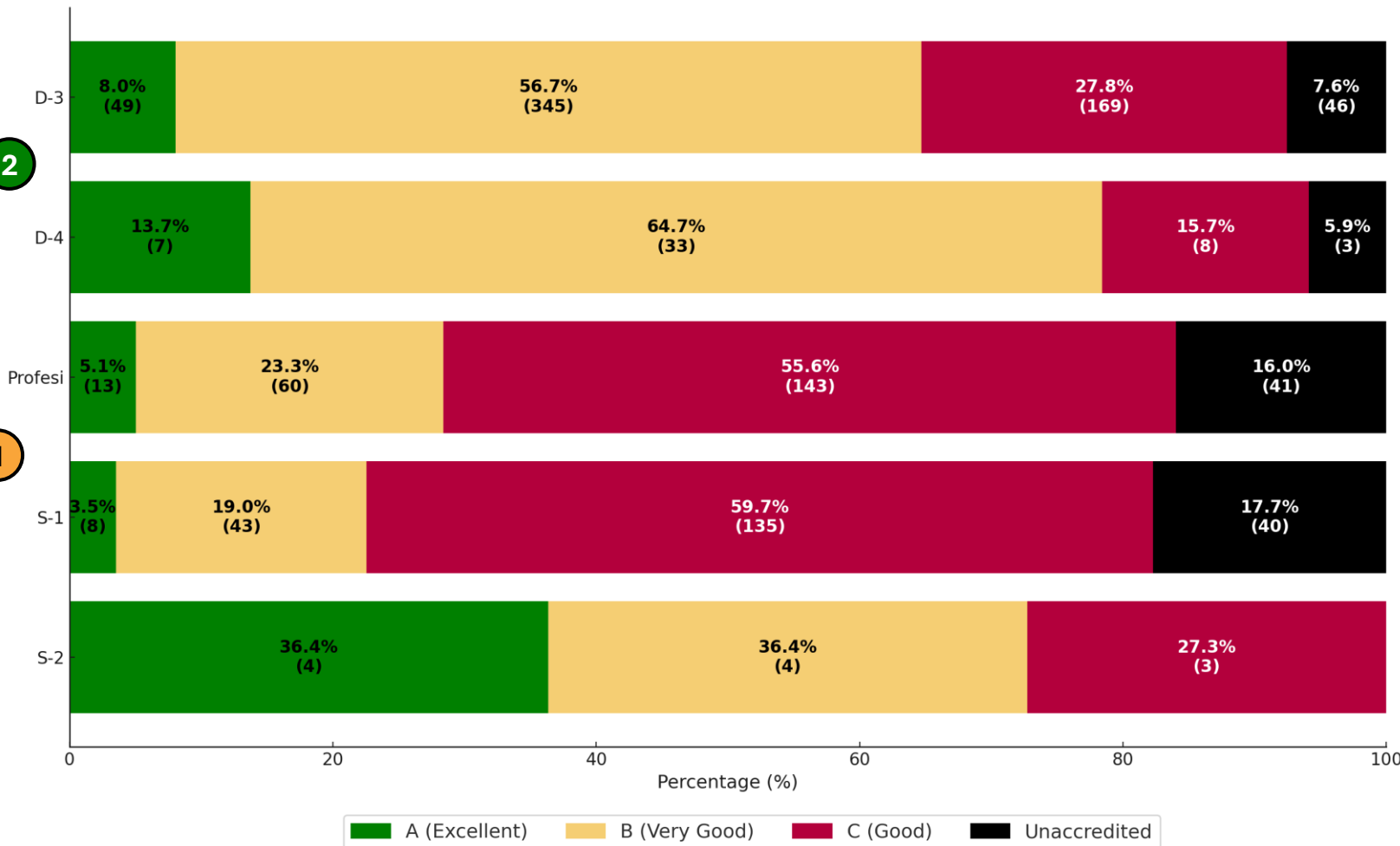
# Quality of Certain Health Profession Education in Indonesia



① The accreditation level of midwifery education in Indonesia remains the lowest with only 9.2% have excellent accreditation. With majority is on B level (60%) and 30.5% remain C level.

② There is a substantial gap, even when compared with nursing programs, which have **twice the proportion of “Excellent” accreditation**. To reach the same quality level as nursing, **more than 105 additional midwifery institutions would need to achieve Excellent accreditation**.

# Breakdown on Accreditation of Midwife Education in Indonesia



**1** Professional (Profesi) and Bachelor (S-1) Midwifery Programs Are the Largest Contributors to Poor Accreditation. Both levels have the **highest proportion of low-quality programs**, with more than **70%** of institutions rated *C (Good)* or *Unaccredited*. These two levels are the primary drivers of Indonesia’s overall weak accreditation profile.

**2** D-3 Programs Have Moderate Quality but Drive the Largest Volume of Low-Accredited Institutions. Although the proportion of poorly accredited D-3 programs is lower (about **35%**), the **large number of D-3 institutions nationally** makes this level a significant contributor to the system-wide accreditation problem.

# Distribution of Accreditation Status by Province

Provinsi	A (Unggul)	B (Baik Sekali)	C (Baik)	Terakreditasi Pertama	Tidak Terakreditasi	Grand Total
Aceh	1	18	16		7	42
Bali	4	10	3		2	19
Bangka Belitung		4				4
Banten		19	4	2	12	37
Bengkulu	2	9	3		2	16
D.I. Yogyakarta	8	15	8		2	33
D.K.I. Jakarta	3	20	13		8	44
Gorontalo	1		2		2	5
Jambi	1	6	7		2	16
Jawa Barat	15	63	33		25	136
Jawa Tengah	18	50	22		15	105
Jawa Timur	13	74	42	3	20	152
Kalimantan Barat	1	7			4	12
Kalimantan Selatan	1	8	2		4	15
Kalimantan Tengah	1	5	3	1	2	12
Kalimantan Timur	2	7	2		2	13
Kalimantan Utara		1	2			3
Kepulauan Riau	1	4	3		2	10
Lampung	4	14	6		2	26
Maluku		3	2			5
Maluku Utara		2	2		4	8
Nusa Tenggara Barat		12	11		3	26
Nusa Tenggara Timur	1	3	3		7	14
Papua		5	3			8
Papua Barat	1	2				3
Riau	1	24	13		5	43
Sulawesi Barat		3	5		2	10
Sulawesi Selatan	4	22	37	1	24	88
Sulawesi Tengah	1	4	4		1	10
Sulawesi Tenggara		5	7	1	1	14
Sulawesi Utara		3	3		2	8
Sumatera Barat	9	14	11	1	10	45
Sumatera Selatan	2	15	15		15	47
Sumatera Utara	6	41	29	2	22	100
<b>Nasional</b>	<b>101</b>	<b>492</b>	<b>316</b>	<b>11</b>	<b>209</b>	<b>1129</b>

## Key Point

- 1 Nationally, most institutions hold **B (Good)** accreditation (**492 institutions**) followed by **C (Sufficient)** at **316**, while **A (Excellent)** remains limited at **101 institutions**.
- 2 A substantial number of institutions are **not accredited**, totaling **209**, which is significant compared to those fully accredited.
- 3 Provinces with the highest concentration of institutions (such as **West Java, Central Java, East Java, DKI Jakarta, and South Sulawesi**) also show a mix of accreditation quality.

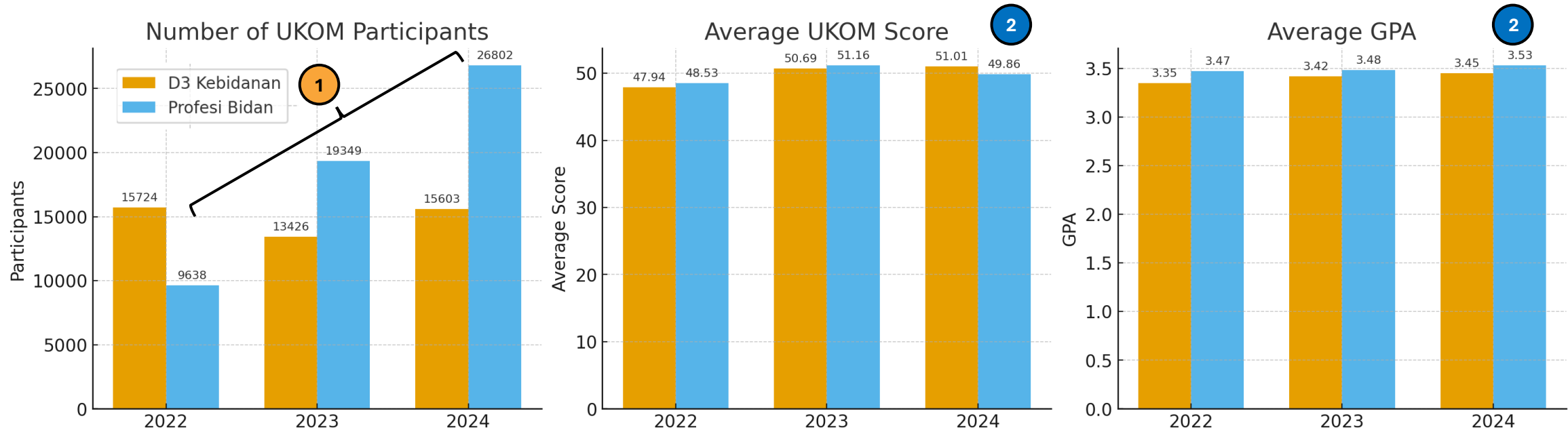
## Average Number of Registered Students and New Students

Types of Education	Average Number of Students Enrolled				Average Number of Students Admitted			
	2021	2022	2023	2024	2021	2022	2023	2024
<b>D3</b>	<b>101.6</b>	<b>104.3</b>	<b>105.9</b>	<b>103.9</b>	<b>35.9</b>	<b>36.9</b>	<b>31.3</b>	<b>33.1</b>
Politeknik	179.9	182.1	195.3	199.7	63.8	61.2	59.2	64.5
Akademi	72.6	79.9	83.5	85.6	26.3	29.2	25.2	28.6
Sekolah Tinggi	86.5	93.1	88.9	86.8	28.0	32.4	25.1	24.9
Universitas	82.0	81.6	80.5	74.6	27.1	27.6	21.3	22.9
Institut	89.7	90.2	92.8	86.4	30.1	32.5	24.0	21.0
<b>D4</b>	<b>201.6</b>	<b>244.9</b>	<b>243.2</b>	<b>248.8</b>	<b>52.3</b>	<b>48.1</b>	<b>55.1</b>	<b>62.6</b>
Politeknik	203.9	256.5	262.3	266.5	53.4	52.2	57.0	64.4
Universitas	189.0	179.0	125.7	96.2	37.5	16.5	19.5	26.0
<b>S1</b>	<b>183.2</b>	<b>248.5</b>	<b>254.8</b>	<b>259.4</b>	<b>40.0</b>	<b>45.6</b>	<b>42.3</b>	<b>39.5</b>
Institut	240.3	384.6	380.4	437.9	60.4	80.1	76.7	74.3
Universitas	168.2	222.8	256.5	268.8	43.2	47.6	46.2	42.2
Sekolah Tinggi	187.1	249.3	209.0	191.6	25.8	29.3	26.0	25.9
<b>Profesi</b>	<b>127.1</b>	<b>153.7</b>	<b>156.8</b>	<b>150.2</b>	<b>80.3</b>	<b>113.4</b>	<b>111.1</b>	<b>84.8</b>
Politeknik	147.4	162.0	198.6	197.3	128.2	147.3	172.7	162.2
Institut	198.3	201.9	200.6	187.8	134.4	175.2	144.1	118.8
Universitas	102.5	142.1	143.4	158.0	41.9	91.1	87.4	68.0
Sekolah Tinggi	128.8	149.0	145.7	107.0	83.9	106.0	106.9	65.8
<b>Grand Total</b>	<b>125.7</b>	<b>149.4</b>	<b>155.2</b>	<b>157.7</b>	<b>43.8</b>	<b>52.2</b>	<b>51.9</b>	<b>48.4</b>

# Ratio of S1 Graduates to D3 Midwifery Education by Province

Ratio S1/D3	2018	2019	2020	2021	2022	2023	2024
D.K.I. Jakarta	0.03	0.13	0.59	2.36	7.79	6.88	6.35
Sumatera Barat	0.11	0.21	0.65	1.39	2.31	2.65	2.27
Jambi	0.09	0.24	0.82	1.26	2.06	2.41	2.07
Bali	0.00	0.21	0.79	1.54	2.15	2.09	2.31
Jawa Timur	0.07	0.16	0.40	0.79	1.48	1.98	2.29
Kalimantan Utara	0.00	0.00	0.25	0.76	1.28	1.97	2.35
Sumatera Utara	0.09	0.57	0.97	1.55	2.05	1.84	2.01
Riau	0.00	0.06	0.23	0.58	1.29	1.78	2.93
D.I. Yogyakarta	0.02	0.18	0.41	0.81	1.26	1.66	2.33
Sulawesi Selatan	0.00	0.06	0.19	0.42	0.91	1.55	1.83
Jawa Tengah	0.03	0.22	0.44	0.72	1.04	1.34	1.77
<b>Indonesia</b>	<b>0.02</b>	<b>0.13</b>	<b>0.28</b>	<b>0.54</b>	<b>0.89</b>	<b>1.04</b>	<b>1.19</b>
Bangka Belitung	0.00	0.00	0.19	0.50	0.98	0.85	1.12
Nusa Tenggara Barat	0.09	0.10	0.29	0.51	0.80	0.83	1.00
Lampung	0.01	0.01	0.04	0.13	0.39	0.80	1.04
Kalimantan Timur	0.00	0.12	0.36	0.44	0.69	0.80	1.01
Bengkulu	0.00	0.01	0.06	0.31	0.57	0.80	0.95
Jawa Barat	0.01	0.10	0.17	0.39	0.66	0.77	0.79
Sumatera Selatan	0.00	0.07	0.18	0.24	0.41	0.72	0.79
Kalimantan Selatan	0.00	0.11	0.19	0.49	0.65	0.56	0.76
Kepulauan Riau	0.00	0.06	0.14	0.36	0.62	0.55	0.60
Aceh	0.00	0.03	0.11	0.31	0.57	0.49	0.69
Banten	0.00	0.04	0.12	0.30	0.43	0.47	0.53
Gorontalo	0.00	0.00	0.04	0.17	0.47	0.47	0.57
Nusa Tenggara Timur	0.00	0.00	0.00	0.00	0.03	0.19	0.38
Sulawesi Tenggara	0.00	0.01	0.03	0.18	0.28	0.17	0.12
Papua	0.00	0.00	0.00	0.00	0.07	0.14	0.15
Kalimantan Tengah	0.00	0.00	0.00	0.00	0.05	0.13	0.13
Sulawesi Utara	0.00	0.00	0.00	0.03	0.09	0.12	0.18
Kalimantan Barat	0.00	0.00	0.00	0.00	0.00	0.01	0.06
Sulawesi Barat	0.00	0.00	0.00	0.00	0.00	0.01	0.02
Maluku Utara	0.00	0.00	0.00	0.00	0.00	0.00	0.02
Sulawesi Tengah	0.00	0.00	0.00	0.00	0.00	0.00	0.02
Maluku	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Papua Barat	0.00	0.00	0.00	0.00	0.00	0.00	0.00

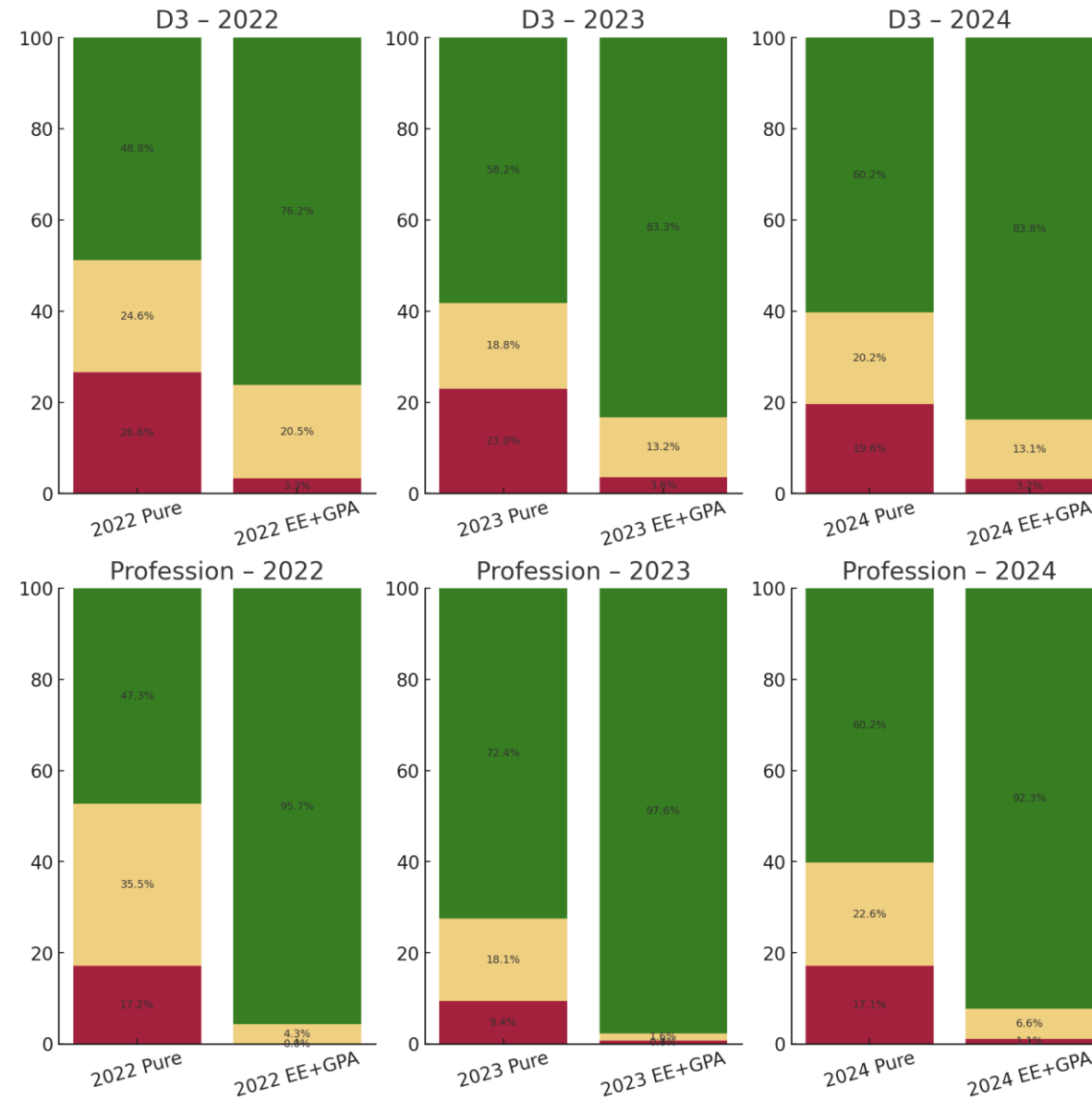
# Trend of Exit Exam and GPA Performances 2022-2024



1 By year, production of Midwife in general were increased with breakdown shows the increase were driven by Profession which the number almost tripled from 9,638 in 2022 to 26,802 in 2024. Meanwhile Diploma III were stagnant

2 Interesting pattern shown by Exit Exam and GPA score. The increased number of production in profession group followed by increase in GPA score. But exit exam score were reduced between years. The quantity overload and GPA score inflation might be the reason need to be investigated further.

# Trend of Exit Exam and GPA Performances 2022-2024



## Section 5

# Recognition of Past Learning (RPL)



# Classification of Educational Levels and Midwife Roles

EDUCATIONAL LEVEL	COMPETENCY CLASSIFICATION	ROLE & KEY FOCUS
<b>D-III (Vocational/Associate Expert)</b>	Existing Qualification	Technical practice staff and service providers at the primary level. Limitation: Does not meet the minimum requirements for Independent Midwife Practice (PMB) after January 1, 2028.
<b>D-IV / Applied Undergraduate (Vocational)</b>	Existing Qualification	Increased competence above D-III. Limitation: Same, mandatory upgrading to Professional level for PMB after 2028.
<b>S1 and Midwife Profession</b>	Minimum Standard for Independent Practice	Mandatory for Independent Practicing Midwives (PMB) (according to Ministerial Decree of Health 320/2020). Focus on advanced clinical practice and leadership in care.
<b>S2 (Master's)</b>	Academic/Clinical Specialist	Role in education (Lecturer), research, or clinical specialization (e.g., Master of Clinical Midwifery).
<b>S3 (Doctoral)</b>	Policy/Leadership	Strategic role at the policy level, development of science and knowledge, and leadership of educational institutions.

# Mapping The Midwifery RPL Concept in Indonesia



## BACKGROUND POLICY & URGENCY:

**Problem:** Many independent practicing midwives (PMB) still hold D3/D4 degrees

**Global Standard:** ICM emphasizes that midwives should minimally be equivalent to a bachelor's degree + professional program, with clinical competence, critical decision-making, and reflective skills.

**Government Response:** The Midwife Professional RPL Program for independent practicing midwives for the 2025–2027 period, as an acceleration program to upgrade the qualifications of approximately ±4.000 midwives who own independent practices to the professional level.

To accelerate the fulfillment of the qualifications for Midwives operating Independent Practice, in accordance with the mandate of Ministerial Regulation of Health (PMK) No. 320 of 2020.

## TARGET:

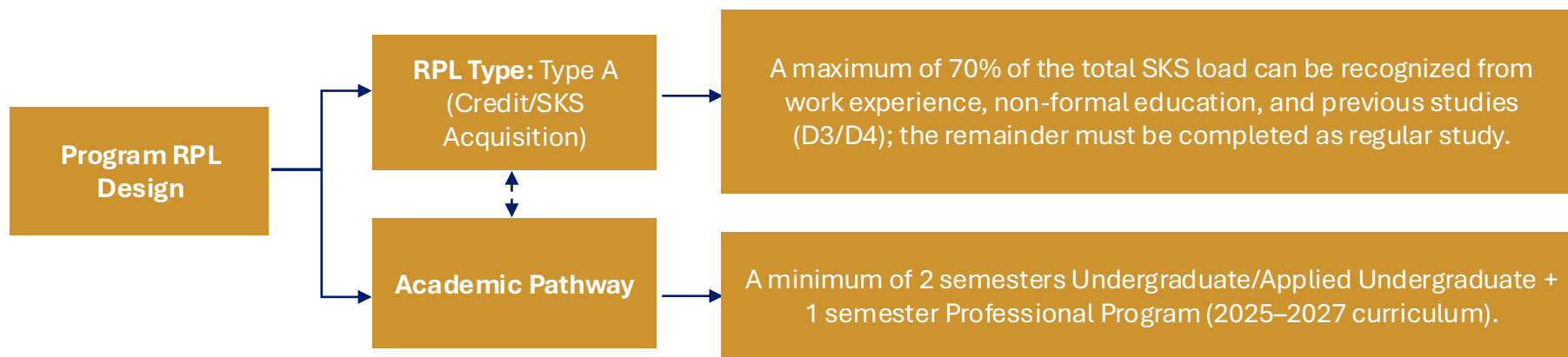
**Individual:** Midwives with a minimum education of D3 or D4/Applied Undergraduate Degree in Midwifery who already own a Midwife Independent Practice Location (TPMB).

**System:** All PMB midwives must possess the professional qualification before January 1, 2028.

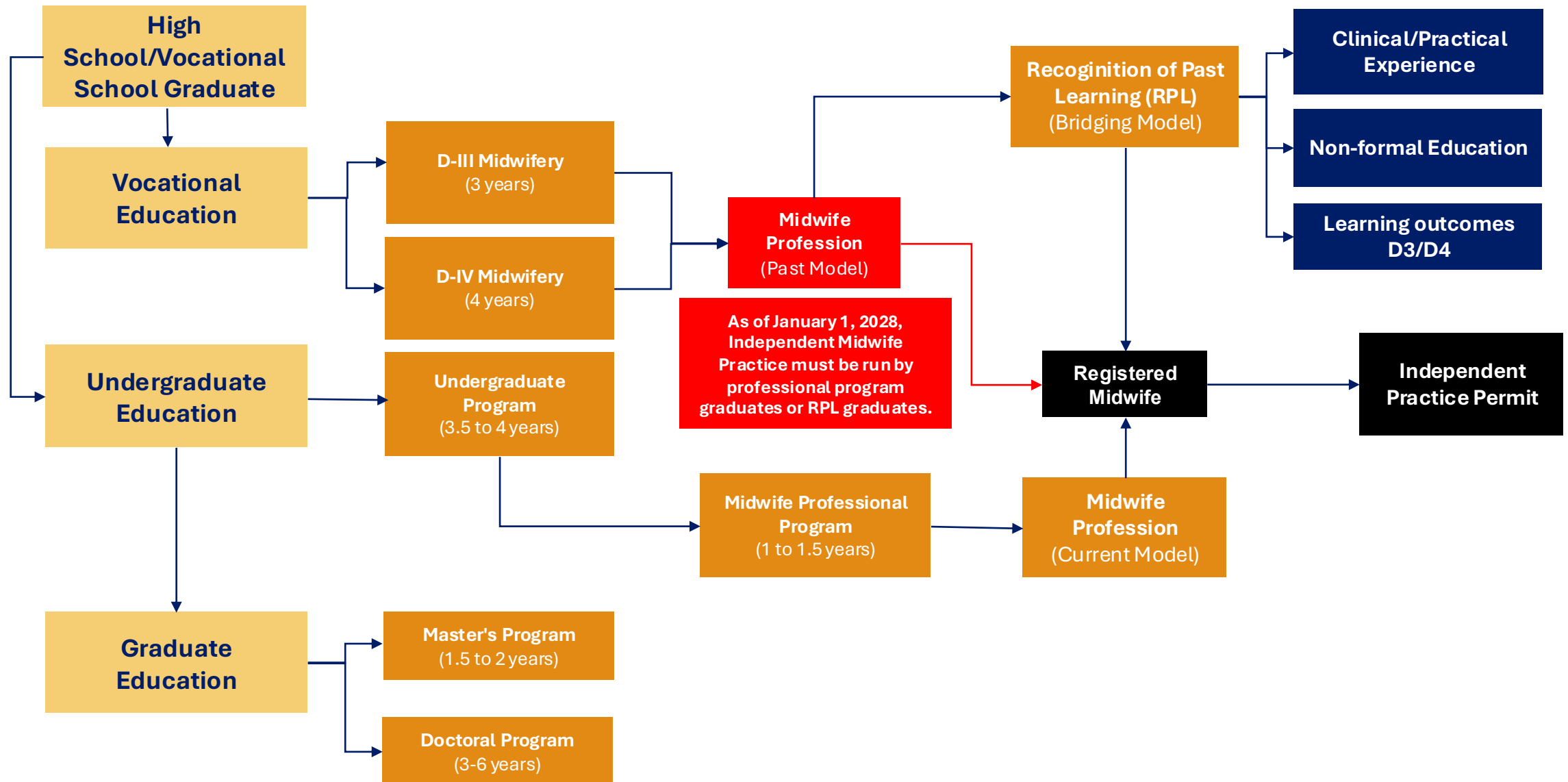
## OUTCOME:

**Individual:** Senior PMB midwives are upgraded to professional midwives with a broader profile: clinical practitioner, educator & counselor, community mobilizer, and service manager (managerial & Leadership).

**System:** To accelerate the fulfillment of national standards and harmonization with ICM & ASEAN MRAs standards.



# Midwifery Education Program Flow (Law No. 4 of 2019 concerning Midwifery)





# RPL Program Mechanism (Process)

## Midwives with a D3 Midwifery Degree

EDUCATIONAL PATHWAY	MINIMAL DURATION	NUMBER OF RECOGNIZED CREDITS (SKS)	RPL ASSESSMENT FOCUS	Must complete S1 (Undergraduate) first, then the Professional Program
Mandatory to take the Undergraduate (Bridging) Pathway followed by the Professional Program.	2 Semesters Undergraduate + 1 Semester Professional Program.	Relatively fewer recognized SKS from previous formal education, resulting in more bridging SKS required at the Undergraduate level.	Assessment focuses on integrating practical experience into Undergraduate and Professional courses.	

## Midwives with a D4/Applied Undergraduate Degree

EDUCATIONAL PATHWAY	MINIMAL DURATION	NUMBER OF RECOGNIZED CREDITS (SKS)	RPL ASSESSMENT FOCUS	Continue to Professional Program
Mandatory to take the Professional Program Pathway (because academically it is already equivalent to a Bachelor's/S-1).	1 Semester Professional Program.	Relatively more recognized SKS from previous formal education, resulting in fewer bridging SKS required at the Professional level.	Assessment focuses on integrating direct practical experience into the Professional curriculum.	

# Midwife D3/D4 (Before RPL)



Registration Certificate (STR)	Midwife Practice Permit (SIPB)	Practice Authority/Scope	Goal of RPL
Old STR (Valid for 5 years). If renewal is done after Law No. 17/2023, it will become a Lifetime STR.	May hold a SIPB for independent practice <b>ONLY until January 1, 2028</b> . After that, SIPB for Independent Midwife Practice (PMB) cannot be renewed/issued without the Professional qualification.	<b>Limited to health service facilities</b> (Community Health Centers/Hospitals) and does not meet the minimum requirements for Independent Midwife Practice (PMB) after 2028.	To change the status of D-III/D-IV to Professional Midwife so that they can meet the requirements for renewal/issuance of the PMB SIPB in the future.

# Professional Midwife (New Standard & RPL Outcome)

Registration Certificate (STR)	Midwife Practice Permit (SIPB)	Practice Authority/Scope	Goal of RPL
<b>Lifetime STR</b> (Issued after passing the Competency Test).	May hold a SIPB for independent practice (PMB) and health facilities <b>without qualification time limits</b> .	<b>Full</b> , including the operation of Independent Midwife Practice (PMB) (as long as other requirements are met).	To ensure that the service standards provided are nationally and internationally equivalent.

# Current Capacity of RPL and Forecast



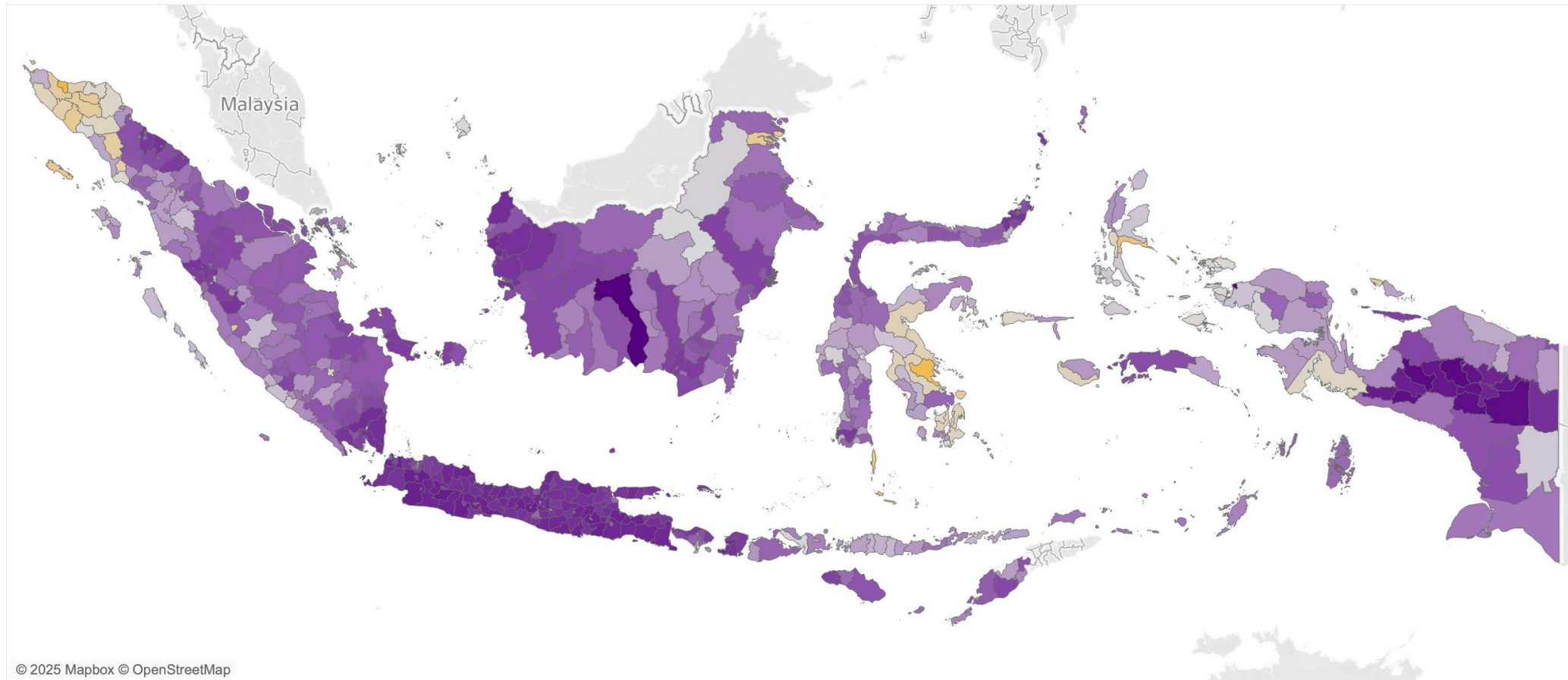
**On Progress – Waiting for RPL Data**

**Supplementary Section**

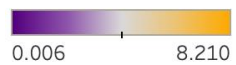
# **Annex**



District-Level of Maternal HW Ratio (Density) Across Indonesia

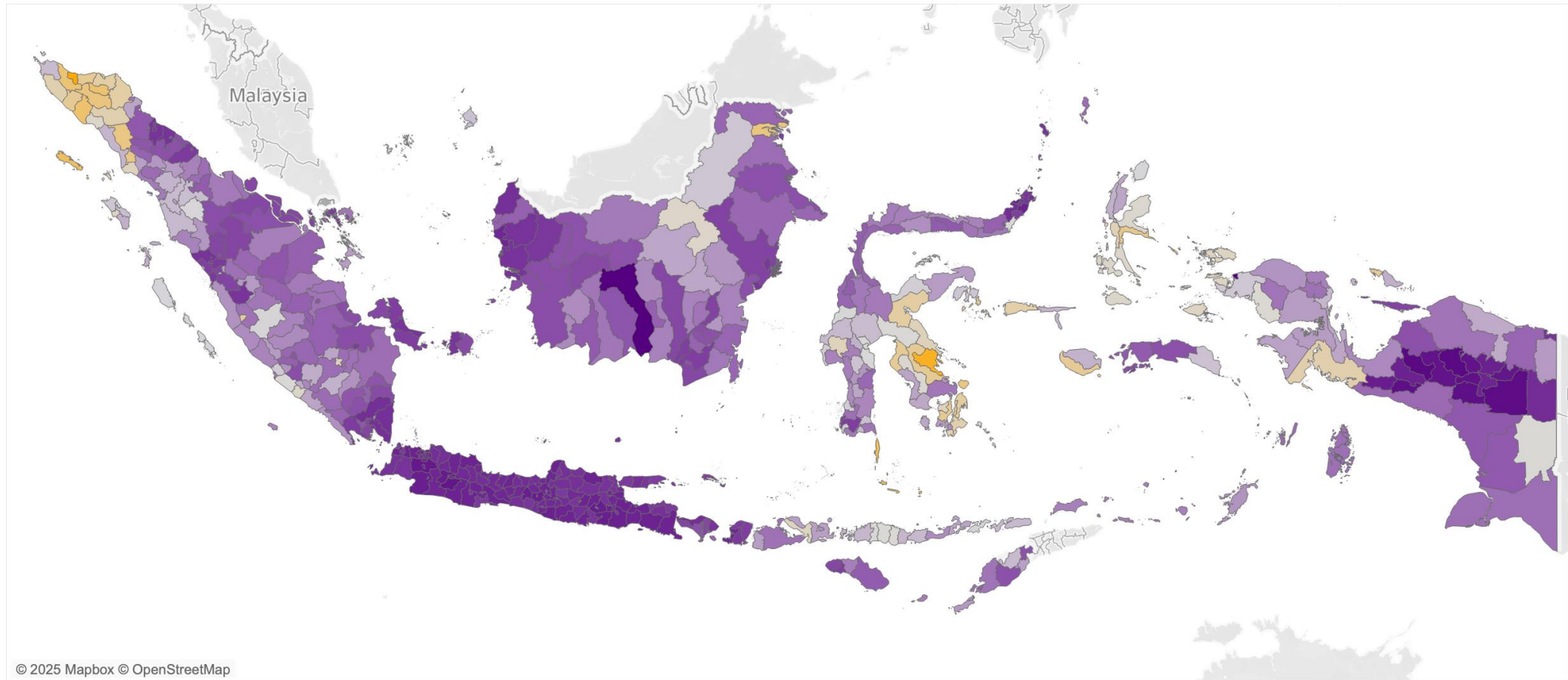


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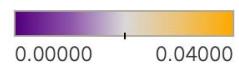
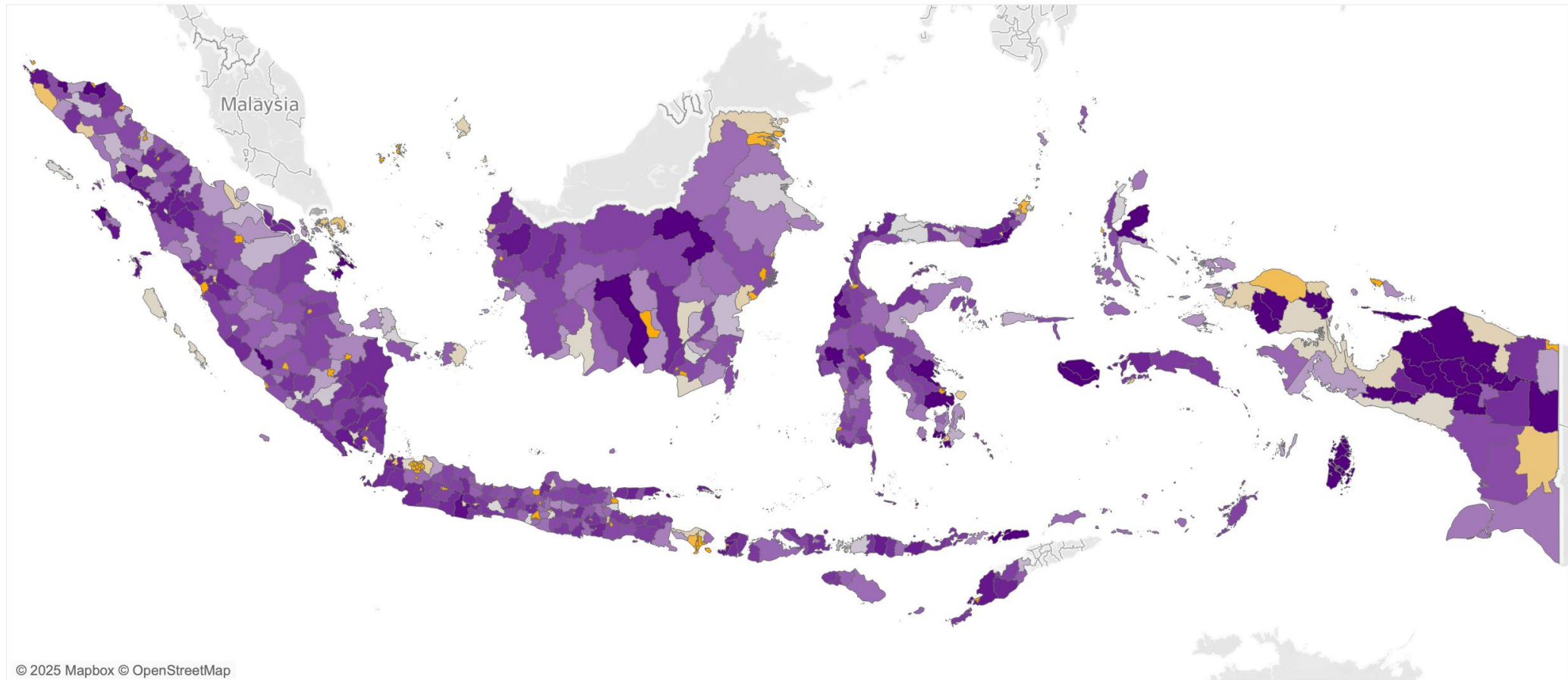
This heatmap is colored by district (city/regency) with a color range for densities, defined by the number of maternal health worker per 1,000 population in each respective district.

District-Level of Midwife Ratio (Density) Across Indonesia



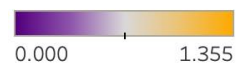
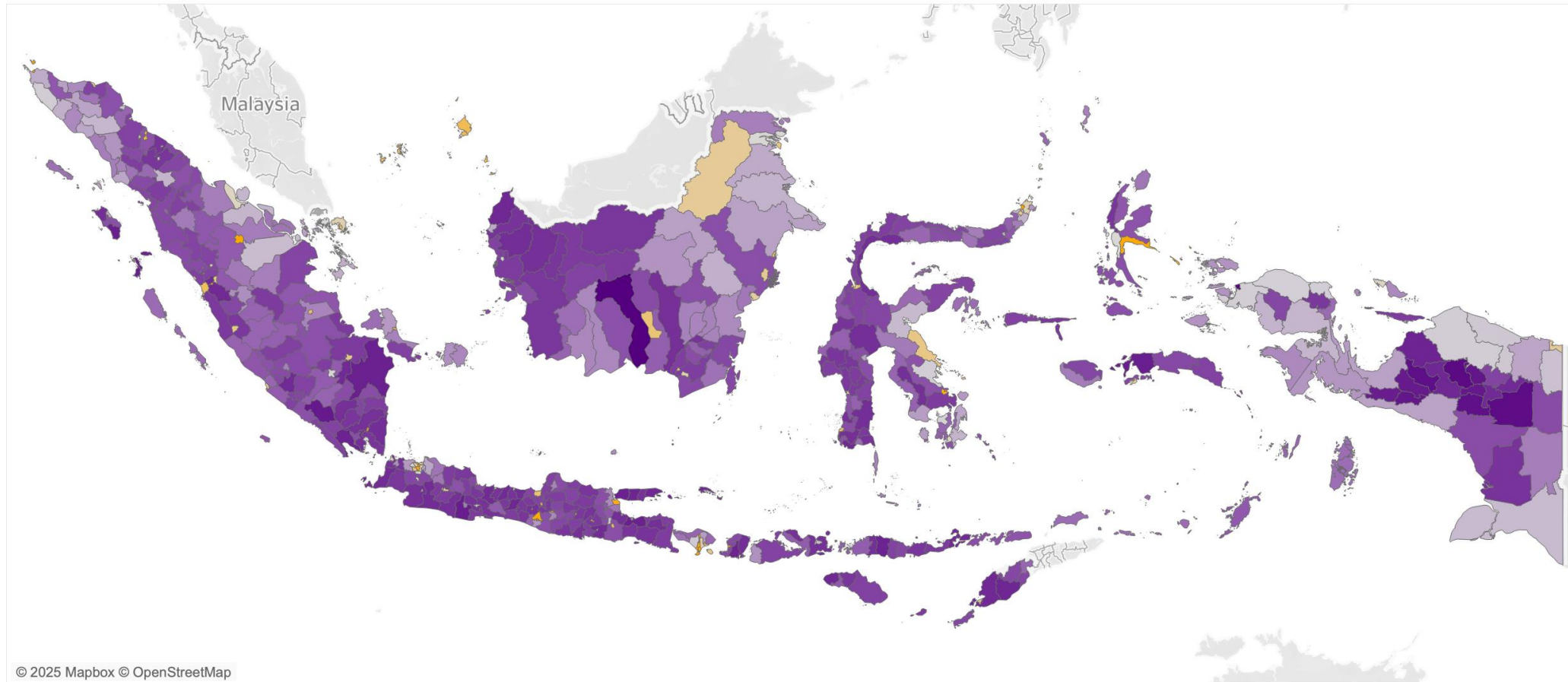
This heatmap is colored by district (city/regency) with a color range for densities, defined by the number of midwives per 1,000 population in each respective district.

District-Level of Obgyn Ratio (Density) Across Indonesia



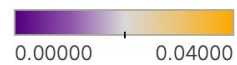
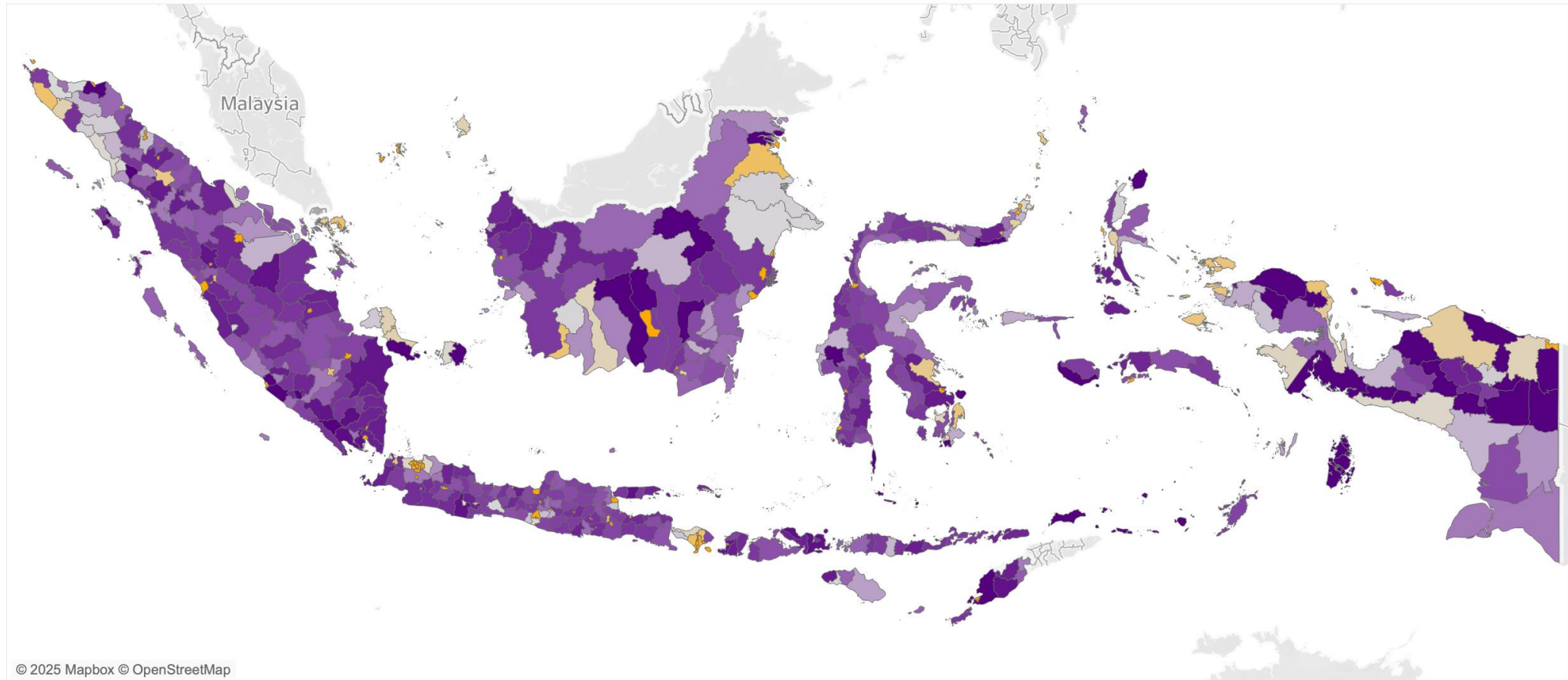
This heatmap is colored by district (city/regency) with a color range for densities, defined by the number of obgyn per 1,000 population in each respective district.

District-Level of Physician Ratio (Density) Across Indonesia



This heatmap is colored by district (city/regency) with a color range for densities, defined by the number of physician per 1,000 population in each respective district.

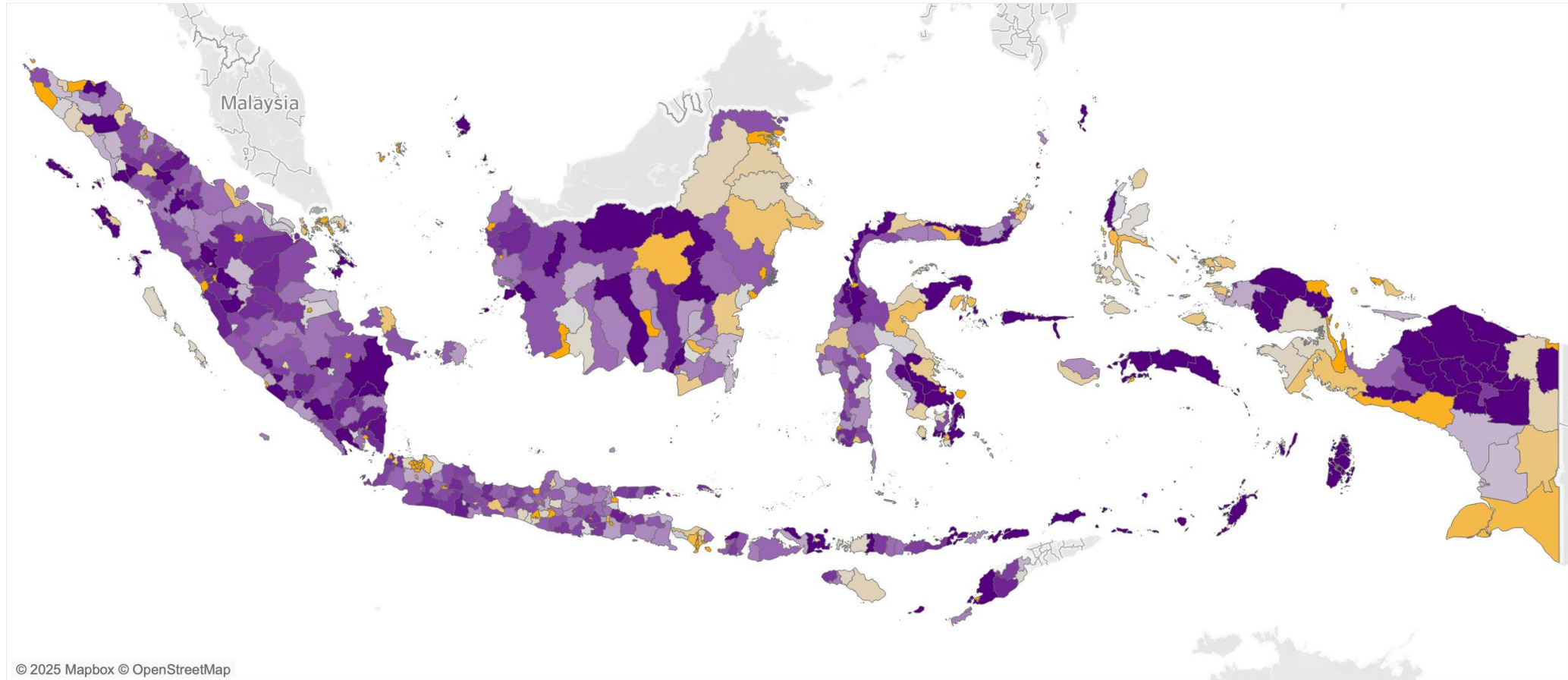
District-Level of Pediatrician Ratio (Density) Across Indonesia



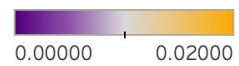
This heatmap is colored by district (city/regency) with a color range for densities, defined by the number of pediatrician per 1,000 population in each respective district.

# District-Level Analysis

District-Level of Anesthesiologist Ratio (Density) Across Indonesia



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This heatmap is colored by district (city/regency) with a color range for densities, defined by the number of anesthesiologist per 1,000 population in each respective district.