Budget Evaluation Dashboard of Health Sector, using West Java Data as Future Benchmark for Other Province

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Our recommendation based on our summarized analysis

01.

Background

Background

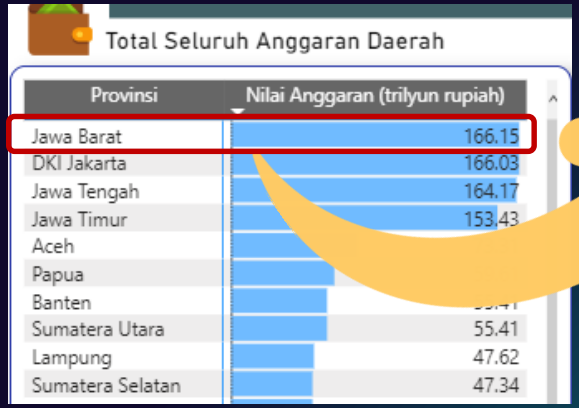
We need to analyze expenditure budget whether the usage is already right on target or not

Why choose West Java as Benchmark?

- Biggest Regional Overall Budget
- Data Availability

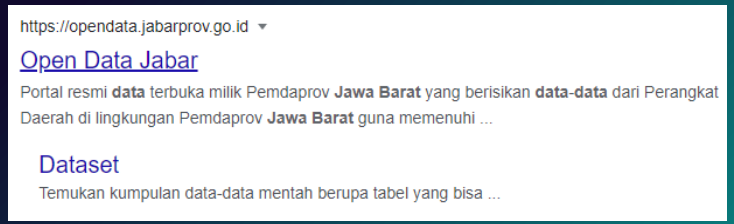
Background

Why choose West Java as Benchmark?



Biggest Regional Overall Budget

West Java has the biggest overall budget compared to other province.



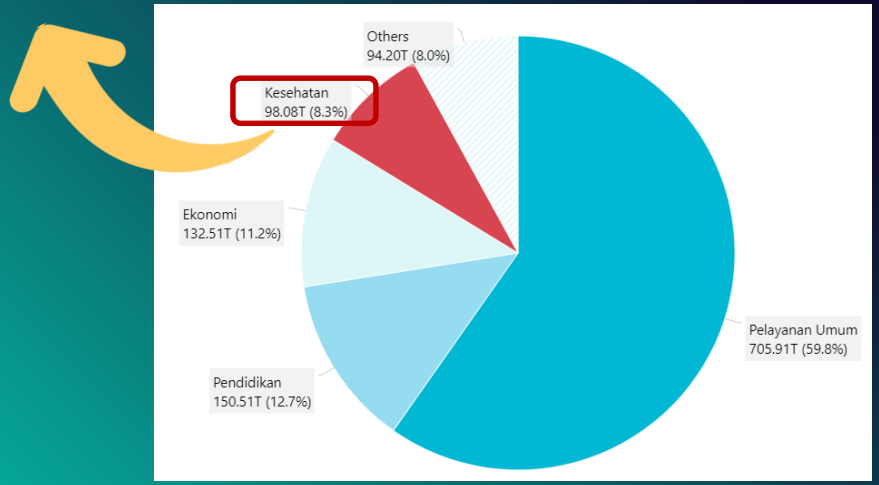
Data Availability

West Java have official website with really good data availability that accessible for public.

Background

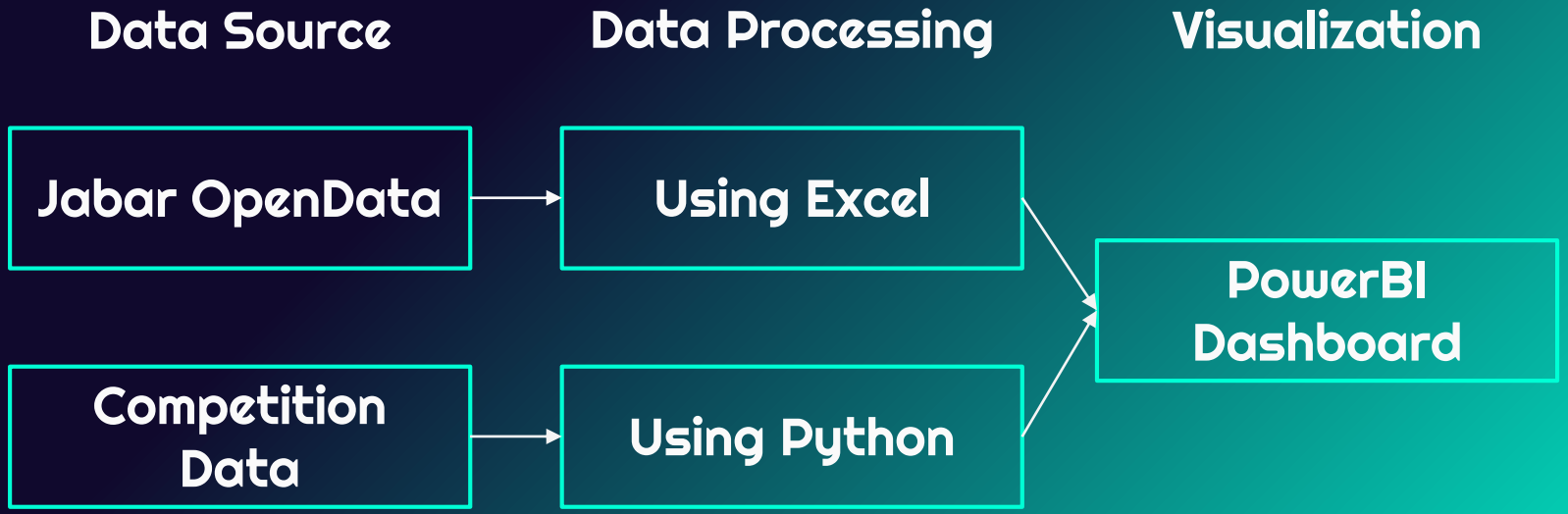
Why choose health sector?

1. It's aligned with this Hackathon's **theme**.
2. Based on our research, **only 8.30%** of the budget was spent for health sector, while it's one of the most **important** aspect in our life



Based on our opinion, expenditure of the health budget can be **increased** or at least should be analyzed so it could be **allocated more effectively** in the future

Data Flow


Data Source
Data Processing
Visualization
Jabar OpenData
Using Excel
Competition Data
Using Python
PowerBI Dashboard

02.

Sickness to Budget Analysis

DATA ANALYTICS DASHBOARD

3 Daiyamondo Team

Background | Penyakit | Faskes

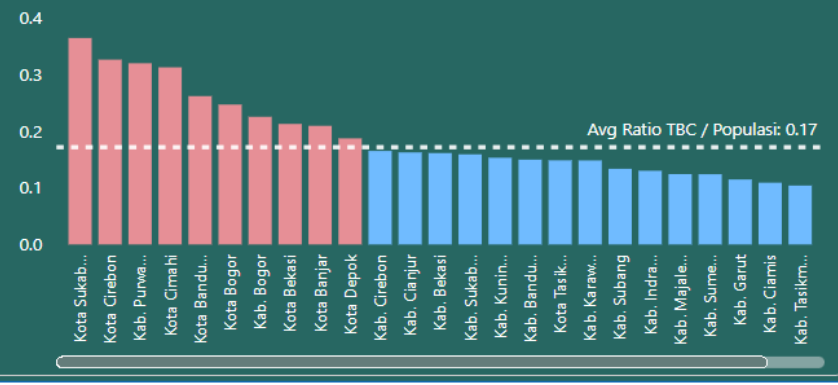
Analisa Anggaran Kesehatan Jawa Barat dengan Penyakit

8.77% Average of % bayi stunting

0.03 Avg Ratio Pasien DBD Meninggal per Populasi

0.17 TBC / populasi

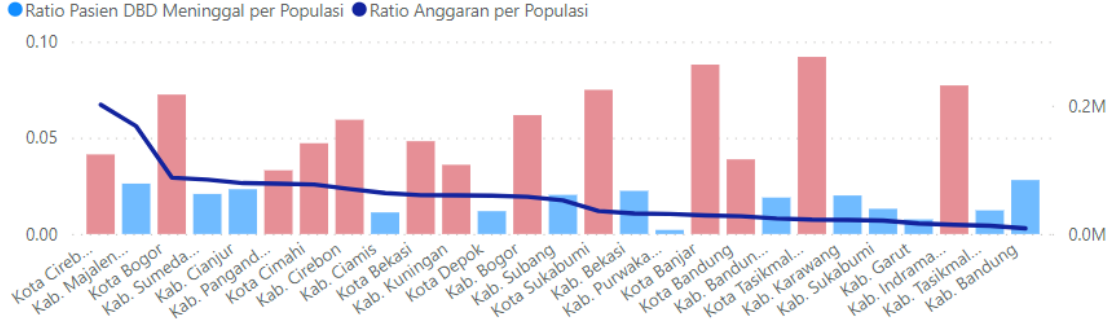
Perbandingan Anggaran per Populasi (kiri) dengan TBC / Populasi (kanan)



% Stunting Per Daerah (urut berdasarkan anggaran)

Nama Daerah	Bayi Stunting	Anggaran / Populasi (juta)
Kota Cirebon	12.43%	0.20
Kab. Majalengka	3.76%	0.17
Kota Bogor	5.80%	0.09
Kab. Sumedang	10.58%	0.08
Kab. Cianjur	7.55%	0.08
Kab. Pangandaran	8.40%	0.08
Kota Cimahi	10.96%	0.08
Kab. Cirebon	10.52%	0.07
Kab. Ciamis	7.68%	0.06

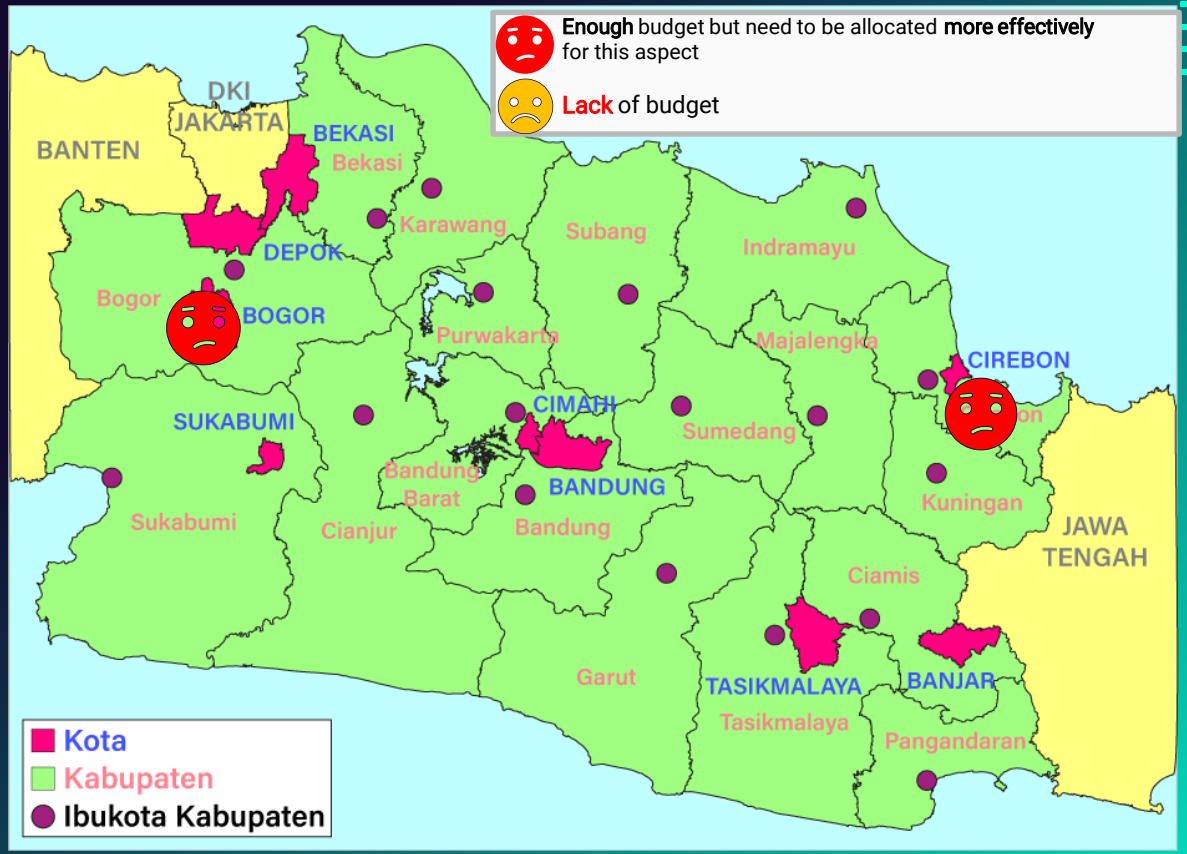
Analisis Kasus Meninggal karena DBD per Daerah



TBC Case Analysis

0.17*

Average of TBC Case per Population

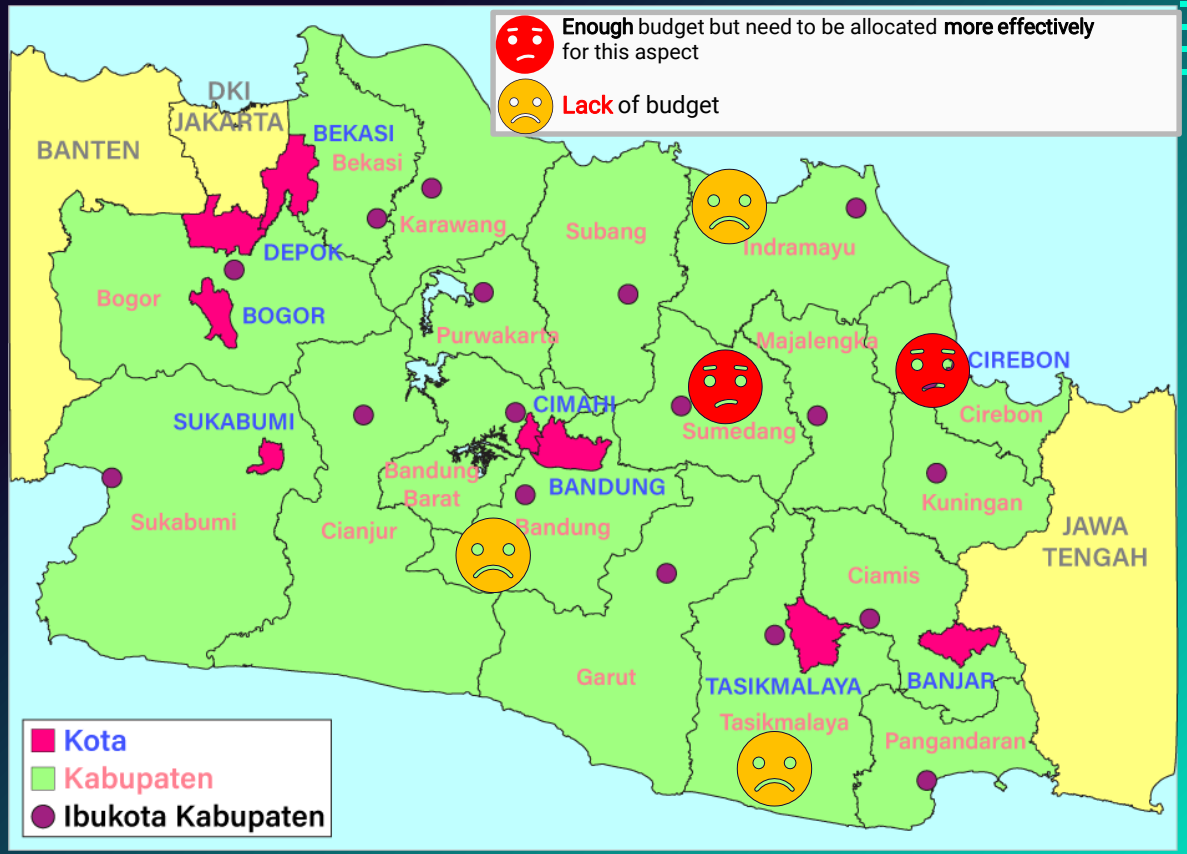


* Because the original ratio is small, then we multiply the result by 100 to make it easier to be read

Stunting Percentage Analysis

8.77%

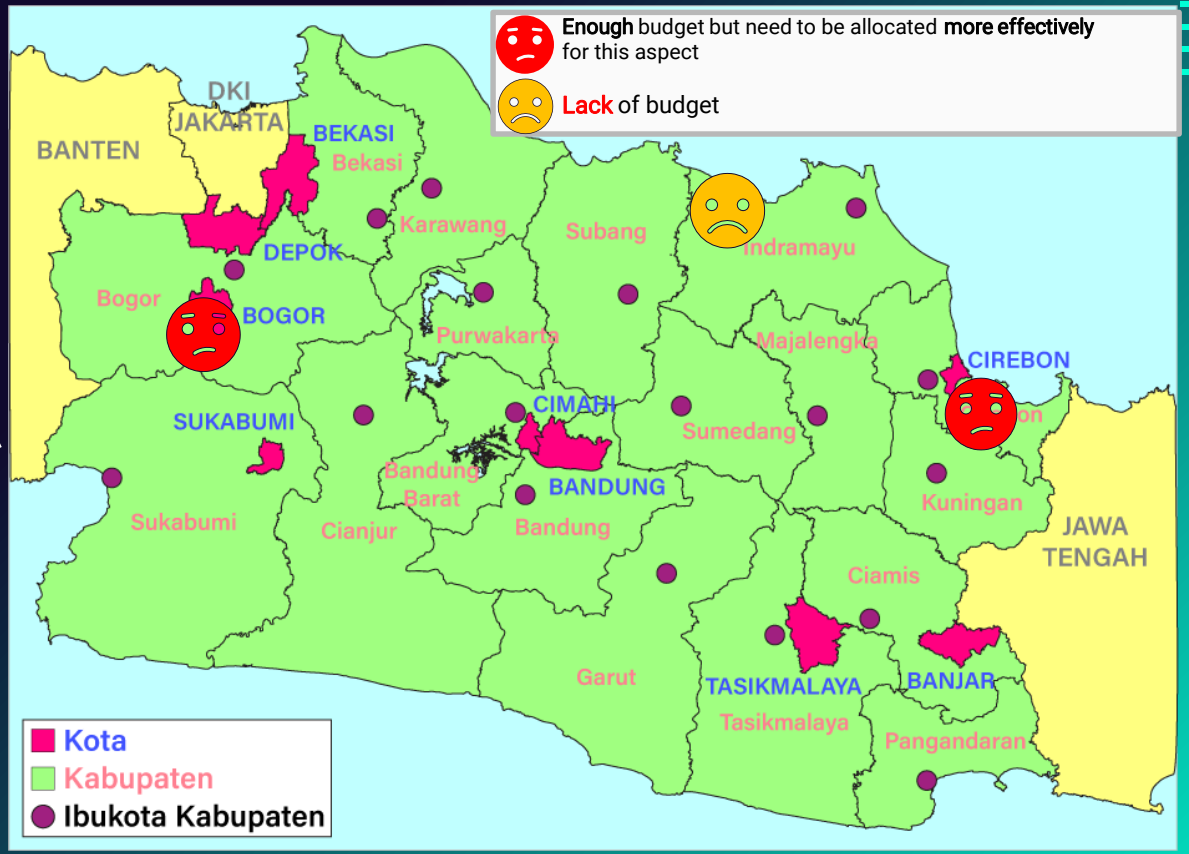
Average of
Stunting Percentage



Death by Dengue Fever Analysis

0.03*

Average of Death by Dengue Fever per total population



* Because the original ratio is very small, then we multiply the result by 10.000 to make it easier to be read

03.

Health Facility to Budget Analysis

DATA ANALYTICS DASHBOARD

3 Daiyamondo Team

Background | Penyakit | **Faskes**

Analisa Anggaran Kesehatan Jawa Barat dengan Fasilitas

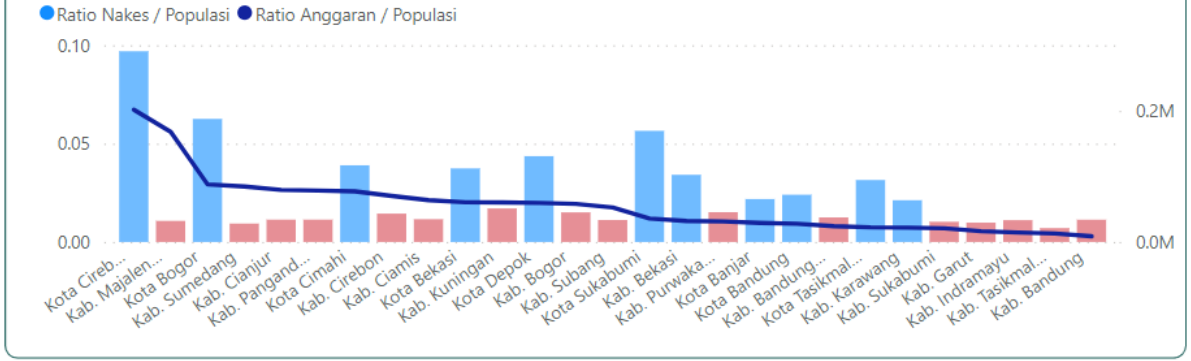
0.19	0.02	93.6%
Ratio Faskes per Populasi	Ratio Nakes per Populasi	Avg of % Cakupan Ketersediaan Vaksin

Perbandingan Anggaran per Populasi (kiri) dengan Ratio Faskes/Populasi (kanan)

% Cakupan Faskes dengan Ketersediaan Vaksin > 80% Per Daerah (urut berdasarkan anggaran)

Nama Daerah	% Faskes	Anggaran / Populasi (juta)
Kota Cirebon	100.00	0.20
Kab. Majalengka	65.63	0.17
Kota Bogor	100.00	0.09
Kab. Sumedang	97.14	0.08
Kab. Cianjur	59.57	0.08
Kab. Pangandaran	86.67	0.08
Kota Cimahi	100.00	0.08
Kab. Cirebon	98.33	0.07
Kab. Ciamis	86.49	0.06

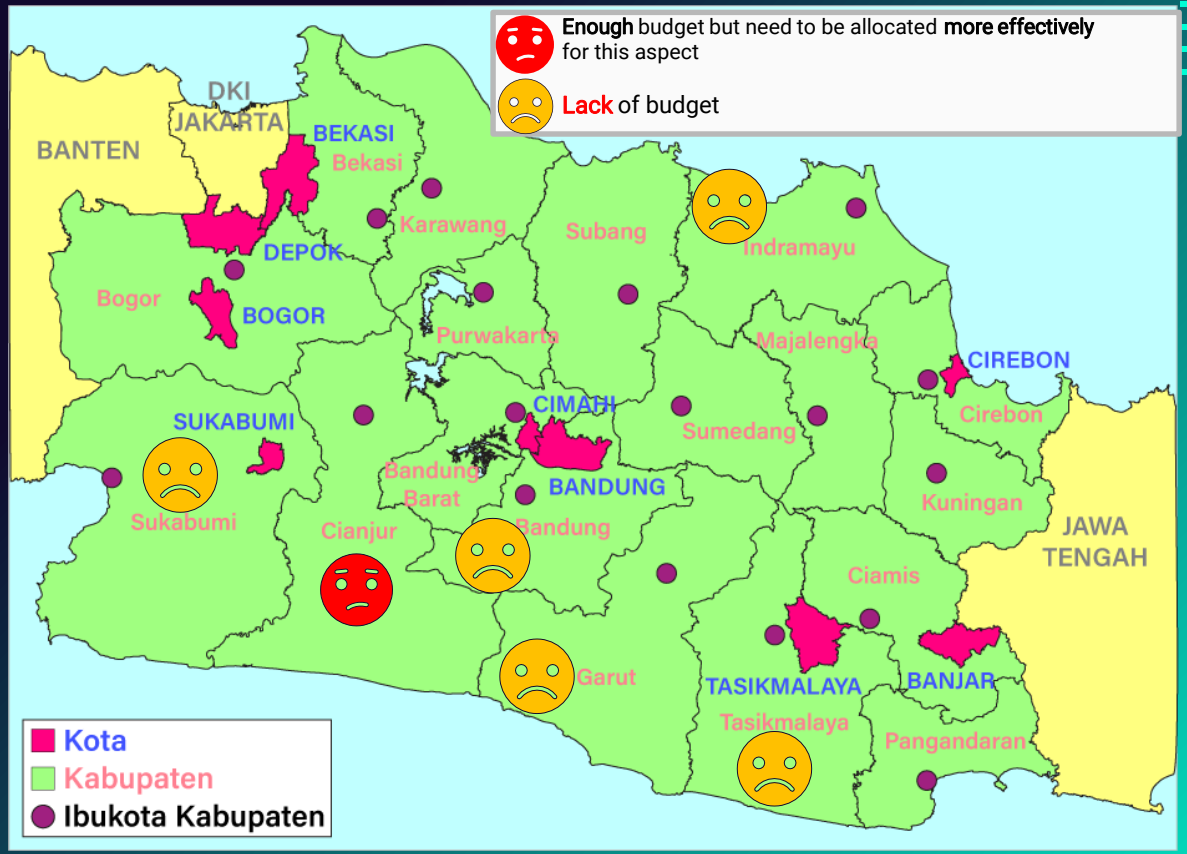
Analisis Ratio Tenaga Kesehatan per Populasi



Health Facility to Population Analysis

0.19*

Ratio of Health Facility to Population

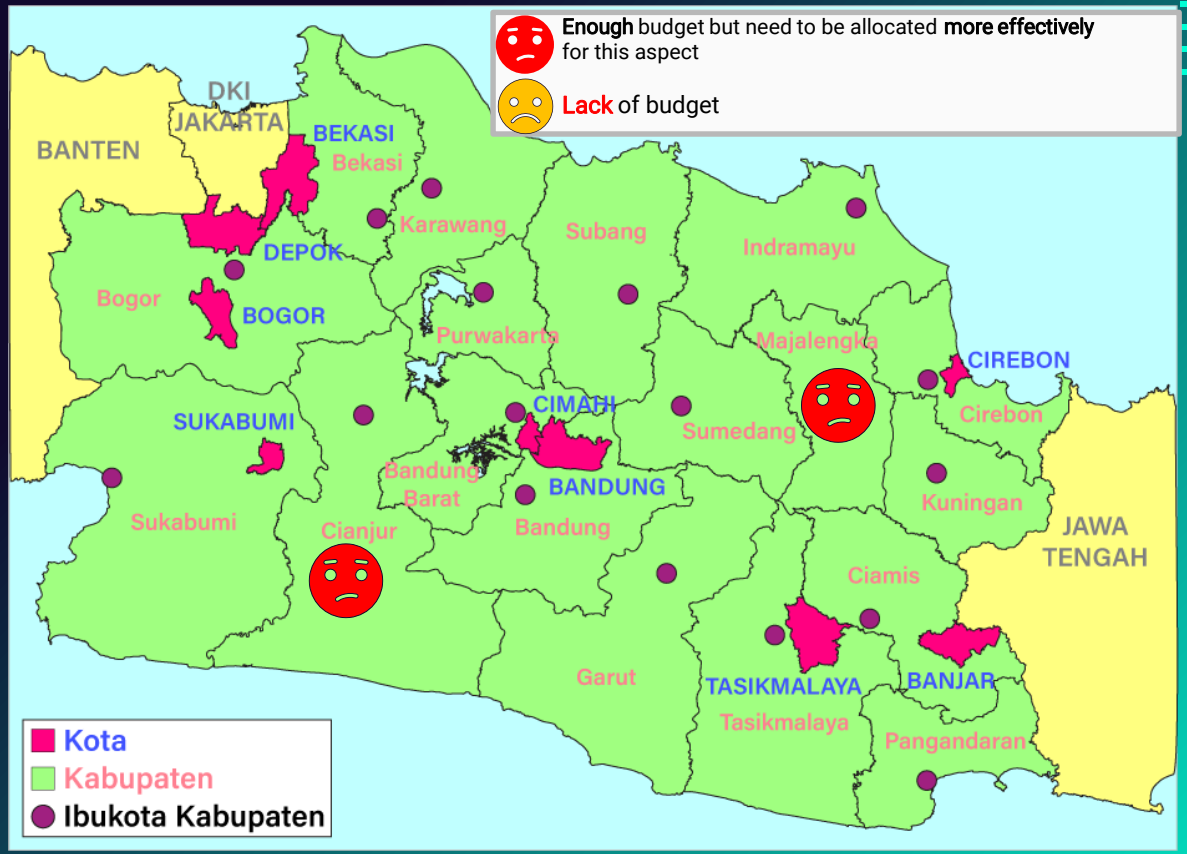


* Because the original ratio is very small, then we multiply the result by 10.000 to make it easier to be read

Availability Medicine and Vaccine

93.6%

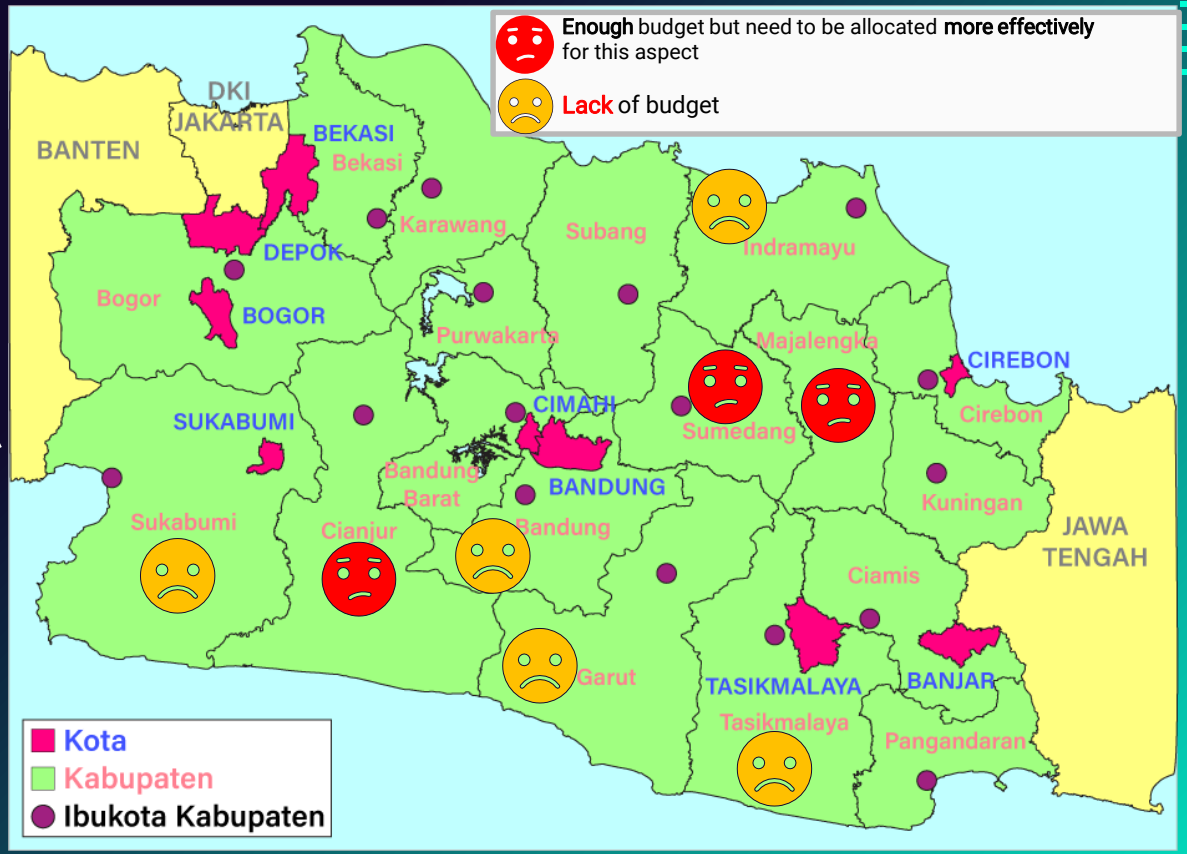
Average of Percentage Medicine and Vaccine Availability



Medical Personnel to Population Analysis

0.02*

Ratio of Medical Personnel to Population



* Because the original ratio is small, then we multiply the result by 100 to make it easier to be read

04.

Summary and Recommendation

Summary

Based on our analysis:

- Cirebon, Bogor City, Majalengka, Sumedang, and Cianjur Regency need to **allocate** their budget more effectively on **health sector**

- Sukabumi, Garut, Indramayu, Tasikmalaya, and Bandung Regency need to **review** their budget whether it's enough since their **health** condition are **under average**.

Nama Daerah	TBC	Stunting	DBD	Faskes	Nakes	Ketersediaan Obat
Kota Cirebon						
Kab. Majalengka						
Kota Bogor						
Kab. Sumedang						
Kab. Cianjur						
Kab. Pangandaran						
Kota Cimahi						
Kab. Cirebon						
Kab. Ciamis						
Kota Bekasi						
Kab. Kuningan						
Kota Depok						
Kab. Bogor						
Kab. Subang						
Kota Sukabumi						
Kab. Bekasi						
Kab. Purwakarta						
Kota Banjar						
Kota Bandung						
Kab. Bandung Barat						
Kota Tasikmalaya						
Kab. Karawang						
Kab. Sukabumi						
Kab. Garut						
Kab. Indramayu						
Kab. Tasikmalaya						
Kab. Bandung						

Recommendation

1. All regional government need to have a better method to collect, maintain, and manage the data to have a better understanding as it can impact the analysis so that it won't cause a misleading. Also, this dashboard in the future can be used to be one of the argument when creating a health public policy.

2. Add more analysis to other sickness whom rate is still rising and might become more dangerous in the future.

3. Health facility, medicine, and medical personnel could be analysed more detail using geospatial data to improve their coverage so it could be distributed more effectively.

Reference

Reference

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2. https://opendata.jabarprov.go.id/
3. Dataset dari panitia kemenkeu finance & health hackathon
4. https://slidesgo.com/data