

REPORT
Joint Activity of West Lombok Regency,
21 Srikandi Cyclists 2015, Bike-to-Work and BaliFokus
Social Health and Medical Services
Sekotong, 10 June 2015



Prepared by BaliFokus Foundation
June 2015

REPORT

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Social Health and Medical Services

Sekotong, 10 June 2015

1. Background

In the last five years in Indonesia, the number of Artisanal and Small-scale Gold Mining (ASGM) site increased almost twice. The gold mine sites are located in public or private areas managed collectively by a group of miners or people. In 2010, there were around 900 hotspots detected and employed more than 250,000 miners, including women and children, as well as more than 1,000,000 people who dependent their lives from this sector.¹ From various studies, it is estimated that every miners produce between 5-10 grams of gold per day.

About 1 to 3 grams of mercury lost to the environment for every gram of gold produced from the amalgamation process. The most common practice in ASGM sites is Whole Ore Amalgamation which releases more mercury, up to 20-50 grams of mercury per gram of gold.² In many hotspot locations, gold amalgam is burned in the kitchen or in the home areas and it is a practice that is commonly performed by women, children and other family members.

Between February 2013 until October 2014, BaliFokus Foundation conducted environmental and public health monitoring in Sekotong, West Lombok Regency in West Nusa Tenggara Province. From observations and interviews in the field, BaliFokus found that the mercury trade in Sekotong and Lombok Barat reached up to 30 tons per week. Most mercury came from Surabaya and Bali, shipped by the sea through the Lembar Harbor. Mercury sold through direct sales from house to house or through some gold shops, or distributed by boxed-cars that came out straight from the Surabaya ferries at the harbor.³

BaliFokus Foundation has also conducted the mercury monitoring in the air, fish and hair from some respondents. Monitoring results showed a high concentration of mercury in the air and on people's hair. The symptoms of mercury poisoning also found in several communities and even that is far from the location of the ball-mills or gold processing areas.⁴

Between April 2014 and February 2015, BaliFokus found some people with symptoms of severe mercury poisoning, similar to Minamata disease; such as tremors for more than 3 years, birth defects, and child labor with tremor.

The West Lombok Health Agency also observed that the top 10 diseases in Sekotong and Pelangan areas could be associated to mercury exposures.

¹ *Ismawati, Y. 2010. Presentation at National Mercury Roundtable Forum Meeting, Jakarta, 4 August 2010.*

² *Kevin Telmer, 2007. Mercury and Small Scale Gold Mining –Magnitude and Challenges Worldwide. GEF/UNDP/UNIDO Global Mercury Project*

³ *BaliFokus. 2014. Field Interview and Observation.*

⁴ *BaliFokus et.al. 2012. Mercury Hotspots in Indonesia. ASGM sites: Sekotong and Poboya. IPEN Mercury Campaign Report. http://balifokus.asia/balifokus/wp-content/uploads/2013/01/080113_Indonesia_Mercury_Report-hair-EN.pdf*

BaliFokus Foundation had conducted several dialogues and already reported the cases to the Head of the West Lombok Regency and relevant officials. Training for doctors and staff of Public Health Centre of the West Lombok District Health Agency to identify the symptoms of mercury poisoning already conducted in Jakarta, 20-22 October 2014.

However, due to lack of understanding in regards with recognising the symptoms of mercury poisoning in systematic way, broader support is still needed to protect population at risk of exposure to chronic and acute mercury intoxication. A proper intervention, policy and strategies to prevent further poisoning need to be developed.

2. Objectives

1. To provide medication and health assessment services for local residents at the ASGM areas of Sekotong and Pelangan, West Lombok Regency in collaboration with the 21 Srikandi cyclists 2015, Bike-to-Work and the local government of West Lombok Regency.
2. To identify and observe people at risk of mercury intoxication in Sekotong and Pelangan areas in West Lombok Regency.
3. To conduct on hand training for health personnels from the ASGM areas in Sekotong and Pelangan areas, West Lombok, to recognise the symptoms of mercury intoxication, and to identify the early stage of mercury intoxication in the general population especially in mothers and children.
4. To increase the public awareness of the harmful effect of mercury to human health and the environment, not just within the gold mining areas, but also from other sources such as dental amalgam, face whitening products, mercury based medical devices, etc.

3. The Budget

The total budget for this event was approx. Rp. 50 million. This event was made possible with the generous contributions from:

- 21 Srikandi Cyclists and Bike to Work sponsors
- Indonesian Water Institute (IWI)
- Ibu Kiko Rusdi
- Ibu Renny Tamba
- RS Risa Sentra Medika, Mataram
- Kimia Farma Tbk - for the drugs
- The Health Agency of West Lombok Regency
- The Local Government of West Lombok Regency, and
- BaliFokus Foundation

4. Implementation

9 June 2015

On 9 June 2015 night, after Isha'a' praying times, at the social services location a movie screening was held to raise people's awareness about the harmful effect of mercury, Minamata disease, health promotion, etc.

After the movie screening, *Kerajaan Dongeng*, a storyteller organisation from Mataram, performed a storytelling for the children and audiences at the same venue. Kak Wawan and his team from *Kerajaan Dongeng*, performed an interactive story for the children with messages about the danger of mercury that used in gold mining processing. Around 30 children participated in the interactive storytelling, and they received the message that mercury is dangerous for their health and environment.

Kerajaan Dongeng team also gave some door prizes for the children and audiences who could answer the questions related to mercury.

10 June 2015

Social Health and Medical Services was conducted at the Sekotong Barat village hall yard next to the Tawun Public Health Centre. Meanwhile, the ceremonial process was conducted at the harbour yard across the village hall.

The 21 Srikandi cyclists arrived around 8.30 WITA at the location, and the social health and medication services started around 9.00 WITA. To perform the services, 37 health personnel (7 doctors, 30 midwives and nurses) were provided by the Lombok Barat Health Agency, Sekotong Public Health Centre, and the Pelangan Public Health Centre. The service area were divided into several sections; there were registration section, general health observation section, health consultation section, mercury intoxication observation section, *Keluarga Berencana* (Family Planning) consultation section (with free contraception/IUD insertion), and drug/medication section.

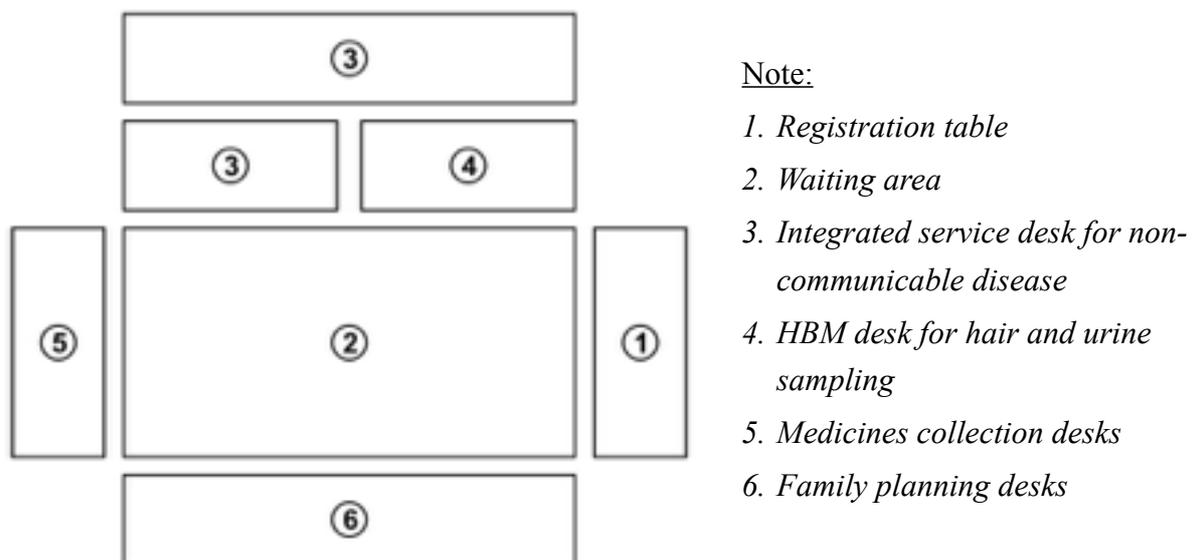


Fig. 1. The layout of the service area

The opening ceremony process started around 10.00 WITA, begun with a report from the Head of Lombok Barat Health Agency, continued with a speech from 21 Srikandi cyclists representative, and the speech from Lombok Barat Vice Head of the Regency, represented by his assistant that officially opened the event. After the opening ceremony, the assistant of Vice Head of the Regency, handed-over the gemstones rubbing equipments as a support from the government of West Lombok to the community groups' representatives of Sekotong.

During the social services, 270 people from the Sekotong and Pelangan area got the free medication services (see Table 1 and 2). From the 270 people, there are 29 people suspected with mercury intoxication and received further examination regarding the mercury intoxication at the observation section continues with the chronic inorganic mercury intoxication questionnaire and examination scheme.

The examination method

All participants signed an informed consent form, including photo and video documentation. Prior to study commencement, health data from several ASGM projects had been reassessed to identify the essential indicators of an individual with chronic mercury intoxication, resulting in an diagnostic algorithm for chronic mercury intoxication.⁵

The ten indicators (classified into one of four categories) used in this study to identify individuals suspected of chronic mercury intoxication were:

- Anamnestic symptoms: Excessive salivation, tremor, sleep disturbances;
- Clinical symptoms: Ataxia of gait, disturbed coordination (dysdiadochokinesia), finger to nose tremor; gray or bluish discolouration of the oral cavity;
- Proteinuria; and
- Pencil tapping test and match box test to assess coordination.

The numbers of positive tests were summed to calculate a medical score (maximum of ten points). Other causes of neurological symptoms like a previous stroke episode, brain injuries, Parkinson disease etc., were recorded for each individual as possible confounders.

Laboratory assessment

From the questionnaires and examination processes, the results showed that 22 people from the 29 suspected people continued with the hair and urine samples to be analysed for its mercury concentration at a laboratory in Bali.

The total mercury analysed at the laboratory for the hair samples extracted with reference to US EPA method 7473/AAS CAS No. 7439-97-6 is by thermal decomposition method and for the urine using the Cold Vapour Atomic Absorption Spectrometry (CV-AAS).

The second set of hair and urine samples were analysed using the cold vapour atomic absorption spectrometry (CV-AAS) method. The homogenised samples were directly weighed ($10\text{-}50\pm 0.1$ mg) into pre-cleaned combustion boats and automatically inserted in the Mercury Analyser MA-2000 NIC.

The samples were thermally decomposed at 800C under a clean airflow. To remove any interfering substances, gas washing was performed. The total mercury content was determined by CV-AAS at 253.7 nm, three independent determinations being done for each sample. The validation parameters of the method (linearity, repeatability, LOD, LOQ, range, trueness, accuracy and uncertainty) were determined prior to analysis. For quality control, hair reference material Apple leaves (Hg 0.042-0.048 ppm) and urine reference material R. Blank, CRM (Hg 0.026 ppm) and LCS (Hg 0.05 ppm) were analysed together with the samples.

⁵ Doering Stefan. *Essential indicators identifying chronic inorganic mercury intoxication*. Munich: Ludwig-Maximilians-Universität München; 2014.

Results

The health services went well from 8 am until 1 pm.

The services performed by 7 doctors and 30 midwives and nurses supported by 30 volunteers consisted of 21 Srikandi cyclists, Bike to Work team and BaliFokus team, and medicines donated by the Kimia Farma pharmaceutical company benefited 270 people from Sekotong and Pelangan areas.

Table 1 shows the complaints of patients that came for the free health service. From 5 hours service, we have identified that 38% of the patients have hypertension, 11% suffered from respiratory infections, and another 11% showed mercury intoxication symptoms tested using the Human Bio-Monitoring scheme.

Table 1. Patients' profile based on diagnosis

No.	Diagnose	No. patients	%
1	Hypertension	102	38%
2	Respiratory infections	29	11%
3	Mercury intoxication (using HBM scheme)	29	11%
4	Cervical screening using visual Inspection with Acetic Acid (IVA)	24	9%
5	Muscle and tissue diseases	19	7%
6	Family planning	18	7%
7	Diarrhea	17	6%
8	Infectious dermatitis	11	4%
9	Allergic dermatitis	9	3%
10	Outer ear infections	8	3%
11	Infectious eye disease	4	1%
	T o t a l	270	100%

The 29 mercury intoxication suspects was screened at the general section. When the doctors/nurses identified 1-2 signs of mercury intoxication, the patients were asked to proceed to the Section 3 to perform a set of test. When the score of the test showed more than 2, the patients were asked to continue to the Section 4 to have their hair and urine samples taken. Before the samples collected, the patient was briefed and asked whether they were willing to participate voluntarily to have their hair and urine tested for mercury. After they understood the information, they signed the informed consent paper.

Table 2 shows the age and gender proportion of the 270 patients.

Table 2. Patients' profile based on age and gender

No.	Section	Age	Gender	
			M	F
1	Non-Communicable Disease	15-19 y	1	1
		20-44 y	8	11
		45-54 y	12	16
		55-59 y	6	2
		60-69 y	7	11
		> 70 y	0	1
2	General	5-9 mo	4	3
		1 - 4 y	4	5
		10-14 y	4	4
		15-19 y	0	1
		20-44 y	10	27
		45-54 y	15	17
		55-59 y	2	6
		60-69 y	7	10
		> 70 y	4	0
3	Mercury intoxication (using HBM scheme)	20-44 y	6	6
		45-54 y	5	3
		55-59 y	1	0
		60-69 y	3	2
		> 70 y	2	1
4	Family Planning (KB)	20-44 y	0	17
		45-54 y	0	1
5	Cervical screening using visual Inspection with Acetic Acid (IVA)	15-19 y	0	1
		20-44 y	0	20
		45-54 y	0	3
		Total	101	169
			37%	63%

Exposure limit values

The German Human-Biomonitoring Commission published exposure limit values for mercury levels in urine and blood, so-called Human-Biomonitoring (HBM) values.⁶ The German mercury levels are comparable with other countries like Czech Republic or the U.S.^{7,8}

Mercury levels below HBM I level are considered as safe, between HBM I and HBM II level as alert levels and above HBM II level as action levels (see Table 3).⁹

For hair such HBM values do not exist. Trasande et. al.²² used a value of 1 µg/g as lower benchmark dose, based on the results from the Seychelles studies.¹⁰

Using the HBM blood exposure limit values and applying the stable ratio between blood and hair of 1:250¹¹ or 1:300¹², 5 µg/g seems to be a feasible alert level (see Table 3).

Table 3. Exposure limit values for mercury in urine and blood⁹, *= derived values for hair¹²
Green= safe level; yellow= alert level; red= action level

	Hg-urine (µg/L)	Hg-blood (µg/L)	Hg-hair (µg/g)	Interpretation
Below HBM I	≤ 7	≤ 5	≤ 1 *	Low level
Between HBM I to HBM II	> 7 to ≤ 25	> 5 to ≤ 15	> 1 to ≤ 5 *	Alert level
Over HBM II	> 25	> 15	> 5*	High level

⁶ Schulz C, Angerer J, Ewers U, Kolossa-Gehring M. The German Human Biomonitoring Commission. *Int J Hyg Environ Health* 2007; 210(3-4): 373-82.

⁷ Caldwell KL, Mortensen ME, Jones RL, Caudill SP, Osterloh JD. Total blood mercury concentrations in the U.S. population: 1999-2006. *Int J Hyg Environ Health* 2009; 212(6): 588-98.

⁸ Schulz C, Wilhelm M, Heudorf U, Kolossa-Gehring M. Reprint of "Update of the reference and HBM values derived by the German Human Biomonitoring Commission". *Int J Hyg Environ Health* 2012; 215(2): 150-8.

⁹ Trasande L, Landrigan PJ, Schechter C. Public health and economic consequences of methyl mercury toxicity to the developing brain. *Environmental Health Perspectives* 2005; 113(5): 590-6.

¹⁰ Davidson PW, Myers GJ, Cox C, et al. Effects of prenatal and postnatal methylmercury exposure from fish consumption on neurodevelopment: outcomes at 66 months of age in the Seychelles Child Development Study. *JAMA : the journal of the American Medical Association* 1998; 280(8): 701-7.

¹¹ Food and Agriculture Organization of the United Nations (FAO), World Health Organization (WHO) (eds.). *Codex General Standard for Contaminants and Toxins in Foods - CODEX STAN 193-1995, Rev-2012*. Geneva: FAO/WHO; 2012.

¹² Baeuml J, Bose-O'Reilly S, Matteucci Gothe R, et al. Human Biomonitoring Data from Mercury Exposed Miners in Six Artisanal Small-Scale Gold Mining Areas in Asia and Africa. *Minerals* 2011; 1(1): 122-43.

Laboratory and Medical Score Results

The results of the 29 suspects showed on Table 4. The table also showed that there are 16 people out of 29 suspected have severe mercury intoxication.

Table 4. Patients data, results of the medical examination, laboratory results (green=below exposure limit HBM I; yellow= between HBM I and II; red= above HBM II)

No.	Respondent	Age	Gender	Address	Medical Score Sum	Hg in Urine ($\mu\text{g/L}$)	Hg in Hair (ppm)	HBM	Hg Intoxicated
1	SKT1	45	M	Pelangan	5	5	0.694	<HBM I	-
2	SKT2	25	M	Pelangan	6	19	0.631	HBM I-HBMII	+
3	SKT3	45	M	Pelangan	6	15	0.034	HBM I-HBMII	+
4	SKT4	50	M	Pelangan	5	17	1.533	HBM I-HBMII	+
5	SKT5	60	M	Pelangan	3	9	1.089	HBM I-HBMII	+
6	SKT6	60	M	Pelangan	3	8	2.103	HBM I-HBMII	+
7	SKT7	45	M	Pelangan	6	12	1.517	HBM I-HBMII	+
8	SKT8	40	M	Pelangan	6	73	5.280	HBM II	+
9	SKT9	45	F	Pelangan	4	15	2.955	HBM I-HBMII	+
10	SKT10	47	M	Pelangan	2	Not tested	Not tested	Not tested	-
11	SKT11	35	M	Pelangan	9	37	1.123	HBM II	+
12	SKT12	65	M	Pelangan	5	8	0.750	HBM I-HBMII	+
13	SKT13	40	M	Pelangan	2	Not tested	Not tested	Not tested	-
14	SKT14	55	M	Pelangan	5	7	1.887	HBM I-HBMII	+
15	SKT15	40	F	Pelangan	3	4	4.106	HBM I-HBMII	+
16	SKT16	52	M	Sekotong	2	Not tested	Not tested	Not tested	-
17	SKT17	42	F	Sekotong	0	Not tested	Not tested	Not tested	-
18	SKT18	40	F	Sekotong	6	6	0.673	HBM I-HBMII	+
19	SKT19	30	M	Sekotong	4	137	8.127	HBM II	+
20	SKT20	50	F	Sekotong	2	Not tested	Not tested	Not tested	-
21	SKT21	40	M	Sekotong	4	7	1.218	HBM I-HBMII	+
22	SKT22	50	M	Sekotong	4	6	2.676	HBM I-HBMII	+
23	SKT23	60	M	Sekotong	4	4	1.223	HBM I-HBMII	+
24	SKT24	70	M	Sekotong	0	Not tested	Not tested	Not tested	-
25	SKT25	70	M	Sekotong	6	4	0.846	HBM I-HBMII	+
26	SKT26	50	M	Sekotong	4	4	1.881	HBM I-HBMII	+
27	SKT27	60	F	Sekotong	1	Not tested	Not tested	Not tested	-
28	SKT28	40	M	Pelangan	6	9	1.832	HBM I-HBMII	+
29	SKT29	32	M	Pelangan	5	<1	2.515	HBM I-HBMII	+

Summary

- The 3 top diseases were hypertension (38%), respiratory infections (11%), and mercury intoxication symptoms (11%);
- 1 people suspected with low intoxication (<HBM I);
- 18 people suspected with the alert level of intoxication (between HBM I and HBM II);
- 2 people suspected with high level mercury intoxication (HBM II).

Recommendation

- The use of mercury in gold processing in residential areas and by the community should be prohibited.
- Regular monitoring of community's health and environmental indicators such as fish and rice samples, need to be conducted.
- Further assessment and health measures should be developed to prevent further poisoning and protect the children and women in child bearing age from mercury exposures.
- Collaboration with all stakeholders needs to be enforced and continue.

Thank you to all stakeholders that have made this event possible and successful.

Annex 1 Laboratory Results



REPORT OF CHEMICAL TEST

No : 1326219547
Applicant : BALI FOKUS
 Tukad Tegallwangi, Gg. Mandalawangi No. 5, Sesetan
 Denpasar, Bali
Date Received : June 11, 2015
Date of Testing : June 12, 2015
Sample Submitted by : Applicant

Method Reference : Mercury Analysis System *Mercury/MA-2000 - Japan, (NRC-600 -2009 -05) Method Compliance : US EPA method 7473 / AAS CAS No. 7439 - 97 - 6.				
Code of Sample	Kind of sample	PDC	Sample Group	Mercury (ppm)
1	U - 01	-	Individual Test	0.005
2	U - 02	-		0.019
3	U - 03	-		0.015
4	U - 04	-		0.017
5	U - 05	-		0.009
6	U - 06	-		0.008
7	U - 07	-		0.012
8	U - 08	-		0.073
9	U - 09	-		0.015
10	U - 11	-		0.037
11	U - 12	-		0.008
12	U - 14	-		0.007
13	U - 15	-		0.004
14	U - 18	-		0.006
15	U - 19	-		0.137
16	U - 21	-		0.007
17	U - 22	-		0.006
18	U - 23	-		0.004
19	U - 25	-		0.004
20	U - 26	-		0.004
21	U - 28	-		0.009
22	U - 29	-		0.000

Remarks: The test results valid for samples received at the laboratory

----- End of Report -----

Bali, 12 June 2015

Respectfully issued by PT. Seafood Inspection Laboratory,

Head of Laboratory



Rr. Rismawati

Jl. Ikan Tuna II, Blok C9-11 Pelabuhan Bena, Denpasar, Bali, Indonesia 80222
 Telp./Fax +62 361 724866



REPORT OF CHEMICAL TEST

No : 1325219546
Applicant : BALI FOKUS
Tukad Tegawangi, Gg. Mandalawangi No. 5, Sesetan
Denpasar, Bali
Date Received : June 11, 2015
Date of Testing : June 13, 2015
Sample Submitted by : Applicant

Method Reference : Mercury Analysis System "Mercury/MA-2000 - Japan, (NRC-600-2009-05)
Method Compliance : US EPA method 7473 / AAS CAS No. 7439 - 97 - 6.

Code of Sample	Kind of sample	POC	Sample Group	Mercury (ppm)
1	H - 01	-	Individual Test	0.694
2	H - 02	-		0.631
3	H - 03	-		0.034
4	H - 04	-		1.533
5	H - 05	-		1.089
6	H - 06	-		2.103
7	H - 07	-		1.517
8	H - 08	-		5.280
9	H - 09	-		2.955
10	H - 11	-		1.123
11	H - 12	-		0.750
12	H - 14	-		1.887
13	H - 15	-		4.106
14	H - 18	-		0.673
15	H - 19	-		8.127
16	H - 21	-		1.218
17	H - 22	-		2.676
18	H - 23	-		1.223
19	H - 25	-		0.846
20	H - 26	-		1.881
21	H - 28	-		1.832
22	H - 29	-		2.516

Remarks: The test results valid for samples received at the laboratory

..... End of Report

Bali, 12 June 2015

Respectfully issued by PT. Seafood Inspection Laboratory,

Head of Laboratory


PT. SEAFOOD INSPECTION LABORATORY
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Telp./Fax +62 361 724866

Annex 2

**Drugs & Medicines list donated by Kimia Farma, Tbk.
(as a part of West Lombok Regency Anniversary Social Activities)**

Group	Drugs/Medicines	Unit	Amount
Antibiotics	Amoksisilin tab 500 mg	tab	700
	Ciprofloksasin 500 mg	tab	500
	Cefadroxyl 500 mg	tab	350
	Cotrimoxazole 480 mg	tab	1500
	Cotrimoxazole 240 mg syr	fls	50
	Anaton syr	fls	40
	Ambroxol tab	tab	200
	Ambroxol syr	fls	30
	GG /Gliseril guaiacholat loss	tab	1000
	Dextral tab	tab	100
	Flucadex tab	tab	1000
Hypertension and Heart Medicines	Captopril 25 mg	tab	500
	Furosemide 40 mg	tab	50
	Spirolakton	tab	500
	Amlodipin 10 mg	tab	100
	ISDN /isosorbid dinitrat	tab	200
Antipyretic, analgesic, anti-inflammatory	Paracetamol 500 mg tab loss	tab	1000
	Paracetamol syr	fls	50
	Antalgin loss	tab	1000
	Natrium diklofenak 25 mg	tab	1000
	Pritagesic/neuromec	tab	300
	Asam mefenamat 500 mg	tab	200

Annex 3
Documentations



Fig 2. Drugs & Medicines from Kimia Farma, Tbk and Lombok Barat Health Agency



Fig. 3. *Kerajaan Dongeng* performed a storytelling.



Fig. 4. Kerajaan Dongeng storytellers with the children.



Fig. 5. The Head of Lombok Barat Health Agency delivered his speech.



Fig. 6. The Srikandi cyclists representative addressed the audience at the opening ceremony.



Fig. 7. The Lombok Barat Vice Head of the Regency, represented by his assistant delivered the opening speech.



Fig. 8. The assistant of Vice Head of the Regency handed-over the gemstones rubbing equipments support from the government of Lombok Barat to the community groups' representatives of Sekotong.



Fig. 9. The audiences and communities representative that attended the opening ceremony.



Fig. 10. Banner at the venue



Fig. 11. Banner of the 21 Srikandi Cyclists at the registration section.



Fig. 12. Registered patients waiting for their turn.



Fig. 13. Assessment for mercury intoxication.



Fig. 14. General health assessment desk.



Fig. 15. The waiting area.



Fig. 16. Medicines collection desks.



Fig. 17. Family Planning consultation desk.



Fig. 18. Matchbox test as the part of mercury intoxication examination scheme.



Fig. 19. Ataxia of gait test, as a part of mercury intoxication examination scheme.



Fig. 20. Some Srikandi cyclists helped labelling and recording the urine samples.



Fig. 21. The bikes of 21 Srikandi cyclists.



Fig.22. The 21 Srikandi Cyclists gathered together before heading back to Lembar Harbour.

Annex 4

Media Coverage

<http://pedalku.com/baca/2015/05/11/21-srikandi-siap-gowes-700-km/>

The screenshot shows the homepage of pedalku.com with a red header and a dark navigation bar. The main content area features a large banner for 'SRIKANDI INSPIRASI BAGI NEGERI' with a 'bike to work' logo. Below the banner is the article title '21 Srikandi Siap Gowes 700 Km' by Mat Denduk, dated May 11, 2015. A sidebar on the right lists 'RECENT FORUM TOPICS' including 'Daftar Nama Atlet Balap Sepeda Indonesia SEA Games 2015' and 'Bersepeda Menyusuri Bali Utara Bersama National Geographic Indonesia'.

<http://www.greener.co/aksi/srikandi-inspirasi-bagi-negeri-jilid-5-sematkan-bakti-sosial-di-etape-6/>

The screenshot shows the homepage of greener.co with a green header and a white navigation bar. The main content area features a large photo of a group of cyclists on a road. Below the photo is the article title 'Srikandi Inspirasi Bagi Negeri Jilid 5 Sematkan Bakti Sosial di Etape 6' by Hari Lingkungan Hidup 2015, dated June 14, 2015. A sidebar on the right shows a blurred image of a person in a yellow shirt.

<http://www.lensaindonesia.com/2015/05/26/srikandi-inspirasi-bagi-negeri-jadi-teladan-di-bidang-lingkungan.html>

lensaindonesia Berita Ekonomi Hiburan Techno Sport Kesehatan Edukasi Lainnya ▾

21 perempuan bersepeda ke NTB dan Bali
"Srikandi Inspirasi Bagi Negeri" jadi teladan di bidang lingkungan

Selasa, 26 Mei 2015 15:10 WIB (1 month yang lalu) Editor: Nani Mashita

Like 22 Tweet 0 Google+ 0 Share 0 Share 16



Menteri LHK, Siti Nurbaya berfoto bersama perwakilan Srikandi Inspirasi bagi Negeri. (Foto Humas KLH)

<http://fajar.co.id/nusantara/2015/06/09/21-srikandi-tempuh-jarak-700-km-dengan-polygon-cleo.html>

FAJAR.co.id
NATIONAL NEWS NETWORK

www.FAJAR.co.id
Lebih Lengkap Membentakan

Info/Pemasangan Nias : 0812 1078 8182 (Shawi), 0811 8123 81 (Semp), 0822 9130 7810 (Semp) - Surabaya

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21 Srikandi Tempuh Jarak 700 KM dengan Polygon Cleo
Selasa, 02 Jun 2015 15:16



Komunitas Bike to work (B2W) Indonesia kembali menggelar kampanye tahunan "Srikandi Inspirasi Bagi Negeri". Foto: ITC



DETEKSI DAMPAK MERKURI DIKES GELAR BAKTI SOSIAL

Deteksi dampak merkuri di kawasan perikanan di Kabupaten Lombok Barat digelar sebagai kegiatan bakti sosial...

INFORMASI DAN SUSPEK



SAKTI



Salah satu kegiatan bakti sosial yang digelar oleh Dinas Kesehatan Kabupaten Lombok Barat...



Salah satu kegiatan bakti sosial yang digelar oleh Dinas Kesehatan Kabupaten Lombok Barat...



Salah satu kegiatan bakti sosial yang digelar oleh Dinas Kesehatan Kabupaten Lombok Barat...



Gowes Srikandi. Kegiatan ini dilaksanakan sebagai bentuk kepedulian masyarakat...

HA API