



Ministry of Health



Ministry of Social Affairs



Ministry of Manpower

15th ASEAN & Japan High Level Officials Meeting on Caring Societies

31 October - 2 November 2017, Fukuoka, Japan

Actions of Governments for Healthy Development of Children

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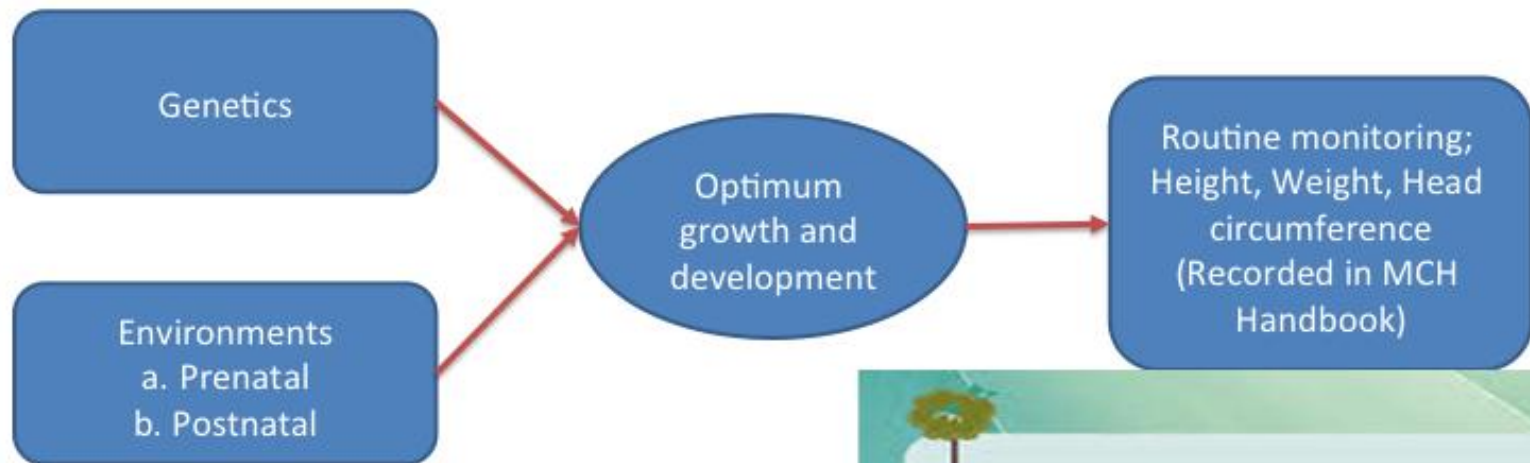
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Child growth and development

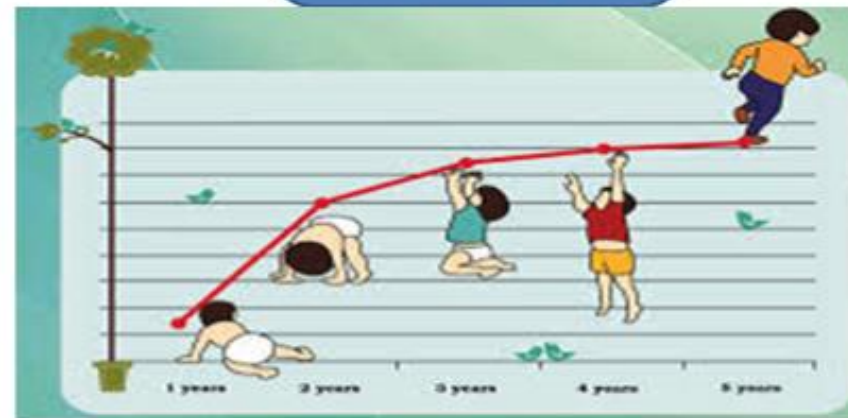
Contributing Factors

Condition

Monitoring



Interventions during the first 1000 days of life.
→ Golden period of growth and development
→ Early detection for possible G&D disorders



Physical, Cognitive, and Socioemotional Processes in Development



Dimensions of Development

Basic needs of child's G & D

1. Biological

Physical-Biomedical needs

Food and nutrition

Basic care: vaccination, exclusive breastfeeding, growth monitoring, disease treatment, motoric skills

2. Cognitive

Needs for affection

Family affection during early years of life impacts child G&D. Language, memory, attention, logical thinking, creativity

3. Social-Emotional

Needs for mental stimulation

Emotion, social, personality

Dimension of development is correlated to each other

Preparing for quality generation

Demographic dividend
Blessing? ><
Disaster?

DEMOGRAPHIC DIVIDEND

Year
2020-2035

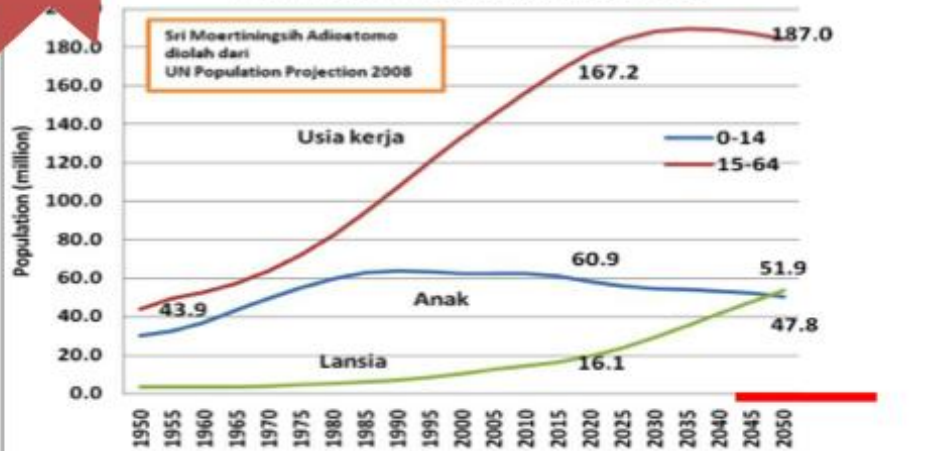
Booming of productive population: 70% of total populations

Opportunity for Indonesia to become a developed country

Increased Human Development Index

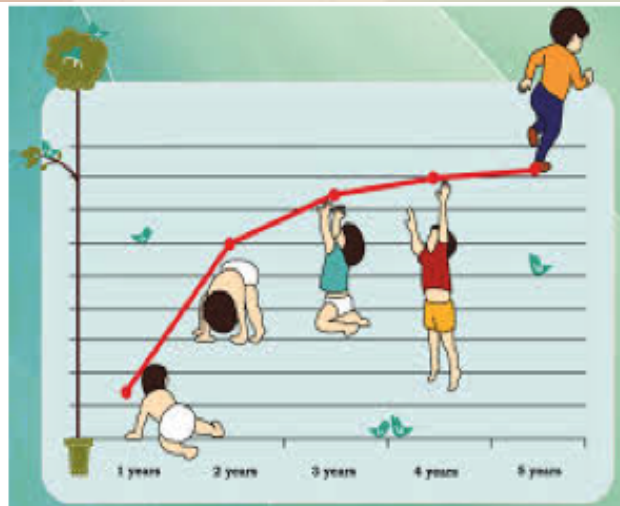
U5 growth monitoring: 68.28%
U5 complete vaccination: 50.39%
Neonatal visit: 88.73%
Exclusive breastfeeding: 38.0%
Infant mortality rate: 23/1000 live births

Jumlah anak menurun, jumlah pekerja dan lansia meningkat, Indonesia 1950-2050



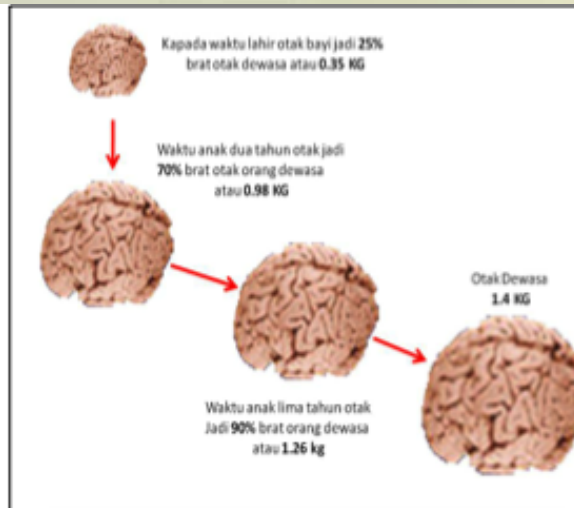
Kesempatan menyiapkan SDM Berkualitas

Impacts of malnutrition in early stage of life



Failure to thrive;

Low birth weight, small-for-gestation, stunting, wasting, immunocompromised



Delayed cognitive development, poor academic performance, poor education attainment



Reduce productivity in adulthood



Risk of NCDs (Diabetes, Stroke, Heart diseases, etc.) in adulthood

Indonesia nutrition data







Nutrition problems declined, but still among public health concerns

Micronutrient Study 2006:

- Prevalence of U5 vitamin A deficiency: 0.13%
- Prevalence of children with serum retinol level <20 ug: 14.6%

→ *below cut off point of public health concerns*

U5 Nutrition status (PSG 2015-2016)	Cut off of public health concern (WHO, 2010)	Prevalence (%)	
		2015	2016
 Underweight – W/A	>10%	18.8	17.8
 Stunting – H/A	>20%	29.0	27.5
 Wasting – W/H	>5%	12.0	11.1
 Overweight and obese – W/H	>5%	5.3	4.3

Growth disorders data

Maternal Mortality Ratio: 305 / 100 000 live births
ANC 4+ visits: 60.93%
WoRA with malnutrition: 20.97%
Pregnant women with anemia: 37.1%
Diarrhea among U5: 11.99%
URTI among U5: 40.64%
Pneumonia among U5: 2.14%
Institutional delivery: 69.99%
Sub-districts with adequate medical doctors: 9.55%



Patterns of developmental disorders among U5 in rural vs urban areas (n=498)

Rural	Urban
1. Speech/language: 66%	1. Speech/language: 58%
2. Perceptive: 38%	2. Perceptive: 38%
3. Fine motoric: 35%	3. Fine motoric: 36%
4. Gross motoric: 35%	4. Gross motoric: 26%
5. Social: 1%	5. Social: 1%

Fadhyana et al (2003)

Screening for congenital hypothyroid (2000-2016):

- Newborns screened: 335 147
- High level of TSH: **203**
- Congenital hypothyroid confirmed: **67**

Focus on the first 100 days of life

Pregnancy and fetal growth

Infant and child growth

Brain growth

Determining potential height

Determining potential weight

Micronutrients and proteins needed

Calories needed

To achieve optimum height and weight

All nutrients (micro and macro) are needed in balance, obtained from exclusive breastfeeding (up to 6 months), followed by breastfeeding + complementary foods

Fertilization

20 weeks

Born

2 years

Priorities in national health development (2015-2019)

- a. **MMR ratio and IMR reduction** (Maternal and child health, incl. vaccination)
- b. Nutrition improvement, especially **Stunting**
- c. Communicable diseases prevention and control: HIV AIDS, TB, malaria
- d. NCDs prevention and control: hypertension, diabetes, obesity, cancer

**FAMILY-BASED
APPROACH**

**COMMUNITY
MOVEMENT FOR
HEALTHY LIFESTYLE**

Health sectors at all levels, other related sectors, professional organizations, academia, community-based organizations, media, private sectors, development partners

Actions of government for healthy development of children: laws perspective

**Constitution 1945 Article 28B
Section 2**

Health Law 36/2009

Child Protection Law 35/2014

**Government Regulation 33/2012
on Exclusive Breastfeeding**

**President Regulation 42/2013 on National
Movement for Acceleration of Nutrition
Improvement**

**Health Minister Decree 1995/2010 on
Anthropometric Measurement Standard for
Children**

**Health Minister Decree 284/2002 on MCH
Handbook**

**Health Minister Decree 66/2014 on Child Growth and
Development Monitoring**

**Health Minister Decree 78/2014 on Screening
for Congenital Hypothyroid**

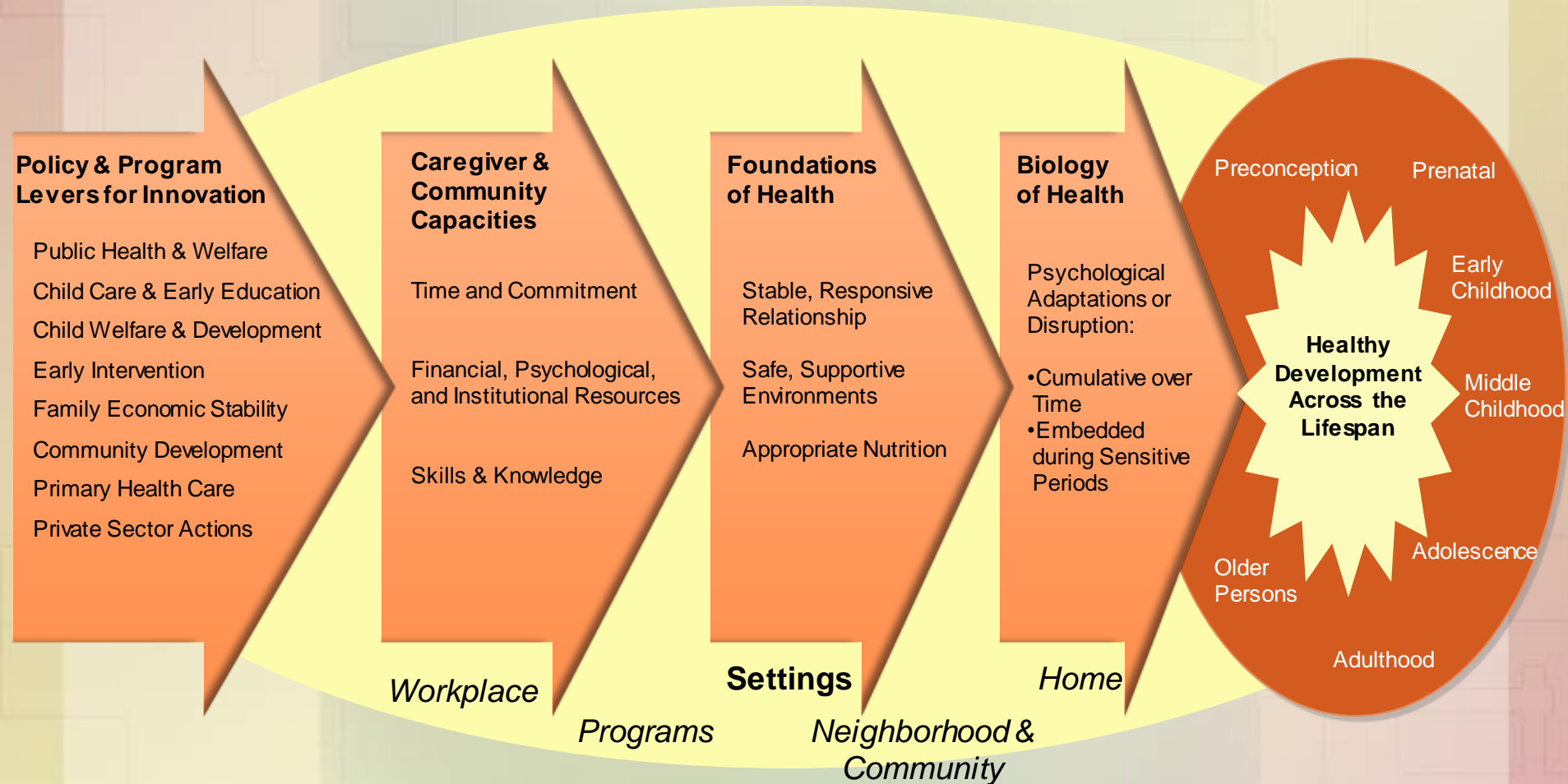
Health Minister Decree 297/2014 on Maternal Health

Health Minister Decree 25/2014 on Child Health

Actions of government for healthy development of children: laws perspective (2)

1. Law no. 11 of 2009 on Social Welfare
2. Law no. 11 of 2012 on the Criminal Justice System of Children
3. Law no. 8 of 2016 on persons with disabilities
4. Law no. 20/1999 on the Ratification of ILO Convention No. 138 concerning Minimum Age to be allowed to state that the minimum age to be allowed to work applied in the territory of the Republic of Indonesia is 15 years.

Current conceptual framework of policies and programs for early childhood to strengthen lifelong health



FAMILY HEALTH PROGRAM WITH LIFE CYCLE APPROACH

Integrated School Health Programs (Ministries of education, religion, sosial, BKKBN, BNN etc)

- Health screening and regular check up for students
- Peer counselor
- Youth Friendly HC

(Integrated community post)

- Strengthening the operational working group/NATIONAL WORKING GROUP
- Provide U5 care post at office/factory
- Strengthening U5 care givers
- Feeding program for under-fives

Pre-marital Counseling

- GP2SP –female workers (Ministry of Workers)
- Tetanus Immunization
- Pre-marital FP counseling (Ministry of religion)
- Balanced nutrition counseling
- Reproductive health counselling

Quality of Elderly Health

- Preventive and Promotive health care in Elderly Health Group
- Elderly Friendly Health Services in PHC and Hospital
- Improving the quality of Home care / long term care
- Slowing degenerative processes in ageing (physical and cognitive)
- Empowerment in Family and Community

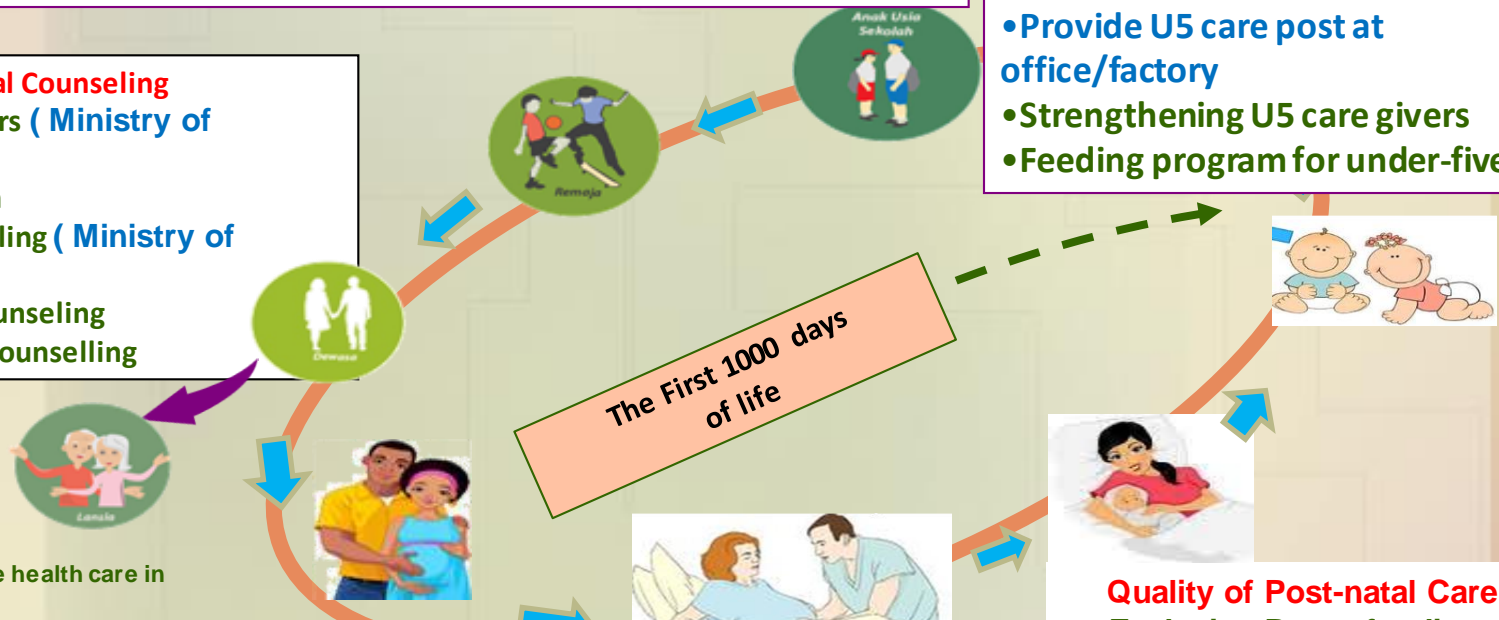
Quality of Ante Natal Care, Delivery, Post Natal care, and Neonatal Care

- Maternity waiting home (community based)
- Delivery at health facilities
- Counseling of early breastfeeding initiation and post-partum Family Planning
- MCH Handbook

Quality of Post-natal Care

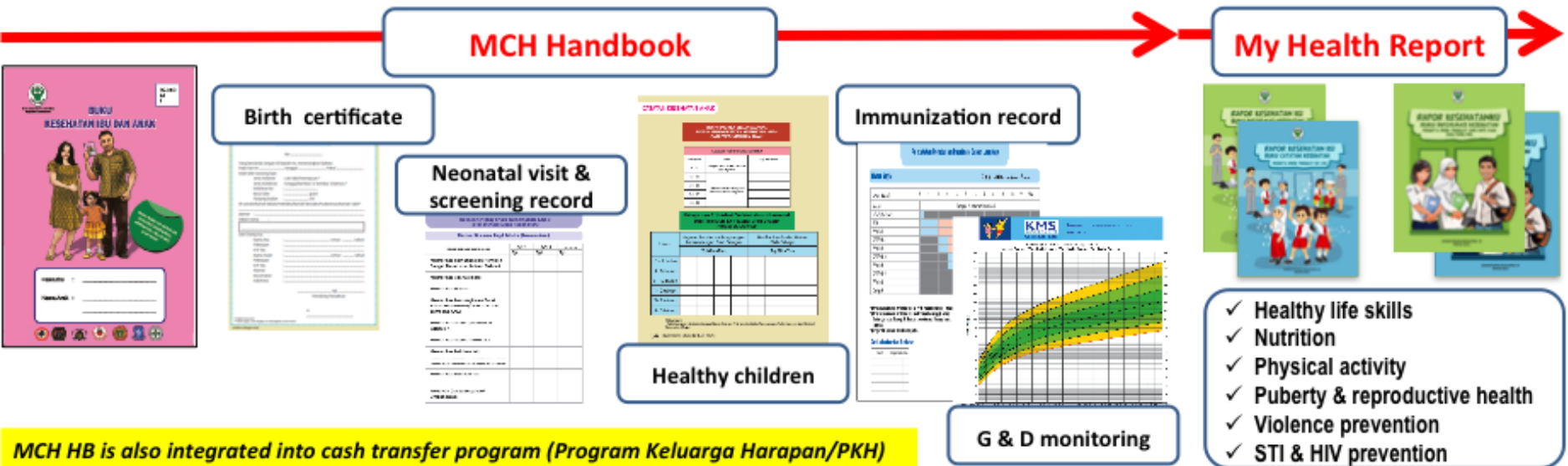
- Exclusive Breastfeeding Counseling
- Post Partum Family Planning
- Infant feeding
- BCG and Hep B Immunization

The First 1000 days of life



Growth and development monitoring throughout a child's life span

Pregnancy	Labor & Delivery	Postpartum & neonatal (0-28 d)	Infancy (29 d – 11 mo)	Under 5 to Preschool-age (6 yr)	School-age and Adolescence (up to 18 yr)
Integrated antenatal care services	Quality labor and delivery service at health facility	Postnatal care (maternal & neonatal), Breastfeeding, Family planning	Breastfeeding, immunization, growth and development monitoring, supplementation	Growth and development monitoring, IMCI	Health screening Health education Health services



STUNTING PREVENTION

THE FIRST 1000 DAYS OF LIFE

Sensitive interventions:

1. Access to water, sanitation and hygiene
2. Food fortification
3. Community nutrition education
4. Family parenting skills
5. Access to Family Planning
6. Health insurance
7. Reproductive health education

PRIMARY

THE FIRST 1000 DAYS OF LIFE

Specific interventions:

1. Iron-folic acid suppl for preg wom
2. Nutrition assistance for preg wom
3. Promotion of early initiation of BF and exclusive BF
4. Infant feeding
5. Growth monitoring at community level
6. Vaccination
7. Nutrition assistance for U5
8. Vitamin A for U5
9. Micronutrient suppl for U2
10. Deworming for preg wom

INTEGRATED ACTIVITIES

QUALITY OF ADOLESCENT GIRL

Education interventions:

1. RH edu at school
2. Adolescent nutrition edu
3. Peer counselor
4. School-based health screening (recorded in My Health Report)

SECONDARY

QUALITY OF ADOLESCENT GIRL

Health interventions:

1. Iron-folic acid suppl
2. Deworming program
3. Promotion of balance nutrition
4. Zinc suppl
5. Youth-friendly healthcare services

HOLISTIC, INTER-GENERATION

EMPOWERMENT OF CLOSEST CONTACT (SPOUSE, PARENTS, TEACHERS, BOYS)

Social interventions:

1. Community leaders engagement to promote Family Planning
2. Social security assistance for the poor from local govt

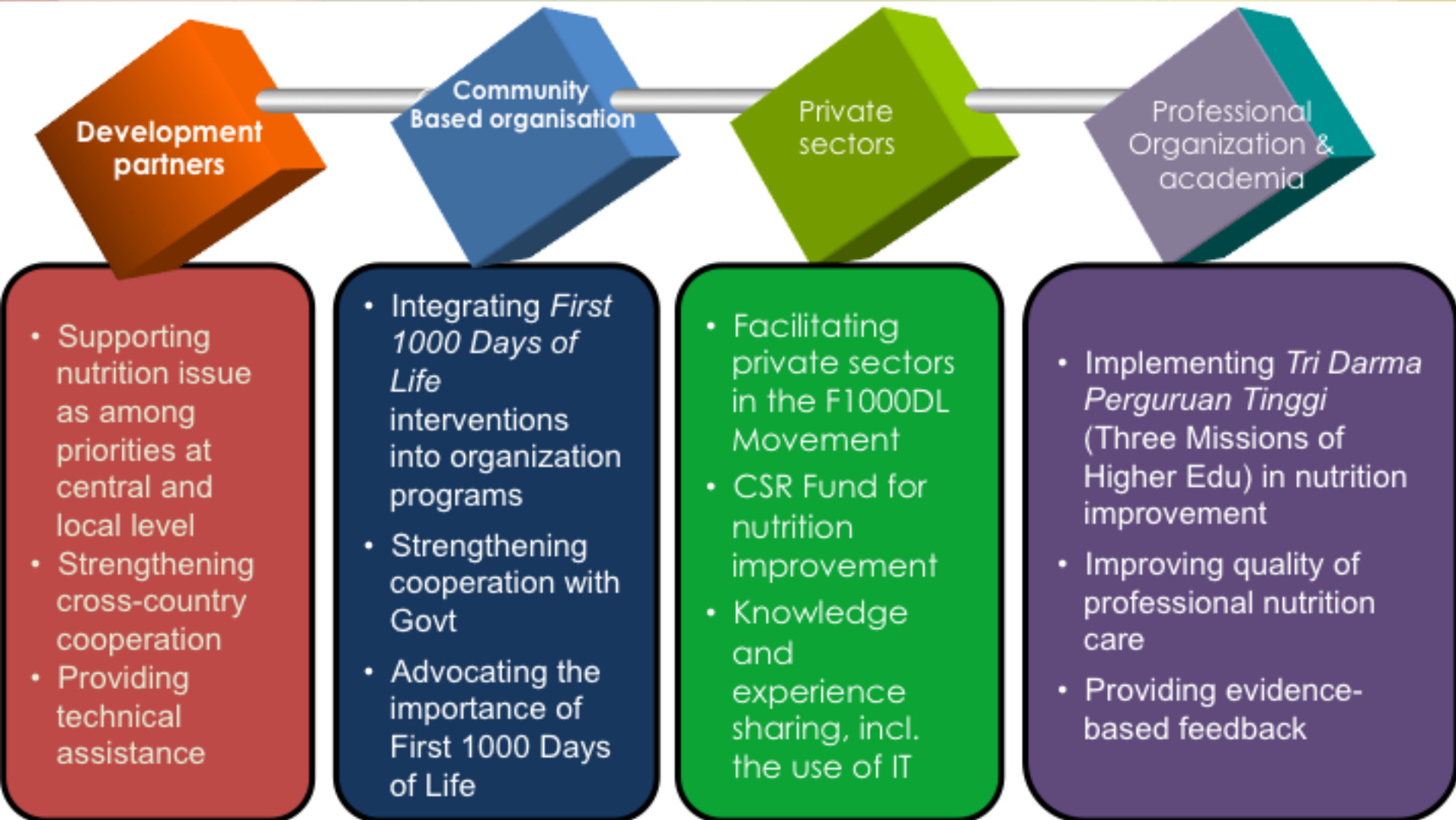
TERTIARY

EMPOWERMENT OF CLOSEST CONTACT (SPOUSE, PARENTS, TEACHERS, BOYS)

Health interventions:

1. Pregnancy planning (with spouse and parents involvement)
2. Contraception services for males
3. Counseling for birth preparedness
4. RH edu for adolescent boys
5. Premarital counseling

Roles of stakeholders in accelerating nutrition improvement



Indonesian Labor Condition 2016 (million)

INDONESIAN LABOUR CONDITIONS 2016 (in million)

MANPOWER
AGE >= 15 years old.
187,58 (73% of population)

LABOUR FORCE
127,67 (68,06%)

Elementary	: 54,30 (42,53%)
Junior High School	: 22,79 (17,85%)
Senior High School	: 22,26 (17,43%)
Vocational School	: 13,69 (10,72%)
University	: 14,64 (11,46%)

NOT IN LABOUR FORCE
59,91 (31,94%)

- Student
- Household

EMPLOYMENT

120,65 (94,50%)

UNEMPLOYMENT

7,02 (5,50%)

FULL EMPLOYMENT
(>34 working hour/week)

84,35 (69,91%)

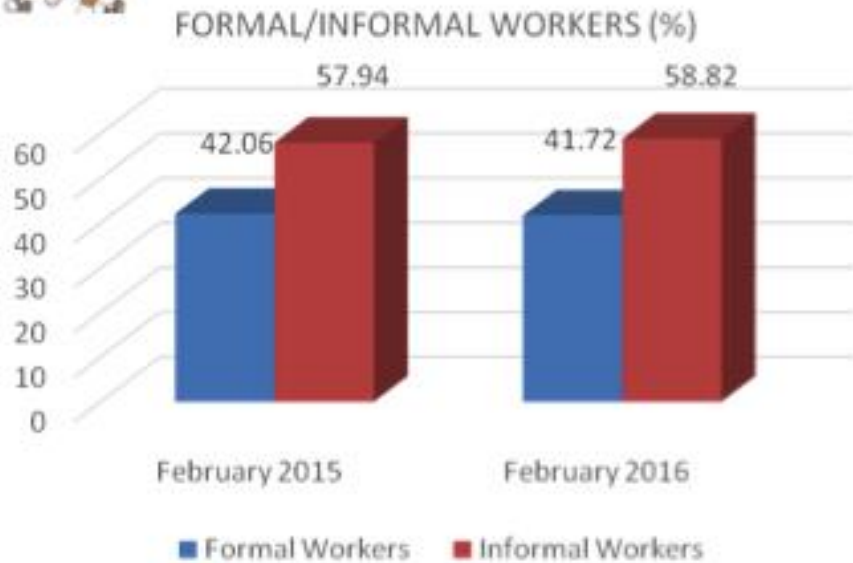
PARTLY EMPLOYMENT
(<34 working hour/week)

36,30 (30,09%)

Manpower profile of Indonesia as of February 2016

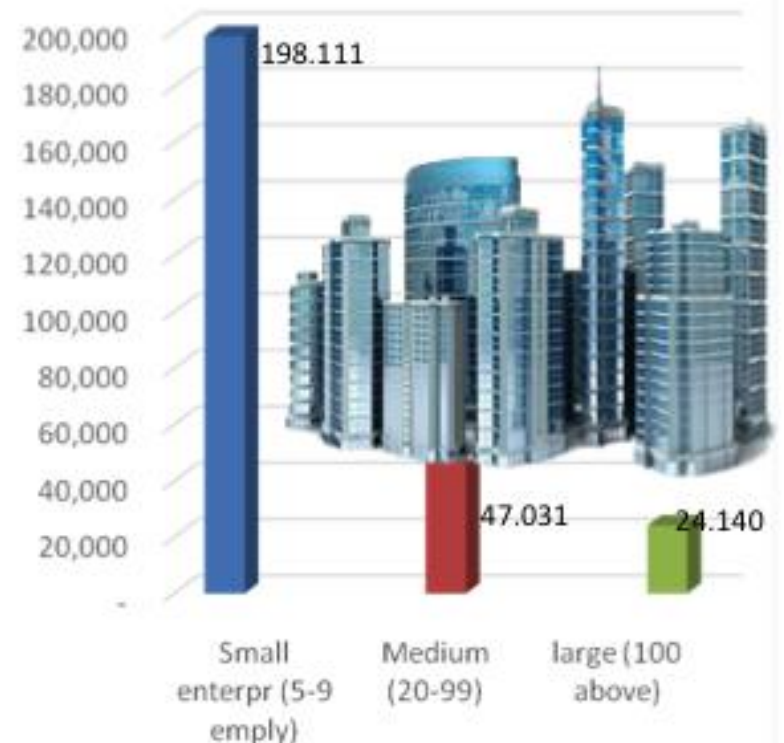


Labor Force (Junior High School and below)
Counted for 60,38%



Source : National statistics Cente

Number of Enterprises



Source : Ditjen PHI dan Jamsos

Policies in regards to protection of children in labor market

- Entrepreneurs are not allowed to employ children.
- Exemption for the employment of children aged from 13-15 years old for light work as long as the job does not disrupt their physical, mental and social developments, and should meet the some requirements.
- Children may be allowed to do a job at a workplace as part of their school's education curriculum or training which has been made legal by the authorities (children at least 14 years of age).
- Children may work or have a job in order to develop their talents and interest. Entrepreneurs who employ the children should meet some requirements.

Policies in regards to protection of children in labor market (2)

- Overcome problems concerning children who work outside of employment relationship.
- To ensure that no child works outside of employment relations or to reduce the number of children who work outside of employment relations.
- In order to improve the welfare of the workers and their families, the entrepreneur shall provide welfare facilities.
- BPJS Health Care (*BPJS Kesehatan*) administers health care benefits, and BPJS Employment (*BPJS Ketenagakerjaan*) administers employment benefits, which include old-age, pension, workplace accident and death benefits.

Child Protection Program: Social welfare and development

- The programs to fulfill the basic rights of children in Indonesia is ***Program Kesejahteraan Sosial Anak (PKSA)*** or Child Social Welfare Program, a model of Child Savings Accounts to assist the targeted children to access the basic care and social welfare services.
- ***Program Keluarga Harapan (PKH)*** is a conditional cash transfer (CCT) program providing direct cash benefits to poor families that are conditional on household participation in locally provided health and education services.
- ***Program Indonesia Sehat (PIS)*** or Healthy Indonesian Program is tax - financed health insurance program for the poor. So far it has reached the biggest number of beneficiaries when compared to other social assistance schemes.
- ***Program Indonesia Pintar (PIP)*** or Indonesian Smart Program is a school - based scholarship scheme for poor students, providing cash assistance to students from the primary level until the university level. This ***Bantuan Sosial Masyarakat (BSM)*** or Social Subsidies is disbursed to students identified by school principals or the authority of an educational institution.

Current strategies for healthy development of children

1. Provide health coverage and access
2. Support early social, emotional and behavioral health
3. Ensure school readiness by age five
4. Support parents to ensure children thrive

Conclusion

- Provide healthy children are priority programs to ensure quality of long life.
- The stability, prosperity, and sustainability of a society depend on the development of a healthy population, by emphasizing on four dimensions associated with high performance: quality, access, efficiency, and fairness.
- Effective promotion of healthy development of children are more dependent on ensuring the availability and affordability of high quality medical care further underscores the need for new creative strategies to improve the health of our nations.



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HATUR NUHUN
SAKALANGKONG
MAKASEH
TAMPIASEH
SUKSEMA
AMANAI
EPANG GAWANG
MAKASE