

Indonesia's WBTi Reports



1. Percentage of babies breastfed with in one hour of birth: 3.7%- 3 (Red) D*

National Demographic Health Survey 1997: 8%
 National Demographic Health Survey 2002: 3.7%*
 Source: *Gizi dalam Angka 2005* page 31 – Nutritions in Numbers Book – Published by The Indonesian Health Ministry 2005.

2. Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours: 58.5% - 9 (blue) B*

Gaps: we found the data has two different indicator. The other indicator is:
 Exclusive Breastfed for 6 months:
 2005: 18.1%
 2006: 21.4%
 National Health Survey 2005: 49.0%
 National Health Survey 2006: 58.5%*
 Source: *Gizi dalam Angka 2008* page 36 – Nutritions in Numbers – Published by The Indonesian Health Ministry 2008

3. Babies are breastfed for a median duration of how many months: 22.3 months – 9 (Blue)B*

Source: *Buku Gizi dalam Angka 2008* page 35 – Nutritions in Numbers Book– Published by The Indonesian Health Ministry 2005

4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles: 27.9% - 6 (Yellow) C*

Key findings: the data given by Health Ministry Department was <12 bottle fed babies: 32.45%
 National Demographic Health Survey 2002: 16.7%
 National Demographic Health Survey 2007: 27.9%*

5. Percentage of breastfed babies receiving complementary foods at 6-9 months of age: 47.9% - 3 (Red) D*

Source: *Gizi dalam Angka 2008* page 35 – Nutritions in Numbers Book – Published by The Indonesian Health Ministry 2008

6. National Policy, Programme and Coordination

No	Criteria of Indicator 6	Scoring	Results
6.1	A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	√
6.2	The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2	√
6.3	A National Plan of Action has been developed with the policy	2	√
6.4	The plan is adequately funded	1	
6.5	There is a National Breastfeeding Committee	1	
6.6	The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	
6.7	The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	
6.8	Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	
TOTAL		6/10	C

Indonesia has a Health Ministry Decree No. 450 450/MENKES/SK/IV/2004

Key findings: the weakness of this dec ree is no specific sanction and law enforcement to protect it

Information Sources: written in every indicators.

Gaps:

1. Lack of policy and standard procedures in regulating the hospitals dan midwives to endorse breastfeeding.
2. There is no budget and integreted plan to promote breastfeeding in the National Level.

Reccomendations:

1. Colaborate with other related NGO's creating National Level plan and pushing the health ministry to endorse breastfeeding policies.

7. *Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding): n/a*

Indonesia has a Health Ministry Decree No. 450/MENKES/SK/IV/2004 mentioned about the ten steps but there is no programme or support system to make sure the programme run.

8. *Implementation of the International Code:*

No	Criteria of Indicator 8	Scoring	Results
8.1	No action taken	0	
8.2	The best approach is being studied	1	
8.3	National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	√
8.4	National measures (to take into account measures other than law), awaiting final approval	3	
8.5	Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4	
8.6	Some articles of the Code as a voluntary measure	5	
8.7	Code as a voluntary measure	6	
8.8	Some articles of the Code as law	7	
8.9	All articles of the Code as law	8	
8.10	All articles of the Code as law, monitored and enforced	10	
TOTAL		2/10	D

Source: Health Ministry Decree no. 237/1997 regarding Marketing of Breastmilk Substitute

Gaps:

1. Due to the status of the decree, there is no law enforcement if there is any violation.
2. Not totally adopted the International Code. In this decree it only regulate that formulated milk up to 1 year are not allowed to be advertised.

Reccomendations:

1. Push government to adopt the code to be a law.

9. *Maternity Protection:*

No	Criteria of Indicator 9	Scoring	Results
9.1	Women covered by the national legislation are allowed the following weeks of paid maternity leave		
	a. Any leave less than 14 weeks	0.5	√
	b. 14 to 17weeks	1	
	c. 18 to 25 weeks	1.5	
	d. 26 weeks or more	2	
9.2	Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.		
	a. Unpaid break	0.5	
	b. Paid break	1	√
9.3	Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	
9.4	There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.	1	√
9.5	Women in informal/unorganized and agriculture sector are:		
	a. accorded some protective measures	0.5	
	b. accorded the same protection as women working in the formal sector	1	
9.6	a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5	√
	b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	0.5	
9.7	Paternity leave is granted in public sector for at least 3 days.	0.5	
9.8	Paternity leave is granted in the private sector for at least 3 days.	0.5	
9.9	There is legislation providing health protection for pregnant and breastfeeding workers and the legislation provides that they are informed about hazardous conditions in the workplace and	0.5	

	provided alternative work at the same wage until they are no longer pregnant or breastfeeding.		
9.10	There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	√
9.11	ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	
9.12	The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	
TOTAL		3.5/10	D

Information and Source used: in the Undang-undang TenagaKerja No. 13 (Manpower Law Number 13) only two (2) days paternity leaves.

Gaps:

1. The maternity leave is too short to achieve 6-months exclusive breastfeeding.
2. There are still many violations in implementing the law, there are still new mothers entitled less than 3 months leave with no full salary payment.
3. The law only applies only to formal sector.

Reccomendations:

1. Revised the law to extend the maternity leave to suitable term.
2. Ask the government to give sanction to companies who violates the law.
3. Enact ne w law for the informal sector.

10. Health and Nutrition Care Systems:

No	Criteria	Results		
		Adequate	Inadequate	No Reference
10.1	A review of health provider schools and pre-service education programmes in the country indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1 √	0
10.2	Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.	2	1 √	0
10.3	There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevan to health/nutrition care providers.	2	1 √	0
10.4	Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0 √
10.5	Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1	0.5 √	0
10.6	These in-service training programmes are being provided throughout the country.	1	0.5 √	0
10.7	Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0 √
TOTAL		4/10		

Key findings: The Health Ministry Department has conduct 40 hours Breastfeeding Counselling using WHO's modul throughout the country. Among the training participants are midwives, doctors and local healthcare provider. Until now, there are more than a thousand counsellors throughout Indonesia. But this number isn't sufficient compare to population of Indonesia.

Information and Source used: based on interview and discussion with Health Ministry Representatives.

Gaps:

1. There is no strategy and program to enhance capacity and knowledge about breastfeeding issues in the health care systems and providers.
2. The counselling class provided by the health ministry it's not a obligation for health workers.

- There is no evaluation and follow-up from the ministry to check whether the participants apply the counselling methods to their patients.

Reccomendations:

- Ask the ministry oh health to create a structured program in educating healtg workers about breastfeeding.

11. *Mother Support and Community Outreach - Community-based Support for the pregnant and breastfeeding mother:*

No	Criteria	Results		
		Yes	To some degree	No
11.1	All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1 √	0
11.2	All women have access to support for infant and young child feeding after birth.	2	1 √	0
11.3	Infant and young child feeding support services have national coverage.	2	1 √	0
11.4	Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (intersectoral and intra-sectoral)	2	1	0 √
11.5	Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding.	2	1	0 √
TOTAL		3/10		

Key Findings: Indonesia has a national program called Posyandu (Baby & Children Health Provider). In posyandu, they provide immunisations, weighing baby, education class by volunteer or health care provider. But not all the health care provider know about breastfeeding.

Information and Source used: based on interview and discussion with Health Ministry Representatives. Based on Circulation Letter from the desk of Ministry of General Affairs No: 411.3/1116/SJ regarding *Pedoman Umum Revitalisasi Posyandu* (General Guidelines for Posyandu Revitalitation).

Gaps:

- There is a conflicting departement in monitoring Posyandu.
- Many Posyandu volunteers are not prepared with breastfeeding knowledge.

Reccomendations:

- There should be an integrated program between the health ministry and General Affairs Ministry regarding revitalitation of Posyandu.

12. *Information Support:*

No	Criteria	Results		
		Yes	To some degree	No
12.1	There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1	0 √
12.2	IEC programmes (e.g.World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1	0 √

12.3	Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	2	1	0 √
12.4	The content of IEC messages is technically correct, sound, based on national or international guidelines.	2 √	1	0
12.5	A national IEC campaign or programme using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2	1	0 √
TOTAL		2/10		

Key findings: 12.2: only on national level not local.

Information and Source used: on interview and discussion with Health Ministry Representatives.

Gaps:

1. Lack of IEC national strategy.
2. There is no budget in media campaign or strategy.

Recommendaions:

1. Propose a comprehensive strategy that covered National Coverage, using multi-media with adequate budget.

13. Infant Feeding & HIV: n/a

14. Infant Feeding during Emergencies:

No	Criteria	Results		
		Yes	To some degree	No
14.1	The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies	2 √	1	0
14.2	Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2 √	1	0
14.3	An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed	2	1 √	0
14.4	Resources identified for implementation of the plan during emergencies	2	1 √	0
14.5	Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	2	1 √	0
TOTAL		9/10		

Information and Source used: The Indonesia Health Ministry Department has published a Guidelines on Children and Baby Feeding in Emergency Situation, published 2007.

Gaps:

1. Lack of supervision from the health workers.
2. Lack of knowledge of the volunteers about the guidelines.

Reccomendations:

1. Urge the government to act immediately when emergency situation happen by sending health workers to supervise the donations.
2. Spread the guidelines to NGO's related in helping emergency situation, for example: Indonesian Red Cross, *Badan Nasional Penanggulangan Bencana (BAKORNASBP* – National Agency for Disaster Relief), *Badan SAR* (The Indonesian Search and Rescue Agency) and any other related agency.

15. Mechanisms of Monitoring and Evaluation System: n/a

List of Partners:

1. Asosiasi Ibu Menyusui Indonesia (AIMI) – Indonesian Breastfeeding Mothers Association.
2. SELASI – Sentra Laktasi Indonesia – Indonesian Breastfeeding Center.
3. Perinasia – Indonesian Perinatology Association.
4. Indonesian Ministry of Health.