

Strengthening Primary Health Care through **1,000 HPK** Policies

Policy analysis and actionable insights

Version 2.0



This paper is intended to spark ideas and raise awareness for Indonesia's National Nutrition Day on February 28, 2026. This content is derived from our own independent desk research, aiming to contribute to Indonesia's healthcare landscape.

© 2026 Inke Maris & Associates and NADI. All rights reserved.

Indonesia has seen significant improvements of health outcomes of children. Yet, the current numbers are still far from achieving its 2029 target.



Prevalence of stunting for 0-59 m.o (2018-2024)

30.8% 2018 **19.8%** 2024 ▲ **2029 Target 14.2%**



Prevalence of wasting for 0-59 m.o (2018-2024)

10.8% 2018 **7.4%** 2024 ▲ **2029 Target 5%**



Improvements in health indicator



Decline in health indicator



No improvement in health indicator



Child mortality rate (2015-2020)*

26 2015 **19.83** 2020 ▲ **2029 Target 11.9**



Children receiving early childhood development intervention (2023, 2024)

70.8% 2023 **87.75%** 2024

*) Data source from SUPAS and Sensus Penduduk, child mortality rate after year 2020 is not available

***) 2029 Target is based on the Ministry of Health Strategic Plan 2025-2029

Transformation Agenda

As mandated in the Ministry of Health Strategic Plan 2025-2029, **transformation of primary health care is foundational to the Ministry's efforts in improving health outcomes of children.** With a focus in preventive and promotive care, the shift is aimed at reaching all corners of the country and addressing regional disparity in access to maternal and child health services.

The first 1000 days of life (1000HPK) Mandate

Improving the 1000HPK of children is further cemented as a **national priority since the enactment of Law No. 4/2024 about the Welfare of Mothers and Children during 1000HPK.** The law outlines responsibilities of parents, rights of mothers and children to access quality health care, and duties of the state as rights-providers and implementing body. It stressed the importance of 1000HPK to achieve sustainable and long-term health outcomes.

Source: Multiple publications from Indonesia's Ministry of Health, Statistics Indonesia, and Law No. 4/2024

© 2026 Inke Maris & Associates and NADI. All rights reserved.

Indonesia has undertaken national-level policies and programmes focusing on 1000HPK that are embedded and can be further integrated into primary health care.

Policy/Programme	Regulatory Basis	Key Features
National Movement for the Acceleration of Nutrition Improvement <i>(Gerakan Nasional Percepatan Perbaikan Gizi /GNPPG)</i>	<ul style="list-style-type: none"> ● Presidential Regulation No. 42/2013 ● Presidential Regulation No. 72/2021 	<p>An umbrella movement to rapidly improve the health and nutrition of pregnant women, breastfeeding mothers, and children, particularly in the 1000HPK, through cross-sector collaboration. Key programmes that focused on stunting prevention and reduction include: 1) targeted intervention such as supply micronutrients for pregnant women, 2) sensitive intervention such as campaigns and food assistance.</p>
Holistic Integrative Early Childhood Development <i>Pendidikan Anak Usia Dini Holistik Integratif (PAUD HI)</i>	<ul style="list-style-type: none"> ● Presidential Regulation No. 60/2013 ● Presidential Regulation No. 72/2021 	<p>A comprehensive early childhood development programme by integrating education, health & nutrition, care, and protection services. In collaboration with primary health care providers, key programmes related to nutrition and 1000HPK include: 1) monthly tracking of weight and height, 2) early detection of wasting, and 3) parenting class.</p>
Promotion of Exclusive Breastfeeding (ASI Eksklusif)	<ul style="list-style-type: none"> ● Government Regulation No. 33/2012 (inactive) ● Government Regulation No. 28/2024 ● Law No. 4/2024 	<p>The policies ensure provision of exclusive breast milk for the first 6 months of a child's life as a fundamental right. Health providers play a central role at educating mothers on the benefits of breast milk on a child's overall health. Government support through strict regulations on the promotion of formula milk, such as bans on advertising, discounts, and the use of influencers.</p>
Free Nutritious Meal Programme (Makan Bergizi Gratis / MBG)	<ul style="list-style-type: none"> ● Law No.17/2023 ● Presidential Regulation No. 83/2024 	<p>Food assistance to pregnant women, breastfeeding mothers, and children under 5 y.o delivered to their homes to prevent stunting and ensure optimal nutrition. This programme is part of the GNPPG movement and under the supervision of National Nutrition Agency. Posyandu are the main distribution points for MBG programme.</p>

The existing policies are met with challenges and shortcomings, with persistent problems in institutional capacity and community support/engagement.

GNPPG	PAUD HI	ASI Eksklusif	MBG
Coordination Gaps across implementors	Knowledge gap and skills shortages	Inconsistent implementation in health facilities	Food safety lapses
Limited Community Engagement	Inadequate Facilities	Workplace and structural constraints	Lack of oversight
Regional disparity in resources and funding	Weak Coordination among schools and health providers	Family/cultural practices	Logistical problems
Training shortfalls	Low parental involvement	Influence of formula milk manufacturers	Governance and transparency issues
			Overlooking local needs

Problem areas:

- Institutional capacity
- Public Funding
- Governance and enforcement
- Community support/
- Ecosystem/supporting infrastructures



Source: multiple journal articles and news sources

© 2026 Inke Maris & Associates and NADI. All rights reserved.

Similar policies and programmes have been carried out in other countries are drawn to bring forth actionable insights for Indonesia.



Nepal

Golden 1000 Days

A community- driven nutrition program by the Government of Nepal

Policy/ Programme

1. Participatory approach through community action planning “menu of goals” for direct or indirect effect on nutrition to be achieved in 100 days.
2. Public awareness campaign about feeding, hygiene, and healthcare using local artists.

Key Features

Widely considered as pioneering, scalable model for integrating community-led nutrition actions leading to shifting behaviours at local level.

Success Factors



United Kindom

Best Start

Integrated services provided by the UK Government for families with young children

1. “One-stop” family hubs for local families with children under 5 providing health services, parenting support, early learning and childcare, and parental employment support.
2. Child and Family Health Services include antenatal and postnatal support, information and guidance on breastfeeding, health and nutrition.

Delivered integrated, easy-to-access services that also allowed for local flexibility. Provided holistic solutions to improve child and family health.



Canada

Canada Prenatal Nutrition Programme

Funding to community groups to improve the health of pregnant women, mothers and their babies

1. Targeting women and children who face challenges of poverty, violence, substance use, etc.
2. Activities include prenatal classes, breastfeeding support groups, cooking education, infant food preparation, and the provision of food vouchers

Community-based and culturally sensitive. Integration of nutrition with health and social support



Zambia

First 1000 Most Critical Days Programme

National multi-sectoral initiative to prevent stunting and improve child nutrition

Delivered high-impact nutrition intervention which includes: promotion of maternal nutrition, behaviour change and communication campaign, dietary diversification, and promotion of infant and child feeding and care.

Strong cross-sector coordination and leadership. Evidence-informed intervention design. Focus on behaviour change.

Finally, three points of improvements and recommendations can be drawn to further develop existing policies and address policy gaps.

Points of Improvements

1

Lack of community involvement is one of the common issue across existing 1000HPK policies. Efforts in increasing awareness and education on nutrition could be modified into more active and participatory approach.

2

Early engagement from pregnancy ensures healthy fetal development and form nutritional foundation of the baby. Most existing policies treat undernutrition post-birth within the 1000HPK window in which programmes specifically targeting pregnant women does not exist.

3

Institutional capacity of health workers and supporting stakeholders have not met the standard requirement across all implementing bodies. Particularly for the GNPPG and *ASI Eksklusif* programmes, many health workers in underdeveloped regions are not fully equipped to educate families on health and nutrition.

Recommendations

Education for parents and families should incorporate behavioural change elements to produce lasting impact on overall health. Drawing examples from Nepal and Zambia, families were given more agency in addition to close assistance and guidance from health workers.

A holistic prenatal care for disadvantaged pregnant women as a high-impact preventive intervention that provides free essential medical services (such as checkups and counselling). Support in the form of micronutrients and food assistance for pregnant women can be included in the prenatal care to avoid fragmentation.

A standardised capability development for health workers across Puskesmas, Posyandu, and other primary health care providers. Capabilities should cover technical and clinical capabilities, community engagement and outreach as well as service delivery skills. The effort should be paired with capacity building initiatives to improve management, leadership and coordination in implementing bodies.

NADI

Advancing Development & Innovation

INKEMARIS
&
ASSOCIATES

Contact NADI—a part of Inke Maris & Associates—for advisory and consultation services to advance development and innovation in healthcare.



www.inkemaris.com



+6221-828-1250



+62-816-210-028

