



REGENT SUKOHARJO
PROVINCE OF CENTRAL JAVA
SUKOHARJO REGENCY REGULATIONS
NUMBER 94 OF 2022

ABOUT

IMPLEMENTATION OF MOTHER AND CHILD HEALTH SERVICES

BY THE GRACE OF GOD ALMIGHTY

REGENT SUKOHARJO,

Considering:

- a. that in order to fulfill the right to a healthy life for the community, especially mothers and children, efforts need to be made to improve maternal and child health services;
- b. that improving maternal and child health is influenced by various factors, namely culture, education, social, economic, environmental, health service systems and financing;
- c. that to implement the provisions of Article 3 of the Minister of Health Regulation Number 21 of the Year 2021 concerning the Implementation of Health Services for the Pre-Pregnancy Period, Pregnancy, Childbirth and Post-Birth Period, Contraception Services, and Sexual Health Services, it is necessary to regulate the implementation of maternal and child health;
- d. that based on the considerations as intended in letters a, b, and c, it is necessary to stipulate a Regent's Regulation concerning the Implementation of Maternal and Child Health;

Remember

:

1. Law Number 13 of 1950 concerning the Establishment of Regency Regions within the Province of Central Java as amended by Law Number 9 of 1965 concerning the Establishment of the Batang Level II Region by amending Law No. 13 of 1950 concerning the Establishment of Regency Regions within the Province of Central Java (State Gazette of 1965 Number 52, Supplement to State Gazette Number 2757);

2. Law Number 29 of 2004 concerning Medical Practice (State Gazette of the Republic of Indonesia of 2004 Number 116, Supplement to State Gazette of the Republic of Indonesia Number 4431);
3. Law Number 36 of 2009 concerning Health (State Gazette of the Republic of Indonesia of 2009 Number 144, Supplement to State Gazette of the Republic of Indonesia Number 5063), as amended by Law Number 11 of 2020 concerning Job Creation (State Gazette of the Republic of Indonesia of 2020 Number 245, Supplement to the State Gazette of the Republic of Indonesia Number 6573);
4. Law Number 44 of 2009 concerning Hospitals (State Gazette of the Republic of Indonesia of 2009 Number 153, Supplement to State Gazette of the Republic of Indonesia Number 5072) as amended by Law Number 11 of 2020 concerning Job Creation (State Gazette of the Republic of Indonesia of 2020 Number 245, Supplement to the State Gazette of the Republic of Indonesia Number 6573);
5. Law Number 23 of 2014 concerning Regional Government (State Gazette of the Republic of Indonesia of 2014 Number 224, Supplement to State Gazette of the Republic of Indonesia Number 5587) as amended several times, most recently by Law Number 11 of 2020 concerning Job Creation (State Gazette Republic of Indonesia Year 2020 Number 245, Supplement to the State Gazette of the Republic of Indonesia Number 6573);
6. Regulation of the Minister of Health Number 21 of 2021 concerning the Implementation of Health Services for the Pre-Pregnancy Period, Pregnancy Period, Childbirth and Post-Birth Period, Contraception Services, and Sexual Health Services (State Gazette of the Republic of Indonesia of 2021 Number 835);
7. Regulation of the Governor of Central Java Number 17 of 2016 concerning the Implementation of Maternal and Child Health in Central Java Province (Regional Gazette of Central Java Province of 2016 Number 17);
8. Sukoharjo Regent Regulation Number 90 of 2021 concerning Communication Strategy for Behavior Change in *Stunting* Prevention (Sukoharjo Regency Regional Gazette of 2021 Number 91);

DECIDE:

Determine:

REGENT'S REGULATION CONCERNING THE IMPLEMENTATION OF MOTHER AND CHILD HEALTH.

PIG
GENERAL REQUIREMENTS
article 1

In this Regent's Regulation what is meant by:

1. The region is Sukoharjo Regency.
2. Regional Government is the Regent as the organizing element of Regional Government which leads the implementation of government affairs which are the authority of the autonomous region.
3. The Regent is the Regent of Sukoharjo.
4. Health Service Facilities are places used to provide health service efforts, whether promotive, preventive, curative or rehabilitative, carried out by the Government, Regional Government, or the community.
5. Hospital is a health service institution that provides complete individual health services, providing inpatient, outpatient and emergency services.
6. Comprehensive Emergency Neonatal Obstetric Services Hospital, hereinafter referred to as PONEK Hospital, is a hospital that provides comprehensive and integrated 24 (twenty four) hour Maternal and Neonatal emergency services.
7. Community Health Center, hereinafter referred to as Puskesmas, is a Health Service Facility that carries out public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts in its working area.
8. Basic Emergency Obstetric Neonatal Services Community Health Center, hereinafter referred to as PONEC Community Health Center, is an inpatient health center which is capable of providing basic level emergency/complication obstetric and neonatal services 24 (twenty four) hours a day and 7 (seven) days a week.

9. The health service referral system is the implementation of health services that regulates the reciprocal delegation of duties and responsibilities for health services, both vertically and horizontally.
10. The family is the smallest unit in society consisting of husband and wife, husband, wife and children, father and children, or mother and children.
11. Health is a state of physical, mental and social well-being that enables every person to live a socially and economically productive life.
12. Maternal and Child Health is an integrated service package focusing interventions on young women, prospective brides, couples of childbearing age, pregnant women, giving birth, postpartum, newborns, toddlers and school age children.
13. Young women are a transitional phase from childhood to adulthood aged 12-21 (twelve to twenty-one) years during which a maturation process occurs, both physical and psychological.
14. The prospective bride and groom are men and a woman who will carry out a wedding.
15. Couples of childbearing age, hereinafter abbreviated to PUS, are married couples whose wives are aged between 15-49 (fifteen to forty nine) years and operationally also married couples whose wives are less than 15 (fifteen) years old and have married or the wife is more than 49 (forty nine) years old but has not yet reached menopause.
16. A mother is a woman who has given birth to someone.
17. Pregnant Women are women who are pregnant.
18. Maternity Mother is a mother who is undergoing the process of giving birth.
19. The process of childbirth is a series of events starting from contractions until the release of the products of conception (fetus, placenta, amniotic fluid and amniotic fluid) from the uterus to the outside world through the birth canal or through other means with the help of or with your own strength.
20. Postpartum mothers are mothers who undergo the postpartum process, which is a period that starts a few hours after the birth of the placenta until 6 (six) weeks after giving birth.
21. Newborns, hereinafter referred to as Neonatals, are babies aged between 0 (zero) to 28 (twenty eight) days.
22. A child is someone who reaches the age of 18 (eighteen) years, including children who are still in the womb.

23. Babies are children aged 0 (zero) to 11 (eleven) months.
24. Breast milk, hereinafter abbreviated as breast milk, is the fluid produced by the secretions of the mother's breast glands.
25. Toddlers are children aged 12 (twelve) months to 59 (fifty nine) months.
26. Toddlers are children aged 0 (zero) to 59 (fifty nine) months.
27. Preschool children are children aged 60 (sixty) months to 72 (seventy two) months.
28. School Age Children are children aged more than 6 (six) years until before the age of 18 (eighteen) years.
29. Adolescents are the age group from 10 (ten) years to 18 (eighteen) years.
30. Advocacy is a persuasion effort that includes awareness activities, rationalization, arguments and follow-up recommendations regarding something.
31. Family planning, hereinafter abbreviated as KB, is an effort to regulate the birth of children, the ideal age and birth distance, regulate pregnancy, through promotion, counseling, protection and assistance in accordance with reproductive rights to create a quality family.
32. Contraception is a drug/device to prevent conception (pregnancy) consisting of hormonal contraception (Pills, Injections and Implants), non-hormonal contraception (Intra Uterine Device, Condom) and stable contraception (Female Surgical Method, Surgical Method Man).
33. Routine immunization is immunization consisting of complete basic immunization and follow-up immunization.
34. Integrated Management of Sick Toddlers, hereinafter abbreviated as MTBS, is an integrated/integrated approach in the management of sick toddlers with a focus on the overall health of children aged 0-59 months in outpatient units of basic health service facilities.
35. Health facilities that are adequate and ready 24 (twenty four) hours are facilities that have health human resources, buildings, equipment, medicines and materials, systems and regulations as well as an adequate budget.
36. Basic Neonatal Emergency Obstetric Services, hereinafter referred to as PONED, is a service to deal with obstetric (midwifery) and infant emergencies which includes aspects of obstetrics and infant services.

37. Health Efforts are any activities to maintain and improve health carried out by the Regional Government and/or the community.
38. Health workers are every person who dedicates themselves to the health sector and has knowledge and skills through education in the health sector, which for certain types requires authority to carry out health efforts.
39. Integrated Service Post, hereinafter referred to as Posyandu, is a health effort based on community resources, by the community and for the community which provides community health service efforts which include five priority programs, namely family planning, maternal and child health, nutrition, immunization and diarrhea prevention.
40. A midwife is a woman who has completed a Midwifery education program both domestically and abroad which is legally recognized by the Central Government and has fulfilled the requirements to practice midwifery.
41. Health Service Providers are health workers who provide maternal and child health services in accordance with their competence and authority.
42. Communities are individuals, families, groups, social organizations and community organizations and/or other parties.
43. The Business World is micro businesses, small businesses, medium businesses and large businesses that carry out economic activities in Indonesia and are domiciled in Indonesia.
44. Promotive Health Services are an activity and/or series of health service activities that prioritize activities that are health promotion in nature.
45. Preventive Health Services is an activity to prevent health problems/diseases.
46. Proactive service is service that is relatively unaffected by the forces of the situation around it, but is capable of influencing changes in its environment.
47. Health Promotion is an effort to improve community capacity through learning from, by, for and with the community so that they can help themselves and develop activities that are community resourced according to local socio-cultural conditions and supported by public policy

health-oriented.

48. The Integrated Emergency Management System, hereinafter abbreviated as SPGDT, is an emergency patient management system consisting of pre-hospital, hospital and inter-hospital elements which is guided by rapid response which emphasizes time saving is limb saving, which involves the lay public and the general *public* . and specifically, medical officers, emergency ambulance services and communications.
49. High Risk is a condition that has a risk of both physical and mental health conditions which, if left without adequate treatment, will develop into a fatal or worsening health condition, where the health costs that will be used to treat subsequent conditions or health complications that arise will become so big.
50. Pre-Referral Stabilization is maintaining the condition and position of the sufferer/patient to remain stable during first aid before being referred, which includes meeting oxygen needs, hemodynamic monitoring (monitoring the condition of the blood vessels, the amount of blood in the body and the heart's ability to pump blood).
51. *Near Miss* cases are cases/events that are undesirable, which can result in the danger of injury to humans, property damage, or unwanted loss of resources.
52. Health Supplies are all materials and equipment needed to carry out health efforts.
53. Integrated Ante Natal Care is an integrated pregnancy examination provided by a midwife or doctor to the mother during pregnancy to optimize the mental and physical health of the pregnant woman, so that she is able to face childbirth, postpartum, preparation for breastfeeding, and the return to normal reproductive health.
54. Pregnancy Health Services are every activity and/or series of activities carried out from the conception period until delivery.
55. Advanced level referral health services are specialized or sub-specialist individual health service efforts which include advanced outpatient care, advanced inpatient care and inpatient care in special treatment rooms.
56. Emergency services are medical actions required by emergency patients immediately to save lives and prevent disability.

57. Medical action is a professional action by a doctor towards a patient with the aim of maintaining, improving, restoring health, or eliminating or reducing suffering.
58. Health Service Providers are providers of health services at the first and advanced levels.
59. Minimum basic service quality in the health sector is a measure of the quantity and quality of goods and/or services for basic health needs as well as compliance with technical standards for a decent life.
60. Violence against children, hereinafter abbreviated as *KtA* , is all forms of action/
physical, psychological, painful treatment
sexual or neglect, which results or may result in real injury/
loss to the child's health, child survival, child development
or child dignity.

Section 2

The implementation of maternal and child health is based on:

- a. humanity based on the belief in the Almighty Godhead;
- b. benefits and kinship;
- c. sustainable;
- d. guaranteed quality; And
- e. affordable financing.

Article 3

The purpose of implementing Maternal and Child Health is as a guideline in providing copy protection in accordance with the equitable maternal and child health services HEAD OF LEGAL DEPARTMENT supporting high human values to obtain services that meet standards.

Article 4

TEGUH PRAMONO, SH, MH

The aim of implementing Maternal and Child Health is to:

- a. realizing increased access and quality of maternal and child health services in the region;
- b. availability of Health Facilities that meet service standards;
- c. serving pregnant, maternity and postpartum women according to standards in Health Service Facilities;
- d. handling obstetric and pediatric emergency cases in a timely, targeted and appropriate manner;

- e. availability of sufficient space, personnel, equipment, materials and medicines in Maternal and Child Health Service Facilities according to standards;
- f. realization of increased knowledge and changes in community behavior regarding patterns of treatment and delivery assistance;
- g. the realization of an accurate, up-to-date and integrated Maternal and Child Health information and data system;
- h. the realization of an efficient and effective maternal and child emergency referral system; And
- i. establishing support and collaboration with cross-programs and cross-sectors in the implementation of Maternal and Child Health.

CHAPTER II

SCOPE

Article 5

The scope of this Regent's Regulation includes:

- a. Maternal Health services;
- b. Children's Health services;
- c. society participation; d. guidance and supervision; And
- e. financing.

CHAPTER III

MATERNAL HEALTH SERVICES

Part One

General

Article 6

Maternal Health Services as intended in Article 5 letter a include health services:

- a. the period before pregnancy;
- b. pregnancy period;
- c. childbirth and the postnatal period; And
- d. contraception and sex.

The second part

Health Services Before Pregnancy

Article 7

- (1) Pre-pregnancy health services as intended in Article 6 letter a, are carried out to prepare for a healthy and safe pregnancy and birth as well as obtaining a healthy baby.
- (2) Pre-Pregnancy Health Service Activities as intended in paragraph (1) are carried out through:
 - a. providing communication, information and education;
 - b. counseling services;

- c. health screening services;
- d. providing immunizations;
- e. providing nutritional supplementation and additional tablets blood;
- f. medical services; and/or
- g. other health services.

Article 8

- (1) Providing communication, information and education as intended in Article 7 paragraph (2) letter a is given through lectures, questions and answers, focus group discussions and interactive discussions.
- (2) Communication, information and education as intended in paragraph (1) is carried out using communication, information and education facilities and media.
- (3) Communication, information and educational materials as intended in paragraph (1) are provided according to stages of growth and development and needs each age group.

Article 9

- (1) Counseling services as intended in Article 7 paragraph (2) letter b can be provided freely individually, in pairs, or in groups.
- (2) Counseling services as intended in paragraph (1) are provided according to client needs.
- (3) Counseling services as referred to in paragraph (1) are provided at Health Service Facilities and/or other facilities.

Article 10

- (1) Health screening services as follows as intended in Article 7 paragraph (2) letter c is carried out through:
 - a. anamnesis;
 - b. physical examination; And
 - c. supporting investigation.
- (2) Anamnesis as intended in paragraph (1) letter a is carried out to obtain information about complaints, illnesses suffered, history of illness, risk factors, including early detection of mental health problems.
- (3) Physical examination as referred to in paragraph (1) letter b includes at least:
 - a. checking vital signs;
 - b. nutritional status examination;
 - c. examination for signs and symptoms of anemia; And
 - d. complete physical examination as medically indicated.

- (4) Supporting examination as intended in paragraph (1) letter c is a service health services carried out based on indications medical and/or health program needs.
- (5) If the results of the screening service reveal health problems, they must be followed up in accordance with the provisions of the laws and regulations.

Article 11

- (1) Immunization as intended in Article 7 paragraph (2) letter d is carried out in an effort to prevent and protect against diseases that can be prevented by immunization in order to prepare a healthy pregnancy for the mother and baby.
- (2) Immunization as intended in paragraph (1) is based on the results of immunization status screening.
- (3) Provisions regarding the provision of immunization as referred to in paragraph (2) are implemented in accordance with the provisions of statutory regulations.

Article 12

Providing nutritional supplementation and blood supplementation as intended in Article 7 paragraph (2) letter e aims to optimize nutritional intake during the pre-pregnancy period.

Article 13

- (1) Medical services as intended in Article 7 paragraph (2) letter f constitute management procedures to follow up on health problems discovered before pregnancy.
- (2) Medical services as intended in paragraph (1) are carried out in accordance with service standards and provisions of laws and regulations.

Part Three

Pregnancy Health Services

Article 14

- (1) Pregnancy Health Services as referred to in Article 6 letter b aims to fulfill the rights of every Pregnant Mother to obtain quality Health Services so that she is able to undergo a healthy pregnancy, give birth safely, and give birth to a healthy, quality baby.

- (2) Pregnancy Health Services as intended in paragraph (1) are carried out from the conception period until before the birth process begins.
- (3) Pregnancy Health Services are provided at least 6 (six) times during pregnancy including:
 - a. 1 (one) time in the first trimester;
 - b. 2 (two) times in the second trimester; and
 - c. 3 (three) times in the third trimester.
- (4) Pregnancy Health Services as intended in paragraph (3) are carried out by Health Workers who have competence and authority and at least 2 (two) times by doctors or specialist obstetricians and gynecologists in the first and third trimesters.
- (5) Pregnancy Health Services provided by doctors or specialist doctors as intended in paragraph (4) include ultrasonography (USG) services.
- (6) Pregnancy Health Services as intended in paragraph (3) must be provided through antenatal services according to standards and in an integrated manner.
- (7) Antenatal services in accordance with the standards as intended in paragraph (6) include:
 - a. measurement of body weight and height;
 - b. blood pressure measurement;
 - c. measurement of upper arm circumference (LiLA);
 - d. measurement of the height of the top of the uterus (*uterine fundus*);
 - e. determination of fetal presentation and heart rate fetus;
 - f. providing immunizations according to immunization status;
 - g. administering blood supplement tablets of at least 90 (ninety) tablets;
 - h. laboratory test;
 - i. case management/handling; And
 - j. interviews (counseling) and health assessments soul.
- (8) Integrated antenatal care as referred to in paragraph (6) is a comprehensive and quality service that is carried out in an integrated manner with other health service programs including mental health services.
- (9) Antenatal services according to standards and in an integrated manner as intended in paragraph (7) and paragraph (8) is carried out with the principle:
 - a. early detection of disease problems and complications or complications of pregnancy;
 - b. fetal stimulation during pregnancy;
 - c. clean and safe birth preparation;

- d. early planning and preparation to make referrals if complications occur; And
 - e. involving pregnant women, husbands and families in maintaining the health and nutrition of pregnant women and preparing for childbirth and preparedness if complications or complications occur.
- (10) Pregnancy Health Services as referred to in paragraph (1) must be recorded in the mother's card/medical record, maternal cohort recording form, and maternal and child health book in accordance with the provisions of statutory regulations.

Article 15

- (1) Pregnant women who experience miscarriage must receive post-care health services miscarriage in the form of:
- a. counseling services; and b.
- medical services.
- (2) Counseling services as referred to in paragraph (1) letter a are carried out before and after medical services.
- (3) Counseling services as referred to in paragraph (1) letter a include at least:
- a. psychosocial support counseling;
 - b. medical/clinical management counseling; And
 - c. pregnancy planning counseling including post-miscarriage contraceptive services.
- (4) Counseling services as referred to in paragraph (1) letter a are carried out by Health Workers.
- (5) Pregnancy planning counseling as referred to in paragraph (3) letter c is provided up to 14 (fourteen) days after the miscarriage in pregnancy planning efforts.
- (6) Medical services as intended in paragraph (1) letter b include:
- a. pharmacological and/or operative removal of the products of conception; b. pain management;
- And
- c. Post-operative management of removal of remaining products of conception.
- (7) Medical services as intended in paragraph (6) are carried out at Health Service Facilities by doctors or specialist doctors who have competence and authority.

Part Four
Maternity Health Services
Article 16

- (1) Maternity Health Services as follows as intended in Article 6 letter c is carried out at a Health Service Facility.
- (2) Delivery services as referred to in paragraph (1) is carried out by a team of at least 1 (one) medical personnel and 2 (two) Health Personnel who have competence and authority.
- (3) The team as intended in paragraph (2) consists of:
 - a. doctors, midwives and nurses; or b. doctor and 2 (two) Midwives.
- (4) In the event that there is limited access to delivery at a Health Service Facility as intended in paragraph (1) and paragraph (2), delivery without complications can be carried out by a team of at least 2 (two) Health Workers.
- (5) Limited access as intended in paragraph (4) includes:
 - a. difficulty in reaching Health Service Facilities due to distance and/or geographical conditions; And
 - b. there are no medical personnel.

Article 17

- (1) If the mother and fetus have complications from pregnancy and childbirth, the delivery will be carried out in a hospital according to its competence.
- (2) In the event that the mother and fetus experience complications or emergencies while at a first level Health Service Facility, the first level Health Service Facility must take pre-referral action and be immediately referred to a hospital.

Article 18

- (1) Maternity Health Services as intended in Article 16 paragraph (1) must fulfill 7 (seven) aspects which include:
 - a. make clinical decisions;
 - b. the loving care of Mother and Baby including Initiation Early Breastfeeding (IMD) and Newborn resuscitation;
 - c. prevention of infection;
 - d. prevention of transmission of disease from mother to mother child;
 - e. clean and safe delivery;

f. recording or medical records of birth care; And

g. referrals for cases of maternal and infant complications Newborn.

- (2) Delivery as intended in paragraph (1) is carried out in accordance with normal delivery standards or complicated delivery standards.

Article 19

(1) Mothers and Newborn Babies must be observed at a Health Service Facility at least 24 (twenty four) hours after delivery.

(2) If the condition of the mother and/or newborn baby is normal, they can be sent home after observation as intended in paragraph (1).

(3) In the event that the condition of the mother and/or newborn baby experiences complications and requires further treatment, they can only be sent home if the condition meets the criteria for being fit to go home based on an examination by medical personnel.

Part Five

Postnatal Health Services

Article 20

(1) Postnatal Health Services as intended in Article 6 letter c include:

- a. health services for mothers;
- b. health services for Newborns; and c. health services for babies and children.

(2) Health Services for Mothers as follows referred to in paragraph (1) letter a is carried out at least 4 (four) times which includes:

- a. 1 (one) time in the period 6 (six) hours up to 2 (two) days postpartum;
- b. 1 (one) time in the period 3 (three) days to 7 (seven) days postpartum;
- c. 1 (one) time in the period from 8 (eight) days to 28 (twenty eight) days postpartum; And
- d. 1 (one) time in the period 29 (twenty nine) days to 42 (forty two) days postpartum.

(3) Health services provided during the period as intended in paragraph (2) letter a are health services outside of delivery services and can be provided before the mother

repatriated in accordance with the provisions as intended in Article 19.

- (4) Health services for mothers as intended in paragraph (1) letter a includes:
- a. examination and management using an integrated management algorithm for the postpartum period;
 - b. identify risks and complications; c. managing risks and complications; d. counseling; And
 - e. recording in maternal and child health books, maternal cohorts and maternal cards/medical records.
- (5) Health services for Newborns as intended in (1) letter b are carried out at least 3 (three) times which include:
- a. 1 (one) time in the period 6 (six) hours up to 2 (two) days postpartum;
 - b. 1 (one) time in the period 3 (three) days to 7 (seven) days postpartum; And
 - c. 1 (one) time in the period from 8 (eight) days to 28 (twenty eight) days postpartum;
- (6) Health services for Newborns as intended in paragraph (1) letter b carried out in an integrated manner with health services for mothers which include:
- a. essential neonatal health services by referring to the integrated management approach for sick toddlers;
 - b. Newborn screening;
 - c. stimulation, detection, early intervention, growth and development; And
 - d. providing communication, information and education to mothers and their families regarding the care and upbringing of newborn babies.
- (7) Health services for Infants and Children as intended in paragraph (1) letter c are carried out in accordance with the provisions of statutory regulations.
- (8) Postnatal Health Services as intended in paragraph (1) are carried out in accordance with service standards and provisions of statutory regulations.

Part Six

Contraception Health Services

Article 21

- (1) Contraceptive Health Services as intended in Article 6 letter d are carried out by in a way that can be accounted for in terms of religion, cultural norms, ethics and health.

- (2) Contraceptive Health Services as intended in paragraph (1) include:
- a. contraceptive pre-service activities;
 - b. the act of providing Contraceptive Services; And
 - c. post-contraceptive service activities.

Article 22

- (1) Contraceptive pre-service activities as intended in Article 21 paragraph (2) letter a are carried out to prepare clients in choosing a contraceptive method.
- (2) Contraceptive pre-service activities as intended in paragraph (1) include:
- a. providing communication, information and education; b. counseling services;
 - c. medical eligibility screening; And
 - d. request for approval of the Health Worker's action.
- (3) Providing communication, information and education as intended in paragraph (2) letter a is carried out to provide knowledge to community about family planning.
- (4) The counseling service as intended in paragraph (2) letter b aims to provide clients with an understanding of contraceptive options based on their reproductive goals.
- (5) The provision of communication, information and education as intended in paragraph (2) letter a and counseling services as intended in paragraph (2) letter b must be carried out adequately until the client can decide to choose the contraceptive method to be used.
- (6) Medical eligibility screening as referred to in paragraph (2) letter c is intended as an effort to conduct a study of the client's health condition which will be adjusted to the choice of method contraception to be used.
- (7) Requests for approval of Health Workers' actions as referred to in paragraph (2) letter d are given in writing or verbally.

Article 23

- (1) The provision of communication, information and education as intended in Article 22 paragraph (2) letter a and counseling services as intended in Article 22 paragraph (2) letter b is carried out by health workers and/or non-health workers in accordance with the provisions of statutory regulations.

- (2) Screening for medical suitability as intended in Article 22 paragraph (2) letter c and requests for approval of actions by Health Workers as intended in Article 22 paragraph (2) letter d are carried out by health workers who have competence and authority.

Article 24

- (1) Written approval of Health Workers' actions as intended in Article 22 paragraph (7) includes: a. tubectomy or vasectomy is required from husband and wife; And
- b. Injection, installation or removal of intrauterine contraceptive devices and implants is required from the party who will receive the procedure.
- (2) Oral approval of the Health Worker's actions as intended in Article 22 paragraph (7) is required from the party who will receive the action for administering pills or condoms.

Article 25

- (1) The act of providing Contraceptive Services as intended in Article 21 paragraph (2) letter b includes providing condoms, pills, injections, installing or removing implants, installing or removing intrauterine contraceptives, tubectomy services, vasectomy services and counseling on the Lactational Amenorrhoea Method (MAL).
- (2) The act of providing Contraception Services as intended in paragraph (1) is carried out at:
- a. interval period;
- b. postpartum;
- c. post-miscarriage; or
- d. emergency contraception services.
- (3) The act of providing Contraceptive Services as intended in paragraph (1) is carried out by Health Workers who have competence and authority.

Article 26

- (1) The act of providing contraceptive services as intended in Article 25 paragraph (1) is provided in accordance with the contraceptive method decided and approved by the client without coercion.
- (2) The choice of contraceptive method as intended in paragraph (1) must:
- a. consider the client's age, parity, number of children, and health condition; And

- b. according to the client's reproductive goals.
- (3) The client's reproductive goals as referred to in paragraph (2) letter b, include:
 - a. delaying pregnancy in young couples, mothers who are not yet 20 (twenty) years old, or clients who have health problems;
 - b. arrange pregnancy spacing for clients aged between 20 (twenty) to 35 (thirty five) years; or
 - c. do not want pregnancy in clients who are more than 35 (thirty five) years old.

Article 27

- (1) Contraceptive methods as referred to in Article 26 paragraph (1) consists of:
 - a. long-term contraceptive methods; and b. non-long-term contraceptive methods.
- (2) Long-term contraceptive methods as referred to in paragraph (1) letter a include intrauterine contraceptives, implants, vasectomy and tubectomy.
- (3) The provision of long-term contraceptive method services as referred to in paragraph (1) letter a must be carried out in Health Service Facilities by Health Workers who have competence and authority.
- (4) Non-long-term contraceptive methods as intended in paragraph (1) letter b include contraception with injection methods, pills, condoms, and methods Lactational Amenorrhea (MAL).
- (5) The provision of long-term non-method contraceptive services as referred to in paragraph (1) letter b is carried out at Health Service Facilities by Health Workers who have competence and authority.
- (6) Long-term non-method contraceptive services using the condom method as intended in paragraph (1) letter b can be provided by non-health personnel and outside Health Service Facilities.

Article 28

- (1) Emergency contraception services as intended in Article 25 paragraph (2) letter d are provided to women who are not protected by contraception or rape victims to prevent pregnancy.
- (2) Emergency contraception as intended in paragraph (1) is given within 5 (five) days after sexual intercourse or rape.

- (3) Emergency contraception services as referred to in paragraph (1) must be provided by doctors and/or other Health Workers who have competence and authority.

Article 29

- (1) Post-contraceptive service activities as intended in Article 21 paragraph (2) letter c are carried out to monitor and handle side effects of contraceptive use, complications of contraceptive use, and contraceptive failure.
- (2) The side effects of using contraception as referred to in paragraph (1) are changes in body systems, devices and functions that arise as a result of using contraceptive devices or drugs and do not have a serious effect on the client.
- (3) Complications of contraceptive use as referred to in paragraph (1) are health problems experienced by clients as a result of contraceptive use.
- (4) Contraceptive failure as referred to in paragraph (1) is the occurrence of pregnancy in the client while using contraception.
- (5) Post-contraceptive service activities as referred to in paragraph (1) include providing counseling, medical services, and/or appropriate referrals with the provisions of statutory regulations.

Part Seven

Sexual Health Services

Article 30

- (1) Sexual health services as referred to in Article 6 letter d, are provided so that everyone can live a healthy sexual life safely, without coercion and discrimination, without fear, shame and guilt.
- (2) A healthy sexual life as referred to in paragraph (1) includes a sexual life that:
 - a. free from sexually transmitted infections;
 - b. free from dysfunction and sexual orientation disorders;
 - c. free from physical and mental violence;
 - d. able to manage pregnancy; and e. in accordance with ethics and morality.

Article 31

- (1) Sexual Health Services are carried out at first level Health Facilities and advanced level referral Health Facilities.
- (2) Sexual health services are provided through:
 - a. social skills;
 - b. communication, information and education;
 - c. counseling;
 - d. examination and treatment; And
 - e. maintenance.
- (3) Sexual health services as intended in paragraph (1) and paragraph (2) can be integrated with other health programs or services.
- (4) Other Health Programs or Services as intended in paragraph (3) include:
 - a. health of both mother and child;
 - b. birth control;
 - c. reproduction health;
 - d. Adolescent health;
 - e. elderly health;
 - f. prevention and control of *Human Immunodeficiency virus/ Acquired Immune Deficiency Syndrome (HIV-AIDS)*, Hepatitis B and sexually transmitted infections (syphilis);
 - g. preventing the risk of cervical cancer through *Visual Acetate Inspection (IVA) examination*; And
 - h. mental health.

CHAPTER IV

CHILDREN'S HEALTH SERVICES

Part One

General

Article 32

- (1) Child Health Services as intended in Article 5 letter b are provided from the time the fetus is in the womb until it is 18 (eighteen) years old.
- (2) Children's Health Services as intended in paragraph (1) are carried out through services:
 - a. the health of the fetus in the womb;
 - b. Newborn Health;
 - c. infant, toddler and preschool health;
 - d. health of School Age Children and Adolescents; And
 - e. child health protection.

Article 33

- (1) The Regional Government guarantees the availability of health resources, facilities, infrastructure and financing for the implementation of Child Health Efforts.
- (2) In guaranteeing Children's Health services as intended in paragraph (1) the Regional Government must prepare a needs plan in stages.
- (3) Children's Health Services as referred to in paragraph (1) must be implemented, recorded and reported in accordance with the provisions of statutory regulations.

The second part

Fetal Health Services in the Womb

Article 34

- (1) Health services for the fetus in the womb as intended in Article 32 paragraph (2) letter a are carried out through:
 - a. providing communication, information and education regarding balanced nutritional intake, clean and healthy living behavior, and addictive substance abuse during pregnancy;
 - b. Antenatal examination of pregnant women; And
 - c. stimulation of cognitive function in the fetus.
- (2) Providing communication, information and education as intended in paragraph (1) letter a can be done through counseling, counseling and mother classes.
- (3) Antenatal examinations as referred to in paragraph (1) letter b are carried out on pregnant women periodically according to standards, at least 6 (six) times during the pregnancy period.
- (4) Stimulation of cognitive function in the fetus as referred to in paragraph (1) letter c is carried out for pregnant women from 5 (five) months of pregnancy until birth in accordance with the guidelines for implementing Stimulation, Detection and Early Intervention of Child Growth and Development.
- (5) Fetal health services as referred to in paragraph (1) are carried out in accordance with the provisions of statutory regulations

Third part

Newborn Health Services

Article 35

- (1) Newborn Health Services as intended in Article 32 paragraph (2) letter b implemented through:
 - a. essential neonatal health services;
 - b. Newborn screening; And

- c. providing communication, information and education to his mother and family.
- (2) The provision of Health Services as intended in paragraph (1) must consider security, carried out when:
- a. Newborns until the discharge process; And
 - b. repeat visit.

Article 36

- (1) Essential neonatal health services as intended in Article 35 paragraph (1) letter a must be provided to Newborn Babies.
- (2) Essential neonatal health services as intended in paragraph (1) are carried out:
- a. at birth 0 (zero) to 6 (six) hours; And
 - b. after birth 6 (six) hours to 28 (twenty eight) days.

Article 37

Essential neonatal services 0 (zero) to 6 (six) hours as intended in Article 36 paragraph (2) letter a includes:

- a. keep Baby warm;
- b. early initiation of breastfeeding;
- c. cutting and caring for the umbilical cord;
- d. administering prophylactic vitamin K1 injections;
- e. administration of antibiotic eye ointment;
- f. administering hepatitis B0 (Hep B0) immunization;
- g. Newborn physical examination;
- h. monitoring danger signs;
- i. treatment of newborn asphyxia;
- j. providing personal identification; And
- k. refer cases that cannot be treated in a stable condition, on time to more capable health service facilities.

Article 38

- (1) Essential neonatal services carried out after birth 6 (six) hours to 28 (twenty eight) days as intended in Article 36 paragraph (2) letter b include:
- a. keep Baby warm;
 - b. umbilical cord care;
 - b. Newborn examination;
 - c. treatment using the kangaroo method for low birth weight babies;

- d. prophylactic vitamin K1 status examination and immunization;
- e. handling sick newborns and congenital abnormalities; And
- f. refer cases that cannot be treated in a stable condition, on time to more capable Health Service Facilities.

(2) Essential neonatal services as intended in paragraph (1) are carried out at least 3 (three) visits, which include:

- a. 1 (one) time at the age of 6-48 (six to forty eight) hours;
- b. 1 (one) time at the age of 3-7 (three to seven days); And
- c. 1 (one) time at the age of 8-28 (eight to twenty eight days) days.

Article 39

(1) Handling of Newborn Asphyxia as intended in Article 37 letter i is handling of the condition of a baby who is not breathing spontaneously and irregularly immediately after birth, who has previously experienced fetal distress.

(2) In handling asphyxia of newborn babies as referred to in paragraph (1), health workers assisting with childbirth must know the signs of babies at risk of asphyxia before and after delivery according to standards.

Article 40

(1) Prophylactic vitamin K1 injection and hepatitis B0 (Hep B0) immunization as intended in Article 37 letters d and f are carried out immediately after birth or during the First Neonatal Visit (KN1) if the birth is assisted by a non-Health Personnel.

(2) In the event that the vitamin K1 status prophylaxis and immunization as referred to in paragraph (1) has not been provided, the Health Worker carrying out the examination is obliged to provide it.

Article 41

(1) Referring to cases that cannot be handled in a stable condition on time as intended in Article 37 letter k and Article 38 paragraph (1) letter f carried out through referrals between and/or directly to the PONEK Hospital.

(2) The intermediate reference as intended in paragraph (1) is a Community Health Center capable of PONEK as a supporter of the functioning of the PONEK Hospital in Area.

Article 42

- (1) Newborn Baby Screening as intended in Article 35 paragraph (1) letter b is carried out on every Newborn Baby by Health Workers.
- (2) Newborn Screening as referred to in paragraph (1) at least includes screening for *congenital hypothyroidism*.
- (3) *Congenital hypothyroidism* screening as referred to in paragraph (2) is carried out through blood sampling which must be carried out on babies aged 48 (forty eight) to 72 (seventy two) hours.
- (4) In the event that the *congenital hypothyroid* screening as intended in paragraph (3) shows positive results, treatment must be carried out on babies aged before 1 (one) month.

Article 43

- (1) Providing information and educational communications to mothers and their families as intended in Article 35 paragraph (1) letter c includes:
 - a. Newborn care;
 - b. Exclusive breastfeeding;
 - c. danger signs in newborns;
 - d. health services for Newborns; And
 - e. Newborn screening.
- (2) Communication of information and education as intended in paragraph (1) can be carried out by Personnel Health and Cadres using the KIA Book or other health media.

Article 44

- (1) Provision of Health Services during New Babies
The birth to discharge process as intended in Article 35 paragraph (2) letter a must be carried out no later than 24 (twenty four) hours after the baby is born at a Health Service Facility.
- (2) In the event that there are special conditions and the baby is born outside the Health Service Facility, the discharge process as intended in paragraph (1) is deemed to be carried out when the health worker leaves the place where the mother is giving birth no sooner than 2 (two) hours after the baby is born.

Article 45

- Re-visit inspections as intended in Article 35 paragraph (2) letter b are carried out:
- a. when the baby is taken to a health service facility because of a health problem; And
 - b. according to the neonatal visit schedule.

Part Four

Infant, Toddler and Preschool Health Services

Article 46

- (1) Health services for babies, toddlers and preschoolers as referred to in Article 32 paragraph (2) letter c are aimed at improving the survival and quality of life for babies, toddlers and preschoolers.
- (2) Infant, Toddler and Preschool Health Services as intended in paragraph (1) must be provided through:
 - a. Exclusive breastfeeding until the age of 6 (six) month;
 - b. breastfeeding for up to 2 (two) years;
 - c. providing complementary foods for breast milk (MP-ASI) starting from 6 (six) months of age;
 - d. providing complete basic immunization for babies;
 - e. providing continued DPT/HB/Hib immunization to children aged 18 (eighteen) months and measles immunization to children aged 24 (twenty four) months.
 - f. administration of Vitamin A;
 - g. child rearing pattern efforts;
 - h. growth monitoring;
 - i. progress monitoring;
 - j. monitoring growth and development disorders;
 - k. IMCI and Malnutrition; And
 - l. refer cases that cannot be treated in a stable condition, on time to more capable Health Service Facilities.
- (3) Provision of complementary breast milk food (MP-ASI) as intended in paragraph (2) letter c is carried out at the age of 6 (six) months to 24 (twenty four) months.
- (4) Giving vitamin A capsules as intended in paragraph (2) letter f is carried out once for children aged 6 (six) months to 11 (eleven) months and 2 (two) times a year for children aged 12 (twelve) months up to 60 (sixty) months.
- (5) Efforts for parenting patterns as referred to in paragraph (2) letter g are carried out through providing counseling to parents or services by officers at Child Care Centers (TPA), Early Childhood Education (PAUD), Toddler Health Development (BKB), and Posyandu for children aged 0 (zero) to 72 (seventy two) months.
- (6) Efforts for parenting patterns as intended in paragraph (5) must be implemented by Health Workers and cross-sector officers in a comprehensive, quality and sustainable manner.

Article 47

- (1) Growth monitoring as intended in Article 46 paragraph (2) letter h is carried out on children aged 0 (zero) to 72 (seventy two) months through weighing every month and measuring height every 3 (three) months as well as measuring head circumference according to schedule.
- (2) Monitoring of development as intended in Article 46 paragraph (2) letter i is carried out through stimulation, early detection and early intervention of growth and development every 3 (three) months for children aged 0 (zero) to 12 months and every 6 (six) months for children aged 12 (twelve) to 72 (seventy two) months.
- (3) Monitoring of growth and development disorders as intended in Article 46 paragraph (2) letter j is carried out according to the screening age schedule.

Article 48

- (1) Monitoring of growth, development and growth and development disorders as intended in Article 47 is directed at improving the physical, cognitive, mental and psychosocial health of children.
- (2) Monitoring of growth, development and growth and development disorders as intended in paragraph (1) must be carried out comprehensively and with quality through activities:
 - a. adequate stimulation;
 - b. early detection of growth and development deviations;
And
 - c. early intervention for growth and development deviations.
- (3) Activities as intended in paragraph (2) are carried out in basic Health Service Facilities and in kindergartens.
- (4) In the event that there are deviations in growth and development after the activities as intended in paragraph (2) are carried out, referrals must be made by Health Workers in accordance with standards so that the child can live optimally according to his potential.

Article 49

- (1) MTBS as intended in Article 46 paragraph (2) letter k is implemented to improve:
 - a. health care system;
 - b. knowledge and skills of mothers and child caregivers in child care and seeking health care; And

c. ability and skills of Health Workers in handling sick toddlers.

- (2) MTBS as intended in paragraph (1) carried out by trained nurses and midwives.
- (3) In administering MTBS, nurses and midwives as referred to in paragraph (2) must be under the supervision of doctors who have been given training.

Article 50

- (1) Communication of information and education regarding Health services for babies, toddlers and preschool children must be provided to parents of babies, toddlers and preschool children.
- (2) Communication of information and education as intended in paragraph (1) can be obtained through Health Workers and KIA books.

Part Five

Health Services for School Age Children and Adolescents

Article 51

- (1) Every School Age Child and Adolescent as intended in Article 32 paragraph (2) letter d must be provided with Health Services.
- (2) Health Services for School Age Children and Adolescents as referred to in paragraph (1) are intended so that every child has the ability to behave in a clean and healthy way, has healthy living skills and good social skills so that they can learn, grow and develop harmoniously and optimally. become quality human resources.
- (3) Health Services for School Age Children and Adolescents as intended in paragraph (1) are carried out at least through:
 - a. school health; And
 - b. Adolescent care health services.
- (4) Health services as referred to in paragraph (3) are carried out by Health Workers involving school health business development teachers, guidance and counseling teachers, school health cadres and peer counselors.

Article 52

- (1) School Health Business as intended
In Article 51 paragraph (3) letter a, activities include:
 - a. health education;
 - b. health services; c. fostering
a healthy school environment; And

d. Giving blood supplement tablets to teenagers

daughter.

- (2) School Health Business as referred to in paragraph (1) is carried out through coordination with cross-programs and cross-sectors.
- (3) Health services through the School Health Business as intended in paragraph (1) are carried out in accordance with the provisions of statutory regulations.

Article 53

- (1) Youth care health services as intended in Article 51 paragraph (3) letter b are carried out through:
 - a. counseling services;
 - b. medical clinical services;
 - c. referral services;
 - d. providing communication, information and education on adolescent health;
 - e. Youth participation; And
 - f. social skills.
- (2) Health services as intended in paragraph (1) are provided to all teenagers, carried out inside or outside the building for individuals or groups.

Article 54

- (1) Counseling services as referred to in Article 53 paragraph (1) letter a are provided by trained counselors to Adolescents to help Adolescents be able to resolve the problems they face, and can develop into independent and responsible adults.
- (2) Medical clinical services as intended in Article 53 paragraph (1) letter b are provided to teenagers suffering from certain diseases according to standards.
- (3) Provision of Referral Services as intended in Article 53 paragraph (1) letter c includes Referral Services in the fields of:
 - a. medical;
 - b. social; And
 - c. law.
- (4) Referral services in the social and legal fields as intended in paragraph (3) letters b and c must be carried out by Health Workers in accordance with the provisions of statutory regulations.

- (5) Providing communication, information and health education for Adolescents as referred to in Article 53 paragraph (1) letter d is carried out in accordance with the stages of growth and development and needs of Adolescents.
- (6) Adolescent participation as referred to in Article 53 paragraph (1) letter e is carried out by actively involving Adolescents in the planning and implementation of health care services for Adolescents as well as empowering peer counselors.
- (7) Social skills as intended in Article 53 paragraph (1) letter f are carried out by health workers and teaching staff by involving the role of teenagers according to standards.

Article 55

- (1) Communication, information and education as intended in Article 53 paragraph (1) letter d are provided to all School Age Children and Adolescents.
- (2) Communication, information and education as intended in paragraph (1) can be provided by Health Workers, school health business teachers, guidance and counseling teachers, and peer counselors.
- (3) Communication, information and education as referred to in paragraph (1) are provided, among other things, through question and answer lectures, focus group discussions and interactive discussions using communication, information and education facilities and media.

Article 56

- (1) Materials for providing communication, information and education as intended in Article 55 includes:
 - a. Clean and Healthy Living Behavior (PHBS);
 - b. growth and development of school age children and Teenager;
 - c. reproduction health;
 - d. immunization;
 - e. mental health and narcotics, psychotropics and addictive substances;
 - f. nutrition;
 - g. Infectious diseases including *Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome*;
 - h. Healthy Living Skills Education (PKHS);
And
 - i. intelligence health.
- (2) The material for providing information and educational communication as intended in paragraph (1) is carried out according to the growth and development stages and needs of School Age Children and Adolescents.

Part Six
 Child Health Protection
 Paragraph 1
 General
 Article 57

- (1) Child Health Protection as intended in Article 32 paragraph (2) letter e aims to:
- a. guarantee that children's rights are fulfilled so that they can live, grow and develop in accordance with human dignity;
And
 - b. provide protection to children from violence and discrimination, in order to create regional children who have quality, noble character and prosperity.
- (2) Child Health Protection as intended in paragraph (1) is carried out through:
- a. health services for KtA victims including criminal case of human trafficking/*trafficking*;
 - b. health services for children in conflict with the law in correctional institutions/
jail;
 - c. health services for Children with Disabilities;
 - d. health services for abandoned children in children's social welfare homes/institutions; And
 - e. health services for street children/workers
Child.

Paragraph 2
 Health Services for KtA Victims
 Article 58

- (1) Health services for KtA victims as intended in Article 57 paragraph (2) letter a held at Health Service Facilities and other facilities/institutions.
- (2) Health services for KtA victims as intended in paragraph (1) are carried out through:
- a. education about the impact of violence on child growth and development;
 - b. handling medical emergency cases;
 - c. counseling and mental health;
 - d. physical and mental status examination;
 - e. Supporting examinations include laboratories blood and urine, x-ray;
 - f. medical records;

- g. home visits;
 - h. recording and reporting;
 - i. making a Visum et Repertum;
 - j. providing medical referrals at first level Health Service Facilities and advanced level Health Service Facilities if necessary; And
 - k. referrals for legal and psychosocial assistance.
- (3) Health services for KtA victims as follows referred to in paragraph (2) is carried out in stages according to the referral system.

Article 59

- (1) Health workers who, in providing health services, discover suspected KtA are obliged to notify the child's parents and/or companions, accompanied by a recommendation to report the suspected KtA to the police.
- (2) In the event that the parents or companions of the KtA victim refuse to make the report as intended in paragraph (1), the health worker is obliged to provide information to the police as soon as possible in accordance with the provisions of the laws and regulations.

Paragraph 3

Children Facing the Law in Institutions
Corrections/Detention Centers and Abandoned Children,
Street Children or Child Workers in Homes/Institutions
Child Social Welfare

Article 60

- (1) Health services for children in conflict with the law in correctional institutions/detention centers and neglected children, street children or child workers in children's social welfare institutions/institutions as intended in Article 57 paragraph (2) letters b, d and e carried out by Health Workers.
- (2) Puskesmas whose working area has correctional institutions/detention centers and children's social welfare institutions/institutions must provide health services that include at least:
- a. counseling regarding children's health;
 - b. education regarding environmental health;
 - c. health screening;
 - d. eradicating mosquito nests;
 - e. immunization;
 - f. treatment according to medical indications; and/or

g. counseling and mental health services.

- (3) Health services as intended in paragraph (1) are provided according to the age of children in conflict with the law in correctional institutions/detention centers and abandoned children, street children or child workers in children's institutions/ social welfare institutions.

Paragraph 4

Children with Disabilities

Article 61

- (1) Health services for Children with Disabilities as intended in Article 57 paragraph (2) letter c can be provided at Health Service Facilities or outside Health Service Facilities.
- (2) Health services for Children with Disabilities provided outside the Health Service Facilities as referred to in paragraph (1) can, among other things, be provided through special schools, inclusive schools, other institutions, and families.
- (3) Health services for Children with Disabilities provided in special schools and inclusive schools as referred to in paragraph (2) are integrated with school health efforts.
- (4) In the event that the health services as intended in paragraph (1) are provided by a Puskesmas whose working area includes a special school, it must include at least:
- a. counseling about children's health;
 - b. education about environmental health;
 - c. health screening;
 - d. eradicating mosquito nests;
 - e. immunization;
 - f. treatment;
 - g. mental health counseling and services; and/or
 - h. intelligence health services.

CHAPTER V

SOCIETY PARTICIPATION

Article 62

Community participation in supporting efforts to provide maternal and child health is carried out by empowering the community which includes:

- a. Community mobilization:
 1. Community empowerment in the field of maternal and child health efforts including concern, attention and active participation of individuals, families and communities in maintaining the health of mothers and children; And

2. provide assistance to mothers and children in high risk groups including high risk pregnant women and children in high risk groups including high risk pregnant women, high risk postpartum women and high risk toddlers;
- b. Community organizing and empowerment includes:
1. organized and sustainable institutions supported by management of maternal and child health activities;
 2. assistance to individuals, families, community groups and communities;
 3. pay attention to local potential and wisdom; And
 4. collaborate with Health Service Facilities to build public service accountability; And
- c. carry out advocacy, promotion and dissemination of information by gathering support and stakeholders in order to strive for maternal and child health.

CHAPTER VI

GUIDANCE AND SUPERVISION

Article 63

- (1) The Regent carries out guidance and supervision in the implementation of Maternal and Child health in the Region.
- (2) Guidance and supervision as referred to in paragraph (1) are operationally carried out technically by the Head of the Sukoharjo Regency Health Service.
- (3) The implementation of guidance and supervision as intended in paragraph (2) is carried out by a team determined by the decision of the Head of the Health Service.

Article 64

Supervision is carried out in the form of monitoring and evaluation in stages with the aim of monitoring the quality of health services and community participation in maternal and child health efforts including:

- a. quality of service in Health Service Facilities in accordance with predetermined standard operational procedures;
- b. carry out monitoring and evaluation in stages according to regional authority and policy; And
- c. Each Health Service Facility provides reports in stages.

CHAPTER VII

FINANCING

Article 65

Financing for the provision of maternal and child health services in the region comes from:

- a. Regional Revenue and Expenditure Budget; and b. other sources of income that are legal and not binding in accordance with statutory regulations.

CHAPTER VIII

CLOSING

Article 66

This Regent's Regulation comes into force on the date of promulgation.

So that everyone is aware, this Regent's Regulation is ordered to be promulgated by placing it in the Regional Gazette of Sukoharjo Regency.

Stipulated in Sukoharjo on
December 30, 2022
REGENT SUKOHARJO,

signed.

ETIK SURYANI

Promulgated in Sukoharjo
on December 30, 2022

REGIONAL SECRETARY
SUKOHARJO DISTRICT,

signed.

WIDODO

REGIONAL NEWS SUKOHARJO DISTRICT
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The copy corresponds to the original
HEAD OF LEGAL SECTION,

signed.

TEGUH PRAMONO, SH, MH

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