

UNICEF Indonesia
Nutrition Thematic Annual Report



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ACRONYMS AND ABBREVIATIONS

ACF	Action Contre La Faim
Bappenas	National Development Planning Agency
BMS	Breastmilk substitutes
CHW	Community health worker
CMAM	Community-based management of acute malnutrition
IDHS	Indonesia Demographic and Health Survey
IFE	Infant feeding in emergencies
IYCF	Infant and young child feeding
NGO	Non-governmental organization
NTT	Nusa Tenggara Timur
PKH	Family Hope Programme
Posyandu	Integrated health post
Puskesmas	Health centre
Pustu	Health post
RAN-PG	National Plan of Action on Food and Nutrition
RISKESDAS	National Basic Health Research Survey
RPJMN	National Medium Term Development Plan
RUTF	Ready-to-use therapeutic foods
SAM	Severe acute malnutrition
SDG	Sustainable Development Goal
SUN	Scaling Up Nutrition
WASH	Water, sanitation and hygiene
WHO	World Health Organization
UNPDF	United Nation's Partnership Development Framework

EXECUTIVE SUMMARY

Despite decades of significant economic growth, Indonesia has one of the world's highest child malnutrition rates. More than eight million children are stunted¹ and an estimated three million children are severely malnourished. Fortunately, Indonesia has begun to take major steps to reduce child undernutrition. Stunting has been included as a main development indicator in the National Medium Term Development Plan (2015-19), demonstrating the government's commitment to address malnutrition and recognizing the need for a multi-sector response. In addition, the government's five year National Plan of Action on Food and Nutrition (2015-19) provides a road map for actions to reduce malnutrition at national and sub-national levels.

In 2016, UNICEF made significant progress in supporting the government's endeavour to accelerate nutrition-related interventions in Indonesia. Together with the World Bank, UNICEF continued to serve as the donor and UN agency convener for the Scaling Up Nutrition (SUN) Movement - maximizing the best possible harmonization among donors and UN agencies, and mutual accountability for effective and efficient support to the SUN Movement in Indonesia.

The priority actions taken by UNICEF together with other donor and UN agencies in 2016 include providing technical support for the development of the Grand Design (road map) for SUN Secretariat and guidelines on conflict of interest; finalization and dissemination of the National Food and Nutrition Action Plan in various provinces; drafting the common narrative on nutrition; and establishing the knowledge management catalogue for nutrition.

Importantly, UNICEF nurtured a collaborative relationship with the President's Office to support our advocacy efforts on the marketing of breastmilk substitutes and help them strengthen related legislation. UNICEF also provided technical support to the Ministry of Health in their efforts to update the Government Regulation on Labelling and Advertisement to be in-line with the latest World Health Assembly (WHA) resolution 69.9 -- ending inappropriate promotion of foods for infant and young children up to three years old.

As part of an effort to reduce the burden of severe acute malnutrition (SAM), UNICEF continued its partnership with Action Contre la Faim (ACF) (an international NGO with a local office in Kupang) to support the Ministry of Health in testing the implementation model for community-based management of acute malnutrition (CMAM) in Kupang District in eastern Indonesia. In 2016, the programme was rolled out in six sub-districts and by September 2016, approximately 3000 children were screened for SAM each month. Over the course of 9 months, more than 200 children were admitted for treatment and about a third had been fully treated and returned to a normal body weight. A draft interim guideline on CMAM focusing on community mobilization and outpatient care has also been developed and shared with the Ministry of Health.

In 2016, UNICEF Indonesia embarked on a new program to support the government to design and test public health interventions and identify policy options for improving the nutritional status of adolescents in the country. The focus of the program in 2016 was on gathering data and information to better understand adolescent nutrition in Indonesia, including the factors influencing the eating and physical activity behaviors of adolescent girls and boys.

In addition, UNICEF collaborated with the Ministry of Health and other partners to update the guideline on addressing Nutrition in Emergencies. This document will guide humanitarian partners

¹ State of the World's Children 2016: A fair chance for every child. UNICEF. June 2016.

on providing harmonized response actions during emergencies.

In 2017, UNICEF will continue to improve the enabling environment for nutrition by supporting the SUN Movement in the country and generate new evidence and knowledge on CMAM and adolescent nutrition. The Institutional Capacity Assessment for Nutrition will be carried out, and integrated nutrition and WASH modelling will be conducted in selected districts to reduce stunting. The additional contribution from the Regional Thematic Fund will be used to support these activities.

Indonesia's economy continues to record impressive growth following its democratic transition in 1998. In contrast, the country has some of the most troubling nutrition statistics in the world: more than eight million children are stunted² and an estimated three million are severely malnourished. Poor adolescent nutrition is one of the key factors underpinning the high burden of undernutrition in the country. The 2013 National Basic Health Research Survey (RISKESDAS) shows that 31% of adolescents aged 16-18 years are stunted and 9% are wasted.

The high prevalence of low birth weight (10%) and poor maternal nutritional status before, during, and after pregnancy are also a great concern. Importantly, the country has been increasingly confronted with the 'double burden of malnutrition', characteristically defined by the coexistence of under- and over-nutrition. The dietary transitions taking place in Indonesia, combined with an increasingly sedentary lifestyle related to progressive urbanization, collectively contribute to this double burden of malnutrition. An increasing prevalence of overweight and obese children and adolescents has been observed in Indonesia, carrying life-long consequences for non-communicable diseases (NCD) in adulthood.

Fortunately, Indonesia has begun to take major steps to reduce child undernutrition. Stunting has been included as a main development indicator in the National Medium Term Development Plan (2015-19), demonstrating the government's commitment to address malnutrition and recognizing the need for undertaking a multi-sector response. Indonesia's intensive involvement in the post-2015 agenda and quick action to form a secretariat on the Sustainable Development Goals also demonstrate the country's commitment to sustainable and inclusive development. Furthermore, the government's five year National Plan of Action on Food and Nutrition (2015-19) provides a road map for actions to reduce malnutrition at national and sub-national levels with the intention for provinces and districts to design and implement their own contextualized plans of action.

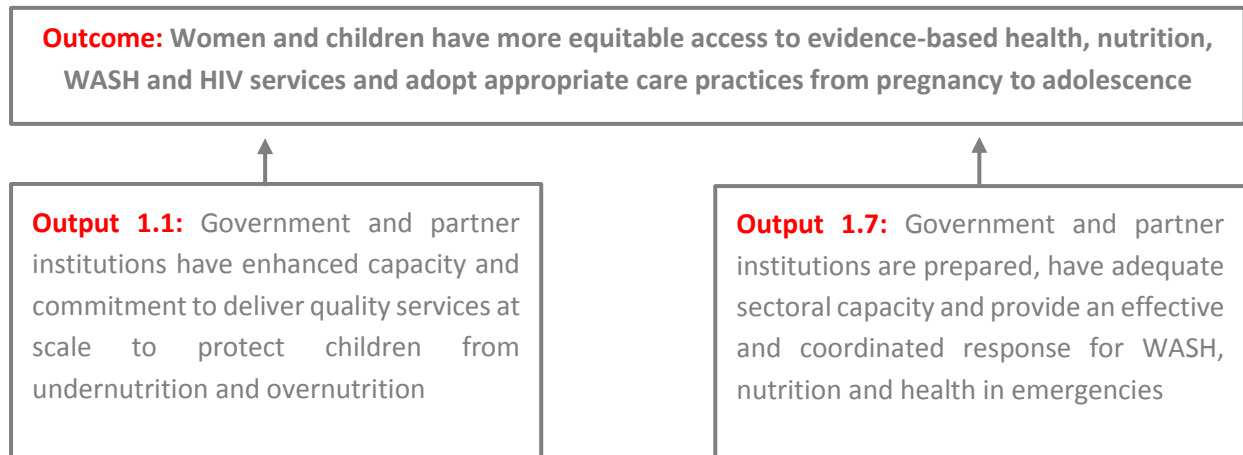
However, major challenges remain. Not all provinces and districts have their food and nutrition plan of action. Only 17 out of 34 provinces and less than 10 out of 514 districts have their plan in place to guide different sectors to take harmonized action on nutrition. National policies and guidelines are often not in line with global recommendations, and translating national policies and plans into effective actions at sub-national level remain as a challenge.

It is anticipated that some of these challenges may be resolved with the increasing authority given to district governments and through the forthcoming Minimum Service Standards on health.

² State of the World's Children 2016: A fair chance for every child. UNICEF. June 2016.

RESULTS IN THE OUTCOME AREA OF NUTRITION

The current five-year country program cycle (2016-20) of UNICEF Indonesia started in 2016, and UNICEF's nutrition work falls under one outcome and two output areas, as indicated below.



In 2016, UNICEF made significant progress in supporting the government's endeavour to accelerate nutrition actions in Indonesia. The following summarizes UNICEF's major achievements in nutrition in 2016:

- **Support to the Scaling Up Nutrition (SUN) Movement**

In 2016, together with the World Bank, UNICEF continued to serve as the donor and UN agency convener for the SUN Movement. This ensures the best possible harmonization among donors and UN agencies, and mutual accountability for effective and efficient support to the SUN Movement in Indonesia. This network, formed upon the request of the government, is called the Donor and UN Country Network on Nutrition (DUNCNN). As the donor convenor, UNICEF continues to act as a catalyst, representing the wider donor and UN agency group in various discussions related to nutrition.

In 2016, under the chairmanship of UNICEF and the World Bank, the DUNCNN met six times to discuss joint actions on priority issues, and coordinate / harmonize support on nutrition. Key priority actions taken by UNICEF and other member agencies in 2016 include providing inputs to the development of the Terms of Reference for an expanded SUN Secretariat, Grand Design (road map), and guidelines on potential conflicts of interest; finalizing and disseminating the National Food and Nutrition Action Plan in various provinces; drafting the common narrative on nutrition; and establishing a knowledge management catalogue for nutrition. Specifically, the common narrative provides a joint analysis and interpretation of the current nutrition situation in Indonesia, the necessary actions across all relevant sectors to address malnutrition, and how UN agencies and donors intend to provide support

- **Strengthening the enabling environment for nutrition**

In addition to the support provided to the SUN Movement, UNICEF's efforts to strengthen the enabling environment for nutrition in the country focused on two areas: the National Plan of Action on Food and Nutrition, and legislation on the marketing of breast milk substitutes (BMS).

The government's five year National Plan of Action on Food and Nutrition (RAN-PG) constitutes the common results framework for actions to reduce malnutrition in Indonesia. In 2016 UNICEF provided technical support to the finalization and dissemination of the Plan of Action to all provinces. At sub-national level, UNICEF supported the province of Nusa Tenggara Timur (NTT) to develop the sub-national Plan of Action on Food and Nutrition, ensuring that it included priority nutrition specific and sensitive actions across all relevant sectors, as well as the double burden of malnutrition.

As for the legislation on the marketing of BMS, UNICEF nurtured a collaborative relationship with the President's Office to support our advocacy efforts, and developed a policy brief to enhance their understanding on the BMS issue and help them strengthen Indonesia's legislation on marketing of BMS. In addition, the World Breastfeeding Week in 2016 had a specific focus on the BMS marketing legislation. As a result of all these efforts, in 2016, the Ministry of Health and Ministry of Women's Empowerment and Child Protection, supported by the President's Office, committed to strengthen the national legislation to be in line with the international BMS Code.

UNICEF also provided technical support to the Ministry of Health in their efforts to update the Government Regulation on Labelling and Advertisement to be in-line with the latest World Health Assembly (WHA) resolution 69.9 -- ending inappropriate promotion of foods for infant and young children up to three years old. Furthermore, UNICEF partnered with Alive and Thrive and the Department of Economics, University of Padjadjaran, to analyze the cost of not breastfeeding in Indonesia in 6 provinces, to provide evidence base for future advocacy efforts to strengthen legislation for protecting breastfeeding in Indonesia.

- **Improving access to quality nutrition services**

As part of an effort to reduce the burden of severe acute malnutrition (SAM), UNICEF continued its partnership with Action Contre la Faim (ACF) to support the Ministry of Health in testing an implementation model for community-based management of acute malnutrition (CMAM) in Kupang District in eastern Indonesia. The pilot aims to build an evidence base on how to integrate the CMAM into routine health service delivery in Indonesia. The evidence will be used to advocate for scale-up of CMAM in Indonesia so that life-saving treatment is more accessible to children with SAM.

Significant progress was achieved in 2016. The program was implemented in six sub-districts and a simplified protocol and training package was developed and rolled out through a series of training workshops in all six sub-districts, reaching 74 health workers from 29 health facilities and 12 health government officials. Children were given a nutrient-rich paste known as ready-to-use therapeutic food, a medical treatment for SAM, and medicine to treat any underlying health problems.

By September 2016, approximately 3000 children were screened for SAM each month, and 222 children were admitted for treatment over the course of 9 months -with about a third fully treated and returning to a normal body weight. There has been further expansion of training on maternal and infant nutrition, including recommended breastfeeding practices, and more than 400 community-based workers received refresher training on how to screen children for severe acute malnutrition.

A follow-up nutrition survey was conducted in February 2016, indicating a slight, but not significant, improvement in nutritional status, and a Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) survey was completed. Data on service delivery and results from the SQUEAC survey have

shown a high proportion of drop-outs and slow response to treatment, indicating the mechanisms to mobilize the community and ensure individual follow-up of children admitted to CMAM need to be further strengthened.

A draft interim guideline on CMAM focusing on community mobilization and outpatient care has also been developed and shared with the Ministry of Health. Further discussion with the Ministry of Health will continue in 2017 to determine how to link this document with the existing guidelines on inpatient care and management of moderate acute malnutrition.

■ **Adolescent Nutrition Programme**

In 2016 UNICEF Indonesia embarked on a new program to support the Government of Indonesia in testing public health interventions and identify policy options to improve nutritional status of adolescents in the country. Two districts were selected, namely Klaten in the province of Central Java and West Lombok in the province of Nusa Tenggara Barat (NTB).

The focus of the first year of the program in 2016 was on gathering data and information to better understand adolescent nutrition in Indonesia, including the factors influencing the eating and physical activity behaviors of adolescent girls and boys. A number of baseline reviews, surveys and assessments were conducted to help design the package of interventions. Existing data and information on the status of adolescent nutrition in Indonesia were collected and synthesized; past approaches to improving adolescent nutrition were examined, and; the content of and gaps in government policies and guidelines relevant to adolescent nutrition were explored.

A baseline survey and landscape review are also underway to further assess the nutritional status of adolescent girls and boys and their determinants, and to review legislation, policies, strategies, and guidelines addressing adolescent nutrition.

The baseline assessments, reviews and studies will be used to develop a model package of interventions to improve adolescent nutrition and delivery mechanisms for reaching adolescents, which will be tested for scale. High-level advocacy and communication efforts will be made to strengthen government ownership and leadership towards adolescent nutrition and health, and mainstream adolescent nutrition into relevant health sector plans, strategies, and policies. In addition, training packages and job aids addressing gender equity and gender-sensitive service delivery are planned to be developed to support the implementation of the identified adolescent nutrition intervention package.

■ **Emergency preparedness and response**

Indonesia is widely recognized as one of the world's most disaster prone countries. While the government maintains good capacity to respond to nutrition needs in emergencies, support for infant feeding in emergencies (IFE) remains relatively weak. Major concerns include the uncontrolled donations and distribution of BMS, and lack of knowledge and skills of humanitarian actors to support complementary feeding for children aged 6-23 months.

In 2016, UNICEF provided technical support to the Ministry of Health to strengthen their emergency preparedness, by developing an updated Nutrition in Emergency Guidelines and contingency plans. UNICEF also supported the Ministry of Social Affairs in updating their guidelines on establishing a public kitchen for children under-two. In addition, UNICEF provided support to other humanitarian actors including NGOs, through a whatsapp group established in 2015, providing real-

time report of situation from the field and sharing information, updating and exchanging knowledge on infant feeding in emergencies .

- **Gender and equity**

The nutrition programs have prioritized gender and equity considerations in all stages of programming including the design and implementation of interventions.

The adolescent program is designed to target both adolescent girls and boys. The baseline assessment, review and survey have been designed to examine the gender dimensions of adolescent nutrition. The qualitative inquiry explored the primary driving factors for adolescent marriage and pregnancy. The landscape review is also examining gaps in the design of policies and technical guidelines and includes adolescent nutrition-related issues such as child marriage and access to reproductive and family planning services. The findings will be used to help design the intervention package and delivery platforms to improve access for adolescent girls and boys to information and nutrition services, and to encourage policy-makers and decision-makers to proactively address the needs of adolescent girls in society.

In the CMAM Programme, the training on infant and young child feeding (IYCF) for health workers and community-based workers includes a component on maternal nutrition that pays special attention to the nutritional needs of women during pregnancy and breastfeeding. The IYCF training package and job aids also seek to increase the understanding and support of men on the nutritional needs of children and women. Furthermore, where possible, gender-disaggregated data are being collected through monitoring and evaluation activities. For example, the baseline SMART survey examined the nutritional status of boys and girls separately, and showed no significant difference in the nutritional status by gender. Data on admissions to CMAM services are also disaggregated by sex.

The CMAM programme seeks to enhance access of the most vulnerable and marginalized communities, households and individuals, to information, support and services to prevent and treat acute malnutrition. The focus on strengthening community mechanisms to screen children for acute malnutrition is designed to maximize case detection, and include children who routinely are absent to attend the Posyandu services. Programme staff are also working with the Department of Health and health facility staff to bring treatment services closer to the community by using the Pustu as a service delivery point.

- **Contribution of regional thematic funds to results in 2016**

UNICEF Indonesia had received the regional thematic funds in August 2015 and some additional funds were received in December 2016. All funds will be utilized in 2017 to support various planned activities including the partnership with ACF for CMAM modelling in Kupang, support to the SUN Movement and undertaking of the Institution Capacity Assessment for Nutrition.

Table 1: Results Assessment Framework

Output 1.1: Government and partner institutions have enhanced capacity and commitment to deliver quality services at scale to protect children from undernutrition and overnutrition

Output level indicator	Baseline	Targets	Status as of Dec 2016	Primary source/link
Status of implementation model for the community-based management of acute malnutrition and its translation to national guidelines to influence scale-up (Province: NTT)	Baseline nutrition survey completed (2015) / Routine programme monitoring	Evaluated CMAM model and revised national CMAM guidelines exist (2020)	<ul style="list-style-type: none"> ▪ Interim CMAM guidelines drafted in English and Indonesian and shared with MoH ▪ Training package and job aids for CMAM developed. 	Interim guidelines, training package and job aids
Number of knowledge and information products developed to inform policies, strategies and guidelines to address adolescent undernutrition and overnutrition	None (2015)	5 (2020)	<ul style="list-style-type: none"> ▪ Baseline qualitative study on adolescent nutrition completed and draft report available ▪ Concept note available for baseline quantitative study and landscape review 	Draft report of the qualitative study; concept notes.
Number of technical guidelines and capacity development products available and in use at province and district level to scale up nutrition services.	None (2015)	5 (2020)	<ul style="list-style-type: none"> ▪ Concept note for an institutional and capacity assessment on nutrition (ICAN) developed ▪ Updated guideline on iron supplementation of adolescent girls finalized; planning and implementation guideline on the delivery of community counselling services on infant and young child feeding (IYCF) finalized. 	ICAN concept note; updated guideline on iron-supplementation of adolescent girls finalized; planning and implementation guideline on the delivery of community counselling services on IYCF finalized.

FINANCIAL ANALYSIS

Table 1: Expenses by outcome area

**Outcome Area 4: Nutrition – Indonesia
Expenses for the Country Programme 2016 (in US Dollar)**

Intermediate Results	Funding Type	Expenses
04-01 Infant and Young child feeding	RR	288,528
	ORR	18,663
04-06 Nutrition # General	RR	110,014
	ORR	1,110,578
Total		1,527,783

Table 2: Country-level thematic contributions to outcome area received in 2016

**Outcome Area 4: Nutrition
Thematic Contributions Received for Outcome Area 4 by UNICEF Indonesia in 2016
(in US Dollars)**

Donors	Grant Number	Contribution Amount
UNICEF Thailand	SC1499040052	235,000
Total		235,000

Table 3: Expenditures in the Outcome Area

**Outcome Area 4: Nutrition
2016 Expenditures by Key-Results Areas (in US Dollars)**

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
04-01 Infant and Young child feeding	34,550	18,663	288,528	341,741
04-06 Nutrition # General	69,378	1,110,578	110,014	1,289,970
Total	103,928	1,129,241	398,542	1,631,710

Table 4: Thematic expenses by programme area

Organizational Targets	Expenses
04-01 Infant and Young child feeding	7,005
04-06 Nutrition # General	74,414
Total	81,419

Table 5: Expenses by Specific Intervention Codes

Specific Intervention Codes	Expense
04-01-01 Infant and young child feeding implementation (including BFHI)	26,656
04-06-01 Nutrition # General	895,876
08-01-01 Country programme process	1,253
08-01-06 Planning # General	16,395
08-02-01 Situation Analysis or Update on women and children	8
08-02-05 Other multi-sectoral household surveys and data collection activities	4,223
08-02-06 Secondary analysis of data	478
08-02-07 Data dissemination	89
08-02-08 Monitoring # General	17,786
08-03-01 Cross-sectoral Communication for Development	20,793
08-03-02 Communication for Development at sub-national level	2,232
08-06-02 Building global/regional/national stakeholder evaluation capacity	535
08-07-01 Adolescent development # General	4,675
08-09-01 Innovation activities	3,698
08-09-03 Environmental sustainability # climate change adaptation	54,931
08-09-06 Other # non-classifiable cross-sectoral activities	121,414
08-09-07 Public Advocacy	32,830
08-09-08 Engagement through media and campaigns	3,389
08-09-09 Digital outreach	5,848
09-02-05 CO Programme coordination	1,332
10-07-12 Management and Operations support at CO	-17
1011 Complementary feeding	128,581
1047 Nutrition intervention packages # general	1,512
1102 Nutrition Policies, legislations, plans and budgets	966
12-02-01 Private sector fundraising (Offset budget)	110,460
2073 Violence in schools including Gender-based violence	
7921 Operations # financial and administration	164,385
7941 PFP # private sector fund-raising	11,380
Grand Total	1,631,710

Table 6: Planned budget for 2016

Outcome Area 4: Nutrition Indonesia
Planned Budget and Available Resources for 2016

Output	Intermediate Result	Funding Type	Planned Budget ¹	Funded Budget ¹	Shortfall ²
1.1	Nutrition	RR	95,857	65,120	30,737
		ORR	1,123,307	635,464	487,843
	Total for 2016		1,219,164	700,585	518,580

¹Planned and Funded budget for ORR (and ORE, if applicable) excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration

² Other Resources shortfall represents ORR funding required for the achievements of results in 2016

FUTURE WORKPLAN

In 2017, UNICEF will continue to improve the enabling environment for nutrition by supporting the SUN Movement in the country and generate new evidence and knowledge on CMAM and adolescent nutrition. The Institution Capacity Assessment for Nutrition will be carried out, and an integrated nutrition and WASH modelling will be conducted in selected districts to reduce stunting. In addition, our support to the infant and young child feeding, micronutrient programming, and nutrition in emergencies will continue. Key priority actions planned in 2017 are as follows:

- **Policy advocacy**

- Continue to support the SUN Movement in Indonesia, with special focus on implementing the Grand Design, finalization of the Conflict of Interest Guidelines, establishment of the knowledge platform, and supporting the Communication and Advocacy Package to leverage SUN at sub-national level.
- Building on the “Cost of Not Breastfeeding Analysis” conducted in five provinces, work closely with other partners such as GKIA and Alive and Thrive to design and implement an advocacy plan to address gaps in legislation to protect breastfeeding.

- **Capacity development at sub-national level**

- Conduct the Institution Capacity Assessment for Nutrition which aims at examining the institutional arrangements and capacity of the province and district government authorities for legislating, planning and managing the multi-sector response to address malnutrition at province and district levels; and delivering nutrition-specific services at health facility and community level. The findings will be used to identify necessary actions to develop nutrition capacity at province and district levels.

- **Knowledge generation**

- Continue evidence generation for adolescent nutrition, based on which a package of nutrition interventions targeting adolescent will be developed and tested in two selected districts, in Klaten (Central Java), and in West Lombok (NTB).
- Strengthen the implementation model for CMAM in Kupang District, and strengthening the program linkages with other interventions such as IYCF, WASH, and IMCI.
- Develop the evidence base programming on Nutrition and WASH by testing the integrated modelling in selected districts.

EXPRESSION OF THANKS

UNICEF Indonesia highly appreciates the generous contributions made by donors to the Thematic Fund for Nutrition. The flexible nature of thematic funding is extremely valuable because it allows UNICEF to respond to critical bottlenecks that are either unanticipated or unfunded. The government of Indonesia continues to value the technical support from UNICEF, and our ability to fund catalytic actions. For example, UNICEF's support to develop a cascade training module of IYCF counselling in 15 districts has now been scaled up to a further 100 districts. Relatively small funds can have a considerable multiplier effect in Indonesia, because of the government's capacity to mobilize its own resources.

On behalf of UNICEF, the Government and children of Indonesia, we thank these donors for their support and look forward to continued cooperation in the future. UNICEF also acknowledges the close collaboration with the government and other implementing partners at the district, provincial and national levels without which the programme would not have achieved the results thus far.

Fighting malnutrition in Indonesia: ‘My children are crying for life — not death’

*Twins Randy and Rendy with their mother and younger sister
©UNICEF Indonesia/2015/Harriet Torlesse*

A few months ago, 2-year-old twins Randy and Rendy Tabun looked fragile, lethargic and thin. The twins suffered from severe acute malnutrition and remained firmly planted in their mother's lap, unable to stand or walk on their own.

A local nurse in their village of Nitneo village in Kupang District in eastern Indonesia took notice and the boys became two of the first patients enrolled in a new programme to treat severe acute malnutrition.

Across Indonesia, malnutrition is a serious public health problem. More than 12 per cent of children under the age of 5 are acutely malnourished. Severe acute malnutrition affects 1.3 million Indonesian children and moderate acute malnutrition affects 1.6 million. With these figures, Indonesia ranks fourth in the world in the number of children suffering from acute malnutrition.

According to criteria from the World Health Organization, the prevalence of acute malnutrition is critical in six provinces in Indonesia, including Nusa Tenggara Timur in the eastern part of the archipelago, which is where the boys are from.

Acute malnutrition develops when children are unable to eat enough nutrient-rich food or suffer from diseases such as malaria, diarrhoea, pneumonia and HIV. A lack of proper nutrition at an early age can impair the immune system and increase the duration and severity of infectious diseases, and ultimately — if not treated — cause death.

Children like Randy and Rendy are given a nutrient-rich paste known as ready-to-use therapeutic food, which is a medical treatment for severe acute malnutrition. They are also given medicine to treat any underlying health problems.

UNICEF is working with the Ministry of Health, local government authorities and Action Contre La Faim to introduce these new services to identify and treat children with severe acute malnutrition.

The programme also seeks to build the capacity of health workers and community volunteers to counsel mothers on breastfeeding and complementary feeding so that their children are less likely to become malnourished in the first place. Randy and Rendy's parents had seen the difference this makes for themselves because at 6 months of age their exclusively breastfed daughter was already bigger than her malnourished elder brothers!

During the first two days of treatment, the boys cried and refused to finish the packets of nutritious-rich paste, preferring their usual tea and biscuits. But their mother persisted — going so far as to place the packets directly in front of their bed so that it was the first thing the little boys saw when they woke up in the morning.

It worked.

It was not long before the two boys started calling out for the packets. And one month into the programme regimen, the boys are noticeably healthier and stronger. Randy, the older twin, is able to walk, while Rendy is able to stand and is learning to walk.

The twins' father had earlier shown hesitation about any health intervention, but he is now a supporter, asking about the boys' daily intake when he arrives home from work.

The boys' mother said the improved health outcomes have shown that persistence pays off. "My children are crying for life — not death," she said. "So I must help them live by what I believe."

For little Randy and Rendy, the programme means a chance for a brighter, healthier future

Seeking every opportunity to find children in need of urgent medical care



Marthen recovered from severe acute malnutrition @UNICEF Indonesia/2016/Ha'i Raga Lawa

When health workers found little Marthen lying in a dark room at his grandparent's home, they knew he needed urgent medical attention. Listless, miserable and painfully thin, his life and health was at serious risk.

Marthen was under the care of his grandmother in Poto village in eastern Indonesia. His mother had just given birth to another baby boy, and his father was earning money to feed and care for his family.

Marthen's troubles began six months earlier, when he had just turned one year old. He fell sick with a fever and cough at his parent's home. Believing that magical powers had caused his illness, the grandparents insisted that his young parents turn to "praying teams", and not health professionals, to heal him.

Over the next six months, and several visits to different praying teams, his condition steadily worsened. He lost his appetite and a lot of weight, and became weak and extremely lethargic.

In desperation, his father sought the most powerful "praying team" in the neighbouring sub-district, and on their advice, moved Marthen to live with the grandparents.

Here, Marthen's misfortune took a turn for the better.

The following week, Marthen was found by Ibu Christine, a midwife from the nearby community health centre (Puskesmas), who was making home visits to vaccinate children. Ibu Christine immediately recognized that Marthen was suffering from a severe and deadly form of acute malnutrition known as marasmic kwashiorkor. An extreme lack of nutrition had caused his feet and legs to swell, as well as inflammation and depigmentation of his skin.

Supported by UNICEF and the NGO Action Contre La Faim, midwives and community health workers in Kupang District, in East Nusa Tenggara (NTT) are trained in checking the nutrition status of children in the households they visit as part of an outreach programme. They learn how to screen children's nutritional status with a tape that measures the circumference of their upper arm. This enables them to find children with acute malnutrition before life-threatening medical complications set in. Through the programme, UNICEF and the NGO Action Contre la Faim aim to help the government ensure that every child with severe acute malnutrition is found and given the best possible treatment for swift recovery.

"I now know what to do when I find children with severe acute malnutrition. We have a clear guideline", explains Ibu Christine.

Marthen was referred to the nearest hospital, where he was admitted to an inpatient ward to treat his medical complications and help him gaining weight again. Marthen's extended family rallied around to support his parents and ensure that they were able to stay with him in the hospital.

After discharge from the hospital, he continued his treatment as an outpatient at the Puskesmas in Poto. Just two months later, Marthen was a different boy - stronger, visibly alert and now interested in his surroundings.

Ibu Christine knows how important it is to seek every opportunity to find children with severe acute malnutrition. Many very thin children are not taken to health facilities because their parents do not recognize the seriousness of their condition, or do not know that effective treatment is available. Some are also too ashamed to come forward.

"I now encourage village governments to allocate some of their budget so that community-health workers can make monthly home visits to seek out every child with severe acute malnutrition", says Ibu Christine.

Marthen's parents say that they have learned much from their experience. They now recognize the importance of seeking medical care when their children become sick.

This initiative is part of a larger UNICEF programme to support the Government in preventing and treating malnutrition across Indonesia.

ANNEX TWO – DONOR REPORT FEEDBACK FORM

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report and return to UNICEF Jakarta who will share your input with relevant colleagues in the field and in headquarters. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Marcella Christina

Email: mchristina@unicef.org

SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5

4

3

2

1

0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5

4

3

2

1

0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?
