

Global Action Plan on Child Wasting

Country Roadmap

Indonesia

Indonesia is home to more than 6 million children under five suffering from wasting. Greater than 2 million of these children under five are severely wasted, putting them at a greater risk of death and disease in comparison to their healthy counterparts.

Trend data indicates a decrease in the prevalence of child wasting between 2007 to 2018. However, the resulting 2018 national prevalence (10.2%) is still classified as "high" by the World Health Organization (WHO). Regional disparities across provinces also exist, indicating a serious situation in some areas. For example, in 2019, the rates of wasting ranged from 'very high' (15.8% in Maluku) to 'low' (3.3% in Bali).

The key determinants of child wasting in Indonesia are multifaceted. While poverty is the fundamental bottleneck, inadequate dietary intake, suboptimal care practices, and high burden of infectious diseases lead to high rates of child wasting. Poor maternal health also plays a role, with suboptimal maternal dietary intake, and common practice of early marriage and pregnancy, collectively contributing to high incidence of low-birth-weight babies which is a strong risk factor for child wasting. Open defecation is still practiced by around 20% of households in Indonesia, leading to high burden of childhood diarrhea and subsequent wasting episodes. The positive trend in wasting prevalence may be re-

lated to healthy economic growth of over five per cent per year and improving the food security status but Indonesia still struggles to establish a healthy, sustainable, and productive nutrition and food system.

Between 2015-2018, Integrated Management of Acute Malnutrition (IMAM) programming was revealed to be an effective intervention for the treatment of acute malnutrition in the Indonesian context. In turn, IMAM was included in their national guidelines and a series of capacity building initiatives were launched, including online training options to mitigate against the Covid-19 pandemic interruptions.

The government of Indonesia has also made bold commitments in identifying food systems transformation as one of their national policy priorities. This commitment is further reflected in the Food Law No.18/2012 and Presidential Decree No.18/2020 on Mid-term Development Plan 2020-2024 that stated the food systems transformation has been designated as one, as the regulatory framework to ensure sufficient, affordable, safe, and balanced diets for all.

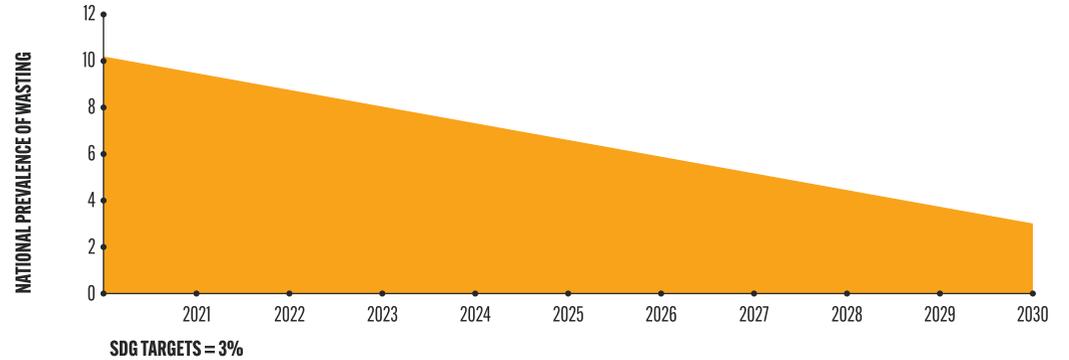
Finally, Indonesia has made impressive progress in the expansion of social protection systems since 2014. This includes a more nutrition sensitive focus and a multi-sectoral coordination group to facilitate the acceleration of the reduction of child wasting in Indonesia.

GEOGRAPHICAL PRIORITY AREAS*

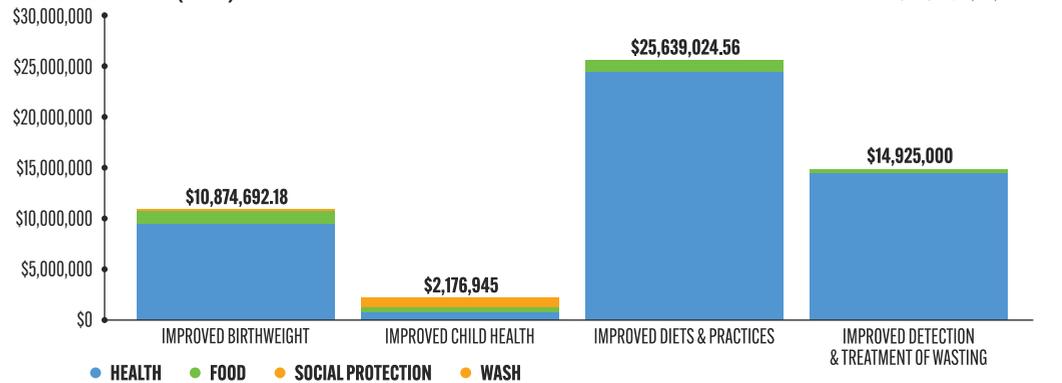


*There are 10 provinces that are prioritized. Unicef is working in 7 (Aceh, Central Java, East Java, East Nusa Tenggara, West Nusa Tenggara, South Sulawesi, Papua), UNHCR is working in 4 (Greater Jakarta, West Java, Banten, Aceh) of these provinces and FAO in Greater Jakarta. Other UN agencies (WFP and WHO) target the national area.

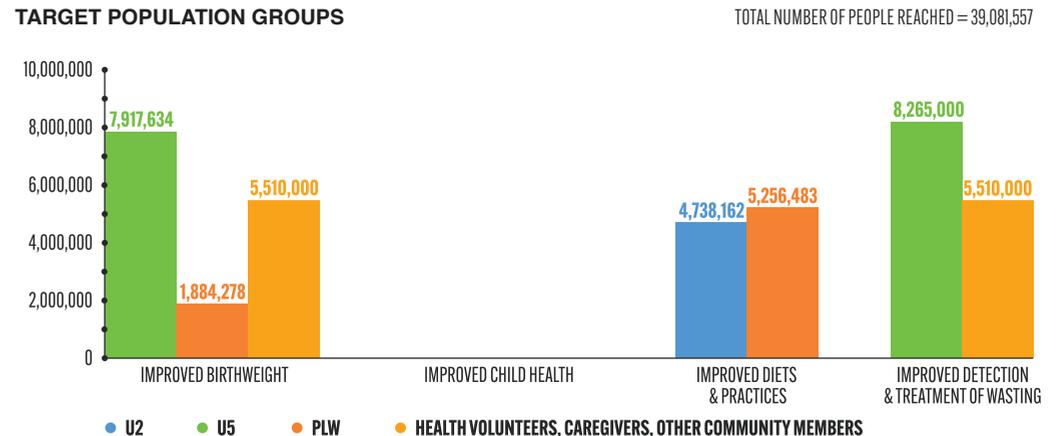
REACHING THE SDG TARGET BY 2030



ANNUAL COST (USD)



TARGET POPULATION GROUPS



By 2025

- REDUCE LOW BIRTHWEIGHT TO <10%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO AT LEAST 60%
- INCREASE THE COVERAGE OF TREATMENT SERVICES TO 90% FOR SEVERELY WASTED CHILDREN
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR 98% OF THE POPULATION

OUTCOME 1

REDUCE LOW BIRTH WEIGHT BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Strengthen existing maternal nutrition programs (maternal iron-folic acid supplementation, maternal dietary counselling, food supplementation) through 1) capacity strengthening; 2) improving monitoring and information system; and 3) Social Behavior Change Communication Strengthen supplementary food distribution program through 1) capacity strengthening; 2) improving monitoring and information system; 3) Social Behavior Change Communication Strengthen the coverage and quality of essential nutrition services in the context of Covid-19 through 1) Capacity building, 2) data management system, 3) social behavior change communication, 4) evidence generation; 5) guideline development Enhance the government capacity in implementing School Health Unit Program (comprise of weekly iron-folic supplementation, social behavior change communication to promote healthy eating and lifestyle) by 1) strengthening capacity; 2) improving monitoring and information systems; 3) high-level advocacy
FOOD	Strengthen and supporting food systems transformation with focus on increasing the affordability of healthy diet for all including vulnerable population through 1) evidence based policy, 2) advocacy and 3) capacity building to national and subnational government. Supporting the implementation of family farming according to the National Action Plan of Family Farming 2020-2024. Provide technical assistance to National Logistics Agency (BULOG) to improve the production of rice fortification in order to support the inclusion of Fortified Rice in social safety nets programme (SEMBAKO). Assist the government in developing the national standard for rice fortification; Increase awareness among the rice miller companies on the benefits of fortified rice
SOCIAL PROTECTION	Strengthen government nutrition-sensitive and gender-responsive social protection programmes through enhancing the facilitators capacity on health and nutrition promotion, conduct study on the effectiveness of Family Development Session (FDS) and KAP, improve targeting and monitoring system.

OUTCOME 2

IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Guideline development and implementation of family-based mental health, includes mental health and psychosocial support system for child parenting; Improving quality of mental health access regarding pre and post natal care, children mental health through capacity building on psychosocial first aid, mental health Gap Action Programme (GAP), life skills and Quality Rights; Development of adolescent mental health campaign in relation to the risk of suicide and other mental health issues Update of the national guidelines, algorithm and training modules and implementation of IMCI Technical support for policy and road map development; capacity building of healthcare workers, especially to deliver nutrition services in emergencies Strengthen government capacity to provide essential nutrition service in the context of emergency through 1) capacity building, 2) data management system, 3) social behavior change communication, 4) evidence generation; 5) guideline development Psychological First Aid Capacity Building for selected refugees Awareness raising sessions on mental health issues to larger refugee community groups. Access to urgent psychological counselling for refugee, including refugee children and caregiver with suicidal thought/ depression Mindfulness sessions and campaigns for children and adolescents refugees Guideline development and implementation (update of the national guidelines on Stimulation, Detection and Early Intervention of child growth and development, care for low-birth weight infants) Capacity building for subnational level and health care workers Implementation Monitoring Social Behavior Change and Communication
FOOD	Improve food safety control system assessment through evidence based generation and policy advocacy
WASH	Improve access to safe WASH in health care facilities, through: 1) capacity building of water safety plans and safely managed sanitation; 2) development costed plan; 3) PHC Environment Health Standard for PHC Review; 4) WASH in PHCs technical guidelines development; 5) pilot implementation of the water safety plan Improve access to safe WASH in community, through: 1) Development of roadmap and costed plan for ODF; 2) Development of on-site sanitation inspection tool and implementation; 3) Development of EHRA tool; 4) Documentation and learning sharing of STBM-Stunting; 5) Advocacy and Horizontal Learning on ODF acceleration; 6) Strengthen the innovative financing for ODF; 7) Development and dissemination of technical guideline on utilization of ZISWAF for sanitation Improve WASH in schools through STBM triggering guideline in schools Improve the quality of Safely managed drinking water: 1) Support data analysis of national water quality survey and its publication; 2) Subnational advocacy for drinking water quality surveillance; 3) Bottleneck analysis and roadmap for drinking water; 4) guideline development on drinking water quality surveillance Strengthen Hand Hygiene for All (HH4A): 1) Development of roadmap and costed plan for HH4A; 2) Development of Public-Private Partnership for Hand Hygiene; 3) Market Assessment for hand hygiene; 4) Development of training module for hygiene behaviors change (hand hygiene) and training at national and subnational level; 5) Hand hygiene promotion in community, schools, PHCs Promote food safety at household level by mitigating risks and hygiene promotion at the household level, through implementing risk-based inspections

OUTCOME 3

IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Improve infant and young child feeding practices through 1) high-level advocacy; 2) strengthening capacity of health workers and community volunteers; 3) improving monitoring and information system; iv) implementing social behavior change communication activities Policies on marketing of breastmilk substitutes and processed foods to be strengthened by engaging in policy advocacy Guideline development (adapting the Nurturing Care Framework into national Stimulation, Detection and Early Intervention of child growth and development guidelines) Development of training modules materials Improve age appropriate complementary feeding and maternal nutrition through 1) strengthening capacity to provide counselling; 2) improve monitoring and information system; 3) strengthen policy to eliminate the harmful effects of inappropriate marketing of processed food high in added sugar, salt and transfer
FOOD	Strengthen and supporting food systems transformation with focusing on increasing the affordability of healthy diet for all including vulnerable population through 1) evidence based policy, 2) advocacy and 3) capacity building to national and subnational government Provide technical assistance to National Logistics Agency (BULOG) to improve the production of rice fortification at regional level in order to support the inclusion of Fortified Rice in social safety nets programme (SEMBAKO) Assist the government in developing the national standard for rice fortification Increase awareness among the rice miller companies on benefit of Fortified Rice Strengthen and supporting food systems transformation with focusing on increasing the affordability of healthy diet for all including vulnerable population through 1) evidence based policy, 2) advocacy and 3) capacity building to national and subnational government

OUTCOME 4

IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	Institutionalization of mass screening, treatment of child wasting, and referral system as part of the routine primary primary and community health care services by 1) capacity building; 2) improving monitoring and information system; 3) high-level advocacy; and iv) community mobilization Integration of screening and treatment data, including MUAC measurement results into national health information system (e.g. e-PPGBM) Empower caregivers to monitor growth of their children using low-literacy/numeracy anthropometric tools (include family MUAC); detection of growth faltering; Social Behavior Change and Communication Support consultative meetings at national with different stakeholders/experts to include RUTF into the Model Essential Medicine list for Indonesia context Provide technical support to strengthen the supply chain system for the treatment of child wasting
FOOD	Support evidence generation and dissemination of local RUTF studies Advocacy on regulation of RUTF local production Establish nutritional standards of local manufactured RUTF, protein quality in particular, according to Codex Alimentus Nutrition Committee standard