



SEPT 2019

POLICY BRIEF

Stunting Interventions & Innovations

Demand Driven Evaluation to Inform Policy

Nutritionists usually assume that better access to fruits and vegetables improve stunting rates, and public health experts claim that more focus should be placed on clean water and hygiene. We present and discuss a set of tools and interventions designed to incorporate both assertions and provide in-home information to mothers during the first 1000 days through a life-size and colorful sticker.

We found that the positive effects of height charts in the home came as a direct result of training of village health volunteers and closing the knowledge gap. More importantly, it is not enough to provide information to these critical partners, but rather that they evolve from simply knowledgeable to confident. In villages where health volunteers were trained and height charts installed there was further buy-in from the village, including aggressive increases in Village Funds aimed at stunting interventions, commitments from heads of villages and growth of complete and integrated ecosystems, including teachers, fathers and religious leaders, dedicated to eliminating stunting.

Executive Summary

In December 2018, the World Bank Youth Innovation Fund committee awarded the 1000 Days Fund \$25,000 to collect evidence in order to learn whether a package of interventions centered around height charts improves knowledge of positive behaviors to reduce stunting and helps midwives communicate the complex causes and preventative measures of stunting. The 1000 Days Fund delivered a package of interventions centered around the height chart in three villages (Komodo, Rinca and Messah) in Manggarai Barat, NTT, where the stunting rate is over 50%.

The 1000 Days Fund employed several innovative techniques to expand and evaluate a package of interventions with the goal of finding cost-effective and scalable solutions. The 1000 Days worked hand-in-hand with local experts on the ground to listen and learn what works and facilitate conversations meant to turn practices into village-owned stunting prevention programs. The project was implemented via village health teams (nakes kader) to mobilize the community to ensure sustained effectiveness.



Low Cost, High Impact: 1000 Days

Across 4 villages, 171 height charts were installed and 22 village health workers trained. After about six months of implementation, 65% of caregivers were able to define stunting and 48 percent were able to explain why stunting is important – major increase from a baseline of 4 percent. More importantly, 62% of caregivers said that having the height chart in the household led to positive behavioral changes. On the village health workers side, while at the baseline only 35% felt confident explaining key aspects of stunting and stunting prevention, this figure doubled to 73%. In addition, the continuous follow up and community level meetings convened by village heads and the project team, contributed to all three villages rendering additional budget allocations to finance activities aligned with the prevention and reduction of stunting.

This newfound confidence is crucial for village health workers. They will not only be able to pass that knowledge on to mothers, but be able to speak up at village meetings and request support for the village health facility (Posyandu). The impact is already apparent. Most village health facilities in Indonesia typically operate on an annual budget of only \$60. Each of our three villages (Messah, Rinca, & Komodo) now have working budgets of over \$3,000. These budgets commitments, which they will use to conduct monthly cooking demonstrations and provide nutritious meals for mothers and children at the health check-ups, are displayed prominently at the entrance to the village.

POLICY RECOMMENDATIONS

Evidence from the World Bank study suggests height charts can positively contribute to overall CLTS impact, and help achieve stronger sanitation and nutrition outcomes for communities.

At baseline, 4% of caregivers (mothers and fathers) could define stunting. At endline, 65% of caregivers could do so. More importantly, 48% of those same caregivers could explain why stunting is important. While it is meaningful to know what stunting is, the knowledge of why stunting is must be prevented is a crucial piece to the behavior change puzzle.

Both mothers and village health teams stated that there had been clear behavior change in the villages as a result of the height charts and the YIF program. We tested if the height chart encouraged people to go to the posyandu, and found that 64% of mothers with children under 2, indicated that having a height chart in the home led to positive behavior change. Follow-up questions generally elicited highly specific examples of behavioral change, giving us confidence in that behavioral change has indeed occurred.