



# Annual Report - 2019

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# We are grateful to the following individuals and organizations for providing strategic input and tangible resources

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# Table Of Contents

At Our Core: What We Do 6  
Founder's Annual Letter 8  
Is Stunting Solvable? 10  
Key Programs & Achievements 17  
Financial Summary 26

Appendix: Case Studies





*There will be a day—in our lifetime—when Indonesian children no longer suffer the devastating effects of stunting. We want to celebrate that day with you.*



# Our COVID-19 Response



**2 TONNES**  
Soap



**2,000**  
Faceshields



**7,000**  
Masks



## TOTAL DIRECT BENEFICIARIES

- 1,000 Frontline Health Workers
- 5,000 Families

- 5,000 households supported with soap, eggs & hygiene products
- 1,800 masks distributed to vulnerable households
- Disseminated PSA messaging through social media including WhatsApp, Facebook & Instagram, reaching 5 million+ people
- Active Engagement in different NGO and government clusters to receive and disseminate information as to ensure and integrated and effective response in coordination with other businesses, NGOs and the local government, as well as the Government of Indonesia.



**2,500**  
PPE



**6,000**  
N95



**30 LITERS**  
H2O2



**30 LITERS**  
Sanitizer



# WHAT DOES STUNTING LOOK LIKE?



## SO WHAT DOES STUNTING LOOK LIKE?

Imagine what it's like to grow up in a house without a toilet, or in a village where the only real information you get during your pregnancy is from a volunteer health worker who has never received formal training. For many mothers and children living in remote and vulnerable villages throughout Indonesia, this is the reality.

Stunting might seem like an abstract concept, but let this photo paint you a picture of how stunting manifests itself physically. The twins on the left are 31-months-old and are severely stunted, and the toddler on the right is their healthy, younger sibling that's 7-months-old. Over 43% of children in eastern Indonesia suffer the same fate as these twins.

Photo Credit: UNICEF



# At Our Core: What We Do

## TRAINING

We invest in mentoring and clinical education to train all kinds of health professionals, to constantly improve antenatal care and strengthen local health systems for the long term.

## INFLUENCE

We use our technology, tools and evidence-based results to advocate for national health policies that prioritize, rather than marginalize, the most vulnerable mothers and children.

## REPLICATION

We partner with likeminded NGOs and local and national policymakers to ensure health care as a human right, and help spread the progress we've made in small communities to the rest of Indonesia and beyond.





Our mission is to provide evidence-based, field-tested interventions to end stunting in Indonesia. By transforming in-home access to information, providing critical training for village health volunteers and delivering stunting interventions at scale we believe we can achieve a stunting-free future, where no child is unjustly denied the opportunity to reach their full potential. As an organization, we prove concepts, disseminate information and engage with key actors to help scale stunting tools for national adoption.

The 1000 Days Fund was created as a bold approach to invent and test innovative, cost-effective solutions to help end stunting in Indonesia. The 1000 Days Fund is relentlessly committed to improving maternal and newborn health outcomes for the poor and marginalized.

We partner with local governments to build capacity and work closely with impoverished communities to deliver high-quality maternal and newborn health care, address the root causes of stunting, train providers, and advocate for national and grassroots policy change. The program aims to document, disseminate, and enable replication of successes in preventing stunting.

# OUR MISSION & VISION





Dear Friends, It's an honor to be writing to you in our first 1000 Days Fund Annual Report and to share our most exciting accomplishments. The transformative impact you'll read about is because of the tireless efforts of our 1000 Days family—midwives and frontline village health volunteers, mothers and data analysts, policymakers and program managers, and, of course, supporters like you.

Stunting remains Indonesia's greatest threat. There are still too many mothers and health care workers who have never heard of stunting. Too many people who don't understand the critical importance of the first 1000 Days of a child's life. Too many places where formula milk is mixed with contaminated water, and diarrhea is so common that it's not even considered an illness.

Yet the team has led an assault on stunting with innovative solutions, tireless energy, and inspiring success. In the pages that follow, you'll find stories of just how far this success extends. This year saw the 1000 Days Fund respond to the threat of COVID in Manggarai Barat, Flores. The team immediately realized that the protection of front line health workers was paramount. They launched a fund-raising effort securing PPE for 600 midwives and volunteers. It was a year of struggle, and of great achievement. I am immensely proud to have been a small part of the effort.

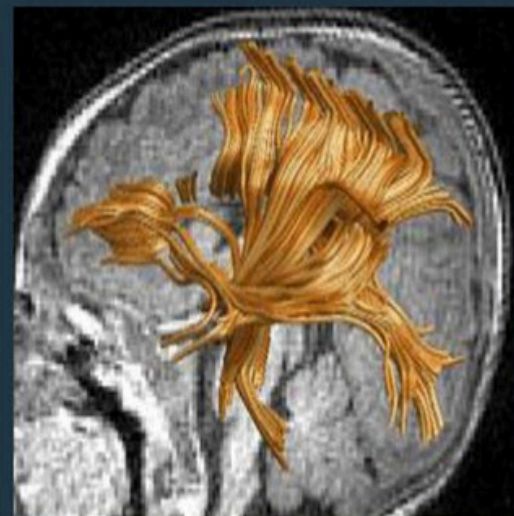
With Warm Regards and Gratitude,  
Zack Petersen, Founder 1000 Days Fund

# LOW COST, HIGH IMPACT : 1000 DAYS

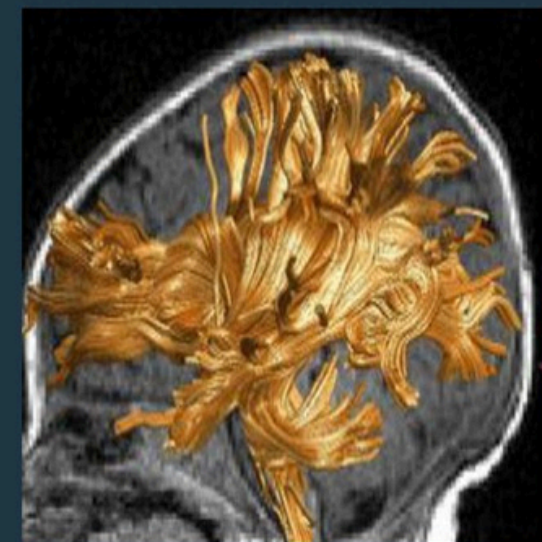
A child's brain begins to grow very early on in pregnancy and develops at an astonishing speed. At the 4th week of pregnancy, the brain has an estimated 10,000 cells—by the 24th week, it contains 10 billion. The nutrition that a baby gets from his mother through her diet is the fuel that drives much of this incredible transformation.

Nutrients such as folic acid, iron, zinc and iodine, as well as protein and fatty acids play a vital role in building a baby's brain during pregnancy. When one or more of these is absent during pregnancy, a baby could be at risk for developmental delays, birth defects and cognitive deficits. Because a mother's diet and her nutrient stores are the only source of nutrition for a developing baby, it is critical that women get the health care and nutritious food they need before and during pregnancy.

## Effects of stunting on a child's brain



Stunted growth



Never Stunted growth



# WHY FIRST 1000 DAYS? IS STUNTING SOLVABLE?

- The first 1000 days of a child's life—from conception to age 2—is an opportunity to establish a foundation for a child's academic success, health and general well-being. However, it is also a period of vulnerability.
- 1 in 3 Indonesian children under the age of 5 are stunted. In parts of eastern Indonesia that number is as high as 1 in 2. Stunting robs children of their full potential. Stunted children on average perform worse at school than their non-stunted counterparts, are more likely to be unemployed as adults, are at higher risk of diseases like diabetes and hypertension. They are vulnerable to being trapped in an inter-generational cycle of poverty. This is unjust as stunting is completely preventable.
- The latest evidence indicates that behavior change, generated as a result of training and equipping frontline health volunteers with tools, knowledge and confidence is the only sustainable path toward change.



# HOW WE WORK

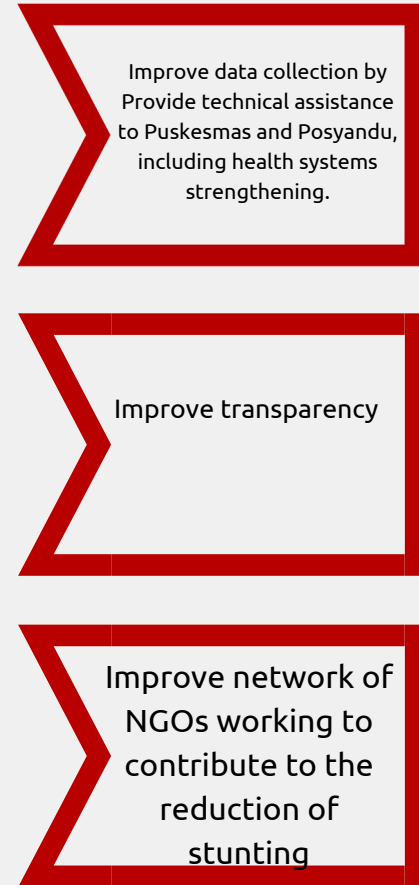
## Theory of Change

Support the Government of Indonesia to...



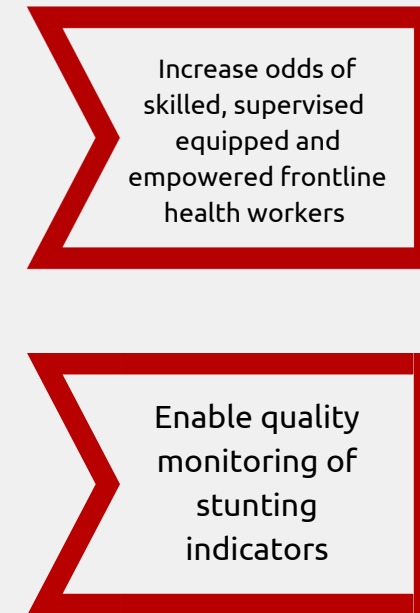
Activities

..drive systems performance



Intermediate Outcomes

To enable...

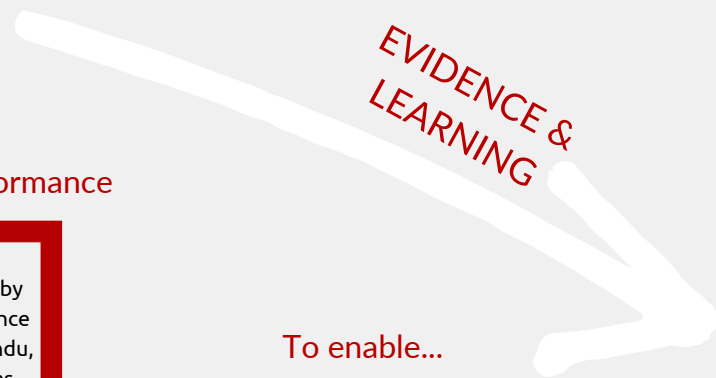


Longterm Outcomes

...which contributes to the overall



Impact





# THE CHALLENGE

## Who Do We Work For?



Over  
**23**  
million  
children  
under 5



More  
than  
**5**  
millions  
pregnant  
mothers  
per year



**300,000**  
Health  
Posts  
&  
**10,134**  
Health  
Facilities  
across  
Indonesia



**>1.5**  
million  
community-  
based  
health  
workers

## Opportunities for Improvement

Indonesia's Community-based health workers are in dire need of tools and training

Encourage pregnant women to attend 4 antenatal check-ups and consume folic acid, iron, and other prescribed vitamins

Improve poor diet and eating habits, including avoiding instant formula and high-sugar instant meals

Invest in making better sanitation and access to clean water

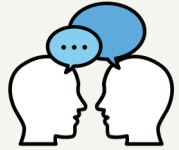
Increase health literacy level and first 1000 days knowledge among mothers in vulnerable communities

Ensure mothers exclusive breastfeeding newborns for the first 6 months

Enhance basic nutrition knowledge of caregivers

# WHAT WE DO...AND WHY WE DO IT

## Get the Difficult Conversation Started



From high-level diplomats and policymakers to parents to frontline health workers

## We Provide Daily Reminders



More than 43,000 smart charts installed across 28 islands

## We Train Trainers



Impact Stunting Center of Excellence providing 'Training of Trainers' programs aimed at increasing the capacity of community health workers.

## We Train Frontline Health Workers



Community health workers and midwives are trained to give them the confidence needed to serve as fonts of knowledge in the village.

## We Visit Homes



Health workers disseminate knowledge and work to create behavior change among caregivers using stunting intervention packages.

## We Go Beyond a 1-day Training



We come back to visit on multiple occasions to provide further training and ensure all workers are confident in answering questions.

## We Ensure Program Sustainability



Identify key community leaders (such as religious leaders, youth, community leaders) and adopts and orients them as stunting ambassadors.

## We Continually Improve Our Toolkit



We do not ask for feedback just for the sake of it, we insist on continually upgrading our designs based on feedback from mothers and health workers.

## We Add New Tools to Our Arsenal



Our digital cookbook is distributed to mothers and frontline health villagers in an effort to improve nutrition outcomes

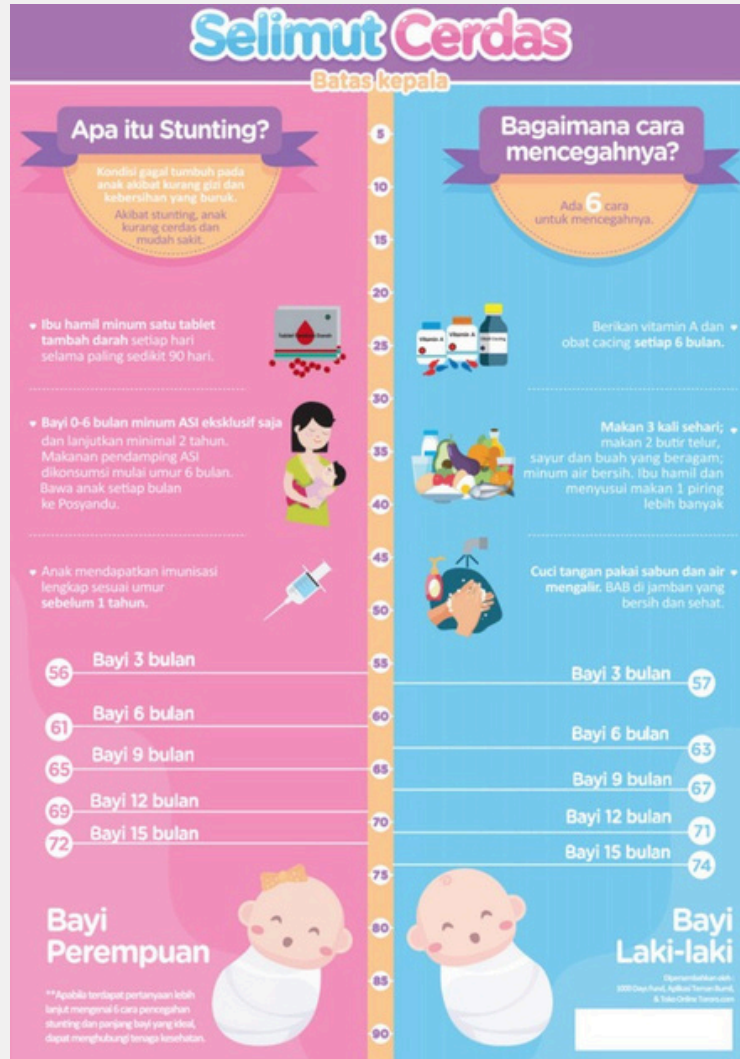




## EVIDENCE IN ACTION: WORLD BANK RESULTS

- 64% of mothers who had smart charts installed in their homes reported positive behavior change.
- Training and tools contributed to a 9% reduction in stunting across 27 villages in East Flores after 2 years of implementation.
- The smart chart programs improve confidence in stunting prevention, nutrition and hygiene patterns in the target groups and some of these changes were retained after 1 year.
- Given their low cost, home-based smart charts could be a cost-effective tool to increase parental efforts toward reducing children's physical growth deficits, particularly among children with stunted growth, when deployed at scale.

# 6-IN-1 STUNTING PREVENTION PACKAGE



## What Are Smart Charts and Smart Blankets?

The charts and blankets are designed to deliver vital information concerning critical first 1000-days of life. They are not only colorful tools for measurement, but a multipurpose 6-in-1 stunting prevention package. The smart blanket serves as a reminder for pregnant mothers to take their daily dose of iron and folic acid, and eat more healthily. The chart, hung prominently in the main room of the family home, is a constant reminder of the six easily-adoptable habits to fight stunting.

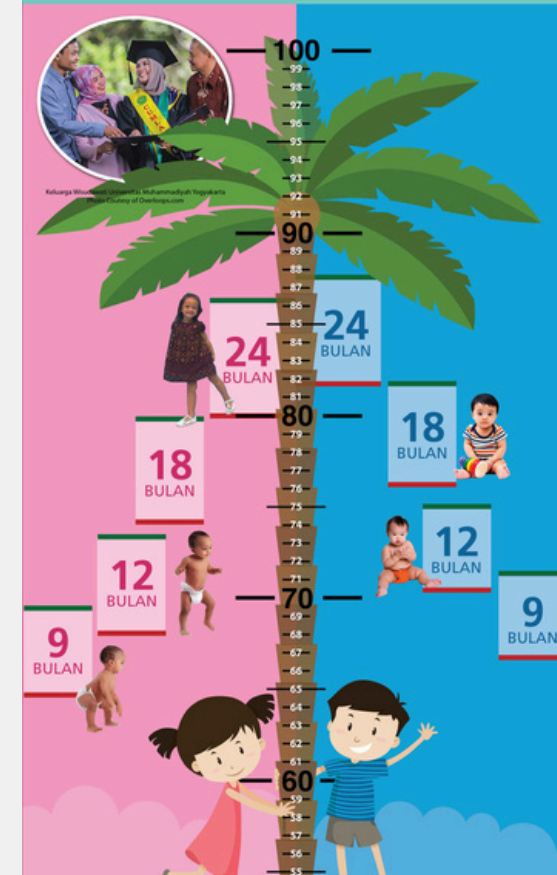
**The charts and blankets highlight the importance of:**

- iron and folic acid supplements
- vitamin A supplements for mothers and de-worming medicine for kids
- exclusive breast feeding
- nutritious diet
- keeping up with routine immunizations
- the importance of sanitation and hygiene

Messages were designed by moms-for-moms, honed during a series of focus group discussions across 18 Indonesian islands.

## How Do Smart Charts Make a Difference?

1000 Days Fund distributes smart charts to individual households, health service centers, schools and mosques in order to foster behavior change by encouraging mothers, caretakers and community members to regularly measure their child's health and assess their nutritional needs. This process is undertaken in strong partnership with local health workers. It is combined with training for mothers and health workers, both in home and in the health centers. A Gates Foundation funded study found that arming parents with height charts slashed stunting prevalence among previously stunted children by 22%.





# KEY LEARNINGS : WHY IT WORKS

The latest evidence suggests that simply increasing knowledge and awareness of good nutrition practices rarely leads to sustained behavior change. In addition, sustained change in nutrition behavior is unlikely to be achieved through a single activity. However, the 1000 Days Fund has proved that the dissemination of knowledge from a trained and confident frontline volunteers yields results. We found that 64% of mothers with children under 2, indicated that having a smart chart in the home led to positive behavior change.

Smart charts are more likely to be an effective communication tool about anti-stunting behavior when they are designed in consultation with health workers and workshops are designed to be more interactive and provided information not previously taught. This helps frontline health volunteers then take ownership and lead the smart chart installation program.

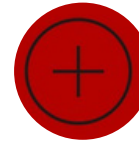
Smart charts are more likely to trigger interaction between caregivers and health workers when implementers commit to regular monthly visits and frequently remind caregivers of the importance of understanding key messages printed on the smart chart regarding first 1000 days care.







# KEY PROGRAMS & ACHIEVEMENTS



## WORLD BANK YOUTH INNOVATION FUND

One of five international organizations awarded seed funding to test stunting prevention package in pilot villages in Komodo, NTT



## FLORES STUNTING PROGRAM SPONSORED BY ULTRAJAYA

Expanded pilot program and leveraged success to expand to 2 sub-districts, and cover 70 villages in Manggarai Barat



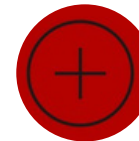
## AMARDEEP'S STUNTING IMPACT PROGRAM IN CIPANAS

Initial work with 6 Posyandus led to early wins, government buy-in and program expansion to include a total 60 Posyandu and 180 kader



## STUNTING CENTER OF EXCELLENCE MODEL

Moving toward scale and replication 1000 Days looks to scale and replicate a model where sub-district hubs are created to build out key processes and expertise



## AWARD FROM THE OFFICE OF THE PRESIDENT OF INDONESIA

In November 2019, 1000 Days was recognized by the Executive Office of the President of Indonesia for supporting stunting efforts and providing access to tools and training to vulnerable communities in Indonesia



## DYMON SPEARHEADS SELIMUT CERDAS ANTENATAL CARE

With support from Dymon Asia, 1000 Days Launched the "Measure Me" campaign to ensure that pregnant mothers visit hospitals 4 times before giving birth



# COMMUNITY HEALTH WORKERS : THE CHANGE MAKERS



In remote, rural areas, frontline village health workers are instrumental in extending the reach of primary health care to communities otherwise underserved by formal health systems. Frontline health workers are often local recruits. They therefore have a comprehensive understanding of the health needs of the community they serve. This trusting relationship enables them to serve as a link between health and social services, and the community to facilitate access and improve the quality of service delivery. Frontline health workers accomplish this by delivering a comprehensive set of services, including preventive and curative care and health education in homes, community institutions, or peripheral health posts, they are typically selected from, serve in, and answer to the communities where they live and work.



## A Day in the life...

Since COVID means we can't bring donors out in the field we want to do our best to paint a picture of what our time is like in the field.

It's 8am in Labuan Bajo, and Sisi and the 1000 Days team are climbing into the public boat for the 45-minute trip out to Messah to check-in on a few first 1000 days households. Messah is a fishing village with a per capita income of roughly \$650 a year. Sisi chose to visit Messah because there has been an outbreak of worms, with some children as young as 5 months old filling their diapers daily with worms. Sisi and the team are off to learn why local frontline health staff have been unable to get the worms under control

By noon Sisi has surveyed the village. It seems that the worms are not as bad as the team thought, but that because there is no clean water or toilets on Messah, more than a dozen children have reported to the local health clinic with signs of stunting. Mothers have explained that they have done everything they can to provide the right food—eggs, fruits and vegetables—but because diarrhea persists, more than a dozen children are dehydrated and need to be transported back to Labuan Bajo, and see the doctor.







## A UNIQUE, BOTTOM-UP APPROACH

The 1000 Days Fund package of interventions centers around the smart chart and focuses on filling knowledge gaps. Frontline health volunteers are trained in an effort to give them the confidence needed to serve as fonts of knowledge in the village. Meanwhile, mothers are equipped with the knowledge needed to tackle stunting through a series of in-home visits that bring focus to the height chart installed in their home.



## INTERACTIVE HOME VISITS

Village-level health workers provide mothers and caregivers with a smart blanket & smart chart—a stunting prevention package. Health workers disseminate their knowledge and work to create behavior change among mothers and caregivers by enabling them to monitor their children's health and development by referring to the smart blanket.





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*"Being a kader is a very important job because although we do it voluntarily and without pay, we serve as fonts of knowledge and information for many pregnant women and young children."*

*-Sirrimemuta, Kader Pas 11*

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# WORLD BANK YOUTH INNOVATION FUND

## Height Charts to Support Stunting Prevention in Indonesia

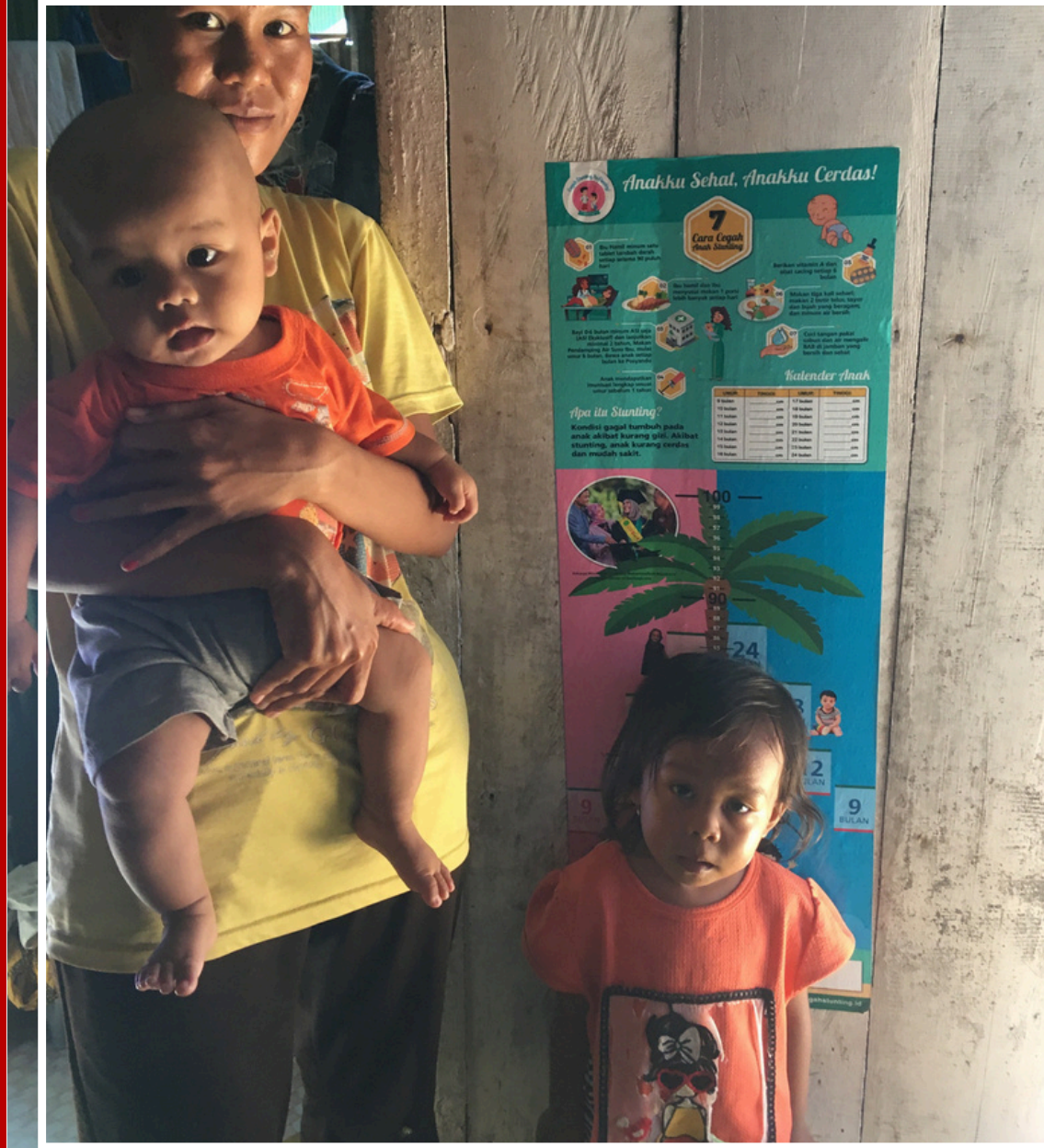
In December 2018, the World Bank Youth Innovation Fund (YIF) committee awarded \$25,000 for the project proposal titled "Height Charts to Support Stunting Prevention and Reduction in East Nusa Tenggara, Indonesia." The six month pilot was designed to collect evidence in order to help learn whether the distribution of height charts improves mothers' knowledge of positive behaviors to reduce stunting and helps midwives communicate the often-complex causes and preventative measures of stunting.

The team used the grant to deliver a package of interventions centered around the smart chart to in three pilot villages (Komodo, Rinca and Messah) in Manggarai Barat, East Nusa Tenggara. In June 2019, the team completed the endline review in the three villages. The 1000 Days Study employed several innovative techniques to expand and evaluate on a package of interventions with the goal of finding cost-effective and scalable solutions to Indonesia's stunting problem. Applying effective nutrition and hygiene interventions, the 1000 Days Fund worked hand-in-hand with local experts

on the ground to listen and learn what works in their village and facilitate conversations meant to turn existing practices into village-owned prevention programs. The project was implemented via a village health team (locally known as nakes and kader) to empower and mobilize the community to ensure sustained effectiveness.

The program works because our tools help bridge the gap between the sub-district health facility, village health workers, and moms.

Normally, the sub district thinks the village health workers are untrained, ill-informed and a pain to work with and the health workers think the moms are apathetic and don't put forth the effort. But when the sub-district health facility sees the local village health workers trained and the local health workers see the moms having more information and knowledge, it makes everyone's job easier. In conclusion, what we do closes all three gaps, and then brings better, more effective data into the sub district, so they can pinpoint trends in real-time, things like anemia, diarrhea, and upper respiratory infections.







After six months, a total of 159 height charts were installed, 22 village health workers received trainings and strategic meetings were held with village heads to obtain support for the YIF initiatives.

- 65% of caregivers were able to define stunting and 48% were able to explain why stunting is important- major increase from a baseline of 4 %.
- 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 contributed to all three villages rendering additional budget allocations to finance activities aligned with the prevention and reduction of stunting.





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*“Having a smart chart in the home leads to fundamental behavior change.”*

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STATEMENT OF ACTIVITY (IDR) 2019

**TOTAL REVENUE 742,103,274**

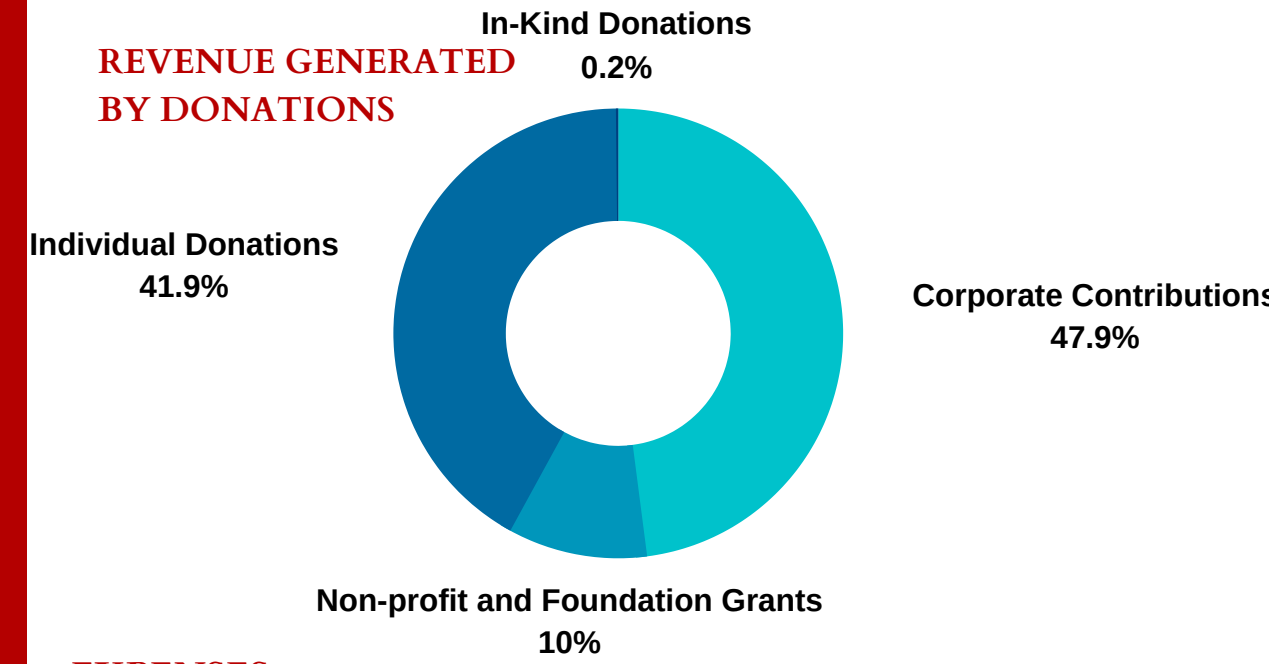
<b>Grants and Donations</b>	
Coporate Contributions	350,924,436
Government Grants	-
Non-profit and Foundation Grants	73,346
Individual Donations	306,386,999
In-Kind Donations	1,233,000
<b>Subtotal</b>	<b>731,892,895</b>
<b>Service/Fee Income</b>	
Coporate Contributions	500,000
<b>Subtotal</b>	<b>500,000</b>
<b>Other Income</b>	
Non-Operating Income	9,710,379
<b>Subtotal</b>	<b>9,710,379</b>

**TOTAL EXPENSES 365,290,710**

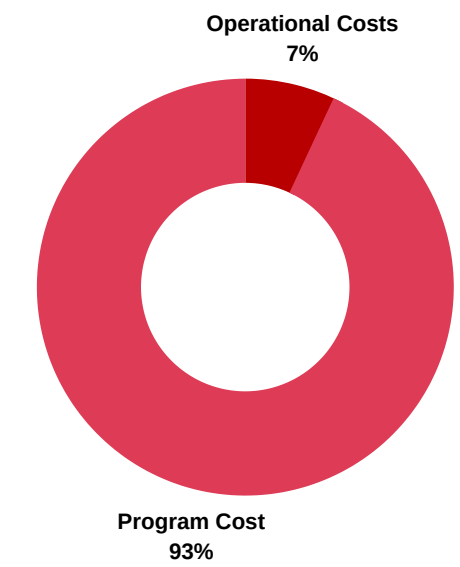
<b>Operational Costs</b>	
Staff Compensation	25,004,300
Administrative Expenses	429,976
<b>Subtotal</b>	<b>25,433,376</b>
<b>Program Costs</b>	
Program Support	210,237,677
Project Travel	55,469,651
Office, Print, Supplies	65,010,500
Donations, Awards and Grants	-
Shipping and Delivery Costs	8,339,256
Consultants and professional fees	-
Conference, Conventions, Meetings	800,250
<b>Subtotal</b>	<b>365,857,334</b>

**NET ASSETS 376,812,564**

**REVENUE GENERATED BY DONATIONS**



**EXPENSES**





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# THE PROBLEM WITH POSYANDU



A 2016, a comprehensive survey of the Posyandu system – the Quantitative Service Delivery Survey (QSDS) – helps to explain the decline in Posyandu effectiveness (World Bank, 2016c). The survey was conducted in 22 districts and is nationally-representative. The most detailed nationally-representative survey of its kind, it provides vital evidence for how the system can be revamped to achieve success. The survey found most Posyandu opened every month and the majority (85 percent) held an average of one session per month. Close to half of Posyandu surveyed (49 percent) were staffed by the required minimum of five Kader during the last session. Most volunteers worked less than five hours per month. Posyandu sessions were held in varied locations. Most sessions (30%) were held in a Kader's house.

Nearly all reported providing services, namely registration, weighing and recording, and health services (such as immunization) information and group counselling on proper pregnancy diet and care, as well as information on breastfeeding. While information on a healthy diet and exclusive breastfeeding at the Posyandu was available, the pregnancy class (Kelas Ibu Hamil) activity was only held in 30 percent, losing a major opportunity to provide targeted information. Only about 50% of Posyandu offered hygiene and sanitation counselling.

This is a major concern as eight out of ten Kader reported Posyandu as the main point of vaccination services for children in their catchment area and immunization provides excellent opportunities to monitor growth and provide counseling. All Posyandu surveyed provided child weighing services, but only 74% measure height.

Furthermore, key nutrition-specific interventions, such as Vitamin A supplementation, and deworming are reported as being available (90 percent and above) but only 63 percent of Posyandu provide psychosocial stimulation. Kader spent very little time conducting the all-important child nutrition- focused home visits. Only 35% of Kader reported conducting any kind of home visit. For those that did conduct home visits the majority only saw between one to five households in the last month for less than 10 minutes per household. Kader reported difficulties in getting mothers and caregivers to understand the message being delivered.

They also reported struggling to gain support from other family members during home visits. One weakness of the Posyandu Kader is the ability to elicit behavior change for caring and nurturing practices through effective interpersonal communication (IPC), which includes personal and group counseling. As detailed in annex 3, 76 percent of Posyandu were able to deliver counseling on IYCF and 71 percent on infant health and child health. Only 39% of Posyandu provided group counseling for mothers of children under five. Weak service readiness at root of poor service availability There is a shortage of equipment and supplies. While most have traditional hanging scales, also known as steelyards, only 59% of Posyandu have infant scales. And only half calibrated the scales. Length measurements such as the length board and measurement tape were only available at 30% and 67% of Posyandu. Most Posyandu rely on health staff to bring along the equipment.

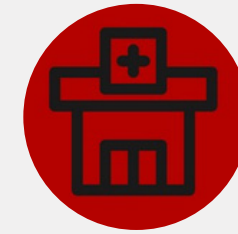
# ULTRAJAYA'S STUNTING PROGRAM

## Grassroots Interventions for Sustainable Change, Flores

The Ultrajaya Project was implemented between January to June 2019, as per the Ultrajaya's implementation parameters, with promising results. Working through 59 Posyandus means that almost 128 kaders were trained on first by 1000 days care. Consequently, the training had a resounding impact on the lives of thousands of children. On average, each kader coaches 30 pregnant mothers a year, with most kaders volunteering to serve as frontline health workers for at least 10 years. That means if we train 300 kaders in West Manggarai we can change outcomes for thousands of children.

Working closely alongside 2 sub-district health facilities to create comprehensive and sustainable programs to eradicate stunting in West Manggarai, Flores, upon completion of the project 1000 Days Fund was successful in distributing 1,932 smart charts across 20 villages. On November 15, 2019, 1000 Days Fund was invited to the President's Office and were recognized for their efforts to fight stunting in Indonesia, and given the Stunting Prevention Activist Award.

Meanwhile, 1000 Days Fund has also been featured in ABC Australia news, the Strategic Review and our height charts and programs have been replicated and shared with a half dozen NGOs and more than 7,000 smart charts have now been installed across 18 islands. As we move forward we will expand the program to include Wae Nakeng district in West Manggarai, and work with 9 new Posyandu to bring our total reach to 2,000 height charts and 68 Posyandu.



59

Posyandus covered



129

Kaders now trained & equipped with knowledge & confidence to fight stunting in Flores, NTT



1,932

Height Charts distributed across West Manggarai, Flores



6,000

By improving delivery of service for 59 Posyandu we are ensuring thousands of children will have better health outcomes



6

Posyandus covered



30

Kaders trained



565

Smart charts distributed



2,555

Services provided for children under-2 years



357

Services provided for pregnant mothers



## AMARDEEP'S STUNTING PROGRAM IN CIPANAS Grassroots Interventions for Sustainable Change, Flores

In Cipanas, Cianjur District, West Java Province, Posyandu(s) are desperately needed. Stunting afflicts 35% of kids under-5 in this district (The Health Ministry data, 2017). The real percentage could be since not all parents check their children's health and development at the Local Community Health Centers.

Maternal and Infant Mortality Rates during childbirth and postpartum in Cianjur district are also quite high. In 2017, there were 34 maternal mortality cases during childbirth and 158 infant mortality cases after birth. These are triggered by the high rate of early marriage, limited access to health facilities in remote areas, uneven public health services, and the lack of medical personnel. In an ideal ratio, 1 midwife serves 1000 inhabitants. At present, there are only 700 midwives in Cianjur district. This number is not enough to compensate for the entire population that now reaches 2,253,784 inhabitants. For those reasons, 1000 Days Fund is assisting in the running of Posyandu in this area.

With the aim of preventing stunting among beneficiaries in 6 Posyandu, 275 height charts were installed and 290 were distributed to houses with pregnant mothers and child under two years old. Prior to the activity, an information session was conducted by training 30 cadres about the Smart chart installation and its benefit. Along the Smart chart distribution, team of cadres were given several training which transformed their understanding from simply knowledgeable to confident. More over, to support the uptake of knowledge and sustainability, Nutritious foods and sanitation packages were prepared and distributed to these 55 children.

Innovation is not only about new technological tools, but also about simple tools delivered differently and especially adapted to the end users. The height chart consists of height measurements for children between 9-24 months and practical ways to

# STUNTING'S IMPACT ON INDONESIA'S CHILDREN:

Stunting, a measure of severe malnutrition is a strong indicator of human capital development. Caused by inadequate nutrient intake and frequent infections over a long period of time, stunting affects a child's physical growth, health, emotional development, brain development and cognitive ability. The costs of stunting are very high. Stunting during the first two years of a child's life can have lifelong impacts - delayed schooling, lower educability, reduced adulthood earnings. Stunting erodes the human potential, productivity and economic growth of countries.

Currently, Indonesia experiences a high prevalence of malnutrition and is among the five countries with the highest number of stunting cases in the world. Now, a national priority with a targeting of reducing stunting by 14% by 2024, the country has acknowledged that rates of stunting are at "crisis" levels. Every day, 14,000 children are born across the world's largest archipelago. Of those 14,000 children, more than 5,300 are likely to be stunted. In fact, every third child born in Indonesia—more than 37%—has the potential to be stunted.

A failure to act during the first 1,000 days of a child's life—from conception to two years old—has irreversible effects, both on the individual and the economy. Mounting evidence suggests that the stunting penalty—the overall cost of childhood stunting among today's workforce for Indonesia—is 10.5% of GDP.

What can be done to reverse stunting? Almost nothing. Some 80% of brain growth happens during the first 1,000 days of a child's life. When that window closes, it closes for good.

These conditions are symptoms of persistent gaps in delivering high-quality, primary healthcare to rural communities. Complex and interrelated factors cause these gaps to persist, including a lack of effective community healthcare models for rural areas, severe health worker shortages, narrow health interventions that neglect the broader health system, and actors who lack the incentives and resources to act on this problem. If these gaps are not addressed, every year more than 5 million Indonesian children will be born destined to a life devastated by stunting. Lack of access to high-quality primary healthcare in rural and remote areas also increases the risk to maternal and newborn mortality, TB and pre-eclampsia, all of which are preventable.

A substantial body of evidence demonstrates that well-designed and well-managed national community health workforces can improve health outcomes and save lives. An analysis by the Johns Hopkins School of Public Health estimates that if a global movement were to support the 73 low- and middle-income countries with the highest burden of preventable deaths by hiring, training, and equipping high-performing community and frontline health workers to deliver 30 primary health services, the world could cut annual child mortality by more than half—saving as many as 3.6 million children annually. In other words, if high-quality community health systems were in place to deliver these life-saving services today, we could save at least 30 million lives by 2030.

