



# ANNUAL REPORT 2020



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“ 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.



## LETTER FROM THE FOUNDER

When we reflect back on the last three years, the growth of 1000 Days and our continued success, I think about two things: One, how important champions like you are to our cause, how you talk about us at dinner, how you rally friends to educate them regarding the slings and arrows of stunting, and two, how impatience is a virtue-for both the team and donors like you.

The communities we serve deserve the antenatal and first 1000 days care a lot of us simply take for granted. Kids don't have to die from something as preventable as diarrhea. And mothers should be confident in the services provided by community health workers, things as simple as plotting the growth of a child on an X/Y axis.

Because the team has a deep-seeded unwillingness to wait, we wake up every day fighting for communities across Indonesia, from the jungles of Sumatra to the island villages of Komodo and Rinca. We partner with local governments to build capacity and work closely with impoverished communities to deliver high-quality antenatal and first 1000 days counseling, address the root causes of stunting, train providers, and advocate for national and grassroots policy change.

We all know that investing in the early stages of someone's life has the best returns. And we all know that stunting prevention yields the highest return on your philanthropic dollar. But we also want you to know that your trust in us has paved the way for scale. As you know, the 1000 Days Fund was created as a bold approach to invent and test innovative, cost-effective solutions to help end stunting in Indonesia. We are relentlessly committed to improving maternal and under 2 health outcomes for the poor and marginalized.

In 2020, the 1000 Days Fund opened Indonesia's first-and only-Stunting Center of Excellence in an effort to revolutionize training/coaching for community health workers and health systems leaders. With a specific focus on bringing clinicians and midwives from throughout the district to one centralized hub, we train and equip partners with confidence and evidence-based tools before returning to their hospitals and health facilities to act as surrogate instructors, distributing knowledge, tools and technology directly to community health workers and their community. By the end of 2021, six Stunting Centers of Excellence-Labuan Bajo, Rote, Ciplanas, South Central Timor, Kendal and Kabupaten Kupang-will have trained and equipped over 7,000 community health workers and health systems leaders, expanding access to quality care to more than 110,000 pregnant women and children under 2 across 28 islands.

And now we are scaling smart charts. Alongside the National Family Planning Board (BKKBN), and have plans for 10 million smart charts to be distributed in 2023, with BKKBN bearing the cost of 8 million smart charts. Not only that, but we have trained more community health workers than any other NGO in Indonesia thanks to you.

This year as we look back on how far we've come I want you to know that we are nothing without donors like you. Your tangible generosity is fantastic, but I cannot stress to you how much I value your voice and how you use it to bring more people along to fight the good fight.

With Warmest Regards,

Zack Petersen  
Founder & Managing Advisor, 1000 Days Fund



## A WINDOW OF OPPORTUNITY: THE FIRST 1000 DAYS OF LIFE

- ▶ 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.
- ▶ A mother's diet and her nutrient stores are the only sources of nutrition for a developing baby, it is critical that women get the health care and nutritious food they need before and during pregnancy.

**“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.”**



## IS STUNTING SOLVABLE?

1 in 3 Indonesian children under the age of 5 is 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 intergenerational 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 informal community health workers with tools, knowledge and confidence is the only sustainable path toward change.

## 6-IN-1 STUNTING PREVENTION PACKAGE

### What Are Smart Charts and Smart Blankets?

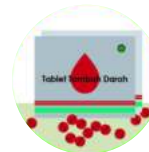
The charts and blankets are designed to deliver vital information concerning critical first 1000-days of life. They are not only colorful tools for measurement, but a multipurpose 6-in-1 stunting prevention package. The smart blanket serves as a reminder for pregnant mothers to take their daily dose 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 momsfor-moms, honed during a series of focus group discussions across 18 Indonesian Islands.



# SMART CHARTS



## HOW DO SMART CHARTS MAKE A DIFFERENCE?

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 provide information not previously taught. This helps informal community 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.

### WHERE ARE SMART CHARTS DISTRIBUTED?

- ▶ The 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.

### WHO DO WE WORK WITH?

- ▶ 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%.**





## STUNTING'S IMPACT ON INDONESIA'S CHILDREN:

A measure of severe malnutrition is a strong indicator of human capital development. Indonesia, a G20 nation, experiences a high prevalence of malnutrition and is among the five countries with the highest number of stunting cases in the world. The country has acknowledged that rates of stunting are at "crisis" levels. Now, a national priority with a target of reducing stunting by 14% by 2024.

Every day, 14,000 children are born across the world's largest archipelago. More than 37% of these children have the potential to be stunted. Mounting evidence suggests that the stunting penalty – the overall cost of childhood stunting among today's workforce for Indonesia – is 10.5% of GDP.

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. 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.

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-to-Middle-income countries with the highest burden of preventable deaths by hiring, training, and equipping high-performing community and informal community 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.

**“ Mounting evidence suggests that the stunting penalty – the overall cost of childhood stunting among today's workforce for Indonesia – is 10% of GDP.**



## OUR MISSION & VISION

“ The 1000 Days Fund campaign seek to mobilize Indonesia towards a national commitment to zero stunting by 2030.

The 1000 Days Fund is relentlessly committed to improving maternal and newborn health outcomes for the poor and marginalized. We believe we can achieve a stunting-free future, where no child is unjustly denied the opportunity to reach their full potential by:

- ▶ Providing evidence-based, field-tested **interventions that contribute** end stunting in Indonesia to extend in-home access to information.
- ▶ Providing critical **training** for village health volunteers.
- ▶ Disseminating information and engaging with key actors to **build capacity** and to **advocate** for national and grassroots policy change.



## AT OUR CORE: WHAT WE DO?



### BUILD THE ECOSYSTEM

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.



### EVIDENCE-BASED INTERVENTIONS

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.



### INFLUENCE POLICYMAKERS

We partner with like-minded NGOs and local and national policymakers to ensure health care is a basic human right and help spread the progress we have made in small communities, to the rest of Indonesia and beyond.

## Antenatal care is a basic human right

2020

56

Integrated  
healthcare center  
(Posyandu) supported

23,956

Charts  
Installed

464

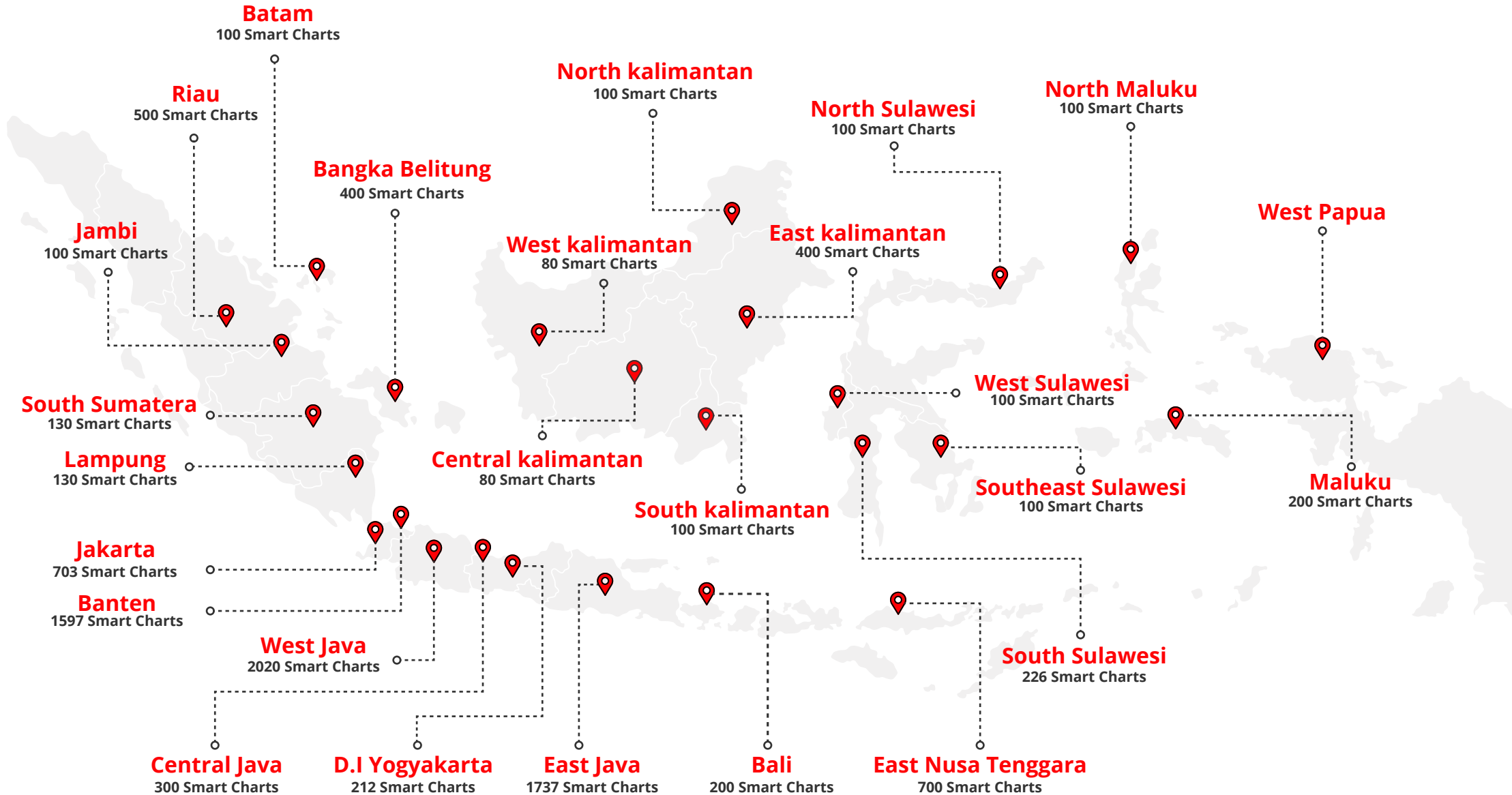
Health Staff and  
Informal Community Health  
Workers (ICHWs) trained

Approximately 98% of our trained health staffs and ICHWs have better understanding around the 3 key messages of stunting. And 100% of them feel more confident explaining stunting in tandem with our SC.



**One NGO in Indonesia has the tools and network to deploy...**

**“ Nearly 50,000 smart charts in less than 2 years.**



**HOW WE WORK**  
Theory of Change

**Support the Government of Indonesia to..**

**Design**

Continually invent test and innovative, with an eye on cost-effective and scalable solutions to help end stunting in Indonesia.

**Strengthen**

Deploy tools, courses, systems and innovations to strengthen the quality, efficiency and scope of services delivered by teams of community and frontline health workers.

**Scale**

Support GOI to scale tools and training aimed at enabling informal community health workers to contribute at the community and district level.

**Sustain**

Sustain increased investment from philanthropy, private sector and individuals for poor & vulnerable communities.

**Activities**

**EVIDENCE & LEARNING**

**..drive systems performance**

Improve data collection by Provide technical assistance to Puskesmas and Posyandu, including health systems strengthening.

Improve Transparency.

Improve network of NGOs working to contribute to the reduction of stunting.

**Intermediate Outcomes**

**To enable..**

increase odds of skilled, supervised equipped and empowered frontline health workers.

Enable quality monitoring of stunting indicators.

**Longterm Outcomes**

**...which contributes to the overall**

Reduction of stunting in some of the most remote parts of Indonesia.

**Impact**



## WHO DO WE WORK FOR?



Over 23 million  
children under  
the age of 5



More than 5 million  
pregnant mothers  
per year



300,000 integrated  
health centers &  
10,134 health facilities  
across Indonesia



> 1.5 million  
informal community  
health workers



## THE CHALLENGE: STRENGTHEN THE ECOSYSTEM

### For The Health Workers

- ▶ Indonesia's Community-based health workers are in dire need of tools and training.
- ▶ Enhance basic nutrition knowledge of caregivers.

### For The Mothers

- ▶ Encourage pregnant women to attend 4 antenatal check-ups and consume folic acid, iron, and other prescribed vitamins.
- ▶ Increase health literacy level and first 1000 days knowledge among mothers in vulnerable communities.
- ▶ Ensure mothers exclusively breastfeeding their newborns for the first 6 months.

### For The System

- ▶ 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.

## OUR PROGRAM

### HEALTH WORKER TRAINING



#### We train informal community health workers

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



#### Impact Stunting Center of Excellence

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



#### 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 Visit Homes

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

### BOLD INTERVENTIONS



#### We Provide Daily Reminders

More than 43,000 smart charts were installed across 28 islands.



#### 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 and online training is distributed to mothers and informal community health workers in an effort to improve nutrition outcomes.

### BUILD INFLUENCE



#### Get the Difficult Conversation Started

From high-level diplomats and policymakers to parents to informal community health workers.



#### We Ensure Program Sustainability

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





## ACHIEVEMENTS

- ▶ Recognized by the Office of the President of Indonesia for Stunting Innovations
- ▶ Advisor to JPAL on Stunting RCT. Awarded Innovations Grant from World Bank
- ▶ Leading policy and advocacy advisor for Indonesia Bebas Stunting (BKKBN)
- ▶ Established Indonesia's first—and only—Stunting Center of Excellence
- ▶ Partner with University of Gajah Mada and Pro Bono Analytics to produce longitudinal evidence regarding smart charts & proof of concept of the CofE





# IMPACT STUNTING CENTER OF EXCELLENCE



## | A Unique, Bottom-Up Approach



The 1000 Days Fund package of interventions centers around the smart chart and focuses on filling knowledge gaps. Informal community 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.





## STUNTING CENTER OF EXCELLENCE BY ROCHE



In November 2020, the 1000 Days Fund and Roche opened Indonesia's first-and only-Stunting Center of Excellence in an effort to revolutionize training/coaching for community health workers and health systems leaders in West Manggarai, East Nusa Tenggara.

With a specific focus on bringing clinicians and midwives from throughout the district to one centralized hub, we train and equip partners with confidence and evidence-based tools before returning to their hospitals and health facilities to act as surrogate instructors, distributing knowledge, tools and technology directly to community health workers and their community. By the end of 2021, five Stunting Centers of Excellence-Labuan Bajo, Rote, South Central Timor, Kendal and Kabupaten Kupang-will have trained and equipped over 5,000 community health workers and health systems leaders, expanding access to quality care to more than 100,000 Indonesian women and children under 2.

The SCE was designed to provide contribution to stunting reduction and prevention by giving rural parents access to proper stunting prevention information also providing simple yet effective education tools for community health workers that can help them to deliver simple 3 key messages of stunting confidently. The intervention consisted of three components:

- ✔ The development of an easy to use training tool, the smart chart, which the community health worker installs in the home as part of a counseling package
- ✔ 5 Training workshops conducted over a year, with 5 monitoring and evaluation sessions in between
- ✔ The provision of tools such as smart blankets, a digital cookbook, training videos, visual curriculum



Through Roche's contribution to the flagship program, it has lead to a number of corporates and individual donors in talks to initiate other Impact Stunting Center of Excellence in other parts of East Nusa Tenggara.

## WE ARE GRATEFUL FOR OUR DONORS



SwissCham  
INDONESIA



## EVIDENCE IN ACTION: WORLD BANK RESULT

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 mother’s 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 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. Here are the result:

- ▶ 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 improved 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.







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



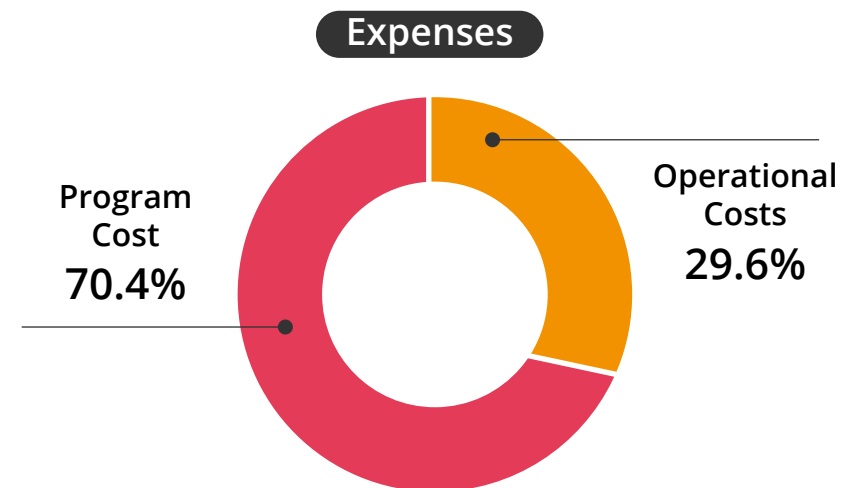
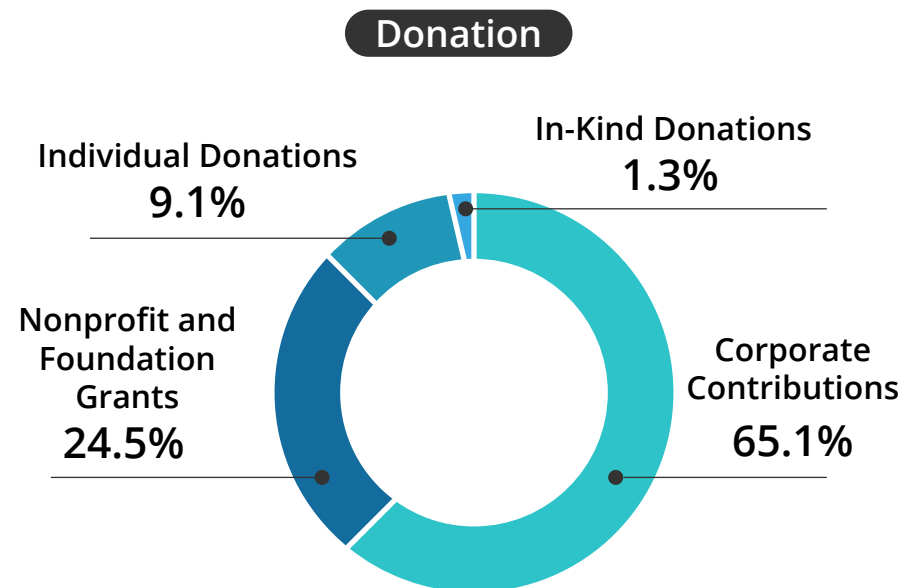
“ Being a kader is a very important job because although we do it voluntarily and without pay, we serve as fonts of knowledge and information for many pregnant women and young children.

-Sirrimemuta, Kader Pas 11

## STATEMENT OF ACTIVITY (IDR) 2020

	2020	2019
<b>INCOME</b>	<b>in IDR</b>	
Income Carried Forward from Previous Year**	376.812.564	-
Grants and Donations		
Corporate Contributions	2.015.472.991	350.924.436
Government Grants	-	-
Nonprofit and Foundation Grants	759.525.306	73.348.46
Individual Donations	281.287.153	306.386.999
In-Kind Donations	40.121.150	1.233.000
<b>Total Grants and Donations</b>	<b>3.096.406.600</b>	<b>731.892.895</b>
Service/Fee & Others		
Consultancy/Honorarium	4.877.500	500.000
Non-Operating Income	31.444.471	9.710.379
<b>Total Service/Fee Income</b>	<b>36.321.971</b>	<b>10.210.379</b>
<b>TOTAL INCOME AVAILABLE FOR THE YEAR</b>	<b>3.509.541.135</b>	<b>742.103.274</b>
<b>EXPENSES</b>		
Operational Costs	539.683.680	25.433.376
Program Costs		
Support & Travel	395.732.780	265.707.328
Donations, Awards, and Grants	203.705.156	-
Shipping and Delivery Costs	43.438.000	8.339.256
Consultants and Professional Fees	91.072.750	-
Conference, Conventions, & Meetings	20.400.000	800.250
Smartchart Tools & Printings	528.807.110	65.010.500
<b>Total Program Costs</b>	<b>1.283.155.796</b>	<b>339.857.334</b>
<b>Total Expense</b>	<b>1.822.839.476</b>	<b>365.290.710</b>
<b>NET ASSETS AT END OF THE YEAR</b>	<b>1.686.701.659</b>	<b>376.812.564</b>

## REVENUE GENERATED BY DONATIONS





## 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 informal community health workers 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.





## THE PROBLEM WITH POSYANDU

A 2016, a comprehensive survey of the Posyandu system - the Quantitative Service Delivery Survey (QSDDS) - 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 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.

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 stellyards, 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.

Rokx, C., Subandoro, A., & Gallagher, P. (2018). Aiming high: Indonesia's ambition to reduce stunting. World Bank.








For further information please contact:

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