



2024 Q4 Impact Report

Delivering
Data Driven Change,
Door-to-Door





Dear Friends,

You're probably asking yourself, who's the guy in the first photo? That's the Minister of Health, Budi Sadikin. The photo was taken of him on Dec 23 during a meeting where we asked for his blessing to scale our work. The meeting was 3 years in the making—three years of pilot projects and presenting evidence.

The Minister gave us the green light. But more on that later.

Budi, much like you, is obsessed with impact. He also likes that 1000 Days is authentic. He sees us as a rare bird, not a wounded bird. Once in a meeting he asked me if I believed the stunting statistics. When I said “no,” he said, “Neither do I.” He likes that 1000 Days tries to move past the jargon and miasma of development. We designed this Q4 report for people like you and people like the Minister of Health, individuals obsessed with impact and clear promise toward scale. Inside you'll find everything from our latest peer-reviewed evidence to the math that explains our model. Of course we'll highlight the meetings with the minister and how we are excited to screen our documentary at Skoll in April. But we'll also dive deeper into the details, giving you a clear picture of what makes us tick.

Zack Petersen
Founder



Must Read: What Makes 1000 Days Unique?

1000 Days simultaneously lives within the boundaries of government-run data initiatives, while at the same time having an internal compass and gauge of the "real data" that represents the reality of the populations served

Our fundraising strategy seeks to guarantee the necessary annual dollar amount to achieve the organizational goals for 3-5 years (in order to allow for focus on the actual work, rather than fundraising for the work).

Strong government relations approach and strategy that seeks to opportunistically partner with the current new leadership in a way that results in tangible benefits for scaling 1000 Days despite how uncomfortable that may be.

We're focused on retaining an amazing team through strong culture, purpose, growth opportunities, and competing with lucrative overseas offers in creative ways. The team itself is the most valuable asset and if they cycle, it inevitably does damage to momentum.



The Indonesian government—specifically the Minister of Health & the newly-elected Governor of Nusa Tenggara Timur (NTT)—recognize our impact & have invited us to expand our program province-wide. This presents an unparalleled opportunity to implement our model at scale, with government buy-in and support. Our implementation strategy, combining CHW training, innovative tools, & real-time data collection, is designed for rapid, sustainable scaling.

The Minister has given us the green light. We have a unique opportunity to scale our proven model across NTT, potentially impacting 320,000 children annually and formalizing 50,000 community health workers (kader).

Impact To Date

A SPARK FOR NATIONAL
POLICY CHANGE

363,597

In-Home Malnutrition
Screenings

\$51 USD

Cost per beneficiary

\$400,000

Government Buy-In
Village-level Funding Pledge

CREATING
BOTTOM-UP DEMAND

70,000+

Children Saved from
Stunting

36,449

CHWs trained across
28 islands in Indonesia

18

Districts on waiting list

LEADING TO
A SEA OF CHANGE

41%

Drop in stunting
rates in 1000
Days districts
(2019-2023)

1ST

Indonesian member of Community
Health Impact Coalition

>3,700

Job creation: CHWs now
certified & tenured



What \$45k Can Achieve with 1000 Days in NTT

Step 1	300 CHWs Trained	The cost of delivering our intervention package (training for community health workers and monthly in-home growth monitoring & counseling) per beneficiary is USD 8.55. With this amount, we can train 300-450 CHWs.
Step 2	2400 households receive better community-based growth monitoring and counseling	Trained CHWs improve their service delivery in Posyandu, monthly village health posts where they do growth monitoring and counseling for children-under-five. In our area, each CHW usually do service delivery to about 5-8 households. In our districts we have seen 10-50% knowledge and performance increase.
Step 3	1100 children-under-two and pregnant women receive stunting-related counseling using smart charts	Out of all households serviced at village health posts, 2000 households with children-under-two and pregnant women will also receive smart charts to be installed in their homes.
Step 4	220 of children-under-two are expected to be stunted without any intervention	In our locations, about 20% of children-under-two are stunted. This translates to 220 children.
Step 5	7 children-under-two saved from stunting	Between 2019-2023, we see reduction by 41% across 5 districts, or 16 percentage point. Each year, this means there can be 3.2 percentage point reduction. This estimate is also backed by various randomized controlled trials from Pakistan & Kenya, which show that the reduction led by monthly-in home growth monitoring & counseling can reach 10 percentage points.
Step 6	5 children-under-two saved from stunting	Accounting for variations in service delivery in our districts due to access constraints, we estimate that the actual number may be slightly lower. Once we adjust this estimate, we estimate that for each USD40,000, 5 lives will be saved from stunting and its lifelong consequences.

Groundbreaking Policy Formalizes More Than 2,100 CHWs in Rote

How do you make sure frontline CHWs are supervised, salaried, skilled, supplied and sustained? You pass policy alongside the government to make sure they are formally recognized.

By formalizing the role of CHWs, healthcare systems can better leverage their unique abilities to improve health outcomes, reduce disparities, and enhance the overall quality and efficiency of care delivery, particularly for underserved populations.

The regulation mandates village-level training for CHWs three times a year, provides essential tools for health posts and home visits, offers monthly incentives, and guarantees an eight-year term for CHWs. This achievement not only formalized CHWs' roles but also ensured their contributions to eliminating stunting and supporting maternal and child health are recognized and sustained.





Nayla Punjabi's documentary, **Indonesia's Silent Emergency: Stunting in Rural Populations**, won 1st place at the Inspiring Asia Film Festival, thanks to support from board members and number of longtime donors.

Now on to the **Skoll World Forum in April**, where we will screen the film at Marmalade.

Quarter of a Million USD from J & J Foundation Covers TDF Programmatic Costs

Less than 13% of Indonesia's frontline CHWs have received any direct training, **according to Dr. Rindang Asmara, the COO, of the 1000 Days Fund.** To tackle a piece of the problem, 1000 Days Fund has partnered with Johnson & Johnson Foundation to deploy a high-fidelity community case management model, which focus on maternal nutrition, essentially stopping stunting before it starts.

The funding trains more than 8,700 CHWs in case management and covers 68,000 households across 5 districts.

"Our ambition is to test this model, learn lessons to inform implementation and then scale it up more broadly in Indonesia," Asmara said.



Peer-Reviewed Evidence

THE LANCET

COMMENT · [Online first](#), December 11, 2024

One term to transform: universal health coverage through professional community health workers

[Madeleine Ballard](#)^{a,b} ✉ · [Bernice Dahn](#)^{ag} · [James O'Donovan](#)^a · [Ariwame Jiménez](#)^c · [Patrick Kawooya](#)^d · [Mallika Raghavan](#)^e · [Niloofar Ganjian](#)^e · [Ari D Johnson](#)^{f,g} · [Chisomo Boxer](#)^h · [Katelin Gray](#)ⁱ · [Daniel Palazuelos](#)^{j,k,ae} · [Christina Berry-Moorcroft](#)^a · [Zeus Aranda](#)^c · [M Matías Iberico](#)^{c,l} · [Laura Cordier](#)^m · [Dickson Mbewe](#)^v · [Erick Kiprotich Yegon](#)^o · [Josef Ernst](#)^{a,c} · [Lydia DiStefano](#)^p · [Tom Traill](#)^p · [Karen E Finnegan](#)^{m,ae} · [Luc Rakotonirina](#)^m · [Rachel Hofmann](#)^q · [Ellen D Sano](#)^{r,s} · [Jamie Sewan Johnston](#)^t · [Victoria Ward](#)^{t,u} · [Carey Westgate](#)^a · [Theebika Shanmugarasa](#)^a · [Rebecca Alban](#)^w · [Dillon Mann](#)ⁿ · [Rindang Asmara-Petersen](#)^x · [Pauline Keronyai](#)^d · [Dykki Settle](#)^y · [Jude Aidam](#)^{af} · [Albert Obbuyi](#)^z · [Olusola Oladeji](#)^{ac} · [Prossy Muyingo](#)^{ah} · [Kathleen Cho](#)^{ad} · [Maryse Kok](#)^{aa,ab} [Show less](#)

- [The Lancet \(Dr. Riri & Community Health Coalition\)](#): "One Term to Transform: Universal Health Coverage through Professional Community Health Workers"
- TDF Research published in the Indonesian Journal of Pediatrics: ["Improving Stunting Prevention Programs through Community Healthcare Workers Training and Home-Based Growth Monitoring: A Quality Improvement Model"](#)
- Wiley (Dr. Adriana): ["Towards Stunting Eradication in Indonesia: Time to Invest in Community Health Workers"](#)
- Wiley [Professionalization of Community Health Workers: Time for a Formal Contract](#)

Stay tuned: Retrospective Evaluation coming from Elizabeth Pisani and the Feasibility Study with SG-based Behavioural Insights Team.

Q4 Impact Overview

\$400,000 USD

Village-level MOUs unlock government funding & buy-in

41%

Average stunting rate reduction in 1000 Days Districts

36,449

Frontline Community Health Workers reached via blended learning and digital platforms



