Research Brief

1000 Days Fund Impact Analysis: A Mixed-Methods Evaluation

Between 2021 and 2024, the 1000 Days Fund set out to answer this core question: Did our model actually move the needle on reducing childhood stunting in Manggarai Barat and Rote Ndao, East Nusa Tenggara (Nusa Tenggara Timur or NTT). We commissioned the services of an independent researcher and embraced a contribution analysis approach, to surface what changed, why, and how we can do better.

Three independent evaluations converge on a clear finding: the 1000 Days Fund model measurably improves child health outcomes by investing in people and systems that work. A process evaluation by the Behavioural Insights Team, a Contribution Analysis validated by the Research Advisory Board, and an AI-led series of community health worker (CHW) interviews all point in the same direction: when trust is built locally and consistently, change follows.

Key Findings

Stunting Reduction: Between 2021 and 2024, both Manggarai Barat and Rote Ndao recorded a 19% reduction in stunting prevalence, outperforming 18 other districts in the province. Progress accelerated between 2023 and 2024, consistent with global evidence that system-strengthening effects accumulate over time.

Maternal & Child Nutrition: Exclusive breastfeeding rates in 1000 Days Fund districts reached 78% (national average: 69%). Iron/folic acid supplementation adherence among mothers was 72% (national average: 43%).

Immunisation Coverage: Basic immunisation rates in 1000 Days Fund-supported areas were 73%, nearly double the national rate of 36%.

Community Health Worker Capacity: Training and the use of practical tools significantly improved community health workers' knowledge and counselling skills, leading to measurable improvements in caregiver awareness and adoption of stunting-prevention practices.

The Case for Investment

Few programs can show multi-year, independently validated impact on stunting at this speed and scale. The 1000 Days Fund model works because it leverages the natural infrastructure of local CHWs, embeds high-trust relationships, and turns behavioral science into real, widespread change—at a fraction of the cost of later, facility-based interventions. Evidence shows it can be scaled and sustained—if systems, learning culture, and local leadership investments are prioritized.

The mechanism is straightforward: when health workers are equipped with the right tools, mentoring, and local legitimacy, they deliver consistent, credible guidance that families follow. Trust turns information into action. The 1000 Days Fund is also building trust within the Ministry of Health, enabling the model to be efficiently scaled and contributing to system-wide improvements.

The findings move beyond rhetoric. In district after district, well-trained and supported community health workers are not just transferring information; they are reshaping the small, daily decisions that shape child health: when to feed, what to feed, how to respond to illness. The story here is not of heroes or breakthroughs, but of slow, credible progress built on attention, empathy, and reinforcement. Trust, once gained, does something no subsidy or campaign can do: it alters norms.

Across the data, the effect is clear and measurable—reductions in stunting, improved maternal health outcomes, and stronger links between households and the local health system. Of course, no program fixes everything, and the work of sustaining change is never done. But what these evaluations capture is precisely the kind of development that endures: deeply local, quietly radical, and grounded in evidence that people, when well equipped and believed in, will do the rest.