

"Every 15 seconds, an Indonesian child is born destined to a life devastated by stunting"

Early Detection for Stunting Program





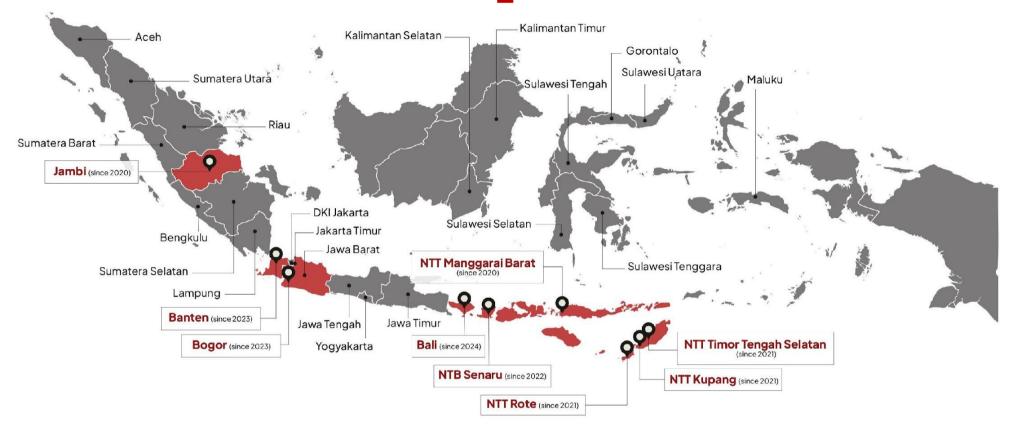
Across Indonesia, **4.5 million** children are destined to a life devastated by stunting.

Stunting is largely irreversible, as **80%** of brain growth happens during the first 1000 days.

Stunted children are **10x** more likely to get sick & drop out of school.



2024 Impact to Date









34 Provinces receive assistance

655,806

Pregnant women, caregivers, and children Under 5 reached

344,454

Smart charts distributed

61,712

Healthcare staff & CHWs Trained

TRANSFORMING CHILD HEALTH

IN EAST NUSA TENGGARA (2019–2024)



Stunting rate drop in 6 years in Manggarai Barat



Average stunting reduction in districts with 2+ years of TDF support



Mothers adhering to iron/folic acid vs. 44% national average



Exclusive breastfeeding rate vs. 69% national average



Antenatal care (ANC) attendance vs. 18% national average



Basic immunization rate vs. 36% national average



2023 PILOT RESULTS



Pregnant women completed 6+ ANC visits



11%

Low birth weight incidence (down from 37.5% baseline)

Evidence

ToC

Activities

Outcomes

Impact



DELIVER

Effectively deliver first 1000 days of high-quality care

Deploy intuitive, evidence-based tools & first 1000 days education to empower households & communities to understand & improve their own health

Knowledge, behavior change & preventive care happens at the household level

In-house management of at-risk children and pregnant women Improved first 1000 days outcomes



UPSKILL

Train & professionalize community health workforce

Train Health
Systems Leaders
& CHWs

Health systems leaders become skilled community health program champions, & CHWs are skilled & supervised

CHWs deliver high quality first 1000 days education & care coordination



STRENGTHEN

Advocate for & build strong community health systems

Design, refine & implement CH policies & systems alongside local government partners

CHWs are salaried, supplied & sustained

Best practices from subnational implementation are collected to integrate into national policy Best village practices implemented nationally



3+ Years to System Change

Pre-intervention

Year 1: Ignite

Year 2: Anchor

Year 3: Elevate

Getting local stakeholders committed

Intensive direct training to CHWs

Preparing key actors to take over training and supervision

Full community
handover with
independent
implementation,
supported
reflection, and
endline impact
evaluation.

Our Model in Action the First 1000 Days of Life

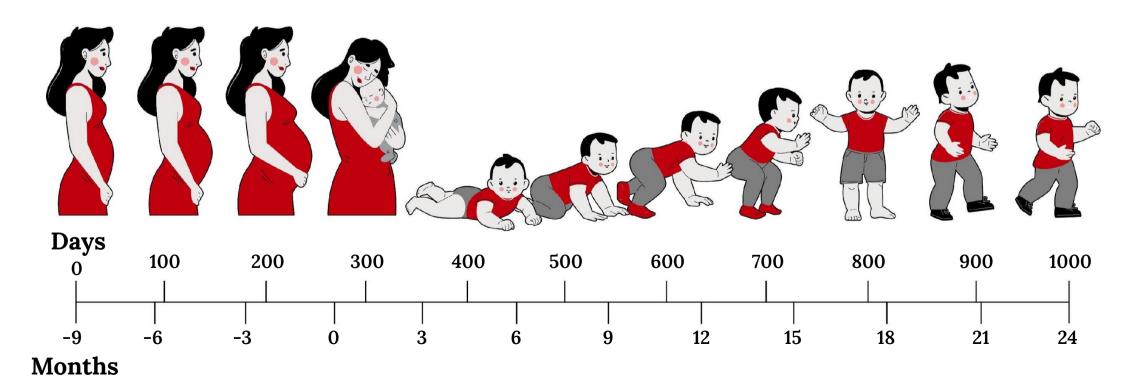
Pregnancy Vitamins
Screen & Treat Pregnancy At-Risk

Vaccination & Vitamin A

Improve Children's Diets

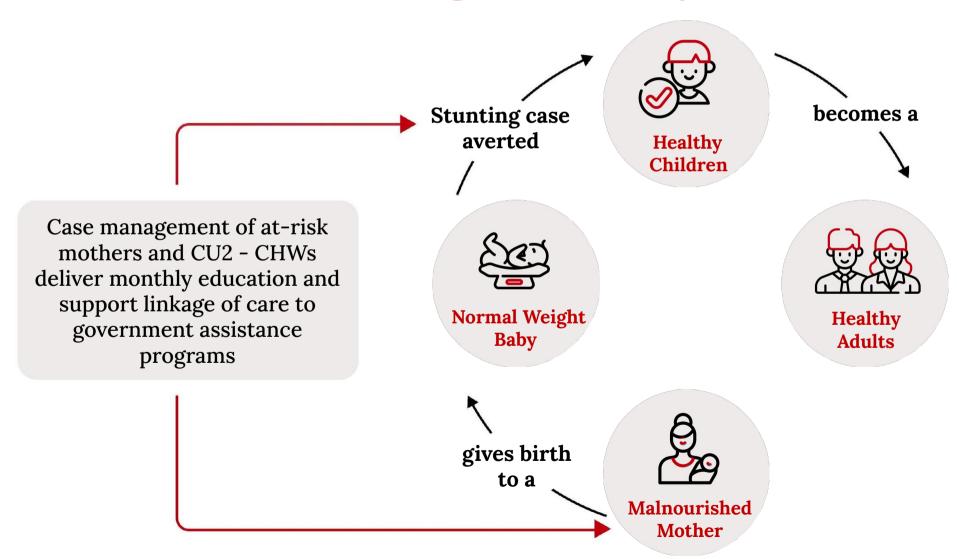
Screen and Treat Weight Faltering

Optimal Breastfeeding



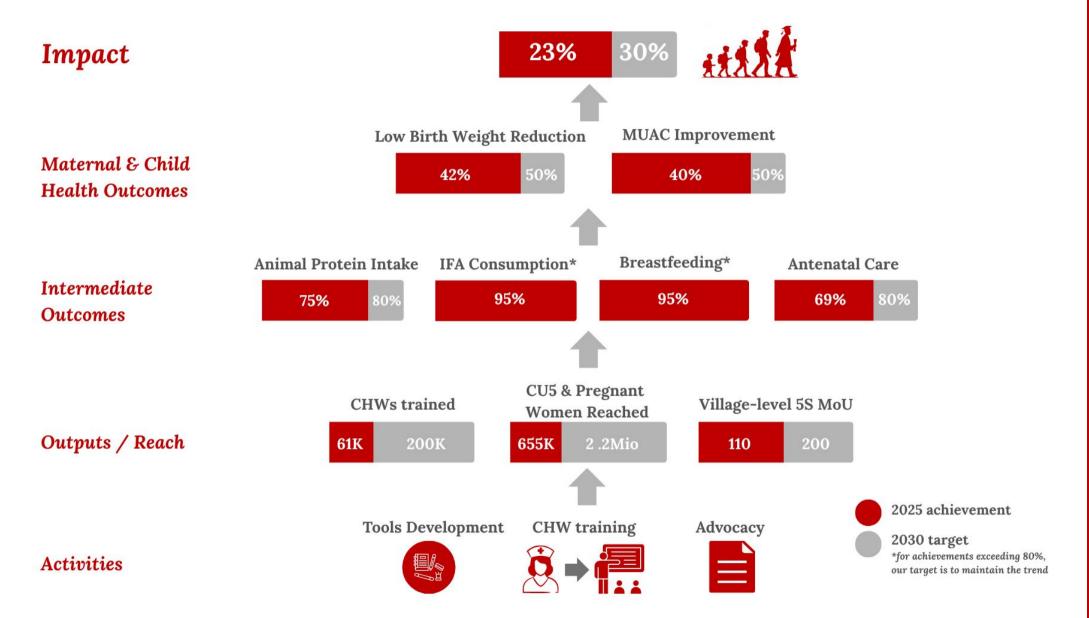


At-Risk Case Management Breaking the Cycle

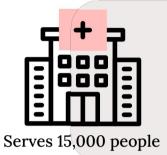




Sustained Reduction in Stunting Prevalence



Rural Health System in Indonesia

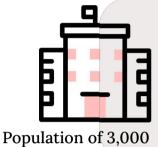


Primary Health Center

(Puskesmas)

MCH Task Force activities:

- Collect & report data
- Service delivery

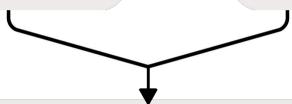


Village Government

(Pemerintah Desa)

Activities:

- CHW selection
- Posyandu procurement & activity funding



posyandu

2-5 health posts per village

Community Health Post

(Posyandu)

Activities (monthly pop up):

- Growth measurement & counseling
- IFA
- Complementary feeding
 Outreach service (home visit)













1 village midwife per post

5-8 CHWs per post

~50 mothers

~50-100 CU & CU5





Teaching & Training Tools

Smart Chart



Breastfeeding Blanket



Nutrition Counseling Sheet



Growth Counseling Sheet







Kader Academy -Pencegahan Stunting



Playlist • 17 videos • 53,712 views

Pembelajaran online bagi kader Posyandu di Indonesia oleh @1000daysfund













Teaching & Training Tools

Kader Academy transforms Indonesia's healthcare by professionalizing CHWs, elevating their status, empowering them through accessible online education, ensuring high-quality healthcare in rural areas, and fostering confidence, and competence.

- C Instagram: @kader.academy
- **Solution** Youtube: 1000 Days

Evidence

- Empowering CHWs is key to achieving universal health coverage (Lancet paper).
- The program significantly improved the delivery of 1,000-day services at Community Health Posts (Posyandu) following the training (Paediatrica Indonesiana, 2024).
- The program improved the performance, skills, and confidence of CHWs in measuring children's height and providing health information to mothers (Paediatrica Indonesiana, 2024).
- The program had significant effects on various stunting-related knowledge and behavioral indicators

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

workers (CHM) operate outside formal systems with thicken younger than 5 years in conflict-affected most unsupervised, unequipped, and undertrained, this areas. (**)

Beyond the health and access benefits, integrating

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decades, proceeds have shown their ability to acclives, enhance resilience, and support healthy assemes. The case for proCHWs is compelling: it is a mi big idea that is cost-effective and feasible enough to

With assorting of 43 million health westers and matter of global population influest edeceate scene to essential health services, now in the morement for bodieses that can reshape health case for generations." ("Currently, can reshape health cases to care, "ProcNY strauge." including a service of control of the control of provide emergency pepalaedness and exponses provide emergency pepalaedness and exponses (initiate health challenges, and redoce moretally among

Ws provide door-to-door care, link people to facilities, proCHWs into health systems is cost-effective. *** CHW ne over sous upport: megaring protestatur views en tervises mattee cons tor patients and examinate section(Ms) into hadro systems in a standardinative systems, dive executives, creaved through improved cuttery for active ring services in health-cure provision, health and increased employment, and ultimately generate returns of up to LOSS to for every \$1 invested; think askept seem. The affordability of pocKMs increases as contribe

national CHW policies, shows that over 40 countries



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WILEY

I PERSPECTIVE

Professionalisation of Community Health Workers: Time for a Formal Contract

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significant value to access to healthcare service delivery. Yet, despite their proven effectiveness globally, systemwide support for significant value is access to healthcare service delivery. Yet, dispite their powers effectiveness globally, syntamics support for CHWs remains subgridinal. This study explores the cuseoper of per-CHW programs - where CHWs are skilled, supplied, as-pervised and salaried. We suggest a 7th component is adold to the framework—accurity (defined as formal contract), currently, many CHWs work voltanticity without any formal contract, rendering them valuescable to undent replacements. Therefore, many CHWs work voltanticity without any formal contract, rendering the many characteristic and self-employment. tererore, motionenium general contacts will provide eight integrated for CLYNN, emisting that are last empoyened controlled, including a minimum wage and opportunities for cases advancement. In emale fraindig for entablising formal contracts for CHNN, strong political commitment, public-private partnerships, and talened funding strategies based on local administrative systems are needed. By determing those challenges, sustainable funding case he schieved, maximizing the impact of CHN-ded programs and improving primary health care globally.

primary braining voices (Cri W) are a visa part of steaming primary braithcare systems globally [1]. For coample, in stunding prevention programs, CPW-led maternal education and counselling have been demonstrated to decrease the risk of stunting - a disease ealth in later life [2, 3]. When the value of lives saved and pro-

lack regular supervision [7, 8]. For example, in Indonesia only 13% of CHWs receive pre-service training [9]. On : global scale, many CHWs also remain unpaid and wer voluntarily [8]. Furthermore, CHWs often incur out-of-pocke expenses to fulfil their work-related duties. For example, : Interior is conducted, CRN-bell programs can work in a major section of interior in a conducted, and in a major section of interior in a conducted program in a construction of interior in a conducted program in a conducted program has been included as one of the World Hossilh Orga-sizations (WHO) Operatives to improve primary behalf case (§).

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Original Article

A quality improvement model for stunting prevention through community healthcare workers training and home-based growth monitoring

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Abstract
Berdgowd Over 1.5 milion community beathcare workers
(CHW) work in por pelayama targula (popendia) in Indonesia. They are in shape of growth resolution grad considering a part of a community-based stating percention program. Excent to a stating the professional program programs and a post percentile for the programs of the programs of the programs of the grant and programs. The programs of th

Methods This cross-sectional study was conducted in two rural villages in Lombos, Indonesia, in May 2023. We interviewed 13C CHWs and 317 mothers with children under-five with a one-validated questionnaire on posyends performance that was developed using an input-process-output framework. We evaluated the CHWs dan mothers performances in the height

exaustes the CIVW and monther processors and in the negation measurement and counseling properties and performance in measurement approximate in the height measurement and counseling processes, with statistically significant differences between pre- and post-intervention performance causes for height measurement; linear intervention performance causes for height measurement; linear intervention performance causes for height measurement; linear measurement of USB opening 998CH CLSB to CSB (PC-0000 br 2CSB-PC-0000 br 2CSBmothers]; for counceling [mean differences of 0.285 points; 95% CI $0.149 \approx 0.42$; P < 0.001 for CHWs, and 0.142 points; 95% CI $0.98 \approx 0.186$; P < 0.000 for mothers]. Performance improvements were also found across all posystate components, including those

related to stunting.

Conclusion Copacity building for CHWs and home-based. community-based stunting prevention programs. [Paediatr Indones. 2024;64:490-500] DOI: https://doi.org/10.14238/pi64.6.2024.490-500]

one's age, is a significant global health problem that affects approximately 148.1 million (22.3%) children under 5-yearold. Stunting causes long-term consequences for individuals and societies, it leads to cognitive and physical development problems, reduced productivity, and an increased risk of infectious and degenerativ diseases at a later age. 2 Stunting is a prioritized health issue in Indonesia, which its prevalence in 2022 was slightly lower compared to the global prevalence 2030, with a mid-term goal of reducing its prevalence to 14% in 2024. 2-4 This highlights the need to improve the stunting prevention program in Indonesia.

Behavioral intervention is one of the main ar of the Indonesian stunting program. At its frontline the program relies on community health workers (CHWs). In a monthly program called pos belavanas terpadu (posyondujintegrated health post), CHWs have beer

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Stakeholders | Who We Serve



CHILDREN UNDER FIVE

Children in the first five years of life, a vital stage for physical growth, brain development, and resilience—where early interventions have the greatest impact



COMMUNITY HEALTH WORKERS

Frontline workers
delivering essential health
and nutrition services to
families and children in
local communities



FAMILIES

Mothers, fathers, and caregivers striving to give their children the strongest start to life during the first 1,000 days



COMMUNITY HEALTH SYSTEM

A collaborative network of health workers, clinics, and local government, ensuring accessible care for mothers and young children



Our Partners





































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.



Help us spread our impact and support our mission



Join our team (hr@1000daysfund.org) Partnership inquiry (info@1000daysfund.org)



