Scaling Up Community-based IYCF in Indonesia: Impact with Equity

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Nutrition and feeding practices in Indonesia

Source: Riskesdas 2013 and IDHS 2012

- Early initiation of breastfeeding (< 1 hour): 49%
- Exclusive breastfeeding (0-5 months): 42%
- Introduction of solid, semi-solid or soft foods (6-8 months): 91%
- Continued Breastfeeding at 1 year (12-15 months): 77%
- Continued Breastfeeding at age 2 (20-23 months): 55%

Indonesia is a middle income country with a high prevalence stunting (37%) and wasting (12%).
Introduction of Community-IYCF Counselling

• Extensive network of community health workers (CHW) in Indonesia – approx. 20 per village.

• No system in place to provide these CHW with skills and knowledge to counsel on IYCF.

• In 2011 the Ministry of Health and UNICEF:
  • Adapted the global community IYCF Counselling Package to the Indonesia context, and
  • Developed a cascade training model for large-scale roll-out
Approach

1. Adaptation of global package for Indonesia
2. Development of cascade training mechanism
3. Development of pool of Master trainers
4. Roll-out to 5 UNICEF supported Districts
5. Replication by government and other partners (snow-ball effect)
6. Replication by government and other partners (snow-ball effect)

3 provinces plus 5 additional districts (and increasing) with government funding
64 districts in 11 provinces with MCC support
38 districts in 13 provinces by NGOs/WFP
Cascade Model to Roll-out the IYCF Training

1. Master trainers from the nationwide pool train the district master trainers
2. District master trainers train the HC facilitators
3. HC facilitators train the village midwives and provide supportive supervision following training
4. HC facilitators train the CHW and oversee supportive supervision of CHW following training
5. Village midwives provide supportive supervision to CHW following training
Supportive Supervision for Village Midwives and CHWs
Lesson Learned: Maximizing the Quality of Training

• **Criteria for selecting trainees:** candidates for Master Training must first complete the 40 hours Breastfeeding or Complementary Feeding Counselling Course.

• **Supervised on-the-job training:** Trainee Facilitators must conduct two CHW training courses with supervision from an existing Facilitator before they can train CHWs independently.

• **Performance grading:** Report card is used to assess each Trainee Facilitator and identify those that have the capacity to train others.

• **Processes and tools for supportive supervision:** used to further develop the skills and knowledge of CHWs after training.
Lesson Learned: Leverage Scale-up

- National pool of expert trainers to support all provinces and districts
- Financial resources mobilized from government via
  - Prioritization of IYCF in national plans and MoH budget guidelines
  - Leveraging of local government and village funds.
- Partnerships nurtured from onset with NGOs, UN and donors to commit own resources to scaling up
Results from 3 Districts:

### All children
- **Child stunting**: Baseline 2011 = 24, Endline 2014 = 30
- **Exclusive breastfeeding**: Baseline 2011 = 49, Endline 2014 = 52
- **Minimum dietary diversity**: Baseline 2011 = 30, Endline 2014 = 49
- **Minimum acceptable diet**: Baseline 2011 = 30, Endline 2014 = 51
- **Handwashing with soap**: Baseline 2011 = 30, Endline 2014 = 61

### Lowest wealth quintile
- **Child stunting**: Baseline 2011 = 34, Endline 2014 = 43
- **Exclusive breastfeeding**: Baseline 2011 = 53, Endline 2014 = 82
- **Consumption of Animal Product**: Baseline 2011 = 34, Endline 2014 = 63
- **Minimum dietary diversity**: Baseline 2011 = 15, Endline 2014 = 25
- **Minimum acceptable diet**: Baseline 2011 = 7, Endline 2014 = 17
- **Handwashing with soap**: Baseline 2011 = 30, Endline 2014 = 64

*Baseline (2011) vs. Endline (2014)*
Summary

- Criteria for selecting and graduating trainee Masters Trainers and Facilitators can help ensure quality standards for training are met.
- c-IYCF counselling delivered through community-level structures was effective in improving feeding practices amongst the poorest households.
- To leverage rapid scale-up, a technical pool of expert trainers, mobilization of government funds and partnerships with civil society, UN and donors were needed.
Next Steps

• Accreditation of the training course by the MoH (in process)
• Expansion of c-IYCF package to all remaining provinces in 2016 using national and sub-national government budgets
THANK YOU!

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